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INTERACTION

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Grow a village*

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From the Editor's Desk

Hi everyone, hope that 2018 is off to a wonderful and happy start for you all. Not long after finalising the December edition, but one day before I was booked for induction, I went into labour. I was lucky enough to give birth to a beautiful baby boy — Jack Henry Whitworth. He is so very loved in our family (a little too much love sometimes from certain toddlers in the house!!), and is just the cuddliest, most content little boy. He is now a thriving 4 month old, who is your typical 3rd child — he just goes with the flow!!! I am making the most of the delicious cuddles amongst the busyness of our life. I have always loved babywearing, but it has certainly become a matter of necessity for me of late! My eldest son has started school this year so there have been so many adjustments recently. I continue to learn so much on this parenting journey, but I try and savour it all as my goodness, it goes too fast...



Where my little baby Jack spends a lot of his day — quite comfortably I should add!!

So this edition is a little bit different to normal. We have our usual state reports, NEC updates and conference information — thanks to everyone for sending me through your relevant pieces. We are running with a “Reflection” theme for this edition, re-publishing some articles from past *Interaction* editions. It was so interesting looking back and choosing the ones to include. We are lucky to have past articles written by Sally Gregor and Nicky Leap. Thanks also to Karen Logan, Deb Galloway, Alison Summerville, Aimee McMahon and Sally

Gregor for taking the time to write their own reflective pieces on their working life in parent education, in the past, present and future. CAPEA is so very lucky to have you all — with such vast knowledge and experience. Apologies to both Deb Galloway and Lisa Robertson as I ended up with more material than expected this edition and had to change things around a bit. We have two pieces ready for next edition!!

I have been a Midwife for 11 years now. I discovered early on that Parent Education was an area of interest and passion for me. I love the interactions with women and their families, and playing an important role at the beginning of their parenting journey. I love the creativity and energy required in classes, and how every group is entirely different, with varying needs, and requiring different tools to engage in a positive way. I feel privileged to have the opportunity to empower women and ultimately help to better inform the decisions they make. I recently completed a Graduate Certificate in Perinatal



My life with my three busy munchkins

Mental Health, which has made me all the more passionate about supporting women antenatally and postnatally. Not just those “at risk”, but providing support to new mums that might help to normalise some of the experiences which can feel scary, isolating and like you are doing something wrong. It can be a hard world out there as a Mum with Google and Facebook and Instagram literally in your face with comparative material and conflicting information about pregnancy, babies, parenting... some true, some not. But I like the idea of creating a well-being support and education space for mums and bubs (perhaps in 10 years time when I am sleeping through the night again!)...

Thank you all so much for your ongoing support and kindness to me in this role. I hope you enjoy this edition and we look forward to exciting times ahead in CAPEA...

Kassie

Introducing your new President

Hello, my name is Dianne Haworth and I have been on the national committee in various roles since 2010, as Tasmanian state rep a few times, as treasurer for 3 years and vice president for a year, and now as President. At a state level I have been a member for many years and was involved in the 2004 national conference in Launceston and was convenor of the 2014 national conference in Hobart.

I became involved in childbirth education in 1995, when my now 23 year old was a baby and the local Childbirth Education Association (CEA) Launceston, of which many of my midwife friends were educators and I was a member, asked me to do the Breastfeeding Night (I was an ABA counsellor and became an LC in 1996) to give the educators a break within the 8 week program they ran. Then I started doing whole groups, and then when CEA were planning to fold in 2005 due to mounting indemnity costs I bought their equipment and started up my own private CBE practice. This continued until last year when dwindling numbers, the cost of Professional Indemnity and

my increasing hours as a Lactation Consultant at the local public hospital saw me close the business. In 2005 I ran an 8 week evening program about 6 - 7 times a year for 6-8 couples. Last year I ran 3 evening programs and about 4 weekend workshops and most groups consisted of 2 couples, I also did some one-on-one home sessions, and these had become increasingly popular. I see the challenges for CBE and parenting education as the increasing access to information on the internet and the busyness of people not able to stop the roundabout and get off for a while when pregnant and early parenting to engage in group education. I often had people enquire about options for CBE only to struggle to find an evening of the week or a weekend when both partners were available. I need to acknowledge my passion has moved from CBE to lactation and I was intending to step away from CAPEA this year... but Sue was fairly persuasive and so here I am for a final year in CAPEA as the captain of an amazing ship of dedicated women (not sure we have ever had a male committee



member?), whose passion for providing our members with a quality association often astounds me.

National President Report

Another year is well and truly underway, as I sit at my desk on a sunny Sunday morning in early March, having put off writing this piece for at least a few weeks (sorry Kassie) I have been pondering how to start, and what to say.

I would like to take this opportunity to thank Sue Spencer for her leadership over the last 3 years. Our strategic plan document and new logo are thanks to her tireless work. Thank you also to Lisa Robertson, our retiring web administrator, an amazing amount of work has gone into updating and creating new systems within the website. I am always cautious when naming names as everyone does what they are capable of when asked and each task requires different skills and time commitments... so thank you everyone.

Can I also mention our major sponsor Huggies® for their ongoing financial support, printing and posting the journal, funding the teleconferences for the national committee and further education committee and as major sponsor of our national conference for many years.

We held our AGM by teleconference in mid November last year. It is always a challenge to get new people interested during a non-national conference year and so most positions stayed the same, Sue Spencer (NSW) and I swapped President for Vice President, Karen Logan (NSW) is still Secretary in charge of correspondence and minutes of meetings and Kaye Dyson (VIC) is still Treasurer keeping track of income and paying accounts, completing the exec. Then we have Mary-ann Baker

(SA) as Membership Secretary, monitoring when memberships are due, liaising with members and keeping our membership list up-to-date, we have Kassie Whitworth (SA) our Editor with new baby Jack tucked under her wing continuing to seek out quality articles and create our journal *Interaction*, this is currently a paper version sent out three times a year. The Web Administrator job did change hands at the AGM, from Lisa Robertson (NSW) who has recently retired from employment and will slowly retire from CAPEA (she tried to jump ship, but we still have her tied securely for a while yet we hope) Lisa is involved in the FEC and supporting our new web admin person Alison Summerville (NSW). The website has evolved in the last few years under Lisa's

watch to a more dynamic interactive space where people can seek information, process memberships and email queries, and I am sure Alison has ideas for its future. This is a space that lends itself to a few more hands having a role in website production and maintenance, so if this area interests you — send Alison a message via the website. Tanya Strusberg moderates our facebook page and social media content. To round out the National committee we have Jane Svensson as our Further Education Committee (FEC) chair, she leads a merry band of hard working members who manage the certification of educators and trainers, the endorsement of products and education events as well as the competency standards that we created in 2012 and are currently under review. The FEC group are always willing to welcome new members, so if you are at a point in your educator life when you have a little time and energy and are interested in supporting the education of the educators... don't be shy — we need you to come join in. The national committee and the FEC work is done via email and communication is via a telephone hook up about 4 times a year and usually face-to-face at the national conference. While the majority of your time is volunteer, some of the positions

have a monetary honorarium attached and some committee members are supported to attend the national conference.

Since the AGM, we paused for a moment to enjoy some special time with family and friends over summer, then took up the mantle again and have had several national telephone meetings, being very productive in progressing the work of CAPEA. Vic branch are preparing an excellent national conference in May, and I encourage all of you to consider attending, some branches have scholarships to support a few members to attend so get along to your next branch gathering, or contact your state representative (who is also part of the national committee). Many state branches are struggling for member involvement and I encourage you all to be aware of the opportunities for networking and support that exists through these groups. These groups are your local access to education and fellowship and will not survive if you don't take a moment every now and then to touch base and be involved.

I look forward to meeting many of you in May at the National Biennial Conference in Melbourne, as it is six months too early for our AGM, that will not be on the program, however we will be campaigning for members wishing to be

involved at a national level, so say hello and let us know you're interested. Finally, do yourself a favour and join us on Facebook, do the association a favour and encourage a fellow educator to join CAPEA and take a look at our ever evolving website and have your say on where your association goes into the future.

Dianne Haworth

**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

Web & Social Media Report

I have recently taken over the role of website and social media administrator from Lisa Robertson. I am currently on a steep learning curve but enjoying the challenge the role brings. A bit about myself. I am mother to two adult daughters, a Registered Midwife (since 1990) and Sessional Parenting Educator (since 1998) at John Hunter Hospital in Newcastle NSW. I recently began in the role of Midwife coordinator of Birth and parenting Education at John Hunter hospital. I love walking around our beautiful country, especially the beach, enjoying the company of friends, relaxing with a good book and look forward to challenging myself. With my next challenge, trekking the Kokoda trail.

In 2018, we hope to make the web page the shop front for all that is happening with CAPEA. The membership team has worked hard to update the current

members list, which you will find in the members only section and removing any options for membership payment by snail mail.

I look forward to and welcome any happenings from state branches to add to the webpage to keep it current, relevant and up-to-date.

The facebook page has had some interesting articles posted and have had many hits, likes and shares. Thanks to Tanya Strusberg and Lisa Robertson for keeping this ticking over. Again, I welcome any interesting articles or posts you would like to share amongst our CAPEA group. Just message the page or email info@capea.org.au.

Thanks to Lisa Robertson, my predecessor, for continually backing me up until I find my feet in this role. Hopefully that will not be too far away, and you can let go of the reigns and enjoy



Alison Summerville

your other life interests. I really have been practising my motto of *“there is a learning opportunity everyday”*. See you all in Melbourne.

Alison Summerville

Further Education Committee Report

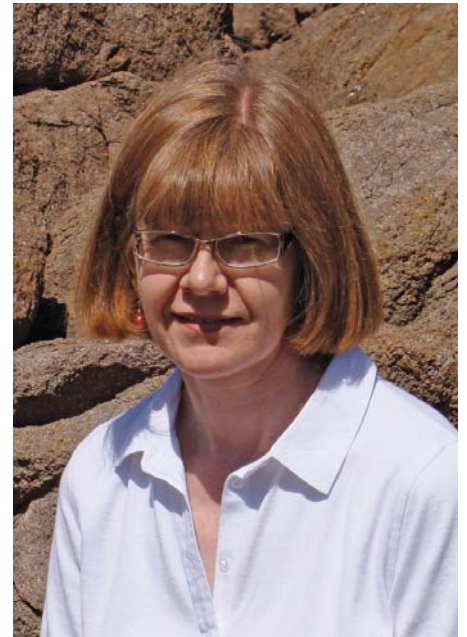
With 2018 progressing through I would like to thank CAPEA members for their feedback and suggestions on the Competency Standards for Birth and Early Parenting Educators. A total of 35 CAPEA members responded to our Survey Monkey survey and 39 completed the survey at the last conference. Both had wide national response and it is estimated that ¼ answered both surveys thus totalling approx. 50-55 individual responses. Most respondents felt a review was required so as to keep the document current, but that at this point in time there were few additions or deletions required. The main addition was to make the document more inclusive of the practice of Maternal and Child Health Nurses. To complete the review, and hopefully have the revised document ready for our May

conference, Lisa Robertson, Jan Dilworth and I are busily at work.

A quick note on certifications, the process is now to be streamlined with the FEC having a generic email address so Paula and I can action the applications as they arrive. I thank Mary-Ann for her work receiving them and forwarding them to Paula, and I am sure she will be pleased there is one less task for her as Membership Secretary.

The FEC membership has seen Kaye Dyson resign recently and I thank Kaye for her work whilst on the FEC. I now like to welcome Karen McClay as our newest member. We all will be at the conference in Melbourne so it will be a chance for you all to meet your FEC Team.

Jane Svensson



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
- ★ Professional and personal networking and support



Visit www.capea.org.au

State Reports



NSW Report

NSW/ACT Branch held its AGM on 29th November 2017. All positions, except for Treasurer, were filled.

- President:** Jan Dilworth
- Vice President:** Jacqui Gillan
- Secretary:** Susan Rebolledo
- Treasurer:** Jane Shields has stepped down but will remain temporarily in the role until someone steps into this position
- Professional Development Officer:** Jacqui Gillan
- State Rep:** Meredith Haultain

In addition, there are 5 members on the **General Committee:** Sue Spencer, Jane Shields, Karen Gage, Helen Rogers and Tracey Rayner.

As you are aware an EOI was sent out to NSW/ACT members for our Treasurer position as well as for the position of National Assistant Website Administrator. The result — at the time of writing this report, we have someone ‘in the wings’ who is looking at taking on the position of Treasurer. We hope to have confirmation of appointment by the time this issue of



Raising CAPEA's profile at this event were Anna Bubb, Karen Gage and Helen Rogers

Interaction reaches members.

On behalf of the Committee I would like to thank Jane for her time as State Treasurer.

Last November we manned a Trade Table at the 2017 Perinatal CALD Conference held at Westmead Hospital. Again, as was the case with our trade table at the Nepean Midwifery Conference earlier in the year, this was a great opportunity to network with a different audience highlighting that parenting education covers not only the prenatal period but postnatally as well. Postcards of the CAPEA Biennial Conference in May were also given out during the day.

The feeling of the committee is that sponsoring a table at various conferences is beneficial in raising CAPEA's profile. With this in mind, we have been looking at which ones we might be able to attend throughout the year. One of the issues which will need to be taken into consideration when deciding is the cost of sponsoring a trade table at these events as most of them are not free.



NSW 2017 Christmas meeting dinner

Our first branch meeting for 2018 was held 3rd February, where the main discussion centred on our planning for this year. The need to build on workshop/seminar days was highlighted as a way to increase membership. With the Biennial Conference in May our aim is to run a Professional Development Day late October/early November. Possible dates, venues and themes were discussed. At present we are looking at heading out west — Penrith was suggested. Planning will continue in our next meeting.

Finally, we will be offering 2 x full and 2 x half scholarships to the Biennial Conference in May. Final details to be confirmed by the committee by end Feb/

early March. Please look on the CAPEA website for scholarship information and application form.

The following Branch meeting dates are yet to be finalised so may change as the year progresses. Next meeting scheduled for the week of 16th April — date TBC. Teleconferencing will be available.

Following this one, there will be a meeting at the Conference in May, one at the end of July, with the AGM at the end of November.

Warm Regards,

Meredith Haultain



Queensland Report

Our last branch teleconference was held on 8th February 2018.

This meeting was our 2nd unsuccessful attempt at holding the 2017 AGM. Again we did not have a quorum, hence the “2017 AGM” could not proceed. Some committee members had planned to step down from the branch executive at the AGM due to other commitments.

As a member we encourage you to consider taking a more active role in our branch. Many hands make light work. There are several benefits both personally and professionally to becoming more involved in the Queensland branch.

As a state our members are widely distributed making face-to-face meetings or gatherings difficult and costly. We are hoping several Queensland members will travel to Melbourne to attend the biennial

ASSOCIATION

conference in May. It will be an excellent few days and will provide the opportunity for our branch members to meet in person.

Jacqui Morrison



Tasmania Report

Not a great deal to report for this edition of *Interaction*!

The Tassie Branch are keen to attend the up-coming conference in Melbourne, and are in the process of organising numbers and accommodation details.

Warm regards

Sally Gregor



Victorian Report

The Victorian Branch has been predominantly focussed on the conference, however, we are also considering events for our state members.

Our last Study day in November “*Celebrating Childbirth Educators*”. The idea was to focus more on the educator than education. Topics included: Feedback from the DAME Trial, Facilitation skills, Using hypnosis skills for pregnancy,



labour & life, Feedback from the RWH Group Antenatal Trial and Self care for educators. We again enjoyed food from the wonderful Asylum Seekers Catering together with a celebration cake on the day — YUM!!



Following some business advice, we opted to charge a registration fee for the study day — the first in several years. Unfortunately, this didn't seem to make much difference in attendance.

At this point we have no plans for a study day prior to the conference but we still intend to have full day study days for both the AGM (possibly August) and for CBE week in November.

Despite that we are hoping to hold one or two **webinars** in the months preceding the conference.

CBE Training Courses:

It is still the committee's intent to encourage more experienced educators to become involved in the Childbirth education training course that Victorian branch previously offered. At the moment we have a very small and limited number of members displaying any interest and we are also time poor with the conference preparations.

This will be an issue to address in the next fiscal year.

Finances:

The Victorian branch continues to be profitable with a working account and a managed account.

So far the Victorian Branch has been loaning the Conference committee funds to pay the hotel deposit, speakers travel

and accommodation etc.

This is a non interest bearing loan that will need to be repaid to the Victorian branch prior to the Actual budget being calculated at the end of the conference.

Acknowledgments:

- ❖ Rhea Dempsey's mother passed away after Christmas. The Victorian branch extends their sympathies along with its members.
- ❖ Rebecca Stone, one of our committee members, has completed her Midwifery training with only some practical hours remaining and we congratulate her on this wonderful achievement.

Melinda Eales



South Australian Report

The SA Committee has set out the dates for the year, Again we will be meeting in various locations throughout Adelaide and even the Barossa. Each meeting will include an education and information session organised by the hosting CAPEA Members. Topics are always welcome.

The first CAPEA session was held 5th February at the Women's and Children's Hospital. A small group gathered and Julie Fleet shared with Kate Levett about her PhD study in antenatal education and teaching of complimentary therapies. Julie spoke about the Uni SA midwife clinic and the services it provides.

The next SA branch meeting is being held in the wonderful Barossa, so hopefully many members are able to attend. Meeting scheduled for the 13th April 1630 at Tanunda Hospital.

Mary-ann Baker

Being with women in pain in labour –

The midwifery art of ‘keeping birth normal’

This article was originally included in *Interaction* in December 2003; it has been reviewed by Nicky prior to re-publishing

Nicky Leap is an **Adjunct Professor of Midwifery** at the University of Technology, Sydney. For more than 30 years Nicky has had a variety of roles in midwifery practice, education and research. She has published widely and is a frequent speaker at national and international conferences. Nicky is well known for her work supporting the development of collaborative midwifery models of care in different settings and as the co-author, with Billie Hunter, of the *The Midwife’s Tale: an oral history from handywoman to professional midwife* and the recently published *Supporting women for labour and birth: a thoughtful guide*.

Nicky grew up in the West Country in England where she was involved in setting up and promoting Women’s Aid Refuges. She became a National Childbirth Trust teacher in the 1970s and was a youth and community worker in London before training to be a midwife. In the 1990s, while living in South East London, Nicky was a member of the first group of self-employed midwives to contract into the National Health Service. She now divides her time between living in Bristol (UK) and Sydney (Australia).

There is no doubt that the pain of labour is a central part of women’s experience of childbirth and that the attitudes of midwives have a profound effect on the choices women make regarding how they deal with that pain. This understanding has contributed to my motivation to explore and study midwives’ ideas regarding pain in labour over many years.

My personal interest was also fuelled by fifteen years of practice specialising in home birth and working with women who consistently expressed views about how powerful and triumphant they felt about their experiences of pain. I was also keen to explore how midwives can respond when confronted by accusations such as; “Why on earth would you **not** offer all women pain relief in this day and age?”

For these reasons, I chose to explore ‘A Midwifery Perspective on Pain in Labour’ as the area of enquiry for my MSc in Midwifery and I interviewed 10 midwives, all of whom had extensive experience of working with women who give birth at home. The midwives in that study highlighted two distinct approaches to pain in labour — ‘the pain relief’ approach and the ‘working with pain’. The most common approach in our society is to want to relieve pain, evidenced by the escalating epidural rate in Western hospitals. The ‘working with pain’ approach tends to be embedded in a midwifery philosophy that sees pain as purposeful and directly related to women’s sense of triumph following birth. The issues are much more complex than this simple analysis might suggest and the subject often raises heated debate as is constantly demonstrated in the media.

Over the years, I have had the opportunity to run workshops looking at issues concerned with ‘being with women in pain in labour’ with many midwives in

Australia, New Zealand and the UK. Many midwives in these workshops described the same ideas about being with women in pain in labour as the midwives in my Masters study. These approaches, with quotes from the original midwives who participated in the study are summarised thus:

The ‘Pain Relief’ approach and the culture of the labour ward — “Don’t you think she should have an epidural?”

The pressure to offer ‘pain relief’ was described by midwives within descriptions of labour ward culture. These included staff shortages, not knowing the women and the personal discomfort experienced by practitioners around being with women in pain: *Some midwives give pethidine because they don’t like the fuss and the noise and the agitation and the fact that the women won’t settle down. I think that sometimes the midwife isn’t coping with the pain either. They think the woman isn’t and actually they’re not...*

So that’s where the, “Room 11’s nicely sedated” comes in. It’s about the midwife needing not to have to deal with someone else’s pain, someone else’s expression of pain.

It’s a lot more work for a midwife to be interacting with somebody who’s agitated and making a lot of noise and being demanding. Then you have to be with her all of the time, you can’t go and have cups of tea or whatever...

Several midwives commented on how the pressure to offer ‘pain relief’ is exacerbated on labour wards by reactions to the noise that women in labour make.

You can come out of a room where you were with someone who was making a lot of noise and they say, “What’s going on in there? Like it’s something abnormal. “Can’t you do something about that?” and you say, “She’s fine, I think she’s nearly there”. And they say, “God, I hope she has the baby soon, she’s making a

dreadful racket".

A paternalistic system where practitioners want to be 'kind' and make full use of 'the benefits of modern technology' was described — "In this day and age, no woman should have to suffer the barbaric pain of childbirth".

Concern was expressed about a system that prioritises what I call, 'the menu approach' — the list of what is on offer and the pros and cons of each method given to women in the name of providing 'informed choice'. This is a hierarchical menu, starting with the non-pharmacological methods that midwives tend to feel all right about, such as water and aromatherapy, and ending with the epidural at the bottom of the list. Several of the midwives suggested that this offering of 'the menu' in itself creates a culture where both women and their attendants end up seeing some form of 'pain relief', however seemingly innocuous, as a necessary part of the process of giving birth:

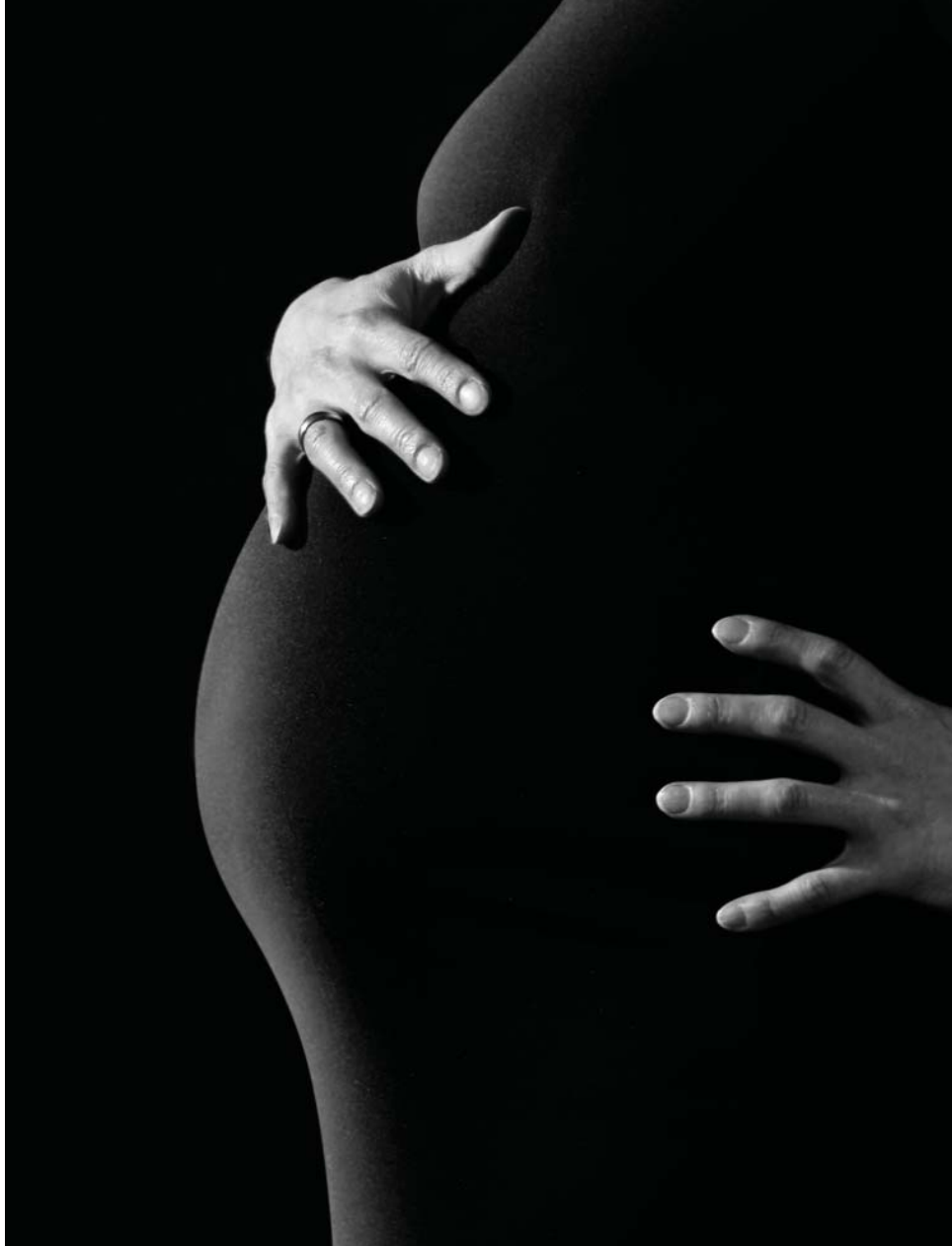
I think the majority of midwives don't actually see that many women in labour that aren't under the influence of one drug or another. I've seen a lot of women in labour who haven't had drugs and I think I've learnt a lot about the sort of variation of how women cope with it. But I think if you haven't seen that, it's very difficult to know what 'normal' might be, and it might be very frightening then.

The Working with Pain Approach — the concept of "normal pain"

Midwives suggested, in one way or another, that the key to moving towards an approach that 'works with pain', is developing an understanding of 'normal pain' as part of the process of labour. The concept seemed to enable midwives to 'sit back' and deal with any potential discomfort in themselves raised by the woman's expression of pain:

If I think the labour's going well and the woman is experiencing what I would call 'normal pain' — which of course is debatable to some people — then I think I'm happy to sit and wait and not want to take the pain away. Understanding the difference between 'normal' and 'abnormal' pain is taught in the Netherlands as an important midwifery skill:

I remember the director of the Dutch Midwifery School telling me that for a normal birth, there is always normal



pain. And it's the art of the midwife to discriminate whether this is normal or abnormal pain. If it's abnormal pain... there is something really pathological going on. In Holland where everything is divided into physiology/pathology, normal/abnormal, the need for pain relief is abnormal. I was taught in midwifery school that once a woman starts to scream and yell, you the midwife should be happy.

There was unanimous agreement that abnormal pain is associated with abnormal labour and that 'pain relief' is usually appropriate in such cases:

Once I felt I understood the difference between normal and abnormal pain, I began to think that it was important, sometimes a critical part of appropriate treatment of abnormal labours, to provide generous chemical pain relief, and that chemical pain relief wasn't necessary for normal labour.

The rationale for not offering pain relief in normal labour

The midwives' rationale for rejecting the

'pain relief' approach was described as two fold: believing in a purpose to pain and gaining confidence by responding to feedback from women. Their theories about the purpose of pain can be summarised thus:

Pain as pure physiology

When you think of the process involved, when you think that the woman has to get the baby from within to the outside, it's not surprising that there's some discomfort and pain.

Pain stops women and allows them to find a place of safety to give birth

So that women aren't in the middle of Safeways — which isn't a safe place to be — dropping their baby out. They have to get to a safe place. So they have these pains knocking on the door.

Pain marks the occasion

There is such an incredibly huge enormous thing about to happen that somehow you just can't do it by turning outwards and laughing and joking. You have to do

something that's equally as enormous to yourself, something that you wouldn't normally be doing, a behaviour pattern that you wouldn't normally be assuming. It's like pulling everything out isn't it? Just getting hold of everything inside you so that you can do that incredible transition into having a baby.

Pain summons support

It's a big transition to becoming a mother. All these big transitions in life, like also death, need love and attention to help you deal with them. And pain relief — especially epidurals — it takes away her feeling and in doing so deprives her of enough love and attention.

Pain develops altruistic behaviour in babies

Pain triggers a complex interplay of hormones and chemical changes together with a social adaptation... it helps to stabilise and awaken the instinct that you have to care for this baby for 20 years.

Pain heightens joy

The ability to feel both joy and pain seems pretty central to our being here and to hide behind Newtonian physics, I would say that every action has to have an opposite reaction. You have to have some experience of pain for the experience of joy and pleasure to have meaning.

Pain as transition to motherhood

Pain takes us through that transition from being pregnant and growing a baby to the end product. I know it's a cliché talking about journeys and needing to go through it, but I think we do need to go through it.

The triumph of going through pain

Women feel proud of themselves because they've done something very big... like running a marathon, a sense of achievement

Pain as a trigger of neuro-hormonal cascades

I think there's some sort of mechanism which enables women to cope with gradually increasing pain. I think we have to subscribe to this because we see it all the time, don't we? I think contractions get stronger and more painful, but not necessarily harder to deal with. So therefore there has to be something making that happen. I'm not sure if that's what's making her do the 'turning the eyes off bit'... but I don't know what an endorphin is. It doesn't really matter. The key is that sort of letting go, withdrawal

thing. You see it and immediately you think, 'Ah good!' Yes, I see it as related to endorphins and I talk to people about facilitating endorphin release — you know, relaxation, comfort, environment, feeling safe — all those kinds of things.

The expression of pain: clues to progress — "I suppose pain's a barometer really..."

The way women are behaving, the way they respond to contractions — that doesn't just mean the noise — will give us an indication of where they are in labour... that's part of the skill of midwives who don't routinely use drugs to control pain. If you're relying on un-drugged feedback from women, you get very good input, don't you, as to what's going on.

The fallacy of prediction — "They do surprise themselves they do"

The fact that it is extremely easy to confuse the outward signs of 'transition' with the extreme pain of 'abnormal' labour was raised by everyone amidst ironic laughter about the need to avoid developing dogmatic, didactic theories and the fallacy of predicting how women will cope with pain. Embracing uncertainty with women was viewed as an important skill. Unpredictability was seen as a relevant factor and all the midwives were at pains to warn against an approach that engages in stereotyping around who will and will not cope with pain in labour:

Women constantly shock me and I think I've learnt from those women. You could sit there and think, "She's a hopeless case, she said her pain threshold's really low" — and all you've got to do is tell her she's doing really well, that it's normal and allow her to get on with it in her own way and I think she will.

Working with women in pain — a midwifery approach

The concept of 'working with pain' and enabling the woman to release her body's own pain relieving chemicals demands a different midwifery approach as this midwife explained:

There are some women who've been trained or who have decided that they're going to fix their gaze on X's face or whatever, but I think that's a training thing. I did it myself when I had babies. But I think, left alone, women will — and are — completely able to do it themselves and go right into their own depth of resources. And they don't look out at all, they don't look at you except to open

their eyes and plead for a Caesarian or something in a panic moment when they're in transition. But I think a woman who's not desperate and who's coping, she'll disappear completely from connection with you. She becomes disconnected from her environment and from her carers or friends or whoever is supporting her, and she's in her own little space. It's like being in a bubble really... and you as the midwife can only sit and watch and really admire, I suppose, how it works and what's going on.

Conclusion

The ideas expressed in this study and in the workshops raise important practical and philosophical issues for debate by all those who have an interest in childbirth. I am increasingly aware that many midwives, working in diverse settings, share an understanding of the concepts here.

However, we are swimming against the tide. The dominant culture of 'pain relief' often makes it difficult for women to choose to labour without the intervention of pharmacological pain relief. Many midwives, in particular student midwives and new graduates, are getting little experience of supporting women in pain throughout labour. Take for example, some hospitals in Australia where over 90% of women having their first babies have epidurals and a hospital in London where there are more anaesthetists on the labour ward than there are midwives!

However controversial the ideas expressed here, most people will agree that to offer a labouring woman 'pain relief' when she is in pain in labour is irresistible for the woman and undermines her confidence. Women repeatedly say that they relied on the midwife's belief that they 'could do it' when they didn't believe in themselves and that this made a difference to the whole experience. Often that reassurance takes the form of what I call, 'midwifery muttering', that quiet, repetitive reaffirming of the woman's ability to give birth to her baby.

When I was a student midwife in the early 1980s, we were constantly told that we were 'practitioners in our own right' with a responsibility to be 'guardians of the normal in childbirth'. This had a profound effect on me. I remain convinced that this midwifery knowledge is an important key to the concept of 'keeping birth normal', to promoting physiology, and that this notion is directly linked to enabling situations where childbearing women are able to take power and become confident mothers.



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KEYNOTE SPEAKERS

Virginia Bobro

*International Keynote
& Workshop Presenter*

Hannah Dahlen

National Keynote

Rhea Dempsey

National Keynote

WORKSHOP: *Childbirth Education and the Roots of Emotional Birth Trauma*

WEDNESDAY 23 May 8.30am – 12.30pm – Prior to Main Conference
(Bookings Essential)

CONFERENCE — KEYNOTE PRESENTATIONS — Virginia will present throughout the conference

“Teaching About Caesareans: A Compassionate, Honest, and Effective Approach”
“Solution-Focused Childbirth Preparation” — learn about a powerful, engaging and compassionate communication framework to help you listen more deeply, ask fruitful questions, and guide parents to their own solutions and actions...

CONFERENCE – KEYNOTE PRESENTATION — Hannah will present on the following

“Is everything we do and say an Intervention?” — considering not only the technologies we use during pregnancy and birth but also the words that we speak, body language, models of care and cultures of organisations plus more... This talk will explore all these concepts using emerging research and new paradigms of thinking.

CONFERENCE – KEYNOTE PRESENTATIONS – Rhea will present on the following

“Birth — When the Archetypes Stir” — gain a greater understanding of what is happening psychologically in the birth space.
“Birth Plans — a Contested Concept: Controversy about birth plans continues” — are birth plans a way of attempting to control the uncontrollable or a way of seeking a shared philosophy? Let’s discuss...

Abstract Presentations Included + More...

- Oral Health in Pregnancy and Beyond (Janice & Cristi Deocampo)
- Nurturing relationships for the new family (Jane Shields & Donna Griffis)
- Tracktions – Non Invasive Labour Pain Management (Jonathan Altman – TENS)
- Getting a clients perspective of CBE and developing your own survey (Kaye Dyson & Melinda Eales)
- Review of parents knowledge of infant wrapping (Cindy Davenport)
- Teaching Acupressure as a natural pain reliever (Glenys Jansen Frank)
- Growing and Supporting our CALD Community through Education (Alison Summerville)
- Facilitation Skills (Erika Munton)
- Active Birthing Skills (Suzanne Swan)
- PANDA Update and identified client needs (Cathy Wyett)
- Newborn Observation Project (Emma Symes)
- Foetal Movement (Paula Dillon)
- Self-Care (Abby Bailey)



Please refer all enquiries to the Conference External Convenor
Tracey Lowe M: 0407 822490 E: traceylowe17@bigpond.com

DAY 1 - Wednesday 23 May 2018

	Time	Sessions	Room		
Session 1	8.00 - 8.30am	Registration/Open for Workshop Arrival Tea & Coffee	Pre-function Area		
	8.30 - 10.30am	WORKSHOP <i>Presenter - Virginia Bobro</i> <i>Childbirth Education and the Roots of Emotional Birth Trauma</i> <i>We know that birth stories are important: both when expectant parents prepare for birth, and in how new parents share, process, and integrate their experiences afterwards. During this workshop, we will explore how expectations, resilience, self-perception, and cultural and personal belief systems affect how birth stories take root and emerge, both individually and collectively. We'll then focus on some specific things that educators can do to antenatally to increase the likelihood that parents will not feel disempowered, ashamed, disappointed, or angry about their birth.</i>	Pavilion Room		
Break	10.30 - 11.00am	Morning tea in Pre-function area	Networking opportunity for Sponsors (Registration cont. for Conference)		
Session 2	11.00 - 12.30pm	WORKSHOP	Pavilion Room		
		<i>Presenter - Virginia Bobro (cont.)</i>			
Break	12.30-1.30pm	Lunch in Pre-function area	Networking opportunity for Sponsors		
Session 3	1.30 - 2.00pm	Welcome & Opening Address MC & Elder for Welcome to Country	Pavilion Room		
	2.00 - 3.15pm	PLENARY 1 <i>Keynote speaker - Rhea Dempsey</i> <i>Topic: 'Birth – When the Archetypes Stir'</i> <i>Human birth unfolds according to universal physiological patterns – instincts. Similarly, human birth unlocks innate psychological patterns – archetypes.</i> <i>Let's explore some birth archetypes to gain a greater understanding of what is happening psychologically in the birth space.</i>	Pavilion Room		
Break	3.30 - 4.00pm	Afternoon tea in Pre-function area	Networking opportunity for Sponsors		
Session 4	4.00 -4.45pm	CONCURRENT SESSIONS BREAKOUT 1	BREAKOUT 2	BREAKOUT 3	BREAKOUT 4
		Pavilion Room	Bourke Room 1	Bourke Room 2	Bourke Room 3
		<i>Ros Ben Moshe</i> <i>Oxytocin for Laugh, Life & Wellbeing</i>	<i>Karen McLaughlin</i> <i>Hunters and Gatherers with Dr Google</i>	<i>Abby Bailey</i> <i>Birth Expectations</i>	<i>Karen McNeil & Agnele Mihovilovic</i> <i>Nurturing us - early pregnancy care</i>
		<i>Brienna Macnish</i> <i>Forecasting Our Future: how art can help us imagine a future worth inheriting?</i>	<i>Janice Deocampo & Cristi Deocampo</i> <i>Oral Health in pregnancy and beyond</i>	<i>Jane Shields & Donna Griffis</i> <i>Nurturing relationships for the new family</i>	<i>Deb Fox & Kaye Dyson</i> <i>Group Antenatal care: care & education combined</i>
4.45-5.30pm					
5.30pm	CLOSE				
	7.00 - 11.00pm	Welcome Dinner Sit down 3-course Dinner & Entertainment	Pavilion Room (Additional cost)		

DAY 2 - Thursday 24 May 2018

Session 5	Time	Sessions	Room		
	8.00 - 8.30am	Registration/Open for Workshop Arrival Tea & Coffee	Pre-function Area		
	8.30 - 9.00am	PLENARY 2	Pavilion Room		
		<p>Keynote Speaker - Hannah Dahlen <i>"Is everything we do and say an Intervention?" When we think of intervention during pregnancy and birth we often think of technologies used, such as caesarean section or induction of labour, but is this a narrow view of intervention? What about the words we speak to women, the body language we manifest and the environments we provide for birth? What about childbirth education, models of care and cultures of organisations? When we think of outcomes of interventions we often think of short term outcomes or quantifiable outcomes and rarely do we trace the impact of intervention down through the years and even through the generations following the event. What if we considered everything we do and say is an intervention and has an effect and sometimes this is a positive intervention and sometimes it is a negative one? This talk will explore all these concepts using emerging research and new paradigms of thinking.</i></p>			
Break	10.30 - 11.00am	Morning tea in Pre-function area Networking opportunity for Sponsors			
Session 6		CONCURRENT SESSIONS BREAKOUT 5	BREAKOUT 6	BREAKOUT 7	BREAKOUT 8
		Pavilion Room	Bourke Room 1	Bourke Room 2	Bourke Room 3
	11.00-11.45am	Dr Chris May <i>Working with New Dads as they prepare for a Transformational Life Project.</i>	Johnathon Altman <i>Tracktions</i>	Lael Stone <i>Mindful birthing - workshop</i>	Darren Varley <i>Driving dads</i>
	11.45-12.30		Suzanne Swan <i>Active Birthing Skills</i>		Helen Parker <i>Supporting motherhood: Filling the gaps to ensure holistic support</i>
Break	12.30-1.30pm	Lunch in Pre-function area Networking opportunity for Sponsors			
Session 7	1.30-2.45pm	PLENARY 3	Pavilion Room		
		Dad's forum - MC: Dr Chris May Dads Panel: Q&A session			
	2.45-3.15pm	CAPEA National Update			
Break	3.15 - 3.45pm	Afternoon tea in Pre-function area Networking opportunity for Sponsors			
Session 8		CONCURRENT SESSIONS BREAKOUT 9	BREAKOUT 10	BREAKOUT 11	BREAKOUT 12
		Pavilion Room	Bourke Room 1	Bourke Room 2	Bourke Room 3
	3.45-5.15pm	Virginia Bobro <i>Teaching About Caesareans: A Compassionate, Honest, and Effective Approach</i>	1. Karen McNeil and Marie Gentile Andrit <i>Birthing in Tanzania</i>	Erika Munton <i>Facilitation skills</i>	Kaye Dyson & Melinda Eales <i>Getting a clients perspective of CBE and developing your own survey</i>
	4.45-5.30pm	<i>Many educators are looking for ways to best talk with expectant parents about caesareans, in a way that will really prepare them (emotionally and mentally) without scaring them or being too technical. In this session, you'll learn about and observe a powerful approach to teaching about caesareans that engages parents, gives them what they really need to know</i>	2. Dr Allan Cyna & Lisa Cutajar <i>Language and it's use in care/education</i>		
	5.15- 5.30pm	CLOSE			
	5.30-6.30pm	Meet and Greet Networking Event Drinks & Canapes			Included in full conference & Thursday registration

DAY 3 - Friday 25 May 2018

Session 9	Time	Sessions	Room		
	8.00 - 8.30am	Registration Arrival Tea & Coffee	Pre-function Area		
	8.30am	Welcome - Overview of day			
	9.00-10.30am	PLENARY 4	Pavilion Room		
		<p>Keynote Speaker - Virginia Bobro <i>Solution-Focused Childbirth Preparation</i> Sometimes expectant parents can get bogged down by worrying, complaining, negativity, over-analysis, perfectionism, or indecision. Information and support can help, but often just giving them answers or advice may not be enough (or may even be harmful). In this session, you will learn about a missing piece that you can use to make classes more dynamic, personal, and efficient. Drawing on a successful therapeutic and coaching approach, the solution-focused model provides a powerful, engaging, and compassionate communication framework, which helps you to listen more deeply, ask fruitful questions, and guide parents to their own solutions and actions when they have questions, concerns, or feel stuck.</p>			
Break	10.30 - 11.00am	Morning tea in Pre-function area Networking opportunity for Sponsors (Raffle prize draw)			
Session 10		CONCURRENT SESSIONS BREAKOUT 13	BREAKOUT 14	BREAKOUT 15	BREAKOUT 16
		Pavilion Room	Bourke Room 1	Bourke Room 2	Bourke Room 3
	11.00-11.45am	Glenys Jansen Frank <i>Teaching Accupressure as a natural pain reliever</i>	Helen Funk & Debbie Spink <i>The value of peer workers for parent mental health</i>	Cindy Davenport <i>Review of parents knowledge of infant wrapping</i>	Emma Symes <i>Newborn Observation Project</i> 90mins
	11.45-12.30	Kate Levett <i>Antenatal education and complimentary therapy</i>	Cathy Wyatt <i>PANDA update and client needs</i>	1. Paula Dillon <i>Foetal Movement</i> 2. Alison Sommerville <i>Growing and Supporting our CALD Community through Education</i>	
Break	12.30-1.30pm	Lunch in Pre-function area Networking opportunity for Sponsors			
Session 11	1.30-2.30pm	PLENARY 5	Pavilion Room		
		State meetings <i>Brisbane Conference Introduction</i>			
		CONCURRENT SESSIONS BREAKOUT 17	BREAKOUT 18	BREAKOUT 19	BREAKOUT 20
		Pavilion Room	Bourke Room 1	Bourke Room 2	Bourke Room 3
	2.30-3.30pm	Elizabeth Murphy <i>Bendigo Positive Birth</i>	Jess (TBC) <i>Meeting the needs of LGBTI families</i>	Anthony Turner <i>Making your business grow</i>	Abby Bailey <i>Self Care</i>
Break	3.30 - 4.00pm	Afternoon tea in Pre-function area Networking opportunity for Sponsors			
	4.00-4.45pm	PLENARY 6	Pavilion Room		
		<p>Rhea Dempsey <i>Birth Plans – a contested concept: Controversy about birth plans (or whatever we call them) continues. Are they a way of attempting to control the uncontrollable or a way of seeking a shared philosophy? Let's discuss.</i></p>			
	4.45-5.00pm	MC - Conference Close			
	5.00pm	EVENT CLOSED			

What do Father's need to learn from Childbirth Educators?

by Sally Gregor

This article was originally published in *Interaction* in April 2005, it has been reproduced with Sally's permission

I am a midwife and childbirth educator. I currently work at the Royal Hobart Hospital in the antenatal clinic where I am primarily employed to facilitate childbirth and parenting education to pregnant women and their families. The education I offer has increasingly become more focused on individuals, which appears to be the preferred choice for the women I see in 2018, although I still facilitate more structured education sessions for groups on a weekly basis.

I am delighted that my article about Father's needs is to be reprinted in *Interaction*. It is now 13 years since it appeared and on re-reading it there is nothing very much that I would disagree with. I wrote the article using material I had collected for a University assignment while I was studying the Graduate Diploma in Midwifery at the University of Tasmania (UTAS) in 2004.

My article received a certain amount of criticism from a male reader after its publication in *Interaction*, who felt that it had been somewhat condescending. He particularly disliked the phrase '*confidently go on to become happy and effective parents*' and we had an entertaining written correspondence for some time. I was also flattered that a student midwife quoted me in one of her own

assignments.....

There have been 13 more years for men to become involved in Childbirth preparation. Has much has changed since I wrote this in 2005? I think that the majority of health professionals working with maternity clients have become more thoughtful about the language they use when describing birth. We include fathers in preparation sessions far more now, but funding cuts may have made us reduce the number of education sessions we offer, particularly in the public hospital setting. I no longer have access to a male facilitator to offer a 'Dad's session' as part of the education package we offer here in Hobart.

I had forgotten the comment by Marsden Wagner (2000) where he questions whether the increase in the use of monitoring machines is a result of the increase in the number of men present at the birth of their child? We are certainly using more monitors during the birth process in the hospital environment! Food for thought?

The role of the father in the birthing process has changed significantly in the past fifty years. Statistics tell us that the number of men attending births has risen from 5% in the 1950's to 97% in the 1990's.

The strong demand from women to have their male partners accompany them started in the 1970's, (Smith N.J.

1999), and Michel Odent has noted that the rapid rise in the demand by women for men to be present at the birth of their children has coincided with the increase of hospitalization for birth, and the gradual isolation of the nuclear family. (Beardshaw T. 2001)

The erosion of the extended family has led to a loss of support from other female family members, and the male partner is now often the only truly familiar person available to give a woman intimate support during the birth of her child. This a major change in western society, and the literature I have accessed in my research into this change offers valuable insights for childbirth educators to incorporate into their classes.

A survey in 1996 by Barclay et al explores men's experiences during their partner's first pregnancy. Their research targeted a group of 53 men who were attending antenatal classes for the first time.

They found that most of the fathers felt confused as their relationship with their partner changed, and that their new role was unclear.

The fathers responded negatively to the challenges they were experiencing and felt distanced from their partners. Men have been increasingly included in ante-natal education programmes, but Barclay revealed that many of the men felt that this education had been '*endured and not enjoyed*' (Barclay et al 1996 p23). The men were reported to have '*resented and tolerated*' the way information was presented, feeling that the information they were given concentrated on the mother's physical changes of pregnancy and birth, rather than on their concerns regarding parenthood.

Their changing role and their changing relationship with their partner was not discussed. Barclay sums up her survey by saying that educators need to be aware of this if they want to relate to couples effectively and empathetic ally and help

women who are trying to involve and support their confused male partners.

A trial that included male facilitators in childbirth education classes took place at St George's Hospital in Kogarah in 1995. (Pierce S. 2000) Male facilitators were found to be a very successful addition to the classes, and Pierce cites Barclay's 1996 research, pointing out that many men feel excluded from their partner's experience of pregnancy, childbirth and child-rearing at a very early stage.

She felt that it was very important to acknowledge and include men's emotional experiences at this time, and explores how the inclusion of a male facilitator in male discussion groups encouraged fathers to open up and accept their feelings of anxiety and fear.

Pierce (2000) felt that birth educators need to deliberately include fathers and to take particular care of the language that they use when describing the birth process in classes, referring to 'the uterus' rather than 'your uterus' for example so as not to alienate fathers. By enlarging the description of the birth process from that of the woman's physical experience to the couple's emotional experience men would feel more involved with the birthing process, and better able to support their

partners. Pierce (2000) suggests educators should encourage men to acknowledge their emotions by exploring scenarios together.

Discussion about how men might feel going to work every day, waiting for the telephone call to tell them that their partner's labour has started, or planning how they will organise themselves while their partner and the new baby are in hospital after the birth were felt to be useful. Video footage or photographs of men taken during labour were also used successfully to invite discussion of the father's role and the emotions he may feel during the birth.

The men reported a big difference between what they had been taught in antenatal classes and what they experienced from the midwives they met in the delivery suite. The midwives caring for their partners in labour did not include them in that care or ask them for their help or input. One man says, '*I just felt like I was getting in the way. Even when she was in pain they kept asking her to do this or do you want this? I thought, ask me, I know, I've been to classes. I felt undervalued.*' (Chandler 2000 p14.)

It was also identified that midwives can have a very negative idea of the role fathers are expected to play in the delivery

suite. (Draper J. 1997). Midwives can use language that excludes men and may appear quite hostile to the father if he seems to be invading their territory and usurping their role as a support for the labouring woman. Some midwives prefer to see the father as being peripheral to their own relationship with the birthing woman and do not offer much support to the father during the birthing process. (McCrea H. 1992)

It was identified that some midwives can find it hard to build a useful relationship with the woman if she is engrossed in her male partner, and can become embarrassed by the physical and emotional closeness between the couple. McCrea (1992) states that midwives can gain a great deal of pleasure and satisfaction from being needed by the birthing woman and may feel that the woman's dependence on them is compromised if she is being given support from the father.

Chandler (2000) has explored what the experience of childbirth has meant for men, and how it has influenced their role as a father. He reveals that many male labour supporters experience very negative emotions, feeling both unprepared and helpless when witnessing their partner's pain.



He found that men often believed that the health of the woman or child was at risk, giving rise to strong feelings of anger, fear and anxiety which the men found difficult to cope with. He quotes one of the fathers as saying, *“To me, not being able to take away the pain made me feel totally useless.”* (Chandler 2000 p 14.)

The father’s perception of the pain felt by the birthing woman is a critical factor during the birthing process. Many men are horrified by this aspect of the birth and become very emotional. Some will distance themselves and describe feeling aloof and apart from the proceedings, and others will become angry and agitated, disrupting the woman’s concentration as she tunes into her body during birth. (Flora T. 2000)

Robertson (1997) identifies the importance of encouraging a woman’s labour to build up without interference and thus allowing the woman to benefit from the increase in her own natural endorphins as her contractions intensify. The use of Group discussion about strategies that the father can use to help support the birthing woman during the birth will help fathers to become more confident in the delivery suite. (Flora T. 2000)

Information about the part pain plays in the birth process and the body’s resulting use of endorphin, and the importance of the father accepting the woman’s need to make loud and often distressing noises during the birth also help him to provide his partner with the support that they had planned. An anxious, protective father who strongly encourages a woman to accept medical pain relief can interfere with the natural course of birth, and can give rise to the well documented ‘Cascade of Events’. (Robertson 1997)

Wagner (2000) speculates whether the large increase in the number of fathers present at birth has had any bearing on the equally large increase in the use of machines used to monitor the birthing process, which has taken place within the same time frame. Odent (1999) questions the recent idea that the father’s participation at the birth is a positive thing for the mother.

He feels that women often send out strong not-verbal signals that they do not want the father there, despite what they may say to the contrary, and that once the father has left the birthing area the woman’s labour often speeds up dramatically. When she is not longer

constrained by the presence of the father she feels able to verbalise loudly and will often experience strong contraction very suddenly, during which the baby is born.

The modern father has very few role models. His experience of fatherhood may be very different from that of his own father, who was unlikely to have been present at his birth, or had much to do with his care as an infant.

However as many mothers do not have a large support network and need to rely on the father for help, and he may find that he has a large role to play in the post natal period. Fathers often comment that there should be more information about this in classes. They want to be given a realistic idea of what to expect from their baby after birth, what their role will be, and how to cope with fatigue. (Beardshaw T. 2000)

Fathers also want relevant information about breastfeeding. They realise that they may have a large role to play in supporting their partners, but can find the experience very alienating. (Jordan P. and Wall V. 1993)

The exclusive nature of breastfeeding can make them feel jealous, resentful and left out, and this is intensified if their partner’s libido has been affected and their sexual relationship does not resume as quickly as they had expected. It can be helpful to include an experienced male opinion at pre -natal classes, who can act as a mentor to prospective fathers and give them information about breastfeeding from a male perspective.

Childbirth educators now play a central role in helping couples to adjust to parenthood. As social change has led to the reduction in the role of the extended family, fathers now play an increasingly large role in pregnancy, birth and the post-natal period, and educators can influence how fathers view these changes positively by giving them education sessions which allow them to explore their new role.

By providing them with strategies they can use to support and help their partners they can confidently go on to become happy and useful parents.

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“You will find as you look back upon your life that the moments when you have truly lived are the moments when you have done things in the spirit of love.”

Henry Drummond



Midwives: Reflective Pieces

Sally Gregor

One of my favourite Ice Breakers to start a group session is *What's been Good and Less Good about Pregnancy So far...?* I find this works quite well. The group is forced to divide up in half at the start of the session. A certain feeling of tension is felt as the new group sort themselves into 2 smaller groups, and yes — I continue to sit a group in a circle. There's a small hum of conversation as someone kicks off with *what's good about pregnancy?* Shopping and receiving presents, having a designated driver, and then more vocally, *what has been less good?* A familiar litany of the physical discomforts that most pregnant women of 30 weeks plus are experiencing. The hum usually swells into happy chatter.... I relax and give them another five minutes before I intervene. My new group is off and running.

So, *What's good and less good* about Childbirth Education these days? For me, the obvious one is that Groups are *good* for educators but are seen to be *less good* by a large proportion of the current generation of pregnant women and their families. I work in a public hospital with approximately 2000 births a year. We continue to offer facilitated group education sessions each week but an increasing number of women prefer to have specific education sessions tailor made just for them. They look uncomfortable when asked if they have booked into classes yet. No they say, they feel uncomfortable in group situations, they have social anxiety, they're too busy to attend in the evenings. If really pressed by their antenatal midwife they may reluctantly agree to attend the All Day Workshop option. This is a 6 hour program on a Saturday which includes a Tour and a half hour lunch break. At least they can get all their education out of the way in one go!

As their facilitator I much prefer the Evening session option — A two hour session offered over three weeks in the early evening. Not only do I get to know a little about my group and what they might

want to achieve out of their sessions, but I can watch them all relax and interact with each other during the fifteen minute tea break. The happy chatter in week three and the enthusiastic good lucks they offer each other at the end of the last session are in stark contrast to the exhausted sighs of relief on a Saturday afternoon as the group, many of them in the final weeks of pregnancy and finding it increasingly difficult to sit still, leave the room.

What's to be done? The impromptu face-to-face information sessions with one woman at a time work well, there's no doubt about it. But she won't be getting the support and friendship of other pregnant women, who might go on to become her lifelong friends.

Written information packages and specific apps for her phone or tablet? Possible, but not everyone wants to read.

Closed Facebook groups? Why not, it may not be face-to-face, but it is available 24 hours a day. And you can go there at your own convenience.

I hope that we can continue to offer face-to-face group education sessions. The success of the Hobart Multiple Birth Group I've witnessed over the past year has been very inspiring. This group of mothers with twins (no triplets at the moment) attend our Hospital based Twins Information session every second month and fill the room with happy chaos. These women clearly get support from each other and the generosity with which they share information and practical ideas with the pregnant women is a joy to watch. They meet face-to-face once a month and also have a closed Facebook group. As they stream out of the door with their prams and children, having encouraged the antenatal multiple birth mothers to join them, I feel I have offered this group of pregnant women something worthwhile.

People are often reluctant to come to something new. I leave you with one of my favourite comments of all time from a father to be I met in the street. He had

recently attended my classes.

'Sal, I didn't always get what you were on about. But now we've had our baby I can see what you meant!'

Karen Logan

What do I love about parenting education?

I love that each program is a new beginning: to meet a group of parents to be, to share in their excitement of a new person entering their lives, and to help them to understand birth, in all its joy and complexity.

In parenting education groups, having the time to unpack questions, and direct their individual learning to a wide range of topics is a huge advantage over self-driven on-line learning.

I find that a couple may come with a different interest focus and knowledge, but by listening to the questions of others, their interest is picqued and they find out what they didn't know to ask.

Each birth is different, so I strive to help each couple to be empowered to make choices that are right for them, to provide strategies that they as a team can use practically.

I feel passionately that parenting education can be a springboard to give them a safe environment to explore the emotional changes that becoming parents brings.

I love teaching about practical parenting skills and relationship changes, which can challenge a couple long after the day of birth is over.

Each couple is different, and helping the couples to bond as a group, share their hopes and dreams and hopefully become a support network in the future is my goal.

I love seeing the families post-natally on the ward immediately after they birth, and for those who participated in a 6 week course, following up with a Reunion, hearing their perspective after the immediacy of birth has passed.

What has changed? Our clients

Women are older at the birth of their first

child, and are long used to researching, googling and self guided learning. They come to class with more knowledge and pre-determined ideologies.

Having delayed parenting, they may be more anxious about doing it right, and approach birth as a life event to be managed, packaged and controlled like a wedding event.

Parenting education is interesting as couples experience birth for the first time and want their classes packaged in a contemporary way, despite women birthing for centuries and accruing wisdom over the years.

Some want the people in videos to look and sound like them and be filmed in places that they will birth in now, otherwise they struggle to identify with them.

Some seek a birthing guru and are attracted by a business that provides courses that claim to have all the answers to their fears, perhaps hoping for an easy recipe for pain-free labour.

Couples vary in many ways, including same sex couples, transgender, single parents, IVF warriors, culturally diverse couples or second families. All have specific needs and as with all adult learners, need a variety of learning experiences to help the learner to engage with the information.

Many couples have embraced the on-line world, and expect to be able to seek and book courses on-line, as well as by speaking with a real person. Managers in hospital settings are challenged by the hospital IT department to provide the flexibility of marketing and booking that independent parenting educators enjoy.

Labour and Birth

As women birth later, with a higher complication rate due to the changing overall health of our society, there is delay between current birth practices and government policies and the problems emerging as they age.

The rise of depression and anxiety across the general population requires parenting education to be mindful of the words they use and their effect on the learner.

Online self-directed learning may create more anxiety and fear of birth as women are presented with unsubstantiated, biased viewpoints rather than recent local statistics balanced with explanation..

Society

Women are working later in their pregnancies, and demand for short

weekend classes increase as people find it harder to find time, or prioritise their time, to attend classes.

Many will not attend parenting education classes due to cost or belief that they can learn it online.

The length of stay has reduced across all hospital systems, particularly public maternity systems. Despite widespread and valuable postnatal care being provided at home for a few days, women can feel unsupported as they transition through a highly emotional phase, often separated from family support geographically

My goals for the future?

To continue to be challenged as a learner myself, to present the best quality classes to meet the changing needs of my classes and the setting in which I work, the public hospital system.

To encourage others to be part of CAPEA which works as a cohesive voice for change within birth and early parenting education across all platforms, public, private and independent.

Our challenge in CAPEA is uniting educators working all around Australia to give best practice classes on parenting and birth, regardless of whether they are provided through public or private maternity services, integrated with their local unit, or completely independently.

Flashbacks from Deb Galloway

The first time I became aware of “antenatal classes” was while working as a student midwife at Ryde District Hospital in 1975. I vaguely remember observing a women only class conducted by a physiotherapist in a large hall, with a focus on back care, exercise and posture. Midwives were not involved and for student midwives it was a short diversion from the so called “real” action in the labour ward. Classes were held during the day excluding most fathers, but they were present and supportive in labour ward by 1975.

Fast forward to 1976/77, Mark and I moved from Sydney to Cessnock where I found work as a nurse and midwife at Cessnock Hospital working mainly in the 16 bed maternity ward. All I knew about antenatal classes was that they were held on Wednesday nights. One ordinary afternoon at work, I was approached by the midwife in charge with the question, “You are a yoga teacher aren’t you?” Having replied in the affirmative, I was asked to teach the antenatal classes that very night,

from then on work became *extraordinary*.

I was sent to the physiotherapy department to collect a book to help me prepare for the evening class, I was handed, a book called *A Way to Natural Childbirth, A Manual for physiotherapists and parents-to-be*, by Helen Heardman, published in 1956. A few hours later I walked into a large hall with about 20 couples standing next to mats on the floor. All of these friendly, excited, eager faces welcomed me, now what do I do! My yoga teacher qualifications and experience did help save the night as I floundered through some basic breath awareness, relaxation and movement.

So I joined a team of about six other health professionals who took one or more of ten sessions in an antenatal program. I tried to find my place among them including; a GP who gave a session on birth complications, a psychologist talking on relationships, a representative from Nursing Mothers Association (later known as Australian Breastfeeding Association), a Family Planning representative, a dietitian, the midwife in charge read aloud from a book about the process of birth, and my role was to “teach” about exercise, breathing and relaxation in pregnancy, labour and birth. In those days it was all about information given by experts in large groups. Group learning/dynamics, small group activities and interaction were unknown terms. Even then, without an ideal learning environment it was clear to me, that expectant parents were proactive in wanting to maximize their experiences of pregnancy, labour and birth.

I don’t remember how or why, but within a year or so, the classes were reduced to six with one teacher, me. I reached out for help, support and inspiration to many sources like, *Erna Wright’s The New Childbirth, The new approved method for easier childbearing through the control of pain and fear*, published in 1974. It contained descriptions of levels of breathing along with graphs, diagrams of supine and upright positions for labour and birth. Other significant influences included; *Education and Counselling for Childbirth* by Sheila Kitzinger published in 1977, *Essential Exercises for the Childbearing Year* by Elizabeth Noble (1978). In the 1980’s Janet Balaskas and many others were powerful guides towards promoting active birthing. At the time this was the totality of my knowledge, my skills were limited and in my own

naive way I gathered resources and wrote outline plans for each week.

For my first pregnancy in 1979 Mark and I travelled an hour each way to go to Childbirth Education (CEA) classes conducted by the wonderful Pauline Chiarelli. Yes, we did sit on bean bags and practice plenty of positions, relaxation and Lamaze breathing, “potato 1, potato 2, potato 3”. I soaked it all up, practiced and read everything I could get my hands on. Mark and the other dads joined in these small group sessions motivating themselves and all in the group.

In the same year, when I was seven months pregnant, I was fortunate to be able to attend a day workshop in Sydney held by Sheila Kitzinger. We practiced and strengthened our understanding of upright positioning, relaxation and breathing. These earlier experiences set the scene for me to continue the path I was fully committed to, walking beside expectant parents as they learned more about their bodies, mind and emotions.

As in all aspects of life, it was not all smooth sailing. I made plenty of mistakes along the way, learned about different perspectives, my own bias and insecurities, had plenty of laughs, and many tears. I have seen expectant parents literally switch from passive observers to confident, well-informed and proactive consumers of health care. I have had two people walk out of my class; one mother of one young pregnant woman abruptly stood up in a class and shouted at me, “Well if you are not going to talk about dry birth then there is no use being here!” as she stormed out of the room, followed quietly by her embarrassed daughter. I have also had another grandmother walk out during verbal description of second stage as it stirred up powerful memories of her own childhood sexual abuse.

I will leave it to you to make the quantum leap from the 1980’s until now and what has and has not changed for the better or worse, The thing is like all things, parenting education has and will continue to evolve according to consumers needs, power struggles between normal birth and medical intervention, technology, research and changes in society.

The early 1990’s signaled a key turning point in my personal and professional life when I was introduced to fellow educators in CAPEA (NACE). What a profound difference it made to have this fabulous team on my side of understanding.

The key take home message is childbirth and parenting educators need a community, a professional support group, working in isolation is not the way to optimise our potential. With CAPEA we can develop strong friendships, professional support and networking, vision and direction for future growth, continually improve our knowledge, skills, and practice, discover and create resources, initiate and share research, there are enormous benefits, CAPEA is vital for educators in Australia.

Readers are reminded that this is a flashback *snippet* limited to the mid 1970’s to early 1980’s in NSW, briefly in the larger Ryde hospital and later in Cessnock District hospital one hour from Newcastle and two and half hours north of Sydney.

Alison Summerville

When writing these reflective words, I had a wow moment when thinking about how time flies. February 1998 was when I completed a postgraduate certificate in parenting education, a 12 month course through John Hunter Hospital, under the leadership and guidance of Deb Galloway (past president of NACE, now CAPEA). How futuristic was Deb? She developed an academic course for parenting education, which gained credit standing in the masters of Midwifery at Newcastle University. I was very grateful to Deb for this credit, when years later doing my masters of midwifery. This gave Birth and Parenting Educators a professional status, allowing Deb fight for the acknowledgement of educators in the educators award agreement, no longer a midwife pulled from the maternity unit on her shift to give birthing classes. We had an identity and were remunerated accordingly for our skills, knowledge and expertise.

8 eager midwives, commenced and completed the first post graduate certificate in Parenting Education through John Hunter Hospital, February 1998. The course required, compulsory attendance on a Saturday 8 times in the year, along with assignments, lesson plans, class observations and facilitating a class on your own. On reflection, one Saturday stands out. Deb engaged the support and knowledge of the multicultural health workers. Providing us with education about new immigrants and refugees to our area. The main languages in 1998 of new immigrants in Newcastle were Chinese and Vietnamese. We even sampled foods



Taken in 1998, with the first group for the post graduate certificate in birth and parenting education through John Hunter hospital.

that women of a CALD background would eat and their food preference after birth. The sampling of the 100 hundred year old eggs, I borked at and to this day I can still not think to eat them.

The service has grown over the years to not only offering tours of the maternity unit and Birth and Parenting classes, but Next birth after caesarean, Breastfeeding, Being a Father, prepare and aware (early pregnancy), Antenatal inpatient education, Multiple Miracles and group and one on one CALD education. Technology within the service is forever evolving, from the use of smart boards and webpages to book into classes.

So, from what I thought was a humble course in 1998, the seeds were sown, to grow and evolve with trends, social and lifestyle changes and the needs in birth and Parenting Education.

Aimee McMahon



When I look back at this photo it doesn’t seem like 18yrs ago....but boy have things changed within parenting education!

But I can certainly say this photo depicts everything parenting education was and still remains to be, and that is collegiality and the sense of inclusion and teamwork. As much progress as there has been, the way we continue to learn from each other is second to none with regular meetings, In service and conferences. I love working within a profession where we continue to increase our knowledge learning from each other and watching our teaching styles impact positively on a family.



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