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# INTERACTION

The Official Publication of Childbirth And Parenting Educators of Australia Incorporated



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Childbirth and Parenting  
Educators of Australia inc



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# INTERACTION



MAY 23 - 25  
2018  
CAPEA  
CONFERENCE  
MELBOURNE

Plant a seed  
Grow a village 12



## Contents August 2017

### Executive Reports

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

### Association

State Reports	7
Conference 2018	12

### Features

Hiking the Himalaya	10
Postnatal Depression and Massage	16
<i>She Waits</i> poem	17
Nurturing the Rainbow Family	19
Joshua	23



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# From the Editor's Desk

Hello everyone, and welcome to the August edition of *Interaction*. Hoping that this year is proving to be a positive one for you all, both in your personal and professional lives. As always, we are lucky to include some wonderful contributions from our members and our National Executive Team. Many thanks to you all for your ongoing efforts and support. Oceane and Erika, thank you for taking the time to write for us (and Oceane, for allowing us to use one of your photos for an exquisite cover image!). Thanks also to Melinda and the Vic team for giving us some more information about the upcoming conference — it won't be too far away by the time our next edition is published. Special mention to also make sure you turn to page 23, and learn about the precious little life of Joshua who was taken far far too soon by SIDS.

Recently, I have been lucky to work with many new parents-to-be in an education setting. I am constantly reminded of the incredibly important role we play in forging their new paths of knowledge and confidence as they embark on their biggest journey yet. It is such a privileged position to be in. I don't think

any of us should underestimate the positive influence and impact we can have on those we meet.

Enjoy sitting down with this edition of *Interaction* — future contributions are always welcome so please do not hesitate to contact me if you have anything you would like to include! In the meantime, I must share with you all that I am expecting my third baby later this year!!! 2017 started busy for us and has only continued ten-fold (and certainly won't be changing anytime soon now!!) — but I can't complain as I am so grateful for what I have. And am so excited for what the rest of this year has in store. I may have news to share by our December edition, but with notoriously post-dates babies, we will wait and see...

On that note, I have also made the decision that I need to “hand the baton” over to someone else to become Editor of *Interaction* in 2018. After 4 years, I feel that I should give the opportunity to another interested member who will bring their ideas and energy into our journal. I have loved this experience, learning



so much along the way, and thoroughly enjoying the processes involved. I can highly recommend it! Please have a look at the advertisement for the position, and do not hesitate to contact me if you have any questions about it.

Happy reading everyone,

X Kassie

# National President Report

Hello everyone. We are more than halfway through 2017 and CAPEA National has been busy. We have held two national teleconferences, in February and May, and finalised our new logo in March! I am still so thrilled and excited each time I see it on the cover of *Interaction*, on the website, on a document or on something like our new promotional pens, which are beautiful and are available for all state branches should you need them for an event. Next step is to design our new banner and have them made and sent out to the state branches.

I would like to thank Kimberly-Clark and Huggies for their continued support, not only for sponsoring our teleconferencing for 2017 but also for contributing to the design and print of

the promotional pens. They have offered to sponsor the new banners, as they have in the past, which is indicative of their generous commitment to CAPEA.

The FEC have been meeting regularly and are close to completing the Guidelines for Endorsement of Educational Programs. I would like to remind you all that the revised Certification documents are on the website — many of you will be able to fulfil the requirements now and it would be great to see more of us achieve this level of qualification. With the challenges that CAPEA and childbirth education have experienced in the past few months, it is essential that we build our professional base and encouraging certification is a vital first step.

It has been very gratifying to see



CAPEA also fulfilling a number of our other key Strategic Plan directions this year, including advocating for childbirth and parenting educators in response to the circulation of questionable and uninformed information. We have also been developing strategic alliances — there is an increased awareness of CAPEA as the organisation that represents you as educators, with requests for participation in state reviews, requests for educator training in rural areas and even a request

for assistance with the training and accreditation of educators overseas!

The website and our social media presence have been vital contributors to the recognition of CAPEA as a representative organisation and the more we ‘share’ and ‘like’ posts and links, the more we can increase our presence. Have you thought about joining the CAPEA Web Media team? We are in need of your skills and enthusiasm to help grow this important part of our

communication network!

Our state branches have been active, working on their further education events for 2017. The Victoria branch has been particularly busy, with a recent webinar and the next National Conference only a year away. It’s not too early to start planning to attend — May 23<sup>rd</sup>-25<sup>th</sup> in Melbourne!

**Sue Spencer**  
National President

# Web & Social Media Report



Tanya Strusberg



Lisa Robertson

CAPEA Facebook now has 450 followers, and it is exciting when a posting creates comments, questions and debate. Thank you Karen Logan for being consistently the best at this so far!! This is the only easily-accessible forum for members and followers to think about and comment on contemporary and contentious issues. Our clients are also considering these issues in their Facebook groups, so educators must be aware.

While CAPEA also has a Twitter account (which is linked to the Facebook page), we are not using the social media platform independently and as a result, there is very little activity and interaction on our Twitter feed. Perhaps a discussion as to whether or not it is worthwhile maintaining our presence on Twitter should be had at some point. If our audience is not on Twitter to begin with, then there is not a lot of reason for us to be there either.

In May, Rhea Dempsey presented the webinar: *Educating for Choice or Compliance?* organised by CAPEA

Victoria. Through the CAPEA website, you can watch her passionate challenge to all of us relating to many current issues, such as the Caesarean birth rates. Rhea asks: *If the women do not know, who is telling them?*

The Guidelines and Application for CAPEA Certification as Educator or Trainer have been updated, including consent for your name and workplace to be published on the website, similar to public access on the AHPRA & LKANZ websites. What is stopping **you** from applying??

The membership fee application and associated database processing has been amended, removing the joining fee, as decided by National Committee earlier this year.

MailChimp has now been linked to the member database, so classy emails and e-Newsletters can be sent to all financial members. We hope that you are impressed! As with all email communication, some do not get to their destination due to incorrect addresses,

redirection to ‘junk’ folders, and problems with blocking servers, particularly with work-based addresses. Apologies if you did not get the first e-Newsletter sent on 12<sup>th</sup> June, and please contact CAPEA via email providing an updated or alternate email address.

The website has a refreshed look with the new logo and menu tabs. Areas such as Training Pathways, Calendar for Educators and Birth and Parenting resources are quietly updated periodically — take a look when you have a spare few minutes.

If you have ideas and some skills about making the website and the social media presence better and stronger, please contact Tanya Strusberg or myself! Maintaining the CAPEA online presence takes more than a hour per week by one person, depending on the tasks that need doing. It would be so good to share the load with 1-2 more members, with new ideas and perspectives, and allowing for time off for holidays etc. Two hours training via Skype by the Web Designer is provided, plus ongoing support and collaboration from Tanya and me. Here is your chance to stretch yourself learning new skills applicable to other areas of your work or personal life!!

**Lisa Robertson**  
Website and Social Media Administrator

**Tanya Strusberg**  
Co-Social Media Administrator

# State Reports



NSW Report

As mentioned in the April edition of *Interaction*, NSW Branch represented CAPEA with an Exhibitor's Table at the Nepean Midwifery Conference held last March. Our representatives, Megan Hangan and Susan Rebolledo, spoke to a number of the 120 attendees with some having heard of us, and others who had not. Megan and Susan found it to be a

wonderful opportunity to inform those attending, who had come from all over NSW, of the important role of CAPEA and the support we offer to Childbirth and Parenting Educators nationally. There was also great interest in our conference next year in Melbourne, with some delegates suggesting topics for presentations (these have been passed on to Vic. Branch). Generally, they felt it was a great way to network, be inspired and learn new skills, all with a little shopping on the side!

A great drawcard to our table was the 'tiny tummies' guessing competition, and to keep the link with CAPEA each of the 3 book prizes were written by previous CAPEA Conference presenters — Rhea Dempsey, Lucy Perry and Dr Richard Fletcher.

Both Megan and Susan felt it was a very successful day and way of promoting and raising awareness of our organisation. Possibilities for future opportunities are being discussed and on our next Exhibitor

Table we will have CAPEA promotional material available — not only does our new logo work well in print and on screen it also looks fantastic on merchandise!



A quantity of pens are now in stock. These are great as giveaways on Trade/Exhibitor tables, at conferences CAPEA has been invited to attend, as well as any seminars, Professional Development

## Membership Renewal Time

End of financial year and start of a new one is the time to renew your membership with CAPEA.

It remains a bargain staying at \$85, providing discounts to all CAPEA workshops, conferences and other CAPEA activities.

You can also network easily with colleagues and keep in touch with the changing landscape and politics of childbirth and parenting education.

The easiest and quickest way is to join on-line now!

With CAPEA membership, you can apply for CAPEA Certification as an Educator or Trainer, valuable professional recognition for meeting the Australian National Competency Standards for Childbirth and Early Parenting Educators. More details on our website.

If CAPEA is valuable to you, then please also think what skills or small amount of time you can offer to the national organisation. CAPEA must be vibrant and relevant to members as well as other health professionals and birthing and new parents looking at us, and your help to do this is vital!

Please contact our National President Sue Spencer or any other office bearer in CAPEA for a chat, or email [info@capea.org.au](mailto:info@capea.org.au)

We would love to hear from you!



## ASSOCIATION

Days, workshops, etc. CAPEA is running. Please contact National President, Sue Spencer if you require some.

Unfortunately, combining a guest speaker with an evening branch meeting in May was postponed. We held a day meeting that month and arranged for the following meeting in early July with guest speaker Mrs Catherine Knox — current board member and previous CEO of the Gidget Foundation.

As mentioned in the previous Interaction, we are aiming to hold a Professional Development Day in Canberra around Floriade time — Sept/Oct. Planning is still in the early stages.

Warm regards,

### Meredith Haultain



*Tasmania Report*

We are having a quiet winter down in Tassie. As yet there are no concrete plans for a CAPEA State workshop this year, and we may want to start thinking about organising something to accompany our AGM, which is usually held in October in Launceston.

The one day workshops held on a Saturday at the Royal Hobart Hospital which include a tour of the Maternity Department, have continued to be very popular with pregnant women and their families.

Safe Sleep Space facilitated workshops around the State in May which were very well received. I attended the one held in Hobart and was able to update methods of providing post-natal information to pregnant women, which are in line with Child Health and Parenting services. It was a very good opportunity to gain new information, meet up with old friends and I felt

it has helped encourage continuity of information between the different services in Tasmania.

The State Branch will be emailing out possible dates for our AGM in October/November to our members soon.

### Sally Gregor



*Victorian Report*

Hi everyone, as we survive a rather cold winter in Victoria we are keeping busy with all the activities we are planning down here.

Our first **webinar** was very successful with Rhea Dempsey talking about educating for compliance or confidence. I believe we had over 80 people view the live event and more later on. We have another planned for July and more for later in the year, so keep an eye on our website and Facebook pages for more details.

The Victorian **Annual General Meeting** is being held on **Sunday August 27<sup>th</sup>** at Abbotsford Convent. This all day event begins at 10am and is entitled **Cultivating New Ideas**. It will include speakers about facilitation skills, placental encapsulation, setting up your own business and more. Free to all CAPEA members and \$50 for non-members.

We also hope to hold an event for Childbirth Education Awareness week in November, however plans are still being developed for that.

We'd love your input as to what topics you would like at study days and any speakers who you would like to have. You can email us at [capeavic@gmail.com](mailto:capeavic@gmail.com).

The Victorian branch would love to conduct another CBE Training course this year, however we need more Trainers. With it again being membership renewal time, it would be great to hear from any

members who are at Advanced or Trainer status and are interested in co-facilitating a course.

I'd like to take this opportunity to thank Samantha Dunne for all her work on the State Branch Committee over the last four years as Co-Secretary and committee member. She has always had a keen and enthusiastic approach to many of our objectives, often with an "outside the box" view. Sam has recently resigned from the committee due to too many other commitments. We already miss her enthusiastic personality.

And of course we are working hard on the upcoming conference. Please see the Conference report for more details. Happy educating!!

### Melinda Eales



*Queensland Report*

During our teleconference in June we finalised the details of the rural workshops for the second half of the year.

Our first workshop will focus on "*Keeping childbirth education sessions fun and informative*". It will be held at the Cairns Base Hospital on the 9 & 10 September 2017, 9am to 3pm.

The Rockhampton Workshop will be held on 14 & 15 October 2017, 9am to 3pm. Topics will include — **Walking with Women, Engaging Dads, Safe Sleeping, Perinatal Loss and Stillbirth**.

We are hoping for a good turnout at these events. Full program and registration details can be found on the CAPEA website.

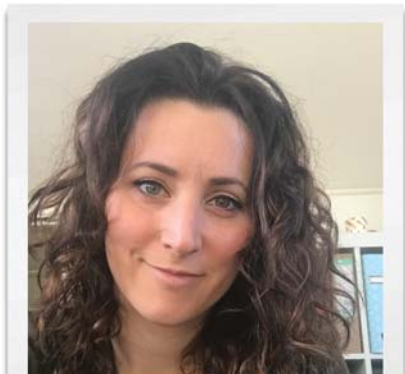
Our next teleconference is on Thursday August 24 at 7.30pm. An invitation for all Queensland members to participate will be sent via email with dial in details prior to the date.

We invite Queensland members to

contact us with ideas and thoughts they would like to share. We are always keen for members to become more active — when working together so much more can be achieved.

Hope your day is going well.  
Warm regards,

**Jacqui Morrison**



*South Australian  
Report*

The SA branch has been busy post-

conference tying up the ends (of which there are quite a few), and are pleased to be ready to present a report soon.

#### **One-Day Workshop**

The SA Branch met in April to continue planning our one-day workshop, where a unanimous decision to push back till late 2018 was made. We discussed the logistics and in the spirit of presenting an excellent workshop, it was agreed that more time is required to plan and prepare this event.

Surveys have been sent out to ensure that venues and topics are relevant for our state members, and we are in the process of collating these.

Stay tuned for further notice on this exciting One Day Workshop!

#### **Education sessions:**

Our ongoing meetings and education sessions continue to provide fascinating and insightful information, which in turn allows us to continue to provide excellent education to our clients.

In June we had the pleasure of Claire Foord from Still Aware deliver a fascinating presentation at the North Eastern Community Hospital, and in June we heard from the Northern Areas Midwifery Group Practice (NAMGP), a publicly funded service which provides as close to continuity of care as is available in the public sector here in South Australia.

Our next meetings and education sessions are as follows:

8<sup>th</sup> June at 4:30

WCH Parent Education Room,  
first floor

23<sup>rd</sup> October at 4:30

Burnside Hospital (to be confirmed)

**Anna Siebert**



## Are You Interested in Becoming the next Editor of Interaction?

The National Journal for CAPEA is published three times a year — in April, August and December. It is the Editor's responsibility to seek out contributions, liaise with the National Executive Team and all others involved, organise the content and images, and put together our journal (along with the assistance of our wonderful graphic designer!). It does require an ongoing time commitment, and does suit someone who is organised and able to meet deadlines. It is an extremely satisfying role, and you are always supported by the NEC team along the way. An honorarium payment is issued with each edition. We are seeking someone to take over the role of Journal Editor of Interaction in 2018, with the opportunity to receive handover during the process of putting together the next December edition.

For more info or to submit an expression of interest, please contact either  
Kassie Whitworth or Sue Spencer

[kassie.whitworth@yahoo.com.au](mailto:kassie.whitworth@yahoo.com.au) or [Susan.spencer@health.nsw.gov.au](mailto:Susan.spencer@health.nsw.gov.au)

## HIMALAYA



by Erika Munton

Erika is a birth coach, doula, educator and group facilitator for Birthready and the new facilitator of Beer + Bubs Melbourne. She is one of the most experienced doulas working in Melbourne today, supporting 300 births to date. Her workshops, private consulting, guest speaking and volunteering for Birth for HumanKIND help guide women and their partners to achieve empowering births and transition better into life as parents.

As a birth worker, how do I stay grounded, resourceful, skilled and empathic to the birthing women and men in my community? To be fully present and fully trusting of my instincts is a crucial part of my role. It's key to giving excellent support along with self awareness and self care to sustain my practice. After a year of loss and change in my personal life I wondered how my work was being affected by this. It was important to take care of myself so I could better take care of others. After 300 births, it was time for a short break.

That led me to India. I took 2 months to travel the country and trek the Himalaya's with the intention of having a good time, to 'be' with myself and feel my sense of self in the world, to discover new cultures, places and people and to explore what came up for me in all that. Having been a doula for 18 years and a birth educator and life coach for 10, I

wondered if this was still the right path for me. I couldn't do that without creating space from it and feeling into what the world looked like from other points of view.

So I chose some pretty awesome views to sit at and consider my life: The Taj Mahal — a place built from the love a man had for his woman; The arid and spectacular Marka Valley pass in Kashmir 5000 meters above sea; Goa beach where I scattered my sister's ashes; A treehouse for 3 days in the rich bio diverse nature at the plantations of Munnar; in the 500-1000 year old ruins scattered amongst the boulders of Hampi, and dare I say it, even in the rickshaws of the sensory overloaded streets of New Delhi. One can not get away from being in India without being changed. The questions came, the aha moments came and love, clarity, focus, energy and courage was breathed back into my head, heart, body and soul.

It didn't come easily though. Like Forest Gump's metaphor "life is like a box of chocolates"... for me, life is like giving birth. There is some hard work attached to the experience and amazing rewards at the end, with a whole lot of emotion in between. I flipped from being a birthing mother to being my own coach as I climbed mountains and felt my own rebirth. I reconnected to my purpose and passion for life again, but this time it was with more grace, acceptance, calm and trust that I'm going to be ok however much life changes around me.

From every new point of view I had the opportunity to see myself in context to the world from a new perspective. One day this is how it played out within me — I wrote this in my diary:

"Today I climb over a pass of 5000 meters. I am a bit scared but I will do it. I am scared more of feeling alone and emotional in pain from walking. I have lots of reframing to do to be more positive. I want to do this after all. It is my choice... I did it!!! I feel so happy for what I have achieved. It was challenging but I feel it was another shedding of my ego and judgement of myself. The effort the walk took WAS doable and yet every step required my utmost attention or complete distraction. At one point trying to just take a deeper breath sent me off rhythm with my movements and breath. I then needed to slow down to calm my beating heart. The altitude created a physical pressure against my chest and I learned that it hurt my body if I walked any faster than my natural rhythm allowed. Noticing that I needed to keep my mouth open to catch enough breath was drying me out. So with conscious thought and a moment to prepare mentally, I moved my tongue to the roof of my mouth to warm the air first. Even this took effort but it did not stop my stride. In time I could see the top and yet it felt like it took so long to get there.



Part way up the climb I got chatting with a fellow trekker. The distraction of listening to him chatter and our mutual banter, which at times was too much to physically manage, got me up the very last part of the hill.

And the view was spectacular! I can't describe it well enough but I feel so honoured and privileged to have this opportunity. I am on top of the world! I am in a desert of mountains on top of the world. I shed tears of relief, joy, sadness, awe, pain and finally, having a moment alone, I let tears roll down my face. Again the memories of Gitti, the love for my sister, my loss in not sharing these moments with her overwhelmed me. It also reflected my awareness that I AM ALIVE. I have my life still ahead of me and I am grateful for this. I know I will die one day but how do I want to be remembered? How can I be of service to people and the planet? How do I want to enjoy myself? How do I want to experience it?

I am wishing for home now. I have loved my journey but I am ready to be home. 60 days have taught me a lot. I have become far more settled in myself and I can be still or rest or watch or listen better than ever before. I am happy about this.

Climbing these mountains has been a rebirth for me. I feel connected to my work again. I get it! Simple support. Breath with awareness and control. Find the rhythm in my body. Notice what helps me focus. Remember why the effort is worth it. Remember the reward is amazing and worth the challenge to get there. Know what distractions work.



*Lose myself in the moment. Look at all that is beautiful around me. Reach out for support. It's ok to feel weakness and vulnerability in the body because it's actually the process of building strength. Crying is ok and releasing emotions help me move on and not be stuck. Have a whinge when I need to but don't give it more power than that. Wonder if I will make it but taking the next step anyway".*

Perhaps you can see from my experience how the metaphor of hiking relates to birthing for me. As a tool for birth preparation I like exploring what metaphor works for the women and men I support. It offers potent knowledge of their inner world and how I can better relate to them. My India / Himalaya experience has refreshed my embodied sense and mental state of

the birth journey. I trust my intuition even deeper now. If a labouring woman is on the edge of all that she has ever experienced and wonders, "can I do it?", I can with every fibre of my being believe in her. Like I believe in me. I believe she will feel that confidence I have in the birth because I live and breath it personally. She will feel the realness of that knowing and in that moment, she may let her fear go, drop back into her body and help her baby be born.

Connecting to that which grounds me, brings me confidence and wisdom to continue my birth work. Perhaps it's worth giving time, energy and resources to explore our practices further and connect to that which inspires us. What ever you do — from active movement to calm meditation we all have the potential to transcend our usual habits, beliefs, feelings and thoughts to allow a new world to open up within ourselves. We can see our challenges as our rebirth and stay relevant to the people we serve. We can be at peace with who we are and share our gifts to the world.





MAY 23 - 25  
2018  
CAPEA  
CONFERENCE  
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Plant a seed  
Grow a village



RACV Club

# Conference Update

We have finally appointed a marketing and conference convenor which we hope will enhance and streamline the work that needs to be done for the conference.

We have also completed our **Call for Abstracts** and you can see this in *Interaction* and on our website.

We'd love to hear from anyone who has done some research that would be of interest to childbirth educators, developed a new program or who has an interesting story or information that applies to our conference theme of :

Plant a seed  
Grow a village

We are keen to have a mixed program of presentations, interactive workshops and poster displays.

Key note speakers are currently being approached and our sponsorship package is under development. We are very happy to announce that Huggies will again be the Platinum Sponsor of this event.

Keep an eye on the website for more conference details at [www.capea.org.au](http://www.capea.org.au) and contact us if you are interested in working with the committee on the conference at: [capeavic@gmail.com](mailto:capeavic@gmail.com)

Save the dates

May 23<sup>rd</sup> – 25<sup>th</sup>

for the best childbirth and parenting conference in 2018

Melinda Eales

M: 0418 590 814

[mj8eales@tpg.com.au](mailto:mj8eales@tpg.com.au)

# Invitation to Submit



MAY 23 - 25  
2018  
CAPEA  
CONFERENCE  
MELBOURNE

*Plant a seed  
Grow a village*

## ABSTRACT INFORMATION

If you want to be part of the best conference in 2018 for anyone working together with pregnant women and their support circle, then join us at the Childbirth and Parenting Educators of Australia Inc. National Biennial Conference to be held from 23 - 25 May 2018 at the RACV City Club in Melbourne.

Our conference theme of 'Plant a seed Grow a village' has been chosen to inspire presentations about the many aspects of education and skill development through the pregnancy, birth, parenting and feeding journey. Any relevant topic is encouraged that embodies the concepts of:

- Sowing the seeds of thought
- Growth through information
- Research and best practice
- Cultural, Social and Sexual Diversity
- Choice, Connection and Creativity

*We'd be thrilled if you'd care to submit an application for an interactive workshop, theoretical or poster presentation.*

### Important Dates

- Abstract submission opens: 1st August 2017
- Abstract submission closes: 1st November 2017
- Successful applicants notified: 22nd December 2017
- Final papers to be submitted: 20th April 2018

### Presentation Formats

Authors are invited to submit abstracts for:

#### • Presentations

Oral presentations will be scheduled during the concurrent sessions in the conference program and within the theme that they are best suited to.

#### • Interactive Workshop

Workshops will also be scheduled during the concurrent sessions in the conference program and within the theme that they are best suited to.

Presenters will need to include in their submission if there will be a maximum number of participants able to attend.

#### • Poster

Static posters will be displayed for the duration of the conference. Each poster will be allocated a panel. Presenters will need to attend their poster during lunch on Friday to facilitate discussion.

Whilst you will be asked to indicate your preferred presentation format and time frame, the Conference Committee may request an alternative format be considered.

**All applicants must be aware that any costs incurred by them to present at the conference will be solely their responsibility.**

### Review Process

All abstracts will undergo a peer-review process by the Conference committee. The Conference committee will allocate abstracts to the program taking into account the quality of each abstract and the balance of the program.

### Submission Procedure

In order to submit an Abstract and for further details please log onto the website at [www.capea.org.au](http://www.capea.org.au)

**We are very excited about this conference and look forward to you joining us.**



[capeavic@gmail.com](mailto:capeavic@gmail.com) | [www.capea.org.au](http://www.capea.org.au)

# How Can We Best Contact You?

In June, CAPEA sent the first **e-Newsletter** via the Mail Chimp email server, which has been linked to our CAPEA member database. **Did you receive it on 12<sup>th</sup> June?**

The sender's email is **info@capea.org.au** and named as Childbirth And Parenting Educators of Australia. If you did not receive it, please check your **junk mail**; if found there, it is suggested you let your system know that it is not 'junk mail' so that future emails get through to you.

Some **public health email servers may have blocked delivery**. Perhaps you might consider changing your primary email to your personal one.

If you did not get your e-Newsletter, and not sure what contact details you have listed on the CAPEA member database, you can send us an email: **member@capea.org.au**  
Being a member of CAPEA, it is important for the organisation to contact you periodically. The only snail-mail sent to members now is the CAPEA journal *Interaction*, sent 3 times each year.

All other **communication from CAPEA is via email**, in line with all other professional organisations (eg: ACM).



## Co-administrator for Website and Social Media

- ⇒ Are you passionate about the value of childbirth and parenting education?
- ⇒ Are you passionate about the ability of CAPEA to support educators from many professional backgrounds?
- ⇒ Do you have ideas to make the CAPEA website and facebook/twitter even better?
- ⇒ Are you intrigued with the 'back end' workings to maintain a website, membership database linked to MailChimp, and sourcing articles for facebook and twitter?
- ⇒ Do you some have IT, website or social media skills already (CAPEA website is on DNN platform)?
- ⇒ Are you excited to have a chance to learn these skills?
- ⇒ Can you spare approximately an hour a week for your professional organisation?

The CAPEA website, facebook page and twitter are the 'shop-front' for CAPEA. It is essential that our on-line presence is vibrant, current, professional and useful to members, other health professionals looking at us, and the general birthing and new parent community. Please join our small team, get 2-hours skype training plus ongoing support in this important voluntary role.

Contact Lisa Robertson or Tanya Strusberg for more details: **info@capea.org.au**

# Welcome

to our new

National Secretary -

Karen Logan



## 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](http://www.capea.org.au)

# Postpartum Depression

*Editor note: I was approached by the Pacific College of Oriental Medicine to display their academic infographic that explains postpartum depression (PPD) and its symptoms, while offering massage therapy as a potential solution...*

A 2013 study published in the medical journal JAMA Psychiatry shows that one in every seven women develops postpartum depression (PPD) at some point during pregnancy. New mothers of infants born prematurely are twice as likely to develop this disorder compared to women who give birth to normal infants. Moreover, one in every ten new fathers suffers from this condition too, according to recent research by the Australian Institute of Family Studies. Thankfully, **massage therapy** can help lessen the symptoms of PPD. With that in mind, here is some more on this topic.

## An Overview of Postpartum Depression (PPD)

Postpartum depression is a type of depressive disorder associated with childbirth. It typically causes a person to experience chronic stress at a time when the person is undergoing major life changes including increased responsibilities -- parenting. For this reason, PPD can have significant consequences on the person's life. For instance, research shows that suicide is the second most common cause of mortality in postpartum women, accounting for about 20% of postpartum deaths. Unfortunately, research shows that up to 50% of individuals with PPD are never detected. For this reason, it is one of the most under-diagnosed obstetric complications in the US.

## Causes

According to the Mayo Clinic, both physical changes and emotional issues can cause this disorder. The former is essentially hormonal and occurs in a woman's body soon after giving birth. More specifically, new mothers tend to experience a sharp drop in hormone levels within 24 hours of giving birth. The most affected hormones include estrogen, progesterone as well as the hormones produced by the thyroid gland. This sudden drop-off may leave a new mother depressed, sad, tired and irritable. Because of this, the mother may develop emotional issues and ultimately PPD.

## Symptoms

PPD symptoms can appear any time during pregnancy and within the first year after childbirth. The most common symptoms of this disorder include insomnia, lack of joy in life, severe mood swings, loss of appetite, suicidal ideation, antisocial behaviours, guilt, fatigue and difficulty bonding with the baby.

## USING MASSAGE THERAPY TO TREAT POSTPARTUM DEPRESSION

### FACTS ABOUT POSTPARTUM DEPRESSION



It may hamper a woman's ability to form a connection with her child or to care for them properly. As a direct result, the **child's emotional and mental health may be affected negatively.**

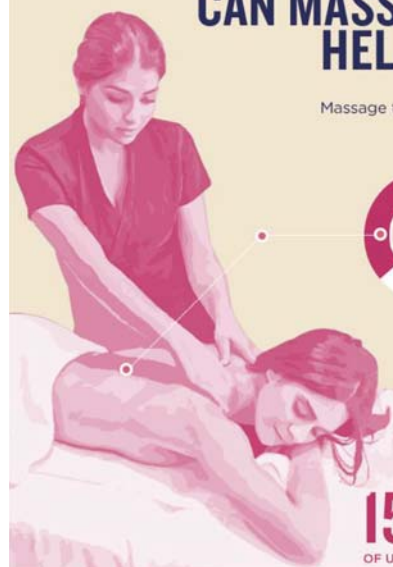


### Symptoms of PPD include:

- anxiety or panic attacks
- uncontrollable thoughts
- guilt
- unable to sleep or sleeping too much
- fear of being alone with the newborn or fear of being a bad mother
- repeated and pressing thoughts to hurt the newborn or self-harm
- lack of interest in family, the newborn or friends

## CAN MASSAGE THERAPY HELP TREAT PPD?

Massage therapy can ease physical pain and discomfort, and it can also help to boost mental health.



Massages can help to reduce cortisol—aka the "stress hormone"—levels in the body. One study noted that **massage therapy could reduce cortisol levels by 31 percent.**

A 2010 analysis of various clinical trials highlighted that consistent massage therapy can help to **lessen the effects of depression.**

**15.4 MILLION**  
OF U.S. ADULTS HAVE USED MASSAGE THERAPY



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\*\*2011 Independent study conducted on Palmer's Cocoa Butter Formula Massage Lotion for Stretch Marks and Massage Cream for Stretch Marks.

# Nurturing the Rainbow Family

by Oceane Campbell

Oceane is a Registered Midwife in Newcastle, NSW and is also the current Chair of the Australian College of Midwives, NSW Branch. She has previously completed a Bachelor of Psychology (Honours) and worked in community and corporate roles prior to becoming a midwife. Oceane was very proud to catch her little boy in 2014 after her wife rapidly birthed him at home — Oceane is carrying their second baby, due in September.

**R**ainbow Families — a modern term for same sex couples starting families — face many challenges in accessing maternity care and parenting education. This article is based on a presentation from the CAPEA conference in 2016, where I shared personal stories of starting a family with my same sex partner. This article will also draw on the (limited) literature on the experience of same sex families in maternity care and themes drawn from interviews I carried out with same sex couples in NSW in 2014.

I have written this from a personal rather than research perspective as not only is the literature very limited, but I acknowledge that this is an intensely personal and individual experience. Every person and couple accessing maternity care and parenting education will have come from a very different place — but sharing a personal story is powerful and there are themes and issues that can be drawn on and shared.

Before starting a 'rainbow' family, we first have to take the often terrifying plunge of coming out. This act, coming out of a closet creates a moment of enormous vulnerability and fear. Whether

it is because you have had bad reactions in the past or not, it is generally terrifying to disclose a fact about yourself that people might use to pin judgement onto you. Margaret Crouch's inflammatory remarks against Qantas' support of same sex marriage is just one easy and recent example demonstrating that even for those living in loving, supported, non-judgemental situations, we sadly are all exposed to messages of discrimination and homophobia.

## Context

Same sex couples are increasingly accessing maternity services as it

becomes easier and more acceptable for them to start having families. Whilst not all States and Territories in Australia allow same sex couples to even access IVF services yet, staff from IVF clinics have told me that same sex couples, especially in regions like Sydney and Newcastle are a fast growing market. The fact that my same sex couple friends in South Australia are legislated out of accessing IVF tells us that equality is not here yet. Idle and friendly chat from the nurses as my wife and I went through IVF to have our son made us feel like we were far from unique in starting a family in our area. When you feel different to the



norm, you develop very sensitive radars for people who make you feel like you belong, and hearing that we were not the “only ones” was always a huge comfort. Likewise, every time I care for a same sex couple as a midwife, or every time I see a same sex couple with their kids at the park there is a little knot that loosens in my stomach. What I’ve been mulling over is why is that knot there? And how can we make sure that same sex couples do not have to have a knot of concern or vigilance in them when they come into contact with our maternity services? I’ll touch on this again later, but I just want to try and explain why that knot exists: even though I have been raised to not be ashamed of my sexuality, and I grew up in a family where we had many same sex couple friends, I still was frequently touched by messages of homophobia — I grew up knowing that homosexuality was illegal in Tasmania, I was aware when John Howard changed the marriage act to exclude same sex marriage, I knew that same sex couples were not allowed to adopt or foster in most parts of Australia. I saw bullying and victimisation of gay people at school and read newspaper articles describing the violent death of gay people by bashing. Later, when my wife and I decided to have kids, we received far more negative attention than we ever had when it was just the two of us. Intrusive questions, stares, and then reminders such as ads on National TV telling us that we were not being fair to our children by denying them a father, or online campaigns telling us that same sex marriage is an injustice to children.

I am only too aware that I am lucky that I had so many positive influences and support — and relatively few negative experiences — but each interaction with negativity or disrespect builds on that knot inside. Some people must have huge knots — others less, but for each person that knot will impact on how safe or respected or defensive they feel walking into an environment where their vulnerability will be on display — whether it is antenatal classes or their first appointment in the clinic.

In 2013/2014, I carried out a number of interviews with same sex couples to explore their experiences of antenatal education and maternity care. The themes that arose from these interviews clearly aligned with the limited research (mostly international) that exists on this topic.



### Theme One: Vulnerability of disclosure

For me, I sailed through my first coming out experience — in hindsight, I was not terribly conscious of a closet and my happiness at finally falling in love was far too distracting. When we got married, I did not really care about people's reactions because again, we were surrounded by family and friends who loved us — however, I did start to notice the reactions of using the word “wife”. I felt vulnerable with how declarative it was to say wife at times, and would choose to hide behind the term “partner” when I feared a negative reaction.

Then when my partner and I started speaking about children and then became pregnant, I suddenly realised how frightening the closet could be to come out of. I received awful letters and comments from relatives and others telling me that it was unfair to raise a child without a dad. Someone cited a study they heard of fatherless children being more likely to be criminals. Others would say things like “but if you have a boy, who'll teach them about men's business?”. I felt highly sensitised when I heard colleagues speak judgmentally of a same sex couple coming in to birth or on postnatal ward. Of course these experiences were far outweighed by perfectly wonderful experiences: very excited parents desperate for more grandchildren, friends beaming with happiness and people showing the genuine delight that you want to see to such news. Even when you are lucky, and like me you mostly have positive experiences coming out, it is the anticipation of a negative reaction that makes disclosure a vulnerable moment every time.

When my beautiful boy was born the mother-bear instinct ramped up even more — and every double-look we received or reminder of existing homophobia would literally clench my heart with fear and sadness.

The literature very much backs up my personal experiences. Same sex couples frequently talked about the anxiety and stress of having to come out or awkwardly correct people's language when they asked about “dad”. This is where the literature also discusses how positively continuity of care was viewed by same sex couples, in particular the relief was strongly felt when couples did not have to disclose again to a new health

professional at each antenatal visit.

In my interviews with same sex couples, this theme was strongly confirmed. They all spoke about how much they hated having to come out at each antenatal appointment if they had a different midwife. Some would try and crack jokes to lighten the mood, and others shared that sometimes it felt like the anticipation of disclosure and having to answer the associated questions, was the focus of the antenatal appointment.

Amongst the couples I interviewed, no one I spoke to had a bad experience coming out whilst accessing maternity care. The key point here is that no matter how well it is received, it will still be a vulnerable and frightening moment for women and might feel like it is a focal point rather than the actual pregnancy. Furthermore, it was only the women who had the opportunity for continuity of care who felt disclosure was not an ongoing issue for their whole pregnancy.

Under this theme of disclosure, many couples I interviewed reported they were asked too many personal and intrusive questions. This theme from my interviewing is confirmed by qualitative and quantitative data overseas. Women spoke of being asked about how they chose the donor for their child, what method was used to inseminate, how much contact they were planning to have with the donor and other similar questions.

Some women I interviewed felt judged when they were asked such personal questions, particularly when the health provider then gave an opinion from the health care provider about their answer “oh that is good you have a known donor, I feel sorry for the kids who have an unknown donor”. It makes you feel like you could very easily be negatively judged if you give the “wrong” answer to the person asking.

### Theme two: The role of the co-parent

Although everyone I interviewed (all of whom were the birth mothers) said that they generally had a good experience with their maternity care, two-thirds also said that their partners felt unwelcome or disliked by the midwives during antenatal appointments and antenatal education classes in particular. Antenatal appointments and the parenting education classes are often a first point of contact for

couples entering maternity services and I think it is devastating if for many couples, one partner felt excluded from this.

Amongst the families I interviewed, language was key to feeling included or not. In addition, the literature strongly reinforces that language is the most powerful tool to helping or hindering a sense of safety, respect and inclusion in maternity care.

When my wife first became pregnant, I was often jokingly asked about what my role would be — was I going to be called ‘lady-dad’. This well meaning banter came from friends and midwifery colleagues but hopefully its inappropriateness is obvious. I will never replace the father role for our children, and implying that one person in a same sex couple needs to take on this role implies that they are missing out on that role. Similarly, a frequently asked question of the same sex couples I interviewed by their midwife or health care provider, was “who will be a male role model for your children” — for the couples I interviewed this was insulting and again implied there was going to be a void in their children's life. I've certainly never thought to question a father-to-be during an antenatal appointment on his credentials for being a positive role model for their children. Similarly, if a friend separates or divorce from the father of their children or becomes widowed, I would never dream to ask how they will “fill the void” of not having a father involved or as involved.

Families I interviewed spoke of wanting support and respect for the relatively new role of co-parent, and speaking from personal experience, becoming a parent is a new and terrifying and exhilarating time, and there is very little societal constructs or resources to help you as a co-mum. It is easy to feel you fall between the cracks as a co-mum as the information available to support fathers is difficult to relate to. I do not think it is our job as midwives or childbirth educators to solve every anxiety or nerve felt by co-parents, but acknowledgement and respect for the role is critical. Interviewing couples, it was very apparent that it mattered enormously to feel included and recognised as both the partner of the pregnant or birthing woman AND as the parent of the child. The women I interviewed generally said their partners were accepted as their partner but little recognition was given

at times for their role as the future parent of the child — women often spoke of this when reflecting on their antenatal education, where there was a lot of focus on the father’s role. Some of the couples I interviewed reflected that midwives and educators seemed nervous about what to call the co-mum and either resorted to inappropriate terms (dad) or ignored the co-parent perhaps out of fear of using the wrong language. The couples I interviewed all commented on how they just both wanted to be called “mum” as that was to be both their roles.

**Theme three:  
Sharing information and support**

This focus on language blends in with the third theme: sharing information and support. Many women I spoke to struggled with antenatal, calm birth, or breastfeeding classes because the people leading the class would struggle to adapt their language. This of course applies equally to many groups of women who don’t fit into the usual mould — single women must also find it difficult when the class is split in two separating the women and men to talk about mother-business or father-business. One couple said “I just don’t think the midwife knew what to do with my partner — even by the 6<sup>th</sup> week she’d still go into a panic when my wife had to go off with the husbands to talk men business.”

None of the couples I spoke to were angry or up in arms about sitting through a day of heteronormative language, they all just felt embarrassed, awkward or uncomfortable. Again, these are strong, negative feelings to sit through all day — and you wonder how much learning and empowerment can happen if someone feels shame and embarrassment.

There has been fascinating research done overseas where they collected quantitative data about the amount of time spent and the amount of information sharing that occurred for same sex versus heterosexual couples. The findings showed that same sex couples received less antenatal education and supportive information. I have not collected similar data locally, and I do not have an explanation, but my sense is maybe people’s fear of saying the wrong thing sometimes prevents health professionals from providing adequate information.

I hope the brief summary of the three

themes have given you an introduction to the experiences of same sex couples. So what could we do to improve the experience of same sex couples? Here are some final thoughts and take home messages:

- ❖ Be conscious of the vulnerability of disclosing, recognising that it will be different for everyone — and maybe very straightforward or very stressful for different people
- ❖ Provide continuity of care — both the birthing women and their partner will benefit
- ❖ If continuity of care is not available, be aware that this couple have already had to go through disclosure, and be respectful that this is not a point of focus. Rather, just focus on their need for routine antenatal education and support just as any other couple
- ❖ Keep a sense of humour and humanity: same sex couples have the same nervousness, excitement, fears etc
- ❖ Maintain professionalism: do not ask questions you would not ask a heterosexual couple
- ❖ Be conscious about your language: Refer to two mums as... Two mums! Be aware to not use inappropriate

terms such as “father” instead of donor

- ❖ Be aware that the role of the co-parent is a relatively new role in the community and that the co-parent desires recognition as both a partner and a parent
- ❖ Make sure couples feel welcomed to antenatal classes and let the co-parents choose whether they split off with the women or partners. Some families report feeling apprehensive about whether they will ‘fit in’ with antenatal education and might need encouragement to attend.

I found this quote online (source unknown) which provides a perfect closing thought:

*“while as a society we are moving toward greater inclusion and equality for all people, the tide of history only advances when people can make themselves fully visible”*

I think we need to ensure we nurture rainbow families and provide safe, flexible, open minded maternity care and education so that these families feel safe being visible.





# Tragic Loss Leads to Community Fundraising and Awareness

On June 30<sup>th</sup> the Townsville Hospital community came together to offer their support to a former midwife and her family after they experienced the heartbreaking and unexpected loss from Sudden Infant Death Syndrome (SIDS) of their 6 week old son Joshua.

Joshua Reinke was born 9 weeks prematurely and spent 5 weeks in The Townsville Hospital Special Care Nursery before going home for 7 precious days with his Mum Amy, Dad Peter and 4 year old sister Hayley.

Former colleagues wanted to support midwife Amy and her family and organised a “Red Nose Day” Morning Tea with raffle. They also set up a donation page. The money raised in Joshua’s name will be donated to the Red Nose Day 2017 appeal.

The incredible amount of nearly \$30,000 had been raised in less than 2 weeks through these activities.

When interviewed by the hospital magazine, Amy said *“Joshy was the most beautiful little baby; he was a very lovely and cuddly little boy. We want Joshua’s life to matter and for no other families to have to go through what we’re going through and that can be made possible through research and education.”*

*While we are so shocked and hurt by the loss of our baby boy we want to raise as much awareness of, and funds for, SIDS as possible. It’s about making sense of his death and for something good to come out of it.”*

No amount of words or money can bring Joshua back. By pulling together, Amy and her family feel the love and

support from the hospital community and in turn the community benefit from the funds being donated to the Red Nose Campaign in Joshua’s name. To donate follow the link: <https://rednoseday2017.everydayhero.com/au/tth-health-well-being-service-group>

For more information on Red Nose <https://rednose.com.au>



Front row centre - midwife Helen Bailey with 4 year old Hayley and Amy Reinke, Townsville Hospital midwives Kirsty Swain (and sons), Alice Sotheren, Rachel Dennis, Larissa Simpson, Leanne Snow (and daughter), Nadine Jorgensen and members of the Townsville Blackhawks rugby league team



Joshua - image used with permission



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