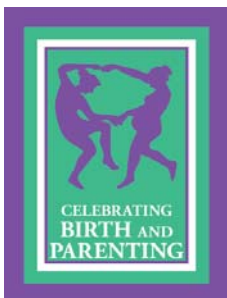


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INTERACTION

The Official Publication of Childbirth And Parenting Educators of Australia Incorporated



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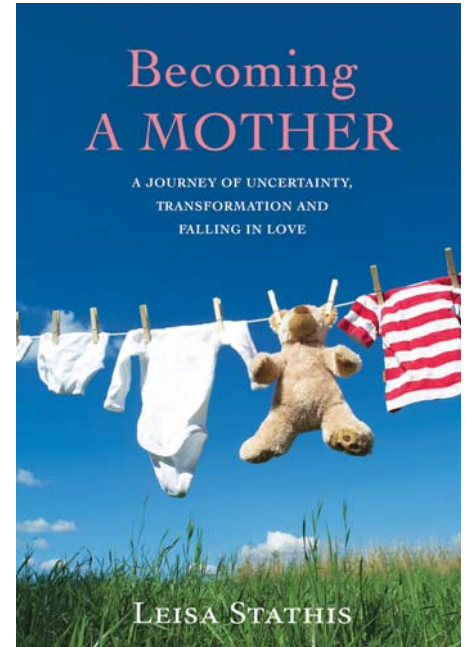
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From the Editor's Desk

Hello everyone... Wow! I actually cannot believe that I am writing for the December edition. This year has been a big one for me as I am sure it has been for all of us. How can it possibly be Christmas again already?!?!?!?

Thank you, as always, to all our NEC members for sending through their reports to me, and putting up with the reminder emails that I send! Special thanks to our contributors this edition: Julia Willoughby; Deb Rossi and Jacqui Morrison; you all have so much knowledge and experience to offer the women and families that we care for. Thank you for sharing some of this with all of us too.

It seems only fitting that I am writing this at night whilst trying to settle my daughter. Poppy is now a 6 month old bundle of perfection (biased-much?). I enjoy these night-time cuddles with her so much. Being my second child, I don't have the luxury of sitting and snuggling through the day as I did with my son. So these night-time cuddles are precious. I feel so lucky.

As a midwife, I have been constantly around pregnant bellies and babies, and I always knew this was something I wanted for myself. When Max was born almost 3 years ago, I was thrust into the hazy dazy bubble of motherhood, fuelled by the realisation that I had fallen in love so intensely with another human being. I felt so lucky to be in a position where I had knowledge and experience, and felt like I had a pretty good idea of what to expect. It didn't take me long to realise that he was very much the teacher and I was very much the student. I continue to learn something new every day.

Max is fast approaching 3, and he is just that... fast. In fact, he only has one speed, and that is... fast. He does nothing by halves, and actually seriously pretty much moves from the minute he wakes up until the second he finally gives in to sleep. He is adorable. Exhausting, but adorable. Poppy watches him with complete and utter awe, totally worshipping the ground he walks on. And as soon as she starts grizzling Max's standard response is "I think she needs some more milk!!" ... It is certainly a juggling act at times with the two of them, but I cannot now imagine my life any other way.



I have become way better at trusting my instincts and going with the flow over the last few years and especially in the last few months. For me, this means taking every day at a time. Sometimes every hour at a time, and enjoying it for what it is. Good or bad. And on those days when "the flow" seems to just be whipping me in the face, I just try to remind myself to breathe. Just breathe. Because my babies are growing so fast. And one day they will be all grown up and I will long for these days back. So for now, I savour it as much as I can, and allow myself to enjoy the ride...

Better go — my teething bubba is stirring.

I wish you all a beautiful and safe Christmas — whatever it is for you.

See you in the new year,

Kassie x



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

National President Report

Season's Greetings to you all
We seem to say this every year, but where has this year gone! It has been a very busy year for CAPEA, both the state branches and the CAPEA National committee. Several states have held their AGMs already and the CAPEA National AGM will take place in November.

We are working on our Strategic Plan to take us through the next five years to 2021, with a number of outcomes to work towards. These range from the basic and obvious need to grow our membership, to developing strategic relationships with other organisations, to initial steps towards the ultimate and long-term aim of professional recognition of childbirth and parenting educators. We hope to have a draft document ready to circulate to the membership by the end of this year or early in 2016.

The CAPEA website continues to develop and has become a great source of information to members and to the public as well. Recent updates include

the education pathways for prospective parenting educators. We are dipping our toes into the waters of social media — are you a CAPEA Facebook friend yet? — and plan to expand our presence in the coming year.

We are looking at ways to enhance the communication between the NEC and CAPEA members, including the possibility of renaming the NEC to reflect its membership better. And the question has been raised about updating our logo — watch this space for a competition next year. Let's start thinking about what would best reflect our public image into the future!

I would like to remind you again that the 2016 CAPEA National Conference is planned for Adelaide, South Australia, October 12-14 with the theme '*Nurture the Primal Instinct*'. Attending our national conferences is one of the highlights of being a CAPEA member and I strongly suggest that you set aside these dates and join your colleagues in Adelaide for what should be an entertaining and enlightening experience!



I would like to thank all the active CAPEA members for their hard work this year and urge all our members to consider joining in our many and varied activities in the future. I wish you all a happy and healthy holiday season and look forward to another rewarding year in 2016!

Sue Spencer
National President
Susan.spencer@health.nsw.gov.au

Web & Social Media Report

The number of CAPEA Inc facebook followers is small. How can we engage more birth and parenting educators to participate? What can CAPEA offer?

Fortunately, we are enlisting the help from a member with experience in social media to help, however, at the time of writing this, this has not been finalized.

The current vision for the website is to provide:

- ❖ Resources for birth and parenting educators to assist them in their work, with links to a large range of helpful websites and documents
- ❖ Educator Pathways containing facts and ideas for training programs to address one of the most common questions asked of CAPEA: How can I become a childbirth educator?
- ❖ A small area for Expectant Parents to assist them in finding the birth and parenting programs that best fit their needs



- ❖ Calendar for Educators with links to all known current educational events to support professional development
- ❖ National Competency Standards for Childbirth and Parenting Educators and Assessment Tool
- ❖ Links to the next CAPEA webinar and national conference, and links to past reviews and papers

- ❖ Teaching Tips providing some practical ideas promoting the principles of group facilitation and adult learning within birth and parenting education
- ❖ Information about the organisation, philosophy, goals and functioning of CAPEA, and small members-only area
- ❖ Significant news relevant to educators on the home page with a link to facebook page

Have you browsed the site? How helpful is the website to you? What else would you like to see there?

What do you think is the purpose of the CAPEA facebook and twitter pages, and the website? As this is the virtual 'shop-front' of CAPEA, please let us know what you expect at info@capea.org.au

Lisa Robertson
CAPEA Website and Social Media Administrator



State Reports

NSW Report

Where did 2015 go & how so fast...

It has been a busy few months for CAPEA NSW with us providing the Facilitation Strategies: More resources for your professional repertoire workshop... held on the 13 September at the Nan Tien Temple in Berkeley. This was an extremely interactive, informative and practical workshop focused on learning tools, their practical application and their integration into professional practice.

The workshop was attended by over 40 CAPEA and non CAPEA members and was a great opportunity to network, share experiences, and gain some new ideas and activities for our own antenatal and early parenting education toolbox.

We also held the third CAPEA meeting for 2015 during the workshop, which gave a number of new and non-members the opportunity to gain insight into the CAPEA philosophy and the benefits of being a member.

On the 27 July 2015 we hosted an extremely interesting webinar facilitated by Chris May titled Weaving parenting partnerships into antenatal education. Chris explored the importance of co-parenting in family functioning and child development and the integration of this model into antenatal education in the preparation of families for the transition to parenthood. Chris acknowledged that families come in all shapes and sizes and the importance of considering the language we use. This includes a change to focus on "parenting partnerships" rather than "fathering" and the shared responsibilities and expectations for each partner as they negotiate new parenthood.

We will hold our AGM on the 25 November 2015 at Royal North Shore Hospital with teleconferencing and webinar facilities available.

As always we look forward to maintaining connection with current members and welcoming new members in 2016.

Helen Rogers
NSW President



Thank you to Marilyn for being our state rep for the last year, and in her spare time she became a grandmother again, congrats. Tas branch held its AGM on the 9th October in Launceston, amongst the dappled shade, enjoying good food and delightful company we discussed our successes of 2015 and our plans for 2016, and voted in our exec for the next 12 months. President is Sally Gregor, VP Maree Reedman, treasurer is Athlene Petterwood and secretary Suzie Bennett, all very capable and passionate women. We lament that more new educators are not attending these gatherings to share stories and gain confidence in their educating but there is always hope. We continue to be in reasonable financial shape thanks to another successful National Conference in Sept 2014 (we get to keep a portion of the profits) and we have again agreed to provide some financial support to Tasmanian members wishing to attend the CAPEA National Conference in Adelaide 12-14 October next year. Hmmm just 12 months away, our good wishes are with the SA team who I am sure is getting busy planning and enabling a great gathering of kindred spirits.

We are also in the planning stage for a statewide Study Day, pencil in June 4 in your diary, possibly in Launceston and subjects to be confirmed once speakers are sorted, however we were thinking about Pre-conceptual health; an immunisation update; managing high risk pregnancy; and the latest advice for the discomforts of pregnancy. Very keen to hear from members who have a passion for one of

those topics and would like to research and present, or any other topical subjects you would like us to source a speaker on for what is usually a valuable day of updating and networking, not to mention the traditional gourmet food.

I wish everyone a happy, holy Christmas with family and friends in abundance, good cheer and good fun. Until next year, keep safe and keep on educating our next generation of parents.

Dianne Haworth
new Tasmanian state rep
(technically revisiting old position)



The South Australian Branch has continued to meet regularly every second month this year for an education session and informal discussions.

In September we met at Flinders Medical Centre and it was great to see new faces and those from the south of Adelaide. There was a great discussion on the use of technology within Education.

November saw us meet in Unley for our meeting and discussion. Unfortunately our guest speaker was unable to attend on the day. This provided for opportunity for discussion on workshops and lectures members had recently attended. The AGM was also held.

Office bearers for 2015/2016:
President **Lisa Masters**
Vice President **Delice Sauerwald**
Secretary **Deb Rossi**
Treasurer **Sue Bulluss**
State Rep **Mary-ann Baker**



ASSOCIATION

This was followed by dinner for those who were able to stay.

Planning for next year's meetings was also made and dates set, Deb, as State Secretary will distribute these. We will again move locations throughout Adelaide to include as many members as possible.

The SA conference committee has been busy with preparations for next year's conference. There has been progress made with regular meetings and the excitement for Nurture the Primal Instinct at the Adelaide Zoo is building.

Mary-ann Baker



By the time you read this article the Queensland State AGM will have been held (16th November). Details of this meeting will be on the CAPEA website.

It has been a quiet year for the Queensland CAPEA Branch. Planning continues for rural workshops in 2016. The possible venues were discussed at our branch meeting, via teleconferencing, in August. Keep an eye on the website for more details.

We invite Queensland members to contact us with ideas and thoughts on how,

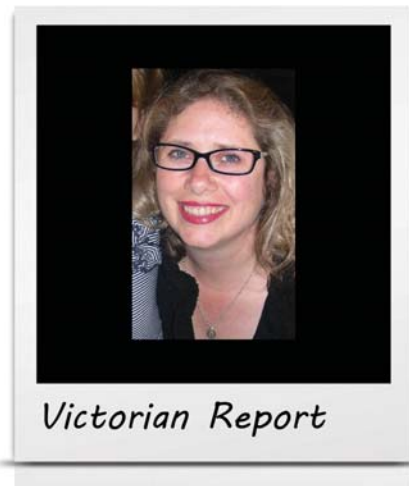
as a branch, we can be of more service to you and how we can promote CAPEA more effectively to increase membership.

If you are not a member check out our website. We would love to have you on board.

We would like to thank national office bearers and committee members for their commitment, dedication, time and hard work during 2015.

The Queensland executive would like to wish everyone a blessed festive season and a safe, happy, healthy 2016.

Jacqui Morrison



I greet you with words attributed to Mahatma Gandhi "Be the change you wish to see in the world". This has much relevance for what we do as educators of expectant and new parents; and also what we as CAPEA Vic Branch are working on.

It has been apparent for some time that we need to be able to engage a broader population of educators in order to maintain our vibrancy, activity, and growth. We are therefore actively working through the process of strategic planning, including visioning, at regular Vic Branch meetings and in email communication between

meetings. We are also supporting the National Committee as they work at their level, and in turn support us.

The Vic Branch held our AGM Sunday 13th September with 12 members in attendance. Also included was a half Study Day.

Office Bearers for the next year:

State President	Melinda Eales
Vice President	Lynn Evans
Secretary (shared)	Samantha Dunne & Karen McNeil
Treasurer	Patricia Kunek
State Representative	Angela Phillips

At the time of writing we are looking forward with anticipation, to having Victorian educators join us for our Vic Branch end of year function on Thursday 26th November 6-9pm, at Metropole Hotel, Fitzroy. This will be a time of networking, an opportunity to hear what we are planning, and to let us know what you want.

Plans are well underway for study days for next year — check the website and Facebook for details as they become available. We look forward to bringing you some stimulating presentations.

Plan now to be in attendance at our Study Days in 2016 to also have the bonus of being in each draw to win sponsorship to the next National Conference "Nurture the Primal Instinct", in Adelaide, October 2016.

We congratulate sponsorship winners Helen Moriarty and Bronny Handfield!

As always we encourage each of you to invite your colleagues to join CAPEA.

Create time to be rejuvenated and re-energised for a new year of education, celebrating birth and parenting. We look forward to seeing you soon, and until then, best wishes!

Krystelle Tarburton

CAPEA Membership Secretary's Report

Membership has certainly increased in some States this year. The electronic system of notifying member of renewal has been a great asset but will only work if members do update their details when they have changed from what we have hence the reason to mail out a considerable number of renewal notices. I would like to draw members' attention to a misunderstanding that some members

seem to have - Membership is due on the 1st July each year and is \$85 for an individual member and \$150 for an Institutional membership. Members will receive an email in June reminding them of this. Certification on the other hand is due every 2 years and doesn't have a cost associated with it and members who have applied for and successfully obtained certification only receive notification when

it is due. Members wishing to become certified Educators can check the Capea Website for an application form. All new members receive an application form with their welcome package. I would like to wish each and everyone of you a safe and blessed Christmas.

Jeannie Lynch Membership Secretary



Multiple Birth Parent Education



Deb Rossi started her working life as a clerk/typist at BHP Whyalla, straight out of school. She moved to Adelaide aged 21 and worked at Adelaide University in the HR department for a year, before deciding that Nursing and ultimately Midwifery would be the profession for her. Back in those days training was hospital based and Registered Nursing had to be obtained before acceptance into Hospital Based Midwifery courses.

She hospital trained at The Repatriation General Hospital and became a Registered Nurse in 1987. She then hospital Trained at The Queen Elizabeth Hospital to become a Registered Midwife in 1992.

Deb has also worked at Lefevre and Community Hospital, Semaphore, Western Community Hospital, and from

time to time have added some casual agency shifts.

She has been employed at Women's and Children's Hospital since 1995 and has been the **Multiple Birth Coordinator** at Women's and Children's Hospital since 2011, after the previous coordinator moved into another position.

Deb is the mother of three — 19 year old Twins Rowan and Aislinn, and 16 year old Lindsey. She has been married to Marco for 22 years. Together they have been renovating their house for 9 years, and still not finished.

Deb loves walking her dog, quilting, reading and spending time with friends.

I have been asked to write an article about the role that I fill at The Women's and Children's Hospital, Adelaide. "Of course," I said. "I can do that." Hmmm then I got stuck, writers' block and procrastination set in!!! Oh my goodness how do I explain what I do?

I fill 18 hours a week in this position which is mostly joyful, delightful and challenging, and sometimes, heart-achingly sad.

The role of the Multiple Birth Coordinator at the Women's and Children's Hospital is a very unique one. As far as I am aware there is no other position quite like it. The position was created in collaboration between the South Australian Multiple Birth Association (SAMBA), now known as Multiple Birth SA inc, SA Health and the Women's and Children's Health Network.

In the late 1980s SAMBA members lobbied the State Government for funding to provide home help for multiple birth families, in particular higher order multiples. This funding was granted in 1990 and the Home Help Program began. The program was managed by the higher order multiple contact within SAMBA, with the assistance of Child and Youth Health which employed a mothercraft nurse to provide the home help. After five years of continuing in this manner the coordinator and SAMBA approached the Women's and Children's Hospital with a request that a Multiple Birth Coordinator role be created



and based at the hospital.

The Multiple Birth Coordinator role was created and the Home Help Program continued, both jointly funded by SA Health.

The role of the coordinator is to administer the Home Help Program and to support multiple birth families at the Women's and Children's Hospital and other maternity hospitals in South Australia. The position has evolved over the years and now includes providing antenatal classes, or individual sessions as appropriate, for all multiple birth families.

The Home Help Program provides hands on assistance and respite in the family home. It is mostly baby-centred, assisting parents with the multiples, teaching parentcraft, routines and providing much needed respite. If a family is struggling and finding themselves overwhelmed, the three hours per week for six weeks provided by the program may just be the glue that holds them together, reducing the risk of the family needing much more intense medical and practical assistance in the future.

Applications for the Home Help Program are sent to the Multiple Birth SA inc. office then forwarded to the Multiple Birth Coordinator, where they are assessed against established criteria and applications already received. Referrals for metropolitan

families are forwarded to an agency with whom MBSA has a contract to provide staff able to carry out the Home Help program. Country applications can be a little tricky at times, and often require a lot of investigation and calls to find appropriate carers and an agency able to assist. Generally there is 99.9 per cent positive feedback for the program; most comments received about improving the program are suggestions for expansion of the role.

The second major task of the Multiple Birth Coordinator position is to provide antenatal classes that are specific to families welcoming multiples. This is a part of the role that I unashamedly LOVE.

Initially I was quite daunted. Public speaking, even to small groups, makes me weak at the knees. As I became more comfortable as the facilitator of discussions and realised that attendees were achieving their information goals, I relaxed. I now have a habit of running over time as I want to impart so much information and ensure attendees are well prepared for this incredible life experience they are embarking on.

Multiple birth families know that they need to gather as much information as possible — usually this will be in the form

of antenatal classes. They come along to classes with their heads swimming with questions, doubts, ideas and of course the usual horror stories that are so freely shared. Most commonly new parents will want to know “How will they come out?”, “When will they arrive?” “How do we feed them?” LOTS of questions.

Multiple birth families often differ from the singleton families in that their major focus is the “How will we cope?”, rather than the birth. I hear: “What equipment do we need/not need?”, “HOW MANY NAPPIES? (oh my goodness!!!!)”, “Is there any assistance available, government or otherwise?”, “How do we feed two babies at once; is that even possible?”

The classes are delivered over three weeks

1. Pregnancy and Birth:

Attendees are often past 24-25 weeks gestation. Therefore the focus is mostly on possible complications of pregnancy, how to identify these, what to do, where to present and how they are managed.

We then move on to labour, vaginal birth, fetal monitoring, interventions, planned and unplanned caesarean section and the possible postnatal pathways, depending on the gestation that the babies



have arrived.

The content of all classes is based on the South Australian Perinatal Practice Guidelines.

2. Going Home:

This is such a fun class! We discuss equipment, the essential and the not so essential, and swap stories, ideas and resources. The aim is to encourage attendees to start planning and organising life and home in advance. Recommendations include: to cook up a storm, host a freezer party, and get the freezer stocked up in readiness. Lock in those offers of assistance from family and friends. Discuss how to ask for help and where to seek help and information. We discuss realistic expectations of life with twins at home. How many nappies will newborn twins go through in 24 hours? I often get eyes as wide as saucers when we get to this topic.

Above all I hope to reassure them that they will survive and they will enjoy this new beginning. After all, I did. Yes, I am a parent of multiples. My twins are now 19 years old, and are truly nice young adults — pat on the back to my Man Of The House and I. We survived twins and guess what they survived us! When I share this with attendees, I see shoulders and faces relax at this point. There is some validation to the information that I am sharing. (A moment that I secretly love!)

3. Breastfeeding:

The Women's and Children's Health Network is a Baby Friendly accredited organisation. Staff have great pride in this accreditation. Being able to reassure prospective multiples parents that yes, you can breastfeed more than one baby, is very rewarding. During this class I cover the benefits of breastfeeding for both babies and the mother, establishing supply, positioning and attachment and managing two at once. I cover expressing short and long term and how dads can help practically and emotionally in supporting breastfeeding, as well as routines and baby behaviours.

A lot of fun is had at the end of the class when I bring out the samples of twin feeding pillows and lots of dolls so that the attendees can practice the positions, swaddling and change nappies etc.

Each of the classes are invited to one of the four reunions I schedule during the course of the year. These are planned so that they are returning when the babies are

somewhere between 2 and 6 months of age. This is a fabulous time as friendships are fostered, stories are swapped, and I get to catch up with those who birthed in another hospital. It is also an opportunity for me to identify families who may benefit from the Home Help Program, or who may need assistance with referrals and connections with other services.

As the WCH is the major tertiary hospital for the state for births and women's health, I have contact with many country families. If travelling to the city for classes is inappropriate and inconvenient, I will offer one-on-one time with them that coincides with appointments at the

hospital. Within the hospital environment I also support inpatient families with education/emotional support, especially for long term clients in the antenatal ward. I provide resources, advocacy, referrals and education during their stay.

For many families the postnatal stay is short. If I can I will visit, offering practical assistance with the babies, feeding, expressing and facilitating breast pump hire. In the WCH nurseries I will follow the families through their journey, by offering support, advice, resources, and a shoulder to cry on, until they eventually reach that amazing next step — taking their precious little babies home.





NURTURE

the Primal Instinct

Brought to you by CAPEA-SA

October 12th - October 14th 2016
at the Sanctuary (Adelaide Zoo)



Draft call for abstracts January 2016
Call for abstracts February 2016
Reminder March 2016
Final Call for abstracts April 2016

Registration opens June 2016

Early Registration closes 29 August 2016



Meeting the Needs of Young Parents in Townsville

by Jacqui Morrison

Introduction

The Young Parents' Antenatal Program (YPP) in Townsville has been running for fourteen years. It is a joint venture between Child Youth and Family Health Services and The Maternity Unit of The Townsville Hospital Health Service. The program is ever evolving to meet the needs of young women and their partners/support people¹. The YPP is designed for pregnant women aged 20 years and under.

Why a specialised program?

Adolescence has been identified as a time of profound changes². Literature describes pregnant adolescents as a high risk group³ or seen as people who are experiencing challenging circumstances⁴. The brain's

centre of reasoning and problem solving is the last to mature, completing development in the early twenties.

The program is geared towards growing healthy concepts rather than just providing advice or information. Our goal is to deliver a holistic program which focuses on the emotional and psychological as well as the physical aspects of pregnancy and parenting.

The first few years of a child's life are recognised as crucial in setting the foundations for lifelong learning, behaviour and health outcomes⁵. Children need to be surrounded by positive family experiences and strong foundations. This should incorporate the extended family unit and other significant support people.

Often young parents are immersed

in psycho-social issues such as previous or current sexual; physical or emotional abuse; anxiety or other mental health disorders. Research also reveals young parents are often influenced by drugs and alcohol and come from a low socio-economic environment with low academic achievements^{3, 4, 5}. It is essential therefore to provide a program designed to create opportunity for change and to provide a healthy outcome for the mother and baby⁶.

Our YPP Planned Outcomes include:

- ★ Developing practical skills and knowledge around pregnancy, birthing and parenting
- ★ Promoting confidence



- ★ Providing an environment that is safe and non-judgemental
- ★ Providing and promoting social networking opportunities with peers
- ★ Informing and promoting available community services
- ★ Promoting transition of care from Midwifery to Child Health
- ★ Providing an opportunity for Child Health and Midwifery to work collaboratively

Often these future young parents face obstacles to attending the sessions, not typical to other parents-to-be. As such session sizes can vary widely from week to week, even within the one seven week program. Our typical group sizes can fluctuate between three and ten women and between two and eight partners / support people. Some of the reasons for this fluctuation include clashes with hospital antenatal check-ups, school commitments, difficulty accessing transport, birthing prior to the completion of the program as well as psycho-social issues as described previously.

QYS has recently received funding enabling them to provide transport for attendees and support people on an 'as needs' basis allowing them to more easily access and engage with the YPP.

Referral Process

Women can self-refer or are referred at any time during their pregnancy, ideally in the second trimester from around twenty-two weeks. Support people are encouraged to attend. After a referral is received, the Midwife or Child Health Nurse will contact the woman by phone. This provides a more personalised booking service and allows the opportunity to discuss the benefits of attending the program. It also helps the future attendee to feel more comfortable on the first session having engaged with a facilitator prior to commencing.

An information letter providing details of the YPP is sent to each attendee two weeks prior to the start of their program. Each week the group is sent a reminder text to encourage attendance. We have an Administration Officer to assist us with this process and data collection.

Our Program Overview

The sessions run for three hours on

Thursdays from 9am to 12 midday. Six sessions are held in the Infant Management and Parenting Skills (IMPS) Centre at The Kirwan Health Campus.

This campus is easier to access than the main hospital campus and has free parking. The IMPS Centre is a 'house-like' building creating a homely, welcoming appearance. Using this building allows the group to become familiar with the Kirwan Health Campus. It also helps them to be more aware and feel more confident to access the available services here after baby is born.

Our fifth session is held in the Childbirth Education Room at The Townsville Hospital. Part of this session is spent exploring birthing rooms, allowing the group to feel more familiar with the birthing environment and its facilities. This helps to reduce fears and anxiety surrounding labour and birth. We also walk through the Maternity Ward. A Women and Children's Physiotherapist joins us for part of this session. She provides information on keeping comfortable during pregnancy and reinforces good pelvic floor habits.

Getting the Welcome Right

When setting up the room we aim to create a safe, physically comfortable, non-judgemental and non-confronting environment. Bean bags, yoga mats, cushions, gym balls, a couch and chairs are placed around the room to create a circle. Music is playing in the back ground. Popular 'chart music' seems to be more favourable at this time in the session rather than relaxation music.

On a low set table, placed in the middle of the room, we provide a light healthy snack. We recognise that some attendees may not have eaten breakfast. The food often seems to break down barriers encouraging group interaction and communication. There is cold water and hot drinks available throughout the session if needed. A nutritious morning tea is also provided midway through the session allowing time for networking and answering questions one on one.

We use a welcoming and accepting attitude to make the women and partners feel respected, supported and part of the group. Planning an ice-breaker activity and having a 'thought for the week' is an excellent way to start the sessions. Later on in the program often the attendees provide the thought of the week helping to give them ownership of the session.

Group rules are discussed and agreed upon by all participants during the first session. This ensures confidentiality, respect and accepted group behaviour. Mobile phone usage has increased over the years. As mobile phones can be a huge distraction we ask for phones to be out of sight and switched off or on vibrate. (This provides the opportunity to discuss the topic of mobile phone usage and how it can adversely impact on parent interaction / infant communication). The agreed rules can be referred to later on during the sessions if required.

Teaching Strategies

Sessions are facilitated by a Midwife and a Child Youth and Family Health Nurse. A variety of topics are covered as well as a range of delivery methods used to best engage the attendees^{2, 7}. Sessions cover pregnancy; labour and birth; dealing with fears and unexpected outcomes; hospital stay; early parenting; breastfeeding / feeding baby; expectations; body image; self-esteem; relaxation; effective communication; healthy relationships; Dads' information and community support.

Each session utilises activities and or group work. We intersperse 'information' with 'physical skills' and 'attitude and feelings'. We use approaches that allow people to see, to do and to reflect. We aim to bridge the information — experience gap. It is important to make learning relevant for the attendees. If they can see a purpose for the learning, then there is more chance that they will engage in the session. "What's in it for me?" Questions are encouraged. A 'safe pot' is provided for group members who wish to ask questions anonymously by writing them down and placing them in the 'pot'.

We use familiar grammar and increase confidence by using positive language. It is useful to know that an average adolescent concentration span is around 20 minutes. Young brains need 'Learning Brain Breaks' to refocus every 4-8 minutes such as turning and talking or retelling. Every 15-30 minutes, attendees need to be moving around, even briefly, to reset their attention. An 'Energizing Brain Break' can be used to get their blood pumping⁸.

It is important to provide options but essential to avoid information overload. Participants remember the first and the last points of a session, anything that stands out and repetition.



We try to make the sessions fun and think of creative ways to engage the group. Role playing, effective props such as a tool belt, balloons and ping pong balls help to retain attention and encourage involvement. We use art materials for self-expression and reflection. Individuals do not have to feel they are ‘good at art’ but enjoy the process of being creative. Through the processes involved in art therapy, it is suggested that people may find relief from overwhelming emotions, stress and trauma⁹.

We aim to use all of this information to our advantage when planning our program and sessions. Despite having a developed program the content of each session varies depending on group needs on the day. The sessions are informal. With this demographic there is a high need for flexibility and adaptability.

Dealing with Fears

It is important to address fears in the first session. We ask each group member to think about and write down “three things you want to know” and “anything that’s worrying you”. We then adapt the session to meet the group needs and address fears which have been identified. Fears need to be out in the open. During labour fears can affect the normal hormonal interplay. Fears can affect both physical and psychological well-being¹⁰. Medical and obstetric risk factors or fears are often known. It is important to remember “Wild Cards” which can have an adverse effect on the woman. These may include sexual abuse, an unwanted, unplanned baby and domestic violence. It is especially important to help young women to firstly identify any fears then develop strategies to deal with these¹¹. Individual or professional counselling may be needed and referral systems utilised.

Relaxation Awareness

Relaxation is introduced at the end of the first session. Being able to relax is an essential life skill, especially for these young parents-to-be. Each week we build on relaxation techniques raising awareness of relaxation and tension within the body, how it feels and what helps individuals to relax. We build on past experiences.

The Benefits of Two Facilitators

Having two facilitators for each session enables us both to contribute and stimulate group interactions and discussions. During

each session it provides the opportunity for one facilitator to provide one on one support during the session if needed. The midwife can provide a familiar, friendly face in the hospital environment and the Child Health Nurse can provide the same in the community setting after the birth.

Working in Partnership with Local Community Support Services

We feel it is important to involve community support services to provide information relevant to young parents and establish a link within the wider community. We also feel it is central to our program to have guest speakers from various organisations attend specific sessions or drop in, depending on their availability and funding⁶.

We collaborate with Centacare; Dental Health; Early Intervention Specialists; Headspace Mental Health Liaison Officer; Indigenous Young Parent Support Worker; Queensland Youth Services (QYS); School-Based Youth Health Nurses; The Smith Family Let’s Read Program and Townsville Uniting Care Community (UCC).

The positive impact is demonstrated as a number of young women / new parents access these services independently for support and assistance. Often the pregnancy is the first independent health care experience for these young people.



We aim to empower the group by boosting not only their knowledge but their concept and their belief in themselves and their ability to make good life and health choices.

What about Dads?

Young fathers are encouraged to attend

the sessions. We know there is more cohesiveness within the family unit if both the father and mother are prepared for the life changing events parenthood brings. Within our group we aim to include young fathers through group work, activities and one on one discussions. The young fathers-to-be are provided with a ‘Dad’s Pack’ and can be linked into various community organisation.

Ideally a qualified male community support worker takes a “Dads’ Chat” segment during part of one session as we split into male and female groups. (In the past this male has come from Lifeline, Red Cross or QYS). The males in the group appear to be more comfortable engaging and opening up in a male only environment with their peers and an experienced “Father figure”. At the same time it allows for “secret women’s business” discussions.

The August 2015 *Interaction* magazine had an excellent article on Supporting Fathers written by Brad Allen which is very informative and provides fantastic tips for educating Dads.

Postnatal Support

Postnatally every new Mum is invited to attend three out of the seven YPP sessions. A reminder text is sent the day before the specific session they are invited to. The final hour or so of these YPP sessions are spent on parenting issues.

The visiting new mums, and sometimes dads, can share their birth story and the reality of early motherhood / fatherhood. This helps them to feel empowered as they become the educators, or ‘wise women’ of by-gone eras. It also allows us to touch base with how the parents are tracking and continues to link them with community support if required. The Child Health Nurse can provide a baby check as needed. On occasions these sessions enable opportunities for debriefing the birth experience on a one on one basis by the Midwife.

Our sessions deliberately coincide with the Immunisation Clinic held at The Kirwan Health Campus. We encourage new parents to ‘drop-in’ to the YPP anytime and often this occurs after attending the Immunisation Clinic.

Young parents visit the YPP during the first three to four months. Ideally parents have stopped attending by the time baby is around six months old (prior to crawling). After this time they have often created their



own support networks. The networking and normalisation that occurs among peers can be very beneficial. Over the years the YPP has witnessed the development of many friendships and playgroups, as well as a strong sense of social cohesion among the young people in the group.

In Conclusion

Our Young Parents' Antenatal Program has evolved over the last fourteen years to accommodate the changing needs of young pregnant women, their partners and or support people. The program provides a service for a unique group.

These young pregnant women differ from other pregnant women in a number of ways. As adolescents, they are already experiencing profound changes. Pregnancy and parenting can impact further on challenging circumstances they may be experiencing.

Sessions benefit from being facilitated by a Midwife and a Child Youth and Family Health Nurse. This provides an essential link for the YPP group in the transition between being pregnant and becoming a parent.

Our sessions are held in a Community Health Campus familiarising the young parents with the support services which can be accessed from there, if needed. Collaborating with other community services provides other opportunities for support.

Our program provides the opportunity for change and a healthy outcome for the mother and baby. In particular, we aim to improve the parenting template. Young people can be excellent parents with proper support and guidance.

Acknowledgements

The Young Parents' Antenatal Program has been created and shaped in conjunction with a number of Child Health Nurses. In particular Jasminka Corporal, Kerry Irwin, Michele Moretto and Carol Woods.

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Yoga Tools For Birth Preparation

Julia has been working in the area of pregnancy and birth since 1986 when she trained as a Pregnancy Massage Therapist and Hypnotherapist in San Diego.

On moving to Sydney she became a Yoga Teacher (IYTA) and then obtained a **Grad. Dip in Childbirth Education** with Childbirth International as well as becoming a **HypnoBirthing practitioner**. Julia is also a Dru Yoga teacher and part of the IYTA team who **designed** the Diploma of Pre and Post Natal Yoga Teacher Training on which she currently lectures. She is also a Birthing From Within mentor. Preparing women for birth through yoga is her passion and delight together with supporting yoga teachers to excel in teaching pre and post natal classes.

She currently lives in Canberra with her husband and two daughters where she teaches pre and postnatal classes as well as Yoga and Active Birthing Skills workshops for couples.



"The birth of my second son, Ruben, was thrilling, empowering, beautiful and exciting. It was everything I had hoped it would be and had visualised prior to the birth."

Caroline, September 2015

Wouldn't it be wonderful if we could hear more comments like that!

Since beginning teaching prenatal yoga in 2000 I have been inspired and deeply touched by the power and strength of women birthing their babies especially when they are given effective tools to use.

I believe that prenatal yoga provides many valuable tools, not only for labour and birth but also for pregnancy and early parenting and can make a significant difference to women's experience of labour as well as to the outcomes.

This article will look at the role of yoga in preparing pregnant women for birth physically, mentally and emotionally and how it can help them to feel more empowered and confident as they approach this transformational time of their lives.

A Wholistic Approach

For those of us involved in the birth field we know that giving birth is not just a physical process. It is strongly influenced by a woman's personal beliefs and those of her support team, family and culture as well as her mental attitude and emotional state. Continuity of care by a midwife and/or doula has been shown to encompass this more wholistic approach and yoga can also make a strong and positive contribution to a woman's wellbeing and self-confidence.

Prenatal yoga teaches women how to reduce their stress, increase stamina, strength and flexibility, use breath, sound, movement and positions to manage pain and perhaps, most importantly, to understand that whilst labour cannot be

controlled, the mind and attitude towards birth can be. This is the birth power women can embrace if they chose to.

Physical preparation — asanas to prepare for birth

Asanas, or yoga postures, are carefully chosen and adapted for the pregnant body. The following postures are avoided: strong twists, backbends, over stretching, strong forward bends, prone poses, holding postures for an extended period of time, breath retention, heavy abdominal movements or compressions and deep squats in the last 6 weeks of pregnancy or if there are conditions which make squats contra-indicated.

Postures are modified according to the stage of pregnancy and current discomforts, pain or conditions such as Symphysis Pubis Dysfunction, SIJ pain, pelvic instability, low lying placenta, high or low blood pressure, haemorrhoids or Carpal Tunnel Syndrome. Core strengthening of pelvic floor and Transverse Abdominus is focused on during the classes.

Yoga teachers are aware, too, of the importance of using forward leaning and upright positions in the last 6 weeks of pregnancy to encourage Optimal Foetal Positioning.

Whilst there are a variety of yoga postures integrated into each prenatal class specific poses and practices are more specifically geared to birth preparation. All of them are used with focus on the breath and may be combined with movement, sound, visualisation or mindfulness.

Standing postures are invaluable for developing strength, stamina and the ability to hold a challenging posture with mental focus. Some examples are Warrior, Triangle, Horse, Side angle and Mountain poses. Chair pose (semi squat) is often practiced against the wall and held for 1 minute or longer whilst various labour coping tools are used (see section on dealing with Discomfort and Pain)



"My best tool was definitely taken from the 'stand against the wall with knees bent and count how many slow breaths you take in a minute.' This really helped me structure my contractions and saw me through much of the pain."

Jo

Warrior Pose



Half Dog Pose — relieves back pain

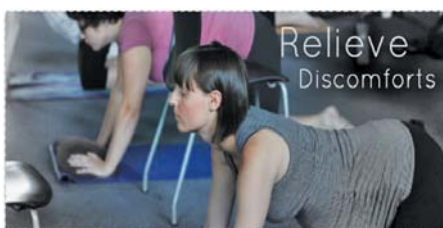


Side Angle Pose



Kneeling and all fours postures, such as Cat pose, child's pose Hero pose (kneeling over bolster) and lunges familiarise women with favourable Active Birth positions and encourage Optimal Foetal Positioning.

Cat pose for OFF, labour, backache



Sitting and Resting Postures

Butterfly (sitting with soles of the feet together knees supported with pillows) and wide leg pose (sitting with legs apart) gently stretch the adductors and around the pelvic floor and help women to feel comfortable in open positions both physically and psychologically.

Child's Pose

For use during the rest periods of labour, time to practice visualisation, breathing, affirmations.



Through practising the asanas women develop a deeper sense of "body awareness" that may be new to them if they are not already yoga practitioners. It helps them to tune in to what is happening inside and follow their body's lead during labour, rather than their thinking brain!

Being familiar with postures, positions and movements that have been shown to make labour more comfortable and progress well also gives them a "felt sense" or "embodies" them and may increase the likelihood of women using them as needed.

"I had a relatively quick labour of 7 hours. Was successful in having a drug free water birth by using breathing and active birth positions to get through most of it, amazingly no tearing!. Midwife asked if we did Calmbirth (which we hadn't) your wonderful yoga classes can take that credit!"

Rowena — first baby

Breath as a Tool for Labour and Life

Focus on the breath is the mainstay of any yoga class and is the most powerful skill women can have to keep them focused and present during the intensity of labour. Awareness of the breath and conscious breathing is a key in prenatal yoga and an aspect that many midwives comment on when supporting a woman who has attended prenatal yoga classes. Slow breathing helps to reduce fear and,

therefore, adrenalin as well as impacting the sensations of pain:

"One simple, conscious breath can help close the pain gates, stimulate the brain to create pain-relieving chemicals (endorphins) and balance the fight / flight / freeze reactions responsible for transmission of pain through the nervous system"

Reversing Chronic Pain – Maggie Phelps

Conscious breathing may be simply noticing and watching the breath or using specific breathing practices. Both calm the nervous system, help to release endorphins, provide focus and encourage an internal focus.

The common breath used is Diaphragmatic breathing — using the diaphragm effectively rather than breathing into the upper chest. On the inhalation the diaphragm area gently rises and on the exhalation it relaxes. The breath may be counted mentally and gradually the exhalation is extended, always to comfort levels. As women become at ease with this Ujjayi breathing may be added which makes a gentle sound in the throat on the inhalation and exhalation. Ujjayi breathing is also said to help stabilise high blood pressure and generally calms the whole of the nervous system. Many women use it during labour.

"I used focused breathing for pretty much the whole time (plus some other techniques) to keep going despite my exhaustion and therefore did not require any drugs or intervention. I got into the bath pretty quickly after arriving at the birth centre around 5.30 pm or so on the Saturday and breathed out my baby after a couple of hours in there. I say that because I pretty much let my body do everything for me, with my brain all I focused on was counting out the 60 seconds or so for the contraction, with me losing count a little when my body deciding a push was necessary!"

Victoria

Another favourite breath is the humming breath or Bhramari. Traditionally done with thumbs in the ears however during pregnancy and labour it is simply making a humming sound on the exhalation, again this provides a focus and keeps women in the present moment, away from fears and worries that can increase stress hormones.



"I ended up birthing in the shower whilst kneeling down. I didn't have any drugs this time. The pain was intense (and, yes, painful), but manageable. I used the Ujjayi and 'ahhh' breathing to help me get through the contractions. Once Isabelle arrived she was handed straight to me; we walked back to the bed and then the 3 of us had some quiet family time straight away. I feel so grateful to have had this birth experience."

Amelia

Sound

Yoga has a history of chanting and incorporating the healing aspects of sound, often as a spiritual practise to help enter a state of devotion. In prenatal yoga the focus is generally more practical — making sound in labour can take the edge off the pain and release tension. Different vowel sounds are used with awareness on taking the sound deep into the pelvis, "aaah", "ooh" "om" are the favourites, however, any sound which feels good to the mother is encouraged. Women may feel embarrassed during class making sound, however they often report back that it was their most useful and effective tool for labour.

"All the breathing, especially the downward deep noises we learnt in yoga, really helped get me through, as it all happened so quickly, I went with my wishes and did it all drug and gas free. Such an amazing experience".

Alli (first baby)

Relaxation

Relaxation is usually the favourite part of the class for most women! Rarely do we experience deep relaxation and a sense of letting go in the way that occurs during a guided relaxation. The ability to surrender to this process is a vital component of not only achieving increased wellbeing during pregnancy but also for during labour. Avoiding the Fear/Tension/Pain cycle during labour is a challenge for many women however, as we know, keeping adrenalin from flowing except for the early and late stages, is essential for the normal progression of labour and for the production of birth hormones. Since anxiety and fear produce a higher perception of pain the ability to relax, let go and surrender is essential.

Mindfulness Meditation

Mindfulness is a valuable skill for everyday life, especially with a new baby! It involves expanding our sense of awareness to not just one thought or sensation but to also include hearing sounds, noticing the breath, observing body sensations, thoughts and feelings with a sense of being the "observer" or "witness". It develops an ability to "respond" rather than "react" to situations both in labour and in life.



We want to encourage women out of the "thinking brain" into instinctive behaviour and connection to their inner "knowing", practising mindfulness will help them to feel comfortable with stillness, quiet and calm where they can better make decisions for their pregnancy and upcoming birth.

Mindfulness is also about accepting things as they are, the stress and frustration that we can all experience is from the thoughts and feelings which we attach to a situation, labelling it as "good" or "bad."

Acceptance of the intensity of labour and the ability to go with it rather than against it is a valuable tool for women. Particularly important is helping women to stay present and to relax in between contractions by using focus on the breath, quick relaxation of the whole body, and often to repeat a positive phrase such as "I am relaxed, I am calm". Many women waste energy worrying about the last contraction or the next one, staying present preserves their energy and helps them to deal with one moment at a time (one contraction at a time)

Mantras / Affirmations

It is said that we have 60,000 thoughts a day and 87% of them are negative and repetitive! Certainly around birth there are plenty of negative images and stories which can create a culture of fear amongst women which can be challenging to counteract.

In prenatal yoga classes women often interact with each other and can hear a different view of birth, they exchange ideas of how they coped in previous labours and what they used from yoga classes. They

I trust
my body to
birth my baby

often become aware that their attitude towards labour is extremely influential and that mental focus becomes a key issue in managing the intensity of contraction pain.

Mantras or affirmations can be used as reminders throughout labour either during each contraction or in the rest in between. These positive statements should be personal and address a particular quality that a woman would like to strengthen, such as "I am strong", "I am focused and calm", "I am able to go deeply within", "I surround myself with love and support" or it can be as simple as "breathing in relaxation, breathing out fear".

To make a change from a habitual belief the phrase should be repeated regularly and some women write their favourite phrases and place them on the fridge door, later taking them into labour.

Since beliefs are not easy to change and are held in the subconscious many women find programmes such as Calmbirth and Hypnobirthing a powerful adjunct to prenatal yoga.

Listening regularly to a guided relaxation with positive imagery and words can also help to allay fears and build confidence.

"Your strong message on self-belief and confidence is fantastic and due to this, I give credit to you that I have been able to have three natural labours without pain relief!"

Kate

Visualisation and Imagery

For some women imagery can be a powerful tool for labour and different visualisations are often introduced during relaxation. A particularly useful one is the Special Place, or Quiet Place where a scene (imagined or real) is visualised in detail which conjures up feelings of serenity, peace, joy or some other positive emotion. Women may choose to give this place a specific name which they can recall and imagine the scene whenever needed — some use it during the rest periods between contractions to stay focused.



Other favourite images used by women include imagining a flower opening as their body opens for birth, surfing waves as an analogy for riding a contraction to its peak and feeling the release afterwards.

Imagery can also be used to help women connect to their babies during class and relaxation.

Some women prefer using external images such as photos of the ocean or a mountain, even their family or a significant religious symbol or photo.

"I had to be induced due to gestational diabetes so my labour was intense and fast, just over 3 hours. From the yoga classes, I knew to trust my body to let it do the right thing and used visualisations to try to stay calm. At one point I thought I couldn't cope anymore and would need an epidural but I ended up only needing gas and air to get through the pushing stage. From there I relied on visualisations of my baby coming down and out of the birth canal to get through the pain."

Susan — first baby

Dealing with discomfort and pain

Whilst we cannot emulate a contraction in a prenatal yoga class we can develop stamina and practise “witnessing” strong sensations by holding safe postures for a minute or longer and using different yoga tools. The usual posture we adopt is the chair pose or semi squat. It can be done with the back against the wall and sliding down to a semi squat or free standing. As women hold that position they may notice their mind resisting or complaining, their breath shortening and their focus on their thigh muscles aching. Throughout the term different tools (breathing, sound, touch, visualisation, and mindfulness) are used so each woman finds the ones which might be effective for her, or a combination of several. She realizes that she is capable of modifying the pain herself, not necessarily taking it away, but making it more bearable. Whilst contraction pain can obviously be very intense it still gives her confidence that she may be able to cope by using her inner resources as well as help from her



partner, midwife or doula. Another exercise is to practise holding out arms whilst sitting for 2 – 3 minutes and again to notice where the mind goes, what helps to be able to observe the sensations of the body and get through the intensity.

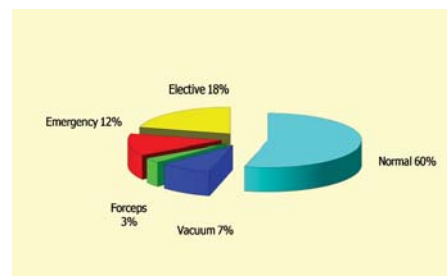
Does Yoga Affect Birth Outcomes?

Anecdotally most prenatal yoga teachers would say YES! Midwife and yoga teacher Valerie Hamilton together with yoga teacher Rosi McCaferty did a small study in Sydney which looked at whether yoga helped to relieve the discomforts of pregnancy, helped in labour, affected the birth process and was beneficial for the birth process and the results were compared to the Mother and Babies Report 2006. The results were very promising:

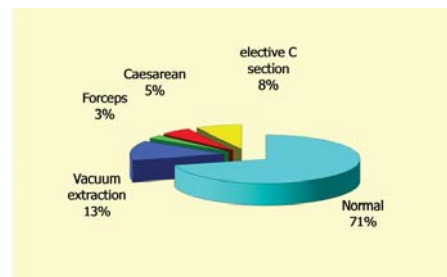
94% of the women who experienced labour found that practising yoga in pregnancy helped them in their labour, 74% found that breathing made a difference, 69% felt it was relaxation, 54% answered improved confidence.

Difference in Birth Outcomes

Mother & Babies Report 2006



Yoga Study Group



Drug Usage

38% of the women in the study did not use any drugs. (27% higher than the NSW Mothers & Babies Report 2006)

Epidural usage in the study is 29% (14% lower than the Mothers & Babies Report 2006). The use of Gas was very similar.

Attending prenatal yoga classes encourages women to take responsibility for how they approach labour, it gives them an array of effective coping tools to increase their confidence and skills for coping with stress in any situation.

"Through this traumatic time (surgery for retained placenta), I used all my knowledge and calmness I practised through the yoga sessions. I worked with my husband to have questions and concerns ready before the Dr arrived each day and took all information and processed it, rather than reacting instinctively on the spot."

Kelly

Practising yoga during pregnancy does not in any way guarantee a normal, physiological birth, nor one without pain, however, it may well increase a woman's satisfaction and acceptance of her experience and increase the number of women and babies who not only are healthy physically but also healthy psychologically .

Ideally many of the yoga practices, such as conscious breathing, mindfulness, acceptance and some simple postures will also support women through the journey of motherhood and beyond enabling new mothers to address and regulate their physical and emotional stress enhancing their capacity to enjoy and love their beautiful babies along the way. Caroline sums up a sentiment that I am sure we all share:

"I am so thankful that the birth of my healthy baby boy was smooth and safe. I wish the same positive experience for all women and hope that more women enter pregnancy and approach birth without fear and instead, with a trust in themselves and their bodies."

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For information about IYTA Diploma of Pre and Post Natal Yoga Teacher Training please visit:

<http://iyta.org.au>



When a Baby is Born, a Mother is too

Leisa Stathis is a **social worker** and **qualified family therapist** with over 20 years of experience. She has worked with organisations such as Adult Mental Health, ACT for Kids and the Division of General Practitioners. Currently in private practice, Leisa provides individual and family therapy to children, adolescents and their families. She lives with her husband and two children in Queensland.



Becoming a Mother by Leisa Stathis (Finch Publishing) is available on 1 September in paperback (\$27.99) and ebook (\$9.99) from good bookshops nationwide and online retailers and etailers.

Media and Publicity

Leisa Stathis is available for interviews. To set up an interview or request a review copy, contact:

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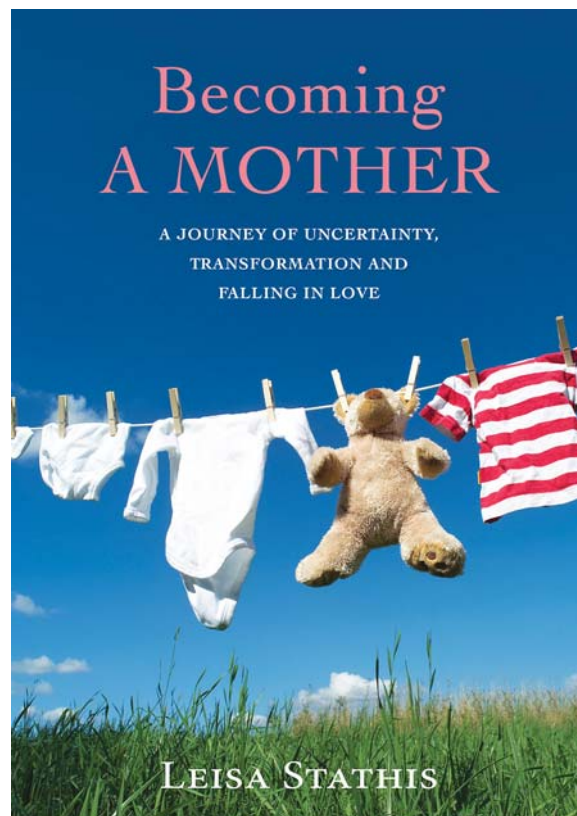
There is perhaps no other journey quite like becoming a mother for the first time. For most, it is a moment filled with joy. Yet for many new mothers, it may soon be followed by confusion and self-doubt. Many women worry about if they will ever overcome those difficult early days and become the loving, confident mothers they long to be.

Social worker, family therapist and author of *Becoming a Mother* Leisa Stathis says, 'The unspoken truth about motherhood is that it is a journey of complex feelings. We may find it exhausting, confusing and difficult and yet we still love our babies with every breath. These complex feelings can co-exist yet for many women, the fear of judgment from others leads us to hide them away.'

Becoming a Mother explores the emotional journey of new motherhood. It reminds women that, as mothers, in amongst all that they don't know and feel they are doing wrong, there are many, many things they are doing wonderfully right.

'From the moment a baby is born, many women place incredible pressure upon themselves to be perfect mothers, to love their babies instantly and to feel confident in the role of parent. The honest truth is that motherhood doesn't necessarily come "naturally" and often we simply need time. The first year is a time of profound transformation, not just within our babies, but also within our relationship and our identity.

'Knowing this, many women might enjoy the early days of new motherhood more. We do not need to be perfect mothers right from the start, we just need to be good enough,' says Leisa.



The first year is a time of profound transformation — and for all of its challenges, a wonderfully rich experience. Babies grow and mothers do too. It is a love story like no other. It is the passage of becoming a mother.

"Becoming a Mother... will encourage all mothers to relax, enjoy the journey and learning experience, and be left with wonderful memories."

Dr David Wood, AM, paediatrician, Children's Health Queensland, and a founder of Act For Kids (formerly the Abused Child Trust)

"I highly recommend this thought-provoking book to mothers and to professionals who support them."

Karen McCloskey, midwife and child birth educator for over 30 years



Editor Note - The following is taken from one of Leisa's blogs on her website — she writes with a such a sense of reality and honesty, but with such a touch of gentleness and genuine caring...

Learning Your Child's Secret Language

In the first few days and weeks of motherhood, learning the language of our newborn baby can seem insurmountable as we attempt to decode the mysterious cues and signs our babies give us about their needs. In the absence of any words which they could actually use to tell us what their needs are, the early weeks for many mothers are a confusing time as we attempt to interpret our child's secret language. In amidst our confusion there may be a few tears, our babies and our own, as we navigate this complex journey.

And yet, as the days and weeks go on, we get better at it. With time we come to understand their cues and the little signs they give us that tell us when they are hungry, when they are tired, when they are overstimulated and need a break or when they need a nappy change. Much as two new dance partners must learn each other's steps, with time the dance flows more easily. We come to anticipate each other's moves and eventually there is less stepping on toes!

This beautiful and complex interaction can be thought of as 'attunement'; a concept which is central to our understanding of how mother's build healthy bonds with their babies. It can be defined as the

sensitivity a mother displays in reading her babies cues and meeting his or her needs. Through a wide variety of signals our babies let us know what their needs are at any given time. A baby can cry, rub his eyes, clench his fists, kick his legs, turn his head away, open his mouth, scrunch his legs up, make a gurgling sound, grimace. Each of these little behaviours are our babies way of communicating a need. The sensitive mother attunes to these signs. She reads her baby's cues and thinks about what might be happening for her baby. She then goes on to meet that need as best she can e.g. with a feed, soothing sounds, helping the baby to sleep, removing them from stimulation. Through this dance something fundamentally important happens. Trust between a mother and baby grows and a baby comes to see that their Mum or Dad is someone who can meet their needs, can help them survive their feelings and can offer thoughtfulness in relation to them.

In the early days of being a new parent, understandably this dance may be a little awkward. When faced with the multitude of signs given to us by our baby, we may feel a little bewildered as we attempt to decode our baby's secret language. To the relief of parents, however, researchers tell us that we don't need to offer perfect attunement 100% of the time. The good enough parent doesn't always read her child's secret language first time around. We misread the cue, we misinterpret the feeling, we feel out of step... and yet if we can reflect on this and meet the need eventually we offer our babies something

very powerful; reparation.

The delicate dance of attunement is a dance that continues for the rest of our lives as we live in relationship with our children. Whether our child is 3 months old, 3 years old or hitting the treacherous straits of puberty, our ability to read our child's cues, make sense of their emotions and needs and respond with loving kindness is one which fundamentally underpins connection to our children.

When I was in the trenches of parenting my own newborns I took this dance for granted. In the midst of feeds, nappies, sleeps, playing, crying etc etc I did it with little forethought. Sometimes it was a bit tedious. Sometimes I felt it was a bit hard. Yet I now see it for the exquisite relationship dance that it is. I find myself wanting to rush up to every new mother I see and say 'Wow, you're doing something so amazing! You are amazing!' For the delicate dance of attunement leaves a lifelong legacy, a blueprint for all future relationships that contains within it ideas about love, trust and connection.

For all the mums out there changing nappies, offering a feed, picking up on the cues that your baby is tired and needs a sleep — I think you're doing something pretty cool. For the mother's who are soothing a skinned knee or picking up that your child's had a rough day at school — I think you're doing something remarkable. For all of those parent's who are navigating adolescence with mindful thoughtfulness, attempting to offer wisdom and listen with an open heart — I think you're inspiring.

My hope is that with time, you will too.

Helping Your Baby to Sleep

Beth Macgregor is a **psychologist** who provides training and mentoring to professionals who work with families and children in the health, education and welfare sectors. Her work focuses on **strengthening the emotional connection between parent and child** so

parents can enjoy their children and children can enjoy the best possible start in life. She lives in Sydney with her husband and two beautiful children.

Anni Gethin has a PhD in population health and runs a research company evaluating

mental health and social programs. In 2011, she had a bonus child, Juno, a sister to her three sons. Anni lives in the Blue Mountains in NSW with her daughter and 15-year-old son; her other boys, when in Australia, drop by regularly to raid the fridge.

Anni Gethin



Infant mental health experts, Anni Gethin and Beth Macgregor, are passionate advocates for responsive parenting and gentle sleep techniques. They are alarmed that controlled crying in all its various guises (‘self-settling’ and ‘sleep training’) is still commonly advocated by many parenting services and health care workers.

Important Research Findings

‘The research is in and the evidence is irrefutable: controlled crying is harmful to babies. It places a baby’s developing brain and emotional systems under enormous stress, and plainly contradicts neuroscience research as to what parenting a developing brain requires. Aside from the immediate distress and despair babies experience, consistently ignoring a baby’s cries also places them at risk of physical harm, losing trust in their parents, attachment problems, an impaired capacity for dealing with stress, and disrupted breast feeding.

‘Babies subjected to extensive sleep training can exhibit the classic signs of infant trauma, including intense prolonged screaming, vomiting and eventual emotional collapse. We need to call this for what it is: emotional abuse,’ says Anni.

Furthermore, despite the popularity of controlled crying in the early months or even weeks (to get baby into a ‘good routine’), younger babies are at particular risk from the harsh techniques. A review of interventions used on babies under six months, showed that behavioural interventions did not improve outcomes for babies or mothers.^[1] In fact, the babies cried more and were at greater risk of SIDS if they also slept alone. The mothers were also more anxious, and more likely to give up breastfeeding prematurely.

Inaccurate Advice Given To Mothers

Beth says mothers still arrive at her seminars in distress, confused and feeling guilty about responding to their baby, and wondering if they should ignore their instincts and let their baby cry themselves to sleep.

‘They’re still being fed the same old rubbish. They’re told things like “babies must get settled into a routine”, “they need to learn good sleep habits as early as possible”, “you can’t hurt your baby by letting them cry”, “babies can self settle” “she will never learn to sleep independently if you keep helping her to go to sleep”.



‘These are all responses to the two most predominant myths about babies and sleep,’ says Beth.

Two Myths About Baby Sleep

The first myth is that babies should be sleeping through the night at 6 months. Every review of actual babies sleep behaviour shows that it is common for babies to keep waking at night well into the second year. In fact, research by Australian advocates of controlled crying showed that it is common for pre-schoolers to wake in the night and need their parents^[2]. Parents have been deceived into believing that babies or toddlers wake at night have a ‘sleep problem’ rather than that night waking is normal human behaviour.

The second myth is that helping babies at sleep time makes them overly dependent on their parents. Decades of attachment research shows the opposite: responding consistently and warmly to babies and young children builds inner security and resilience. Ignoring distress or inconsistently responding to babies is what creates anxiety and insecurity, which can last a lifetime.

Important Reality Checks for Parents and Carers

- ★ Night waking is NORMAL for babies^[3]
- ★ Leaving babies to cry creates real distress and is consistent with long term negative impacts^[4]
- ★ Conflicting advice about how to care for babies means parents suffer higher levels of anxiety than ever before
- ★ Secure attachment and trusting their parents is the most important developmental need of babies^[5]

Beth concludes, ‘We want to reassure tired parents that nearly all baby sleep issues can be resolved with gentleness, patience and persistence.’



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