

Volume 35 - No 3 December 2017

INTERACTION

The Official Publication of Childbirth And Parenting Educators of Australia Incorporated



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Parenting
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INTERACTION



MAY 23 - 25
2018 CAPEA CONFERENCE MELBOURNE
*Plant a seed
Grow a village* 14



Understanding your baby's needs
A Bringing Up Great Kids Resource 18



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From the Editor's Desk

Hello everyone. Well here we are putting together the December edition of *Interaction* again. Cannot believe that we are approaching the busy/frantic/exciting time of year of Christmas and New Year once more.

So, I was in full hopes that I would be able to submit my report with the news of the birth of my third baby! Perhaps share some of my experience and a new photo! But in keeping with tradition, my due date has come and gone with no real sign of action anytime soon! Our household is currently sitting in that slightly frenzied state of the unknown; the excitement and anticipation is palpable. But it does feel like we are all going slightly crazy with the talk of it!! By the time you are reading this, I will most certainly have a baby in my arms, but looks like I will have to wait till next year to share the news!

Thank you once again to all members

of the National Executive Committee for your support and for your contributions. Special thanks to Tanya Strusberg, for always being willing to share her experience and knowledge with us. Thanks also to Kimberly-Clark and Huggies for their ongoing sponsorship, and to Palmers for advertising with us throughout 2017. I would like to acknowledge both Sue Spencer and Lisa Robertson as they finish up as President and Website Administrator. You have both been such wonderful supports to me, and to CAPEA — and I have appreciated all that you have to offer.

I wish everyone a beautiful, fun and safe Christmas surrounded by all you love. As it stands, I will see you in the New Year (with my baby news!)

Best wishes,
Kassie



National President Report

As we approach the end of yet another year, with all the crazy busyness that entails, we sometimes need to stop and reflect on why we are involved in Parenting Education — why we do what we do. Several years ago I wrote about supporting my daughter through her wonderful active first birth and we have just returned from supporting her through a still wonderful but quite dissimilar and more challenging experience with her second. My educator instincts kicked in once again, but different skills this time. It brought home to me how diverse our roles can be — but that we still have our common goal of assisting prospective and new parents, whatever the circumstances.

CAPEA National met again in August and I am very pleased to say that we have a new Secretary, Karen Logan from NSW — welcome Karen! The new banners were approved and have now been produced and sent out to the state branches. They are very effective and a great promotional tool for CAPEA at future events. A big thanks to Kimberly-Clark and Huggies for their sponsorship!

We continue to be on track with meeting our Strategic Plan targets, with one major exception — growing our membership. It is concerning that fewer than half our members renewed by the July 1 deadline, and although more have done since then, we need to work harder to not only ensure that current members renew, but to encourage our colleagues to join CAPEA. Our strength lies in our membership, not only quality but quantity!

The FEC have been meeting regularly and have completed the Guidelines for Endorsement of Educational Programs (now on the website). In addition, they have completed the complex Sponsorship and Advertising Guidelines, which will go to the National Committee for approval and management. Members of the FEC have been busy with checking and approving applications for Certification — please have a look at the requirements for Certification on the CAPEA website and submit your application soon!

I would like to thank Lisa Robertson for her tireless efforts in continuing to develop the CAPEA website to its current



professional level — she has done an outstanding job! Lisa is retiring from her role as Website Administrator but we are pleased to welcome Alison Summerville into this position, as part of our hard-working Web Media team. We are always on the lookout for skilled and enthusiastic members to join the team — could this be you?

Our state branches have been active, with a number of further education events being held. The Victoria branch is



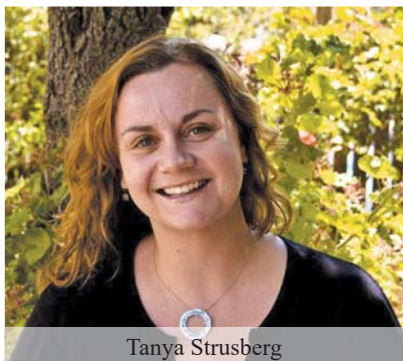
busy with planning for the next National Conference, May 23-25 in Melbourne. The Call for Abstracts has gone out — many of you are doing fantastic work, so why not share that with your colleagues in Melbourne next year?

This is my last report as National President of CAPEA, my three-year tenure coming to an end at our AGM in November. The AGM teleconference is open to all members and you are encouraged to participate! It has been an

honour and a privilege to serve as your President and I hope to continue my association with CAPEA in the future.

Sue Spencer
National President

Web & Social Media Report



Tanya Strusberg



Lisa Robertson



Alison Summerville

I wish to advise members of CAPEA that I will step down from being your Web and Social Media Administrator from the end of this year.

In mid 2013 I began my fascinating journey learning about the inner workings of websites and social media. Following a national members survey, developing the brief, working through 3 quotes, learning about DNN platform from Marcus Eddy at C9 Web Design, our new CAPEA website was launched in August 2014.

Thousands of words have been written, edited and uploaded onto the website, with the effectiveness monitored through your comments, emails sent to CAPEA and Google Analytics. A dynamic web presence requires frequent updates to the content and layout, which included our new logo, and there is still much work to be done to improve our public presence.

Learning the other side of social media through Facebook and Twitter has been intriguing, and fantastic when postings attract debate and comments, sometimes shared with thousands.

CAPEA recently implemented Mail Chimp, linked to our member database, which can quickly disseminate reports and advertising of CAPEA events. The e-Newsletter looks good, does not get rejected as spam, and is in line with many other professional organisations. Mail Chimp also collects statistics about emails that have been opened or 'bounced', and

provides an ability to create targeted mail-outs, so assisting the Membership Officer. Mail Chimp emails will be used to alert members of annual and overdue membership renewal and Annual General Meetings.

I have enjoyed learning many new technical skills, and the challenges of presenting the best aspects of CAPEA for all our members and the world audience to find and see.

I thank the National Executive Committee for placing their trust in me to get the job done.

Thanks also to our Web designer, Marcus Eddy and C9 for prompt help when required, and of course to my assistants over recent years being **Tanya Strusberg** and **Mandy Ritchie**.

I wish to introduce you to **Alison Summerville** who has agreed to expand her IT knowledge to take on this important position. I will happily assist Alison as her mentor for 3-6 months during the transition phase.

Alison has been an enthusiastic birth and parenting educator for over 20 years, been a mentor to less experienced educators, and is currently acting coordinator for Parenting Education at John Hunter Hospital, Newcastle (yes, my old position!). She has attended many CAPEA national conferences and NSW workshops, including presenting at some.

I look forward to watching the

ongoing development of the CAPEA website and social media presence, being the readily accessible 'shop-front' to its members and the world.

Best wishes to all CAPEA members,

Lisa Robertson
Retiring Website and Social Media Administrator

Dates of Publication and Deadlines for *Interaction*

Deadline 28th February for inclusion in April edition.

Deadline 30th June for inclusion in August edition.

Deadline 31st October for inclusion in December edition.

CAPEA Inc website
www.capea.org.au

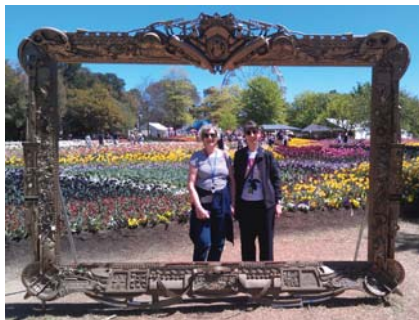


State Reports



NSW Report

During the last weekend of Floriade, NSW/ACT held a Professional Development Day in Canberra entitled *'The Mind, Body and Soul of Childbirth Education'*. A most interesting, informative and enjoyable day was had by the 46 attendees. Not only an opportunity to gain more information for working with the mothers, fathers, partners and families we meet, but also a great way to network and, of course, socialise.



A huge thank you to NSW Vice President, Jacqui Gillan and ACT member, Jo Ruiseco for all their hard work in making the day such a success. A thank you also goes to Susan Rebollo (NSW Secretary) for her time in putting together the flyer and encouraging members and non-members to join us on the day. We had 8 presenters, including Jacqui and Jo, and the broad range of topics included self-care, sex, Dads and yoga — but not all in the one talk!

This day was the first 'outing' of the banner with our new CAPEA logo too, and it looked great!

Next Branch meeting: AGM
Date: 29th November

The end of 2017 is fast approaching, so no matter how you greet this time of year I would like to wish everyone all the very best.

Warm Regards,

Meredith Haultain



Tasmania Report

We have had a quiet year in 2017. Unfortunately we were not able to organise our usual annual Workshop in the middle of the year.

The Tassie AGM will take place in November in Launceston, and the new office bearers will be appointed for 2018. As in previous Conference years, we hope to be able to fund Tassie members to attend the Conference in Melbourne and I look forward to catching up with both State and National CAPEA members then.

My best wishes to all members for a happy and peaceful Christmas and New Year. We are now well into our beautiful Spring weather here in Tassie, although we have snow down to 600 meters and visible on top of Mount Wellington as I write this report!

I would like to publicly thank one of our most active and hardworking members. Dianne Haworth has served in several important Committee roles, both nationally and at State level. She was a ground breaking National Treasurer for several years, helping set up our current financial structure. She has lent her expertise as Conference Convenor and business woman to many CAPEA

projects while running her own Childbirth Education Business in Launceston, and working as a Lactation Consultant at the Launceston General Hospital. I am sure that Dianne will continue to be involved with CAPEA for many years to come, but I wanted to acknowledge her on-going work in my report at this time!

Warm regards

Sally Gregor



Queensland Report

The Queensland Branch held a workshop at Cairns Hospital in September. It was well received by all who attended. Our branch president Fiona McCormack did an excellent job co-ordinating, presenting and bringing it all together for an educational and fun two days. She has written an article about the workshop in this edition of *Interaction*. The energizing weekend was enjoyed by all.

We are hoping more members will become actively involved with Queensland branch activities. Our teleconferences are held 4 times each year. We invite you to participate and bring new thoughts and ideas. It is a great way to connect with like-minded people and increase your skills while helping promote CAPEA. All members are sent email reminders and agenda prior to the dates.

We would like to thank national office bearers and committee members for their time and hard work during 2017.

Thanks also to the Queensland committee, Fiona McCormack, Judy



Foote and Annette Loadsman-Hucks for all their hard work, commitment and dedication. It has been a pleasure working with you all.

We would like to wish everyone a blessed festive season and a safe, happy, healthy, and productive 2018.

Jacqui Morrison



Well it's been an interesting year with lots of the focus by the Victorian branch on the upcoming conference. It's amazing how quickly a year can fly by when there is so much to do. However since our last report the Victorian branch has conducted two study days:

The first was in September and included our AGM. We held it at the beautiful Abbotsford convent. The topics included placental encapsulation, setting up your own business and mindfulness. One of our speakers was attending a birth but she came to the November study day instead. The day was a great success with lots of chatter, networking and ideas flowing freely at discussion times and meal breaks.

At the AGM our newly elected committee included:

- President:** Melinda Eales
- Vice President:** Abby Sandercock
- Secretary:** Lynn Evans
- Treasurer:** Tricia Kunek and apprenticed by Dionne Fraser.

In addition we had Irena Sergeeva and Rebecca Stone who continue to work hard on the committee and a few new additions to our team with Sarah Richmond, Zoe Akiko and Erika Munton. It's always great to have new and varied influences on the committee. Having said that I'd like to thank Karen McNeil for her support of the branch in the shared Secretary role for a

number of years and lots of great ideas for the committee. Karen resigned this year to concentrate on studies.

Irena continues to manage our webinars. We had a bit of a hiccup in October when we chose a new platform. However this did not work on the day and so those who joined in could hear but not see; our apologies for the inconvenience. The webinar was hosted by Melinda who talked about the use of Activities in education settings and some examples.

Irena did a great job in patching the webinar and reposting within a few days. Our next webinar will feature in December, so keep your eyes on Facebook and your emails for more information.

In November we also celebrated **Childbirth Education Awareness** week at the Women's Hospital Parkville. Our theme was Celebrating educators. The variety of topics included Aboriginal women's antenatal health, Looking after yourself, Facilitating skills, Hypnotherapy — skills for labour and life, together with feedback from both the DAME trial and the GEM pilot project. The celebration theme rolled over with gifts for attendees and a great cake for morning tea. It's always so much fun and a great experience to mix with like-minded educators in a learning environment. And of course we have two more member winners of the CAPEA financial assistance for the Conference next year — such a great bonus for members!

The committee are currently deciding upon the best options for learning packages in 2018. With the conference in May we will continue webinars but are unsure as yet if there will be a study day before that.

We'd also like to take this opportunity to say a very big CONGRATULATIONS to one of our members, Tanya Strusberg who recently at the Lamaze International Advocacy Summit in USA, was inducted to the Lamaze International Board of Directors. We are very proud of her achieving this honour and especially so as the first non-North American to serve on the board in Lamaze's 60+ year history. Tanya does a lot of work in Victoria and Australia in her many roles with pregnant women and their families. Well done Tanya!

The Victorian branch wishes all its members a very merry Christmas surrounded by those you love and a safe and happy new year. Hope you are on the "nice" list"!!

Melinda Eales



The SA Branch has enjoyed a dynamic post-conference year, with regular meetings full of insightful information and hearty doses of laughter, including our recent AGM in October.

Our first two 2018 meetings are February 5th, at WCH, and April 13th, hosted by our Barossa members. These meetings are looked forward to by our members and we welcome our quieter members to join these engaging sessions..

We have made the decision to postpone our Branch Workshop to 2019 in order to reduce potential clashes with the conference we all look forward to in Melbourne next year. Stay tuned for more information, this is set to be a fabulous event!

As the year ends we also say goodbye to three of our committee members, and particularly wish to thank Lisa Masters for her dedicated work as President, and Sue Bulluss for her thoughtful work as Treasurer. I also am stepping down from the position of State Representative as I relocate to ACT with my little family.

We welcome former VP Delice Sauerwald as our new President, Jennifer Pacifico as our new Treasurer, Rosie Reynolds as new Vice-President. We are sure they will do excellent work in their new roles. Deb Rossi continues her appreciated work as Secretary. The position of State Representative is not yet filled as I depart, and is open for interested parties.

We also say goodbye to Ngaire Green as she returns to her homeland of New Zealand Aotearoa and thank her for contributions in SA.

We look forward to 2018 and all that it brings for CAPEA SA.

Anna Siebert



We need to talk about Birth Trauma. Now.

by Tanya Strusberg

August 14 – 21, 2017 was Birth Trauma Awareness Week

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

First of all, it profoundly saddens me that we need to set aside even one day of the year, let alone an entire week to raising awareness of birth trauma. But when between a third to half of all Australian women describe their birth as traumatic, we need to talk about birth trauma and we need to talk about it **NOW**.

Melbourne-based midwife, PhD candidate and researcher, Arimaya Yates has recently completed her **thesis** entitled; *Women's experiences of emotionally and psychologically traumatic birth; hegemony and authoritarianism in Victorian public maternity settings*.

Her comprehensive research is both compelling and deeply alarming.

Birth trauma is currently experienced by approximately half of all birthing women in Victoria (Alcorn et al. 2010; Boorman et al. 2014).

Birth trauma has been associated with negative experiences for women and this holds potentially long-term negative consequences for the new mother, her baby and family. The consequences of this trauma in turn impacts on the woman's community through loss of income, participation, fragmented relationships and withdrawal from community participation (Boorman, et al. 2014; D'Oliveira, 2002; Fernandez, 2013; Kitinger, 2012; Midgley, 2006). Also reported has been an increase demand on the economic and health workforces as birth traumatised women tend to increase their use of medical services (Alcorn, et al. 2010). Birth trauma and obstetric violence is now highlighted in the professional medical and allied health literature as an offence to human rights (D'Oliveira, 2002; Hodges, 2009).

What is Birth Trauma?

Birth trauma has been defined by Simkin

(2015) as “when the individual mother, father, or other witness believes the mother's or her baby's life was in danger, or that a serious threat to the mother's or her baby's physical or emotional integrity existed” (Simkin, 2015).”

“But surely all that matters is a healthy mum and a healthy baby, right?”

This has become the catch-all phrase for the current generation of women who, for the most part, find themselves being hurtled along the conveyor belt of birth. They don't receive individualised, woman-centred care from a known care provider. They are subjected to routine interventions, many of which are not medically necessary and are not based on evidence and they are chewed up and spat out on the other end with a newborn baby and little to no practical support in the critical early days and weeks postpartum.

“But Australian women are so fortunate. We have such amazing healthcare here.”

When you consider that the maternal mortality ratio (MMR) in Southern Sudan is 2,054 deaths per 100,000 women, and you compare this to Australia, which has a MMR of 7.1 deaths per 100,000 women, there is no question where we would choose to give birth. Purely from a “will my baby and I survive birth?” point of view, Australia is one of the safest places in the world to give birth.

However, if our only measurement of success is to compare ourselves against the bleakest worldwide statistics, we are fooling ourselves into believing that Australian women are enjoying the crème de la crème of maternity care.

For the average Australian woman, her decision-making process behind where, and with whom she gives birth goes something like this;



1. “My period is late. OMG! I might be pregnant.” Go to chemist and buy pee-on-a-stick kit.
2. Pee on stick. “OMG! I am pregnant!”
3. Go along to GP to confirm pregnancy and get referral for antenatal care.
4. GP asks; “do you have private health insurance with maternity care coverage?” Option a) “Yes, I do” she says. GP gives her a referral to a private obstetrician. Option b) “No, I don’t”. GP tells her that she is zoned to public hospital X.
5. Woman either hires a private OB and books in to have her baby at Private hospital Y, or contacts local hospital where she will most likely have her first appointment somewhere between 10-16 weeks of pregnancy.

Within the public hospital system, the majority of Australian women will access standard maternity care, which means seeing a different midwife and/or obstetrician at every antenatal appointment. During labour and birth, she will also be cared for by whoever happens to be on shift and assigned to her for the

period of her shift. Come shift change, she will be assigned a new midwife — and so on, and so forth, until her baby is born.

A small percentage of women will be fortunate enough to be a part of a continuity of care model, such as caseload midwifery, which basically means that a woman will see the same midwife or small team of midwives throughout her pregnancy, and one of those known midwives is guaranteed to support her during labour. However, according to **research**, less than 15% of Australian women have access to this model of care, also known as woman-centred care, despite the fact that we know this to be the gold-standard of midwifery care.

Even fewer women will hire their own independent midwife, partly because most women are unaware that hiring a private midwife is even an option, but also because of the financial barrier. Unlike private obstetric care, most private health insurance companies will not rebate any fees associated with the labour and birth when a private midwife is the primary care provider, but will only partially rebate some of the fees for antenatal and postnatal care. Independent midwifery

care is in crisis in Australia, with many private midwives being forced to close their practices due to impossibly high insurance premiums which are simply unaffordable for most midwives. Case in point; when was the last time you saw a midwife drive around in a Porsche?

Woman-centred care involves placing the woman as the focus of a midwife’s work, supporting a woman physically, emotionally and practically during pregnancy, birth and the postnatal period. The role of the midwife becomes that of building relationship with a woman within this working partnership, from which a foundation of trust, rapport and care is bonded (Page & McCandish, 2006).

It’s not hard to see why this model of care is so superior to standard care. When a woman can build a relationship of trust with her care provider throughout her pregnancy (and remember, appointments with midwives typically last between 45 minutes to an hour, compared to a typical appointment with an obstetrician, which would last less than 10 minutes on average), that woman will feel fully supported throughout labour and birth.

She feels safe, protected and has



had months to build a relationship with midwives who now know her (and her partner, if she has one), understand her needs, concerns, fears, preferences and who will support her throughout one of the most intense, primal experiences of her life.

Stranger care cannot ever hope to achieve this, no matter how skilled the midwife. You simply cannot expect to create the same level of trust with someone you have just met. On top of this, you lose another critical part of the puzzle — continuity of care. When multiple health professionals care for you throughout pregnancy, and yet more strangers care for you during labour, it is very easy for vital information to slip through the cracks. Each health professional will have their own preferred way of doing things (even within the framework of a hospital's policies and practices) that may — or may not — be a good fit for the pregnant woman's own preferences, beliefs and values.

If our only definition of a “healthy mother” is our maternal morbidity or mortality rate, then we have locked ourselves into a very narrow definition of “health” indeed. Any discussion of birth trauma requires us to broaden our perspective to see how this impacts on human rights in childbirth.

“Currently one of the most commonly found causes referenced in psychology literature associated with post-traumatic stress disorder (PTSD) are mothers experiencing birth trauma. A recent study by Harris and Ayers (2012) revealed four main categories of emotion women experience associated with birth trauma. These include:

- (1) Feeling invisible or out of control;
 - (2) Feeling trapped;
 - (3) Being treated inhumanely; and,
 - (4) Reporting a rollercoaster of emotions”.
- (Yates, A. 2016)

These emotional categories lead the critical mind into the arena of human rights and, the questioning of when and how does obstetric intervention become abusive or violent.

In the United States, Childbirth Connection's landmark national **Listening to Mothers** (LTM) surveys describe women's childbearing experiences from before pregnancy through the postpartum period, and their views about these matters. One of the areas researchers wanted to explore was to understand women's overall views about the birth process and the care to which they had access. They also asked

about any pressure the mothers may have experienced to accept interventions, any offered care that they might have refused, and their knowledge of potential harms of common interventions.

Some of the responses they received included;

“I felt incredibly forced to have an epidural to the point that I was in tears from the pressure.”

“I felt like I was forced to have a c-section against my will.”

“I was not told that I was going to need an episiotomy, and it was done without my permission. I just would have liked to know what an episiotomy was, why it happens, and what it's like to deal with and take care of after giving birth.”

Hauntingly similar experiences are echoed by some of the women who participated in Yates' study here in Melbourne;

“So I was really flat, my legs were up and I was really far back so I couldn't see what they were doing and I was thinking ‘what the hell are they doing?’ I was so scared; I think I was frozen... I couldn't communicate with anyone and no one was communicating with me... it was really horrible.”

“I just kept thinking what the hell are they doing? I had no idea, and then I kept thinking, they'll explain any minute now, they'll explain what's going on, and um, I'm still waiting for that explanation.”

“I just had to like force her to be born as soon as possible to make them all stop.”

“By the end of it I didn't really care about the baby. I was like whatever just grab a leg and rip it out, don't care.... I was so traumatised I just didn't really care.”

Yates goes on to explain; “These traumas were not only momentary. Women expressed long-term impacts both physically and emotionally and described the extent and seriousness to which the trauma is experienced and felt by women.”

“I felt abandoned and traumatised... it was horrific. It was the absolute worst, the singular worst experience of my life. Ill carry that forever; even though I've dealt with it, that will always be his birth...I've always explained it like as I felt like I'd been gang raped, I felt like a truck had been driven through my vagina... no one cared.”

Feeling invisible or out of control.

Feeling trapped.

Being treated inhumanely.

Reporting a rollercoaster of emotions.

As we start to build the picture, it becomes easier to understand how a woman can find herself in *fight or flight* mode during labour and birth and how this heightened state of adrenaline overload can so easily become traumatic. And when that trauma results in full-blown depression or PTSD, then what?

“Almost 80,000 women give birth in Victoria each year. Of these women, nearly 20 percent experience postnatal depression (PND). With such high rates of PND requiring treatment and only 23 beds in public mother baby units' state-wide, there is a serious threat to Melbourne women's mental health with such minimal available in-hospital treatment” (Yates, A. 2016)

Resources & Support:

PANDA (Perinatal Anxiety & Depression Australia)

Just Speak Up (support for Antenatal and Postnatal Depression)

The Gidget Foundation (promoting emotional wellbeing for expectant & new parents)

Beyond Blue

Human Rights in Childbirth

Maternity Choices Australia

Maternity Consumer Network

Birth Trauma Association of Australia & New Zealand (BTAANZ)

Birth Trauma Australia (HELD)

White Ribbon Alliance

Childbirth Connection

National Advocates for Pregnant Women

Improving Birth

Birth Monopoly

BirthRights

How To Heal A Bad Birth

How to lodge a complaint against your healthcare provider:

Australian Health Practitioner Regulation Agency (AHPRA)

Health Complaints Commissioner



If we ignore, downplay or even dismiss the very existence of birth trauma, we are complicit in contributing to a major mental health crisis in this country. Mothers are the bedrock of our society and we need our mothers to be healthy, functioning, whole human beings.

It's time we treated them with the dignity and respect they deserve and that starts with compassionate, dignified, woman-centred maternity care where each woman is at the centre of her own care and decision-making.

The next time you walk down a busy street, go to the supermarket, or when you go to drop your children off at kinder or school in the morning — look at the women around you. If almost half of us are traumatised in childbirth, then what does that say about the mental and emotional health of our nation?

Birth trauma is not some rare occurrence that happens to “other people”. It could happen to your best friend, your partner, your sister, your colleague — or it could happen to you. Birth trauma is real and we have to talk about it. **NOW.**

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CAPEA Biennial Conference - Update

We are so excited to let you know that we have three fantastic keynote speakers and an array of presenters arranged for the conference:

Virginia Bobro (USA)

Virginia, was previously co-owner of *Birth From Within*, with Pam England and is also a Mentor, Doula, Advisor, IBCLC (Lactation Consultant), La Leche League Leader and Senior Workshop Facilitator, and has a wealth of knowledge in areas such as Building resilience, Issues relating to Pain, Coping, and Mindfulness

Rhea Dempsey - Birthing Wisdom (VIC)

The intention of Rhea's **Birthing Wisdom** work — workshops, birth support, counselling practice, birth attendant training, presentations and talking birth talk wherever, whenever and to whoever — is to keep alive a trust in, and possibility for normal physiological birth.

Prof. Hannah Dahlen – Midwifery: the wind beneath my wings (NSW)

Hannah is a Professor of Midwifery and Higher Degree Research Director in the School of Nursing and Midwifery at the Western Sydney University. She has been a midwife for more than 25 years. Hannah is also an executive member of the Australian College of Midwives, NSW Branch. She has researched women's birth experiences at home and in hospital and published extensively in this area.

These amazing women will excite and enthuse you for even greater childbirth education practices. They will be joined by presenters for the LGBTIQ community, dads, cultural educators and many others. The conference will be a 2 ½ days of networking, learning and skill development, beginning on Wednesday 23rd May 2018 in the afternoon at the RACV City Club, Melbourne.

In addition Virginia will host a pre-conference workshop on the Wednesday morning. This workshop will be open to anyone. Tickets will be able to be purchased for either the workshop OR the conference OR together at a discounted fee.

The Invitation to submit a **Call for Abstracts** is now available on the CAPEA website and the deadline has been changed to **December 10th**. We'd love to hear from anyone who has done some research that would be of interest to childbirth educators and those working with expectant, labouring and new mothers and families. If you have developed a new program, have an interesting story or information that applies to our conference theme of *Plant a seed Grow a village*, then get in touch. We are keen to have a mixed program of presentations, interactive workshops and poster displays.

The **Sponsorship prospectus** is also available directly from Tracey Lowes at traceylowe17@bigpond.com and from the CAPEA website

Keep an eye on the website for more Conference Registration details or contact us directly on capeavic@gmail.com

Come join in the fun that is Melbourne!



Infant Massage and Down Syndrome

by Kassie Whitworth

Over the last couple of years, I have been lucky enough to run some Infant massage sessions with new parents through Down Syndrome South Australia. I completed formal training as a Paediatric Massage Consultant in 2013 and it has been a lovely skill to learn both personally and professionally. My 2 year old daughter now asks for a “leg na-na”

(leg massage!) and will actually lie still for the whole thing — a rarity at this time in her little life!

It has felt like such a privilege to work with new parents as they adjust to parenthood, and learn about varying supports for their babies with Down Syndrome. By teaching and demonstrating the tools of appropriate and effective infant massage, it can be helpful on a physical level by assisting with sleep and relaxation, as well as helping to increase muscle tone and aid with constipation, colic and digestion. Furthermore, by fostering confidence in parents to feel comfortable in undertaking massage with their infant, it can play a major part in enhancing bonding and connection also. The experience I have had running these sessions



has been very positive; I have met some amazing parents, and some divine infants, ranging in age from newborn to around 18 months. Nurturing touch is beneficial to almost anyone, but children in particular have an essential need for a regular routine of healthy touch. It has been a lovely experience being a part of these groups, and showing parents how this can be achieved at home.





New research finds link between **some** baby books and Postnatal Depression

A new Swansea University study has highlighted the link between parenting books that promote strict routine for babies and postnatal depression.

Dr Amy Brown
Associate Professor
of Child Public Health,
Swansea University

Amy's background is in psychology and she now applies psychology to understanding health behaviour and developing behavioural interventions. Amy is particularly interested in infant and maternal health during pregnancy and the first year postpartum and how varied psychological, social and cultural factors can affect decisions and experiences at this time.

Amy specialises in research around how babies are fed;

whether they are breast or formula fed, how they are introduced to solid foods and the impact these decisions could have on their long term eating behaviour and weight. Over the last twelve years she has explored how choices made around how babies are fed are rarely simply those suggested by policy as ideal, but instead affected by a multitude of complex factors, often outside the mothers' control.

In particular, her research focuses on why feeding babies is a public health issue, affected heavily by societal and cultural beliefs and behaviours, and therefore why

responsibility for feeding should not lie solely with the mother. Interventions to improve infant feeding choices should instead be targeted at wider society.

Her long-term aim is to develop interventions to support new mothers to feel confident, informed and supported in their choices.

New research from academics in the **Department of Public Health, Policy and Social Sciences** has explored the link between parenting books that encourage parents to try and put their babies into strict sleeping and feeding routines and maternal wellbeing. The study found that the more mothers read these books, the more likely they were to have symptoms of depression, low self-efficacy and not feel confident as a parent.



The **research** was carried out by MSc Child Public Health student Victoria Harries and supervised by **Dr Amy Brown**, Associate Professor and maternal and infant health researcher. Three hundred and fifty four mothers with a baby aged 0 – 12 months reported whether they had read these types of parenting books, how the books made them feel and then completed measures of their mental health and wellbeing.

Ms Harries said: ‘What was interesting about our research was that mothers’ experiences of using the books really seemed to matter’. ‘If mothers found the books useful, they were not at increased risk of depression or low confidence. However, if mothers felt worse after reading the books, they were at greater risk. Unfortunately, far more mothers found the books had a negative impact than a positive one. Whilst 22% reported that they felt calmer after reading the books, 53% felt more anxious’.

Dr Brown said: ‘In some cases these books might help new mothers but I think they may be working for babies who are suited towards a routine. Although some parents might be lucky and have a very easy-going baby, it is completely normal

for most babies to want lots of interaction and will communicate their annoyance very loudly if they do not get it. Trying to go against these needs doesn’t work, not least because babies haven’t read the books!

“Many of these books suggest goals that go against the normal developmental needs of babies. They suggest stretched out feeding routines, not picking up your baby as soon as they cry and that babies can sleep extended periods at night. But babies need to feed lots because their tummy is tiny and they want to be held close as human babies are vulnerable – far more so compared to lots of mammals that can walk and feed themselves shortly after birth. Waking up at night is normal too – after all, many adults wake up at night but babies need a bit more help getting back to sleep.

Ms Harries said: ‘Of course it could be that mothers who already have symptoms of anxiety and depression are more drawn to the book. However the fact that lots of mothers did not find them useful suggests that they may end up feeling even more unsure of themselves. It is easy to understand the appeal of these books if you are exhausted and worried about how often your baby is waking up but

almost half of mothers in the study ended up feeling frustrated and misled because they were unable to make the advice work. Unfortunately a fifth reported that they felt like a failure because of this. ‘

Dr Brown added ‘We must look at better ways to support new parents. We were not designed to look after babies alone but many mothers are now isolated and lonely in caring for their babies as they live so far away from family and we do not have the same community networks as we used to. Others have had to return to work, whilst still having sleepless nights, leaving them exhausted. You can see why these books become a solution but instead we should be thinking about how we can invest better in supporting mothers to have longer, better-paid maternity leave and more widely thinking about how we care for them. Mothering the mother is vital to her being able to care for her baby without being at increased risk of depression and anxiety.”

The research entitled *The association between use of infant parenting books that promote strict routines, and maternal depression, self-efficacy, and parenting confidence* is out now, published by Early Child Development and Care.

Amy is author to two infant feeding books both published by Pinter and Martin.



I NEED YOU A-Z

Editor note: This is a wonderful resource provided by the Australian Childhood Foundation, a national not-for-profit organisation. I have been lucky enough to come across some great resources recently that help strengthen ways, techniques, and the language we use to engage with parents when discussing connection, bonding and responding to baby's needs. This is just one of them... This particular outline helps parents to see the world from their babies point of view and then enable a reflection of how their own behaviour may be experienced by their infant. It's creative, insightful and empowering. Hope you enjoy reading through the A-Z of I Need You...



Accept me as I am

Accept and enjoy all the ways that I am different from you. I am unique. There is no one else like me. When you love me for who I am, I learn that I am lovable. With acceptance, I feel loved for who I am, not just for what I can do.



Comfort me when I need you

Crying is my way of telling you that I am feeling tired, sad, overwhelmed or confused. I need you to hold and soothe me, to feel your warm touch and calming voice. I will eventually learn to comfort myself through how you calm me down.



Be with me as I explore my world

Share my discovery of each new experience for the very first time. I need to know that you are happy about me exploring my world. When you support me to discover new things about my world, I feel brave. I feel good when I learn that I can do things for myself. When you allow me time to practice new skills, I feel important and respected.



Do things with me over and over again

I need to repeat each new experience many times to learn and grow strong connections in my brain. When we do things that I love over and over again - like read my favourite story, sing my favourite song, or play my favourite rhyming game - then you are helping important connections in my brain to grow stronger. I feel safe because I know what is coming next and I feel good about myself because I can do this.



A - Z understanding your baby's needs

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Enrich my day

I thrive when you share your day with me. I am happiest when I know you are close by - when I can hear your voice as you talk, read or sing to me. When I can see you as you walk or drive or work in the garden I feel calm and settled.



Hold me in your arms

Crying is my way of telling you that I am feeling tired, sad, overwhelmed or confused. I need you to hold and soothe me, to feel your warm touch and calming voice. I will eventually learn to comfort myself through how you calm me down. When you are always there for me, I learn to trust.



Follow my lead

This is how I tell you what I need - I cry, I laugh, I reach out to you with my fingers. This is how I show you when I want to engage with you and when I have had enough, when I want you to comfort me and when I want you to play, when I want to be held and when I want to be on my own. When you follow my lead, I know that you know and understand me.



Grow and change with me

I am growing incredibly quickly and changing every day. I am constantly watching, listening and learning. I need you to learn more about me as I develop and grow. As I change, I will need different things from you.



Imagine being in my world

In my first year of life, my brain is developing incredibly quickly - faster than it will ever grow again. The way I see and feel the world is constantly changing. Having you with me, as the one thing I can be sure of, really helps me feel safe.

I experience the world through my emotions and senses. I do not yet understand where I end and the world begins. It seems like whatever is happening around me, is happening to me too...and that can feel too much for me sometimes. I need you so much.



A - Z understanding your baby's needs

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Join me in my play

Smile, talk, play, sing, hold, and dance with me. I do not need expensive toys. My favourite toy is you!

Every time we have fun together, I feel good. Those good feelings help my brain to grow. When we enjoy each other our relationship gets stronger. Having fun with people who love me, gives me the message that it feels good to be with other people.



Learn my language

My first language does not have any words. I show you how I am through the way I breathe, whether or not I am making eye contact with you, the brightness of my eyes, my facial expressions, the way I hold my body. Crying is part of my language too.

It takes time to learn my language, but the more time you spend listening to and watching me, the sooner you will get to know me, and the sooner we will understand each other.



Keep me safe

I cannot protect myself. I rely on you for everything. As I grow and start exploring the world, I do not recognise danger. I need you to keep me safe. I need to feel safe in my relationship with you.



Make time for yourself

Looking after me takes a lot of time, but it is important for you to make time for you. Other adults can care for me while you do the things you like to do.

Only when you make time for yourself, can you properly take care of me.

When you feel rested and supported, you will have more energy to enjoy and take care of me.



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Nurture my relationship with you

My relationship with you helps me understand how relationships work. When you are predictable in the way you respond to me, I learn to trust and rely on people. When we have fun together, I learn that relationships feel good. When you are consistently warm and loving, I know what healthy, loving relationships feel like. I will take these experiences with me all my life.



Quieten yourself before trying to soothe and calm me

The best way to help me feel calm is for you to feel calm. I learn how to cope with stress by seeing and feeling how you do that.

Whenever you feel stressed as you care for me.....it will help me if you find a way to feel quiet...

STOP what you are doing. Feel your feet planted firmly on the ground. PAUSE and breathe in and out slowly, at least 3 times. REFLECT on what I might be feeling and what I need. THINK about how you are feeling and what you need. RESPOND to me calmly.



Organise our day

I feel safe when my world feels predictable. When our day has a rhythm and routine to it, it helps me to settle, to understand what will happen next and to trust.



Pause for a moment when you are feeling stressed

I know that sometimes it might feel hard or confusing to care for me. I am not the only one who feels tired, sad, angry or worried. At these times, I need you to pause and be aware of how you are feeling. Knowing yourself is as important as you knowing me.



Reflect on the parent you want to be

What is important to you about how you parent me? Where do your ideas about parenting come from? How do you want me to experience you as a parent? Take time to reflect on how you want to respond to me and how you want our relationship to grow.



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Share what it is like to care for me with others

It is OK to talk to others about your experience of looking after me. By talking to other parents, you realise that you are not alone. Everyone is going through similar things. You will find support when you share your own thoughts, your reactions and your feelings.

And remember, it is OK to ask for help. It can be confusing to care for me sometimes.



Turn me into me

Use your face and your voice to show me that you understand how I am feeling - whether I am happy, interested, sad, angry or frightened. When you mirror my sad or happy face, I learn that each of my feelings is important to you, and that I am important.

I do not know how to make myself feel better. I cannot calm myself down when I am upset. I need your help to do this until my brain develops the connections that allow me to do that for myself. Those connections get stronger each time you use your soothing voice, touch and movements to calm me. It helps me when you talk to me calmly about how I am feeling. It helps me when you hold me close and you are tender.



Understand what I can understand

Walk in my shoes and see the world through my eyes. I do not understand the world the way you do. I am still learning about me, you and us. I cannot link my feelings to my thoughts and my behaviour. I learn how to do this every time you help me. I need you to understand what I understand. We are part of each other.



Verbalise my feelings

When I hear you putting my feelings into words, I begin to learn that there are ways of making sense of my feelings. Words teach me that my feelings are real. The way you talk to me shows that my feelings are true. Your words give me a language to understand me and you and our family.

It does not matter if you do not always get it right. It is important that I know you are there for me and that you are trying to understand me.

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Watch, wait and wonder

I know you are really busy. My pace is slower than yours. If you go too fast, you will miss the amazing things I am doing. Make some time every day to enjoy being with me. Turn off your

phone, the TV.....and just hang out with me. When you do that you will discover so much about me! You will also discover whether I need your help to do something, or whether I need your encouragement to try to do it by myself.



Yarn with me

Talk to me and tell me stories.

I love it when we cuddle up together with a book and you point to the pictures and talk and

sing about them. It means so much to me when you make animal noises, bounce me on your knee, let me hold and chew the top corner of a book. It is so much fun when you let me help to turn the pages.

Although I do not speak or understand words when I am first born, I come to understand your language more quickly than you think. I have fun reading and learning with you. But most of all, when we do things together I feel close to you.



Explore the world with me as if it is the first time you have discovered it too!

Every smell, every sound, every texture, every sensation is brand new for me. My brain is switched on to pay attention to new experiences. In the first few months of life, I can actually notice small things that the adults around me do not see.



Zero in on my special signs that tell you when I am sleepy

My tired signs I show you are special to me. I might turn my head away from you, rub my eyes, pull or rub my ears, or yawn. Maybe I become restless, make jerky movements with my legs and arms. I might cry louder or go very quiet.

I cannot tell the difference between night and day when I am new to this world. I can only sleep when I feel safe.

ZZZZZZZZZZ

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The Art of Coaching for Childbirth: Integrating the Principles of Coaching into the Field of Birth Support

by Neri Life-Choma, MA, CD, CBE, CHT, Life Coach

Review by Tanya Strusberg

The concept of a “life coach” has been around since the early 1970s, but only really started to take off as a profession in the 1990s. Birth education has also been around for a similar length of time, but until now the two have never crossed paths. That is, until birth doula, educator and life coach Neri Life-Choma thought to combine them.

Israeli-born, but now California-based Neri Life-Choma started teaching childbirth education and practicing as a doula in 1997. A decade later she felt that birth activism had failed to convince both women and the obstetric world of the advantages of natural birth over medicalised birth. With Caesareans and other major interventions ever on the rise, it appeared that society as a whole had lost faith in what was once our natural pathway for childbirth.

Birth professionals — doulas particularly — have learned the hard way that a *companionship position* or “mothering the mother” is not enough to lead women to healthy births. Doulas, we know, experience an extremely high level of professional burnout, with many having found themselves traumatised during the



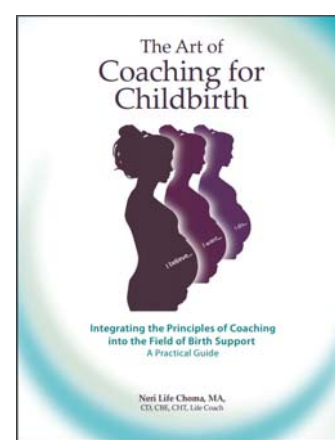
births they support and helpless in the light of the overwhelming prevalence of medicalised births and the growing rate of Caesarean surgeries.

Birth professionals, by their very nature, are passionate birth advocates and have a strong desire to effect positive change in their communities for birthing women and their families. It is this, according to Neri that makes coaching strategies that create the perfect bridge to achieve positive and powerful outcomes for both mothers and birth professionals.

According to Neri, “Coaching, by using questions rather than factual statements, can lead others to reveal their own truths and desires. Good coaching is the art of empowering and inspiring rather than teaching or correcting. It is the art of leading others to identify and fulfil their goals and visions by overcoming potential challenges along the way. Coaching is perfect for childbirth.”

The Art of Coaching for Childbirth, while compact at just over 70 pages, nonetheless packs in an incredible amount of practical information and useful tools. She has skilfully transferred classic coaching strategies and made them totally applicable to birth educators and doulas. These strategies enable us to transfer the power back to the birthing woman, encouraging her to take responsibility for her own birthing journey. Empowerment, as we know, is not something we can give another person. It is something that originates from within.

Neri has taken the classic “GROW” coaching model (Goals, Reality Check, Options, Wrap-up or Will), conceived by Graham Alexander, but which was brought into the mainstream by Sir John Whitmore and has skilfully adapted it



for childbirth. While primarily aimed at doulas or birth attendants, her *Four Domains of Coaching for Childbirth* can still be effectively used by birth educators in a class environment.

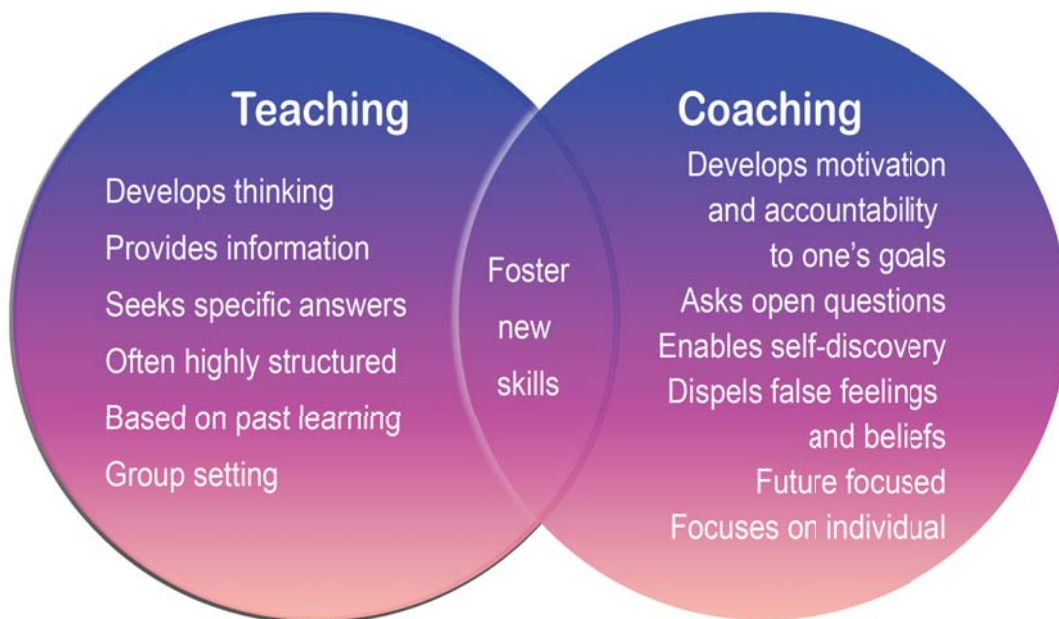
The four major domains which Neri has identified are;

1. Prenatal coaching;
2. Coaching throughout the birth experience or through pain;
3. Coaching through medical complications and interventions;
4. Coaching for a healthy closure.

As educators and doulas, we can use these domains to help our clients clarify their own goals for birth, to facilitate alignment — helping our clients to understand that a gap between their wishes and underlying beliefs might hold them back from achieving their desired birth experience.

When discussing medical complications and interventions, it is important to restate our scope of practice.





As birth educators and doulas, our role is to empower the birthing woman to;

- ❖ Seek more information (for example by using the BRAIN strategy)
- ❖ Express her questions, requests and needs to her care provider (birth plans, communication and informed decision-making)
- ❖ Adopt a positive perspective and practice flexibility, in order to let go of things she wished for which became impossible for her, and preserve everything that is still possible for her to achieve (PAL exercise — Possibility, Ability, Limitations — which Neri details in her book).

Neri's book set off some real "lightbulb" moments for me and will definitely change the way I approach topics such as fear, pain and interventions in my Lamaze childbirth classes.

The Art of Coaching for Childbirth is an innovative approach for birth professionals who are seeking practical tools and exercises to incorporate in their childbirth education classes or in their one-on-one interactions with doula clients. These tools help us to become less "teacher" and more "facilitator". They encourage us to listen more, reflect and ask strong searching questions, rather than stating and informing e.g. "evidence-based research tells us..." At the end of the day, we must remember that it is not

our birth journey; it is the individual journey of every woman we teach and support. We need to pass on the tools to enable them to have a safe, healthy and satisfying birth.

In summary, Neri's own words say it best; *"Stop telling her what is good for her. Be curious about her and learn her ways. That's how you lead her towards a healthy childbirth."*

The Art of Coaching for Childbirth: Integrating the Principles of Coaching into the Field of Birth Support by Neri Life-Choma is available from www.BirthCoachMethod.com

CONGRATULATIONS!!

Some exciting news...

During her recent trip to Washington DC, **Tanya Strusberg was inducted into the Lamaze International Board of Directors.** This is an incredible honour as she will serve this wonderful organisation for the next four years. As the first non-North American to serve on the board in Lamaze's 60-plus year history, it is such an exciting and well-deserved opportunity for Tanya.

Well done Tanya!!



Queensland Branch Rural Workshop

by Fiona McCormack, President of Queensland Branch

The Queensland Branch hosted a rural workshop early in September. Facilitators travelled from Toowoomba, Brisbane and Townsville to sunny far North Queensland. The “*Reflect, Refresh, Re-Energize*” workshop welcomed Childbirth and Parenting Educators to Cairns for a weekend aimed at strengthening skills, sharing ideas and invigorating passion. Our Secretary Annette Loadsman-Hucks welcomed us warmly at the Cairns Hospital where the workshop was held.

The weekend was kicked off by understanding how adults learn — our Vice President and State Rep Jacqui Morrison (TSV) led the discussion. Great dialogue ensued surrounding the power of language — Educators therefore have a great opportunity to inspire and empower women. Our skilled Treasurer Judy Foote



setting. Great resources produced by the not-for-profit organization Still Aware were shared, with many facilitators keen to introduce them in their work places.

We concluded our workshop with brainstorming alternative ways to utilize resources. With a smidgen of creativity, Educators can create inexpensive cards/grab bags/posters/slide show movies. It was great getting fresh ideas on using resources and we all left inspired to pull out the cardboard, glue stick and scissors.

reminded us of the importance of caring for ourselves with mindfulness. To help illustrate how easily mindfulness is, Judy led the group in mindful consumption of chocolate — highlighting how, when we place our attention fully on the experience of eating, we savour it more: noticing texture, sound, smell and taste. Once acquired, Midwives and Childbirth Educators are well equipped to promote the ability to use mindfulness in supporting good emotional health for women and their families.

Jenni Price from Toowoomba enlightened us on ways to use the Robozo, a tool that can particularly assist families in navigating a posterior labour. Participants had the opportunity to try first hand ways of utilizing the Robozo, tapping into accessible resources to assist the women and families they engage with. Much fun was had as Jenni demonstrated and encouraged us to assuming active birthing positions.

“*The Elephant in the Room: Perinatal Loss*” was thoughtfully discussed by Paula Dillion, a Perinatal Loss Educator from Brisbane. A touching session which all participants appreciated — sharing different ways of introducing and facilitating discussion within the antenatal



As President of the Queensland Branch I am extremely proud of my fellow Facilitators in a truly successful rural workshop and appreciate all the time and effort spent in preparing for a fantastic weekend.





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