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BIRTHINGS

A HOMEBIRTH ACCESS SYDNEY QUARTERLY PUBLICATION



Planned Homebirth > Hospital Transfer

Plus all our regular features, birth notices, letters, birth stories,
pictures and updates on our community activities.

www.homebirthsydney.org.au

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The views expressed in this magazine are those of the named contributors only and are not necessarily shared by Homebirth Access Sydney, its Committee or the Editors or Editorial Board of Birthings.

CONTRIBUTIONS, PHOTOS, CORRESPONDENCE

Please send to Kirrilee Heartman at editor@homebirthsydney.org.au
Photos and written submissions must be emailed. Prior notice to the Editor of your intention to submit work is appreciated.

DEADLINES FOR SUBMISSIONS

Winter 2014 No. 122 | May 2014
Spring 2014 No. 123 | August 2014
Summer 2014 No. 124 | November 2014
Autumn 2015 No. 125 | February 2015

BACK ISSUES Back issues of Birthings are like hen's teeth! But we will try to accommodate requests. Back issues cost \$4.00 – \$7.00 per issue. Postage is \$3.00 per single copy. A price for multiple copies can be arranged. The magazine is very valuable in that it contains many birth stories and information, plus give an insight into the homebirth movement and HAS activities.

CHANGE OF ADDRESS Please notify any change of address to HAS, PO Box 66, Broadway, NSW 2007 or by email to the Memberships Coordinator at: member@homebirthsydney.org.au

CONTRIBUTING TO BIRTHINGS

The strength of Birthings is all the thought provoking, inspiring and challenging writing from members of our community. To ensure that the magazine is balanced, responsive to our audience's interests and needs, and reflects the priorities of HAS, we have developed a set of contribution guidelines. We also work with an editorial board, selected by the HAS executive, to reflect the range of people in our community. The editorial board members are Maggie Lecky-Thompson, Adrienne Abulhawa, Jo Hunter and Virginia Maddock. The role of the editorial board is outlined in the guidelines below.

CONTRIBUTION GUIDELINES

Here are some guidelines for how to write your story, and what happens once you have submitted it for our consideration.

WHAT TO SUBMIT Submissions are sought on the theme of the issue as stated on the back cover of the previous issue. Your response to the theme may be in a range of formats: poetry, opinion, artistic, personal or factual.

We also welcome birth stories from members. Your birth story is a special part of your family's journey and the story of homebirth in Sydney. It is also a great gift to share with other parents, especially those preparing for the birth of their own babies.

Other submissions apart from those outlined above are also very welcome, though we may not always be able to publish them, as we often receive more submissions than we have space to print. We will get back to you as soon as possible with a response and discuss the possibilities. If you have an idea for a submission that you would like to discuss before writing fully, please feel free to send us an email with an outline. We love a good idea!

STYLE Your submission should be written in your own style. You do not need to be a professional writer or have a poetic style to give a moving and interesting account of your own experience.

Your submitted writing should be all your own work – you must not borrow or copy words written by someone else, unless they are attributed quotes of a reasonable length.

LENGTH Please write your story in the amount of words you think you need. As a guideline, most birth stories work best when they are under 1200 words. Submissions on the theme should be under 1800 words.

We may edit for length and style and so may cut your story to ensure it is appropriate for use in BIRTHINGS.

EDITING Your story will be checked by our team of editors. The intention is to retain your voice, while ensuring that grammar, spelling and other style issues are correct and of a high quality. Your story may also be cut for length (see above).

Your story may not defame any person. If the editorial team is concerned that an issue of defamation may exist, we may decline to publish your work or require the defamatory material to be removed prior to publication.

If any major editing is recommended by our editors, we will contact you for permission and return a copy of the edited material for your approval. If our standard editing procedure is applied, we will not send it for your approval.

PICTURES We encourage you to submit some high-resolution digital images with your story, especially with birth stories. Please no more than 6-8 photos per story, otherwise they will lose impact due to reduction of size to fit them in.

TERMS OF USE Please note that by submitting your story to Birthings you warrant that the content is not confidential and that you have the right to offer it for publication. You also agree that you grant Birthings the copyright permission for the purposes of publication in this magazine and on the Homebirth Access Sydney website.

EDITORIAL BOARD All stories will be put before the editorial board before publication. The board's duties include:

- Reviewing copy to ensure it reflects the priorities of HAS and the interests and needs of its members and the community,
- Supporting the editors to make editorial decisions,
- Providing a guide for the future direction of the magazine.

PROCEDURES Please provide your story as a Microsoft Word or equivalent document attached to an email and sent to Kirrilee Heartman at: editor@homebirthsydney.org.au

You will be notified immediately of receipt and contacted before publication. There is often more material than we can publish submitted for each issue of Birthings. If your story cannot be published due to space limitations we will contact you. In some cases we will ask your permission to hold a story over for a future issue.

Thank you so much for considering a contribution to Birthings. Your experiences and insights are what makes the magazine so rich and interesting, and such a valuable resource for the homebirth community.

BIRTHINGS

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Photo of Holly High and Ed Annand meeting baby Gadsby after a transfer from a planned homebirth. Photo taken by Sheryl Sidery.

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Photo of Kirrilee/Zara's placenta in a custom made 'placenta bowl', 2009

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Editorial



Welcome to the first issue of Birthings for 2014! Apologies for the last issue being so late into your letterboxes - a rather last minute opportunity for me and my family to visit an intentional community in the bush west of Bellingen meant that I was suddenly incommunicado at the very time Birthings was going through its final stages of production. Indeed, from where I was staying it was a 6km journey to the nearest payphone, and a further 25kms to mobile phone and internet reception!

So I must take this moment to send sincere thanks to the Assistant Editor Virginia, our diligent Designer Jacqui and the rest of the team for finishing and distributing the Summer 2013 edition in my absence. A few details that only I knew to check were inevitably missed in the last issue, so see the box below for the list of corrections (and apologies). Anyone who has travelled to Bellingen knows of the magical river that winds its way through that lush countryside. That river also wound its way into my heart and I can honestly say my time spent in contemplation, mostly whilst sitting in the river itself, was life changing. And so it is with much sadness that I present to you my final issue as Editor of this magazine. A little over a year ago, I rather impulsively responded to a call out for a new Editor for this magazine. I had just been through an intense year - the joy of a new baby and beautiful homebirth, followed by the fear and stress of a very sick baby and an illness that lingered on for most of the year. That year, 2012, I felt turned inside out as I nurtured and protected my baby throughout his weeks in hospital, dashing home every couple of days for a few hours' reprieve from the reality of my child's distressing illness (a severe case of whooping cough). I could never have known that joining the amazing women of HAS, getting to know more midwives and birthing women, and having the opportunity to contribute my own thoughts and ideas to the Sydney homebirth community via this magazine, would give me so much. I have been deeply touched by all the kind wishes and enquiries from this community about my little Robin's health. Now he is on the threshold of two and is strong in mind and body! I don't know how it is that I have been able to manage his health, my other part time work, the rest of my family and this magazine: I truly don't! But, sitting in that river, I knew the time had come for me to again give energy to those areas of life that were put on hold when Robin was ill: aspects of my own health, my own career and life goals, and of course my five children and husband.

I have been truly humbled by the willingness of women to send me (often times a stranger to them) their birth stories: stories that

contain the spectrum of experiences from joy to challenge to disappointment and grief. It has been an honour to have been entrusted with the sharing of these stories. I am in awe of the strength and courage that comes to the surface in birthing women, and these elements are particularly prevalent in the stories presented in this Issue's theme of Planned Homebirth > Hospital Transfer. This edition is devoted to acknowledging those women who plan a homebirth, yet end up birthing in hospital. We are so lucky to have two Australian midwives lending their wisdom and experience to our pages, writing just for Birthings: Alison Reid from QLD, who recounts her first hospital transfer as an Independent Midwife (IM), and Jane Palmer, a local Sydney homebirth midwife who explains the details of the Planned Homebirth > Hospital Transfer experience.

I am very pleased to include a thought provoking and highly researched article from doula and academic Alexandra Holloway, who examines the experiences of women who planned a homebirth but had a hospital transfer. I think her conclusions are particularly relevant for us here in Australia. And Australian Talulah Gough lends perspective and practical wisdom from her unique position as birth doula and homebirth transfer mother. It is so important to highlight the truth that a homebirth (or indeed any birth!) does not always go to plan. Reading the hospital transfer stories contained in these pages, I am struck by the strength and grace which these women display in unexpected and sometimes challenging and worrying circumstances. I hope these women feel acknowledged and supported by this community, and my wish is that this issue prompts expectant mothers to at least discuss potential outcomes with their care provider.

In this issue we also catch up with some of the homebirth groups operating in NSW in our 'HAS in the Community' page. These groups are full of fun, likeminded women and can be a great support for the homebirthing woman. We only have five birth announcements for this past quarter! I know there are many more women having babies out there! Please do

consider a birth announcement - it makes for a great memento (along with your baby's birth story!). And remember that Birthings is a community magazine...if a theme is relevant to you, or something you are interested in, then please contribute. You don't have to be a writer: you just have to have something to say! The deadline for the next issue is May 1st: all contributions to editor@homebirthsydney.org.au.

Finally, I am so pleased to introduce Lauren Manners to you all - Lauren resides in Brisbane, QLD, and is very excited to be taking the reins as Editor of Birthings. She is a doula and placenta worker, and what better theme for her first issue than 'Placenta Love'! Placentas used to be the overlooked aspect of birthing, but that is definitely not the case anymore. This issue will be in honour of the placenta, and I can't wait to see how Birthings evolves under Lauren's influence.

KIRRILEE HEARTMAN

APOLOGIES

Corrections for Issue #120.

The birth story 'A Bonnie Birth' by Louise Walton was missing the photographs. We have reprinted the entire article, with photographs, on pages 42-43 of this issue.

On the Contents Page, Brydie Pif's name was misspelled, and the author of 'The Birth of John Micah Maegraith' was written by Ali Maegraith, not Crystal Shepherd. The back page photo should have been credited to Josh Stern, and the baby's name was Noah. The photo was not of a planned homebirth. On page 23, Michelle Kennedy's name and bio was left off the end of her article: 'Home Labour, Hospital Birth'. On page 41, Ali Maegraith's name and bio was left off the end of her story: 'The Birth of John Micah Maegraith'.

We deeply apologise for these and any other mistakes which we may have overlooked.

Letters to the Editor

Dear Kirrilee,

What an incredible last edition of Birthings. So many stories that had my head nodding, a tear in my eye and my heart just that bit bigger. Homebirth after caesarean will always be an important topic to me: a topic that brings with it a multitude of emotions. Being able to read of some of those emotions and stories of others - an incredible privilege that's for sure. Thank you to the all the beautiful people for sharing them, and thank you to you and your dedicated team for getting them together.
Brydie Pereda

Your magazine is very interesting and meaningful to me, for I always introduce myself as a mother, and then everything else. Therefore, it will be an honor to contribute to the publication with my artwork.

With kind regards,
Patricia Velasquez de Mera

Thank you for a copy of the magazine. It is wonderful!
Michelle Kennedy

Dear Kirrilee,

Thank you for your energy and creativity as editor of Birthings. It has been a pleasure working with you. I wish you happiness and blessings in your life.

I look forward to working with the new editor in the next issue and welcome Lauren Manners for coming on board. I look forward to developing our new working relationship together.

I also want to thank all the people who contribute and share their stories and inspiration with the magazine. There is so much wisdom within these pages. It is always a joy to read articles of raw experience and to see such divine photos of women birthing their babies and their families in those first moments of new life on earth. It always brings tears to my eyes and puts a smile on my face.

In loving light
Jacqui Fae

Carol Flanagan
AUTHORISED CELEBRANT

Weddings
Namings
Funerals

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carol@citycelebrant.com
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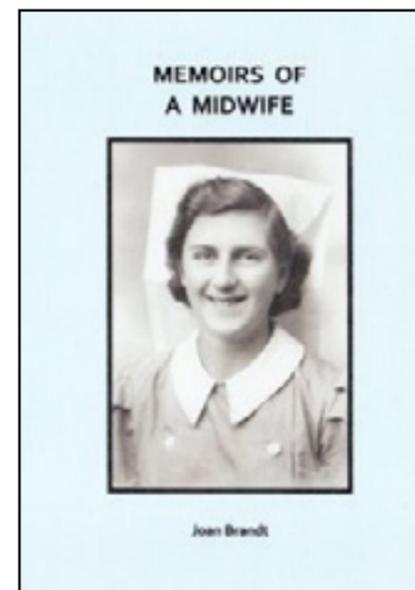
To encourage readers to write in, we now have a prize each issue for the best letter.

This issue, our prize goes to Brydie Pereda!

Brydie has won a HAS t-shirt and a copy of the book: Memoirs of a Midwife, By Joan Brandt.

Brydie we will be in touch soon.

Send your letters to: editor@homebirthsydney.org.au



Birth Announcements

Workshops with

Jane Hardwicke Collings Midwife, Author of Ten Moons - the Inner Journey of Pregnancy

Exploring, Honouring, Celebrating & Healing Our Sacred Feminine Path



Send your birth announcements with a photograph to editor@homebirthsydney.org.au

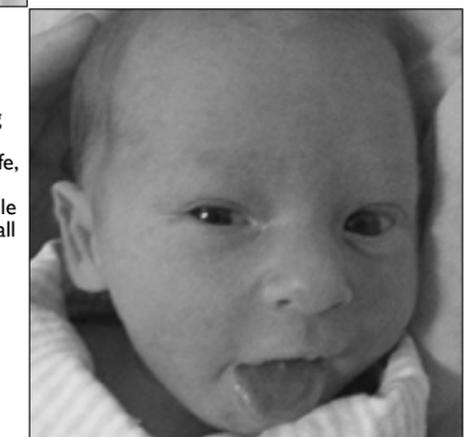


Charlotte Lauren Fillbrook, 1 January 2014 Jennifer, Anthony, Lucy and Hannah are very excited to announce the birth at home of Charlotte! Charlotte arrived in a big hurry before the midwives arrived, caught by Mummy and assisted by a very shocked Daddy. Thanks to our midwives Mel and Emma for their support and Janine for coming to help very quickly on New Years' Day. Thanks also to our doula Christy for her love and support.

Kym & Damien are ridiculously excited to have this new little perfect being named **Noah B Ocean Mengersen** become their son. Birthed beautifully into the water at home at 8:16am November 7th 2013 after a joyous peaceful pregnancy & labour. He weighed 3.85 kg with a 36cm head & 52cm long. What an incredible meeting! Heartfelt Thanks to midwife Sheryl Sidery & doula/photographer extraordinaire Amy Jean. Welcome to Such a happy little soul.



Jacob Peter McKervey
3rd Jan 2014, 4.86kg, 59cm
Our first beautiful boy! A little brother for Cora & Isla. Jake was born at home, taking his time to come, and thankfully not arriving on his due date of Christmas day! With enormous thanks to our very special midwife, Jo Hunter, who we will be forever grateful that we were introduced to 6 years ago while pregnant with our first of 3 lovely children, all born under Jo's incredible care.



Gadsby Vier Annand arrived into this world on 21st February 2014, making excited and besotted first time parents of Holly High and Ed Annand. Gadsby always has had a sense of timing and surprise, and he proved it again by coming three weeks early at Randwick Royal Hospital for Women. We were accompanied compassionately and expertly by midwife Sheryl Sidery. We would also like to thank hospital staff.



Our 5th son **Rowan Andrew Perrot** arrived on his mummy's birthday 19th January. Born at home into his daddy's hands and welcomed by his 4 big brothers, Hamish, Sam, Sunny and Jarrah. Rowan weighed 10 pound, 7 ounces. A big Thankyou to our wonderful midwife Gail Baker and special friends Maggie Andrews and Joanna Dadd, and also my own amazing parents Ken and Linda Johnson. I would like to also acknowledge the incredible support our family is receiving from our local community in Bellingen. We are feeling very nurtured and nourished whilst we enjoy these precious first week's with our beautiful new son.

2014 workshops

Pregnancy - The Inner Journey Workshop
Wednesday 5th February - Friday 7th February 2014
Venue: Southern Highlands, NSW
9:30am - 5pm daily

Moonsong Workshop
Saturday February 8th - Sunday February 9th 2014
Venue: Southern Highlands, NSW, 2576
9:30am - 5pm daily

Pregnancy - The Inner Journey Workshop
Wednesday May 14th - Friday May 16th 2014
Venue: Melbourne TBA
9:30am - 5pm daily

Moonsong Workshop
Saturday May 17th - Sunday May 18th 2014
Venue: Melbourne TBA
9:30am - 5pm daily

Pregnancy - The Inner Journey Workshop
Wednesday October 1st - Friday October 3rd 2014
Venue: Southern Highlands, NSW
9:30am - 5pm daily

Moonsong Workshop
Saturday October 4th - Sunday October 5th 2014
Venue: Southern Highlands, NSW
9:30am - 5pm daily

Women's Vision Quest
November 4th - 10th 2014
TBA

Connecting With The Shamanic Dimensions of Pregnancy
One day workshop throughout the year in various places!
930-5

Connecting With The Shamanic Dimensions of Pregnancy

One day workshop.

One day workshop for women - pregnant, planning to be or Birth Workers. Pregnancy is a portal into the sacred, spiritual and shamanic dimensions of womanhood. Using shamanic processes and ritual we will access information, insights, life lessons and healing. We will address and let go of fears, update our belief systems, connect with our baby inside, soulbaby or Inner Goddess and establish our Birth Temple in preparation for our birth.

Contact me janecollings@bigpond.com if you would like to receive my seasonal newsletter.

To book for a workshop or for further information email: bookings@moonsong.com.au



Moonsong

is a two day workshop for women from menarche onward, sitting together in a circle, reconnecting with feminine knowledge and remembering the wisdom of the cycles. Using the circle and the ever repeating cycle of menstruation, moon phases, life and Earth seasons, participants reconnect to a wisdom and inner knowing that forms the basis of the experience of being female. Practical information and creative and transformational processes over the weekend reconnect us to our inner wisdom and the magic that is the essence of female-ness - the blood mysteries, the spiritual practice of menstruation, the rites of passage of the menarche, childbirth, and menopause. Each woman receives a copy of Herstory, Thirteen Moons and Spinning Wheels.

Pregnancy - The Inner Journey

is a three day workshop for women - pregnant, planning to be pregnant, midwives and doulas. Using ritual and art to compliment information sharing we delve into understanding our fears and why we think and act the way we do. We explore the inner journey of pregnancy and come to know ourselves more fully through this process, preparing for birth and mothering from our most in-tune and empowered centre. We look deeply at the sexuality and spirituality of pregnancy, birth and mothering, learning meditation, tools for labour and beautiful rituals to perform to honour pregnancy, birth and mothering. We invoke the ancient Birth Goddesses as our foremothers did, for their guidance, nurturance, protection and support. We do what women have been doing together longer than we haven't - sit together in support of each other sharing our innate wisdom focussing on the beauty and strength of Mother. Each woman receives a copy of Ten Moons.

Committee Member Profile

Rebecca Perrin:

Distribution Coordinator.

When did you join HAS?

I joined HAS in 2009. The lovely Sonja registered me after the birth of my first baby.

Who is in your family?

My family includes my husband Mark, our gorgeous girls: Scarlet who is nearly 5 and just started school, and Poppy who is 17 months and full of mischief and lastly our patient and playful dog Indie.

What did you do before children? What have you done since children?

I have actually ended up back in the same career I was in before the girls came along and work in the Planning Team of a women's fashion retailer. Although I was lucky enough to have had a few years off when Scarlet was born and spent time with the beautiful women that make up the Blue Mountains Homebirth Group. Unfortunately after Poppy was born circumstances have demanded I go back to work fulltime.

Why Homebirth?

After hearing a lot of negativity regarding birth over the years and then in my earlier life I witnessed a large part of one of my friend's hospital birth that seem to confirm my fears, I had decided I would prefer not have children. Fortunately my husband was keen to have a family and a friend had just had a homebirth and was so positive about her experience. My husband was not sold on the homebirth idea but my friend suggested going to see "The Business of Being Born". After this Mark was on board. He has been an amazing birth support and midwife at the birth of Poppy, when circumstances led us to feeling we had no option but to free birth.



Acupuncture
Chinese Herbal Medicine
Gabriele Rummel
Keely Edwards
Lawson
Ph: 4759 3462
www.lawsonacupunctureclinic.com

New and Renewed Members

HAS would like to thank the following new and renewed Members for their support:

Helena Mooney
Philippa Robinson
Madeleine Sparks
Martina Carosi
Heidi Hodder
Jerusha Sutton
Ella Collings
Dale Bowmer
Beth Taylor
Nanda Perez
Monica Stautner
Catherine Le Meur
Anna Wheatley
Gabby Mounsey
Brooke Udale
Chrissy Grainger
Linda Knowles
Gabrielle Paterno
Nerida Hopkins-Arnold
Doris Limnos
Siobhan Garvin
Carrie Myton
Rosemary Lee
Katharina Gorka
Melanie Greblo
Deirdre Turner
Emma Isaacs
Ana Fabian
Elise Kershaw
Lucy Johnson
Kylie Salha
Alison Bradford
Heather Grima
Megan McMillan-Wise
Erin Napper
Melody Cook-Williams
Niki Read
Louise Williamson

Membership
For new memberships or renewals
please go to
www.homebirthsydney.org.au
and click on 'memberships'.

Coordinator's Report



First up to baby news. Our lovely Website Administrator Jennifer Lorance gave birth at home in record speed to her third little girl Charlotte on 1st January at 12.18pm, weighing 2.85kg. Her midwife and doula didn't make it to Charlotte's birth and Jennifer didn't get the water birth she was hoping for, but Jennifer, husband Anthony and daughters Lucy (7) and Hannah (2), are all overjoyed at their new family member. Big congratulations! We were fortunate to meet her at the last committee meeting and she is extremely cute!

In other news, I am sure most of you, if not many of you, may have heard or read about the sad state of affairs of one of Sydney's own midwives being arrested recently for trying to leave the country after being given a fine of \$6.6million for the apparent negligence which led to a baby born at home under her care having cerebral palsy. Akal Khalsa was one of this organisation's earliest members and only a couple of years ago was awarded a lifetime membership for her service to many women and babies which spanned a career of 35 years. As I wasn't at the birth and have not heard both sides of the story, I won't comment on whether she was guilty as charged or not, but I would like to say that there have been numerous cases of Obstetricians being sued for the same reasons, and they usually get off due to the fact that "Current data do not support the belief, widely held in the medical and legal communities, that birth asphyxia can be recognized reliably and specifically, or that much of CP is due to birth asphyxia." [1] In any case, we will never know! I would just like to say that we are saddened by the news and wish to offer our heartfelt support to both Akal who has been loved by many over a successful practice that has spanned decades, and to the family who must care for this child under difficult circumstances. There are never any winners in these circumstances and we hold that little boy in our hearts and minds.

The whole situation highlights the need for midwives to be able to gain the professional indemnity insurance they need, without which, homebirth with a registered midwife is threatened to become illegal in July next year (unless the government extends the exemption for insurance for the 3rd time!). I just hope that if midwives do gain an insurance product, then the insurance companies won't place restrictions on midwives from being able to support all

women, regardless of risk, especially as a large percentage of home birthing women are deemed high risk due to the circumstances surrounding previous traumatic births in hospitals, as this will change the very nature of midwifery practice. It's a double edged sword which only time will tell of the outcome....

On to committee business. I am so happy to announce that for the first time in years, we are finally fully staffed for volunteers. In the last quarter, we filled our remaining 4 positions (although in the volunteer not-for-profit organisation business, I have learned to never rest on your laurels, as things can and do happen with volunteers at any moment!).

With a little arm twisting whilst sitting in the Petersham public pool at the Inner West Homebirth Group Christmas party, our Media Watch collar and meetings host Naomi Homel agreed to be my Assistant Coordinator - a position which had gone vacant for about 2 years! Thanks for widening your volunteer repertoire for us Naomi. I look forward to working with you and hope to the goddess that things don't get so busy that I will need you too much ('coz usually being busy in this position means political crap to fight against, and we don't want that now do we?).

We are also pleased to announce that we have found a new Birthings editor: Lauren Manners, who is from Brisbane and is also the editor for the bi-yearly Homebirth Queensland magazine 'Down To Birth'. Lauren is a Facebook buddy of mine who I will finally get to meet in person at the Homebirth Australia conference in late March (more about that later). A big welcome to the team Lauren. I look forward to seeing how you shape the magazine to your own flavour. I will be continuing in my role as Assistant Editor. But it's a double edged sword in that Kirrilee will be leaving this role, so we sadly farewell her after this, her last issue. Kirrilee you've done a brilliant job and have continued to improve with each issue over the past year. I hope you continue to help us in some way when you recalibrate and find your groove again.

And then after much begging, pleading and passive aggressive posts on the HAS Facebook page, we finally filled the Advertising Coordinator position so that after numerous false starts, Laurel Cook could retire. Again farewell and thanks so much to Laurel. And welcome to Scarlett McNamara, formerly

Jacqui McNamara. (Those Jane Hardwicke-Collings Shamanic Midwifery courses have a lovely habit of causing beautiful transformations in women, with the side effect of name changes!). Scarlett is formerly from Sydney, but now resides in Brisbane. If anyone has a suitably relevant business which would appeal to expectant or new Mums and Dads, please get in touch with Scarlett so we can help each other out by advertising your business in return for you helping out with our running and printing costs.

Around the same time, we also filled the second Event Coordinator position, to share with Holly Priddis. We welcome aboard Janine O'Brien. I am hoping we can host some great events this year and beyond - stay tuned for some exciting announcements to come, and get ready to get involved.

One event which you wouldn't want to miss is the Homebirth Australia Conference on the 22nd - 23rd March in Brisbane, with the theme 'Homebirth - Own Birth' (which is the quote we just happen to have on our HAS stickers!). HAS will be having a stall to sell merchandise and it will be womaned by myself, Nadine Fragos, Naomi Homel and Amantha McGuinness over the 2 days. If you're coming please come up, introduce yourself and say hi. It's always lovely to meet our members. I cannot wait to be there and see old friends and new. Some people I only ever see at these annual conferences!

Until then, or until next time, enjoy this Autumn issue of Birthings. I cannot wait to read the articles and stories of this debut theme of 'Planned homebirth > Hospital Transfer'.

~ Virginia Maddock.

1. <http://onlinelibrary.wiley.com/doi/10.1111/dmcn.12016/abstract>

Heart To Heart



1. 2. 2014

Birthing Poem for Levi Caeden Campbell

The Twitching Hour Has Begun...

The Seas are becoming a Lively Liquid Jade,
Rocking the Great Mother Ship as She begins to Foam.
Restless be "She", Grand and Full of Grace,
Dreamy are my Daughter's Eyes the Deeper that She Dives.
Mother and Child dance with this inner Miracle,
Tirelessly they must ride a Wilderness of Currants
To Behold each other's Face.

"She" Beautifully Radiant, Bravely heading for the Foaming Spray!
The Dawn - not far away.

They are Adrift with the Forces Primordial,
She shall not Return Sail 'n Raise Her Wind Swept Gaze,
Till this Rapture of Forces have had Their Way.
The Bed Sheets a Tangle of Red 'n White Bubbles,
The Ocean Waters Pink with the "Push of Love!"
He has Come Perfect and Fresh Baked!
Joy to the Fishes in the Deep Blue Sea ... Joy to Me...

by "Nanma" Kavi Tree

Birth Of A Child Painting by Patricia Velasquez de Mera



This particular image was created in New Orleans, Louisiana, and it was done at the beginning of my career as a painter. It represents the sacred exercise of motherhood, the catharsis of becoming part of the landscape as I gave birth to my first child, Roberto. To highlight the contrast between his role and mine over the planet since his birth, I used a different colour for his head in relation to the rest of the picture. As I am on my knees praying for a healthy life for my son, I also offer my body in exchange for his wellbeing. The flames on my tummy represent the exchange of warmth between me and my child, one that will stay on forever. Also on my abdomen are some subtle drawings of faces, they are not as visible for they constitute the genes that I have transmitted to Roberto. On the side of the picture you see the father of the child, his image barely there, for he too, becomes now part of the landscape, but he is vigilant and elated with the extraordinary event. The head of the child rests on rocks for I wanted for him a solid surface to land safely. Symbolically, it is dark on the picture,

even though my son was born during the morning, for it is only in darkness that we are capable of appreciating the light of life. Patricia Velásquez de Mera (1951), Ecuadorean-American author and artist, was born in Guayaquil, the most populated and largest city of Ecuador. She belongs to a family of intellectuals, lawyers, journalists, and politicians. In painting, she specializes in women portraits, maternal, and family scenes, as well as in surreal poetic subject matter.

Velásquez de Mera is known as The Painter of Clowns for her tendency to represent these characters in ordinary tasks. She started her career as a Fine Artist in New Orleans, at age 45, at Delgado College. She has developed her own drawing and painting technique and style. Patricia calls her atelier her "urban cave", for she lives isolated from all mundane activities.

She studied Library Science at Guayaquil University. As a Librarian she worked for many institutions in her home town, and was the Director of the Library of National

Institute of Hygiene and Tropical Medicine. She worked for EL TELEGRAFO, the second oldest South America newspaper, VISTAZO magazine, with the largest circulation in Ecuador. UNIVERSITY OF GUAYAQUIL, and for other institutions and organizations. As a Poet, she has published two books and maintains a blog with her literary work and her fine art production. She also published a novel in 1996. Patricia dedicates her life to her family. She works as a Translator and spends long hours immersed in her passion for painting and philosophical writing. She has been called a Renaissance Woman, but prefers to be introduced first as a mother before everything else. In general, she describes her creative work as a prayer of humanism. Patricia Velásquez de Mera lives in Raleigh, NC, USA. She is married, has three children and three grandchildren.

<http://patriciavelasquezdemera.blogspot.com/> <http://fineartamerica.com/profiles/patricia-velasquez-de-mera.html>

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On Homebirth Transfers: Interview with Independent Midwife Jane Palmer

What are the most common reasons that women transfer to hospital?

The most common reason a woman transfers into hospital after a planned homebirth is because her labour goes on and on and she becomes exhausted. Lots of strategies can be tried at home to help facilitate labour and combat exhaustion, however even with the best tools sometimes a trip in hospital is required. Women expecting their first baby are more likely to transfer into hospital than women who've given birth vaginally before.

Other common reasons that may require a transfer into hospital include:

- Concerns with blood pressure
- Changes in the baby's heart rate patterns
- Meconium in the waters
- Bleeding during labour
- Significant bleeding after the birth
- Problems with the birth of the placenta
- Problems with the baby after birth

What percentage of your clients transfer?

The percentage of my clients that transfer from a home birth fluctuates. Because a private midwife sees low numbers of women, a couple of transfers close together increase the transfer rate significantly and conversely a run of homebirths lowers it significantly. Over the years my transfer rate has fluctuated between 10 to 18 percent.

Do women have to transfer? What is the private midwife's role in this?

Women have the choice of whether or not to transfer into hospital. It is important for women to be as informed as possible before making the decision about whether or not to transfer into hospital. Some situations are an emergency so time may be of the essence. So in an emergency it can be more difficult to be well informed. A private midwife's role is to provide the woman and her family information about what is occurring and what are the options open to her. A private midwife provides guidance in situations that require transfer and may provide her informed opinion on which course of action she feels is most appropriate. Private midwives are expected to be guided by the Australian College of Midwives Guidelines for Consultation and Referral.

What is the journey to hospital like?

The experience of the journey to hospital depends on the situation at hand. If something has occurred early in labour that isn't an emergency, the trip is in the car and there isn't a need to rush the trip so it is usually not

such a big deal. However a trip into hospital either by car or ambulance late in labour can range from being very uncomfortable to distressing. If there is an emergency an ambulance is generally required. One of the main advantages of an ambulance is the ability to move through heavy traffic much more easily, a particular plus if you need to go through peak hour traffic.

How quickly does help arrive at hospital?

When a woman transfers into hospital the midwife will call ahead and speak with the hospital so they are aware that a transfer is occurring. This enables hospital staff to get things ready at their end and so that they are aware of what is occurring ahead of time. My experience is if there is a real emergency the staff are ready and waiting when we arrive. If the situation is not an emergency the time to be seen depends on how busy the particular birth unit is at the time of the transfer. Sometimes there is a delay in being seen but this is not common.

What is the role of a private midwife in NSW when she goes with a HB client to hospital? Does there have to be a 'shared care' arrangement in place?

This is a really controversial area. As midwives we are required by our registration to be covered by professional indemnity insurance. Currently as we can't get professional indemnity insurance for homebirths we have an exemption from this requirement. However once a woman transfers into a public hospital as a public patient we are no longer covered by insurance and the exemption no longer stands, so if we continue to attend as a midwife we are in breach of our registration. The sanctioned role is that we handover to midwifery and/or medical staff at the hospital and cease to provide care. This is an untenable situation for both the woman and the midwife. Ways around this include:

- Getting visiting rights. No one in NSW currently has visiting rights but this is hopefully changing very soon.
- Having a private obstetrician provide back up so that if the woman transfers into hospital as a private patient the midwife can continue providing midwifery care. This option is only valid if the midwife has MIGA professional indemnity insurance (the only insurance that provides professional indemnity insurance for birth in hospital)
- Having a relationship with the hospital that permits the midwife to be put on staff to continue caring for the woman after the transfer.

However these situations are not easily achieved. In most circumstances the midwife must give up her official role as a midwife and

if she stays she becomes a 'support person'.

What are the challenges women face when they transfer?

Thankfully many transfers are met with welcoming staff and a positive experience ensues. However this is not always the case and a homebirth transfer can be met with hostility from hospital staff who do not welcome it when a woman and her team make decisions contrary to their advice. The midwife and the woman's support team are critical in protecting the woman and supporting her wishes. A suggestion to make the transfer smoother is to ask for the information from the hospital staff about what they see as the best way forward and then ask them to give some time so a decision can be made without pressure being applied. A BRAIN analysis can help when trying to reach a decision. Think about the benefits and the risks attached to the intervention being suggested. Explore if there are there any alternatives to the suggested intervention that are acceptable. Explore what your instinct telling you. Think about what will happen if you do nothing.

How do women cope with the unexpected outcome of their birth? From your perspective, does having a private midwife make a difference in this?

I find most women cope well with the unexpected outcome of their birth if they have been involved in the decision making process throughout the whole experience. If a woman feels rushed, pushed, not respected or listened to her perception of the birth will usually be very negative. Post-traumatic stress syndrome can occur following a traumatic birth. Having a private midwife enables women to have access to continuous support, lots of information to make informed decisions and having someone who knows the woman's wishes intricately and helps facilitate the best birth outcome given the circumstances at hand. A private midwife can lessen the chance of the birth being traumatic.

Once the birth has occurred the private midwife has a very important role, that of birth debriefing. The private midwife can help the woman explore her birth experience, explore the positives and negatives, to work out what could have been done differently and to be there simply to listen. A private midwife can help to work through an unexpected outcome and to help the woman feel at peace with her birth.

Jane Palmer is a Privately Practising Midwife and Lactation Consultant practising in Sydney. She runs the Pregnancy, Birth and Beyond health centre in North Parramatta, a website by the same name, and hosts monthly get togethers for home birthing women. www.pregnancy.com.au.

Holding The Sacred Birthing Space

In 2005 I was preparing for my second birth, first homebirth. After my first child's birth two years previously, we had decided home was for us!

For my first child, we were supposed to birth in the Birthing Centre, but on the night I was in labour, the Centre was closed and we had to go to the labour ward.

There were many things that happened in the labour ward that we were not prepared for, like a midwife we had never met, directed pushing (chin to chest stuff), immediate cutting of cord, and taking the baby for checks away from me on the trolley, and then we had the experience of them taking my baby away to the NICU because his breathing was 'tacky'. I was not allowed to join him until I had eaten some toast, had some tea, and had a shower.

Being a first time mum, and a first time patient in hospital I wasn't sure of my rights or entitlements. By the time I got down to the NICU he was hooked up to a dextrose drip, antibiotics and in an oxygen bed. They had taken bloods and done a swab.

Though his breathing soon became normal, they insisted he stay there for four days until the culture came back to be sure he didn't have an infection.

For four days I sat by him as much as I could, I wasn't "allowed" to breast feed for two days, so I was desperately trying to express for him to be fed by a syringe.

After the four days, the culture came back all clear. He didn't have an infection and we could go home.

I felt afterwards that perhaps if his entry into the world had been calmer, dim lighting, gentle pushes, better positioning, cord left to pulsate and staying on my chest skin to skin, the breathing distress may not have happened. Thus, our decision to birth at home next time.

This birth experience was also the reason I did my doula training, to help other parents navigate the world of birthing in hospital.

So, we prepared for the birth of our second child. I felt that it was going to be a relatively



easy birth, as was my first, and I felt that maybe if we had a calm environment and the support we wanted, we wouldn't have the complication we did with my first birth.

We had a midwife and two doulas. The birth was fast and amazing, perfect.

Then, baby boy didn't really ever breathe that well, he was grunting and having trouble, he tried to breastfeed but just couldn't relax into his breathing enough to be able to feed. This was a very different breathing distress to my first born, it was clear and worrying. He turned blue.

We transferred to hospital.

What followed was traumatic, distressing and required every bit of strength I had to maintain my place as his mother in the high tech world of the NICU. He recovered in four days and was perfectly normal, they never discovered what the problem was, and as a family we were quite battered by the whole experience.

I was grateful for my experience with my first son, and was much more prepared for what was involved in the NICU, as well with my doula training and knowledge under my belt, I had a much better sense of my rights and place as his mother, but it still could have been better.

I have since worked with families as a doula and Shamanic Midwife in transfer situations and have learned there are some easy things to have in place in a homebirth birth plan that can really help if a transfer is required. And of course I have some tips from my own experience.

I know thinking about hospital is the last thing you want to do when planning your gorgeous homebirth, and chances are you will never have to use it, but you will be so grateful you did it if you do need to transfer.

In meetings with a midwife, talk about transfer. Ask them their experiences with transfer; do they have any suggestions? Which hospital would they go to? Then find out about that hospital's protocols for birthing women, find out about their NICU, and policies for the mother of a baby that is admitted. For example, if you have birthed at home and have to bring the baby in, there may be issues with allowing the mother to be given a bed at the hospital as she is not a patient. It would be great if the Midwife can help with these enquiries, and she may just have all the answers!

My next tip may sound biased... but I truly believe that even at a homebirth parents still really need a doula!

As well as being awesome at homebirths with all of the practicalities and support, doulas are so important in a transfer situation. The midwife is doing her job of caring for mother and baby. The doula can support the partner, other children if they have them, and manage the practicalities that can really help a transferred birth feel held and sacred.

In my case I had two doulas, which turned out to be perfect, as one came with us to the hospital and the other cared for my two year old for the whole day until my partner could return home.

When arriving at hospital during a transfer the midwife has the responsibility of doing the handover of information to the caregivers at the hospital. The doula can be with the birthing woman and partner and can prepare the new space for them. Or if the baby is born and needing help, the doula can stay with them.

Entering a NICU in an emergency situation is an overwhelming experience, the calm presence of a doula can be very reassuring. She can help with the masses of information they would be processing and the system they would now be negotiating.

As well as the NICU scenario, there are many reasons why a transfer might happen. For example, if the birthing woman transfers during labour and continues to labour and birth at hospital, it is wonderful to have comfort items from home to help her settle in and claim the space.

Things like a special blanket, pillow, food and drinks from home, an item from her

During A Hospital Transfer



Birthing Altar, oils and sprays, homeopathics etcetera, all help the woman to feel safer. They also help her to feel that it is still her birth. It is not a failed homebirth because of the change of venue. A doula can know ahead of time what items would be needed and quickly gather them if a transfer is imminent.

Once in the birthing room, the midwife can no longer do any of the medical checks, but it is so good to have her to ask advice on any medical procedures that are being advised, and she can continue her supportive role and sometimes even her role as midwife (in a hands-off manner, which is pretty much what a homebirth midwife does anyway) as much as the particular hospital allows. She also knows her client's preferences as far as Syntocinon injection for third stage, Vitamin K and Hepatitis B injections for the baby, etcetera, which is helpful when dealing with new care givers.

In the case of an emergency Caesarean, the homebirth midwife may or may not be allowed into the theatre, but she is still a great support in advocating for the couple to have the things that they desired for their birth in this new situation. These things might include lotus birth, delayed cord clamping and cutting, baby rooming-in with Mum in recovery etc. These things are much more likely to be approved if they have been thought about before hand and put into a birth plan.

As a midwife or doula working with clients in homebirth transfers we can do so much to help them stay centered and focused on their birthing experience in this new environment.

One of the main ways is to keep them fully informed of all that is going on, explaining what has been said, and within what is being asked of them, tell them their choices, remind them they need to give their consent and to ask for time if they are feeling unsure about a procedure or course of action.

When a baby is in the NICU it is so important to support the mother to remain with her baby, to be part of the care, and to have her, her partners, or close friend or relatives hands on the baby at all times.

It is very easy for parents to feel in the way and like they don't know what is best for their baby right now because they can't provide everything they need. This causes a break in the mother-baby bond that takes time to

repair. I actually felt like I couldn't mother my son until we were home. Our bonding was suspended in time, waiting til we could be together again.

The doula and midwife can help their clients find out about the schedule in the NICU to help them to be part of all that and to be there for their baby during these times. For example, when do they do observations and rounds? When do they change nappies and take bloods? Supporting the Mums to be there will aid the quicker recovery of their baby.

Of course this is harder over long periods of time, but in the initial days it is crucial to nurture this bond.

The reception of homebirth-transferred women into hospital varies from institution to institution. There was a very big difference in how I was received as a patient of the hospital and as a transferred homebirth. My reception was not particularly great as a homebirth transfer, but was helped by a few of the NICU staff having been taught by my midwife at UNI.

It really helps to have your own team, people that you trust and that you chose to support you through your birth. It is still your birth, just a different venue!

And of course, we give great thanks for these facilities being available to us and our babies when we need them. Though it was not a dream experience for us, we trust in the divine plan of our little man's entrance to this world. In small ways I can see why this start in life was part of his story.

For myself, I can see that my first experience of the NICU was the motivation for becoming a doula, educating myself and being better prepared for the second, more serious experience of transferring to hospital and baby being in the NICU.



As well as being present for other families requiring special care for their babies or homebirth transfer I can share the helpful pieces I have learned along the way and promoting the mother-baby bond in a situation where it is sometimes put on hold until they are well enough to go home.

These small measures can make all the difference to a transferring birthing couple and to the mother-baby bond that develops after birth.

I had my third and fourth baby girls at home, with no complications. Perfect, happy, safe, homebirths.

Blessed be!

Talulah Gough is a homebirth Mama of four beautiful children and wife of her very man.

She is a Teacher of the Four Seasons Journey, and the Dreamer at the School of Shamanic Midwifery.

Talulah holds Moon Circle workshops for Maidens and Mothers, and Medicine Drum Making workshops for Women around Australia.

She supports families during pregnancy and birth as a doula, Child Birth Educator and Shamanic Midwife, and writes her blog Making Sacred- sharing her journey and discoveries as Woman, Mother and Shamanic Midwife.



How Homebirth Transfer Affects Mothers

Homebirths account for just a small percentage of all births in the US: 0.59% of births happen at home. Interestingly, this number increased by 5% between 1990 and 2005, which we could call a surge in homebirths [1]!

Besides homebirths being more satisfying for women [7], one of the main reasons some women choose a planned homebirth over a hospital-based delivery is because both mothers and babies have better outcomes. The caesarean section rate in homebirths is around 4%, compared to over 30% nationwide [4]. Mothers have fewer interventions, including episiotomy (a surgical cut to open the vagina), and babies die less often [2].

There is no way to sugar-coat that. Babies born at home die less often -- because of the lack of unnecessary interventions. One meta-analysis found that the neonatal mortality rate tripled in planned homebirths versus hospital births, and attributed the better outcomes for babies to the decrease in interventions [2].

Not all mothers that plan to deliver at home end up doing so. For a variety of reasons, a transfer to a hospital may be necessary or preferable during or after childbirth. Sometimes the reason for transfer is maternal exhaustion -- labour takes a very long time and the mother is too tired to go on. Sometimes there are negative health signs with the baby -- heart rate decelerations, or meconium in the amniotic fluid. Rarely, the transfer is caused by something more grave. Usually, the decision to transfer from the home to the hospital rests on the midwife. In the US, the transfer rate is around 12.1% [4].

But how does a woman, who planned to deliver at home, who spent months preparing for her natural birth within the safety and comfort of her home, who anticipated an intimate experience, feel about a transfer to a hospital? Anecdotal evidence hints that something is missing from the birth experience. Does the mother blame herself

for failing to deliver a baby at home? Does the blame later shift to her midwife, for letting her down? Is she grateful for being able to spend even part of her labour at home [6]?

We turn to science for an answer.

Is homebirth transfer traumatic?

Let's take a look at the Netherlands, where the homebirth rate is much higher than the US: In one study, over 38% of first-time moms and 67% of repeat mothers delivered at home (recall that the US average has risen to under 1%) [3]. For the first-time moms, 40% of the planned homebirths ended up transferring to the hospital at some point during birth or shortly thereafter; and 11% of repeat moms transferred to the hospital (compared to 12.1% of home-birthing mothers in the US, both first-time and otherwise). The Netherlands data is summarized in the table below.

	First-time mother	Repeat mother
Planned homebirth	38%	67%
Transfer to hospital	40%	11%

The women in this study rated their birth experience, their midwife, and their immediate postpartum days by marking agreement with specific adjectives on a five-point scale (where 1 is strongly agree and 5 is strongly disagree). The conclusion from this study?

Our research showed, contrary to expectations, that an unplanned transfer from a planned home birth to hospital has little influence on the experience of childbirth [3].

Let's look at Sweden.

In Sweden, homebirths are rare -- as rare as in the US -- that is, less than 0.1%. In Lindgren, et al.'s study [5], the homebirth transfer rate was 25% for first-time mothers -- that is, one in four women that plan a homebirth end up in the hospital (much better than the 40% rate in the Netherlands). The most common reasons women transfer to the hospital are "lack of progress" and (this was surprising to me) the midwife being unavailable for the mother during labour.

The exciting conclusion in Sweden:

Being transferred during a planned home birth negatively affects the birth experience [5].

Looking elsewhere, we find agreement:

Women who are referred to the hospital while planning for a home birth are less satisfied than women who planned to give birth in hospital and did. A referral has a greater negative impact on satisfaction for Dutch women [than for Belgian women] [7].

In fact, the Swedish study found that women really hated and resented their homebirth transfer experiences, as visualized (by me, from Lindgren's data) by the graphs shown below in Figure 1 and Figure 2. In these graphs, the blue line indicates a "very satisfied" response and the red line is anything less than "very satisfied." The thing to take away from these graphs is the area inside the red line. A large red area is bad. In the homebirth without transfer case, you can see that women were more likely to be "very satisfied" with all aspects of their birth (except for being in control -- but can you really control birth?). In the homebirth transfer case, women were more likely to be less than satisfied with everything except partner support and the midwife making the partner involved.

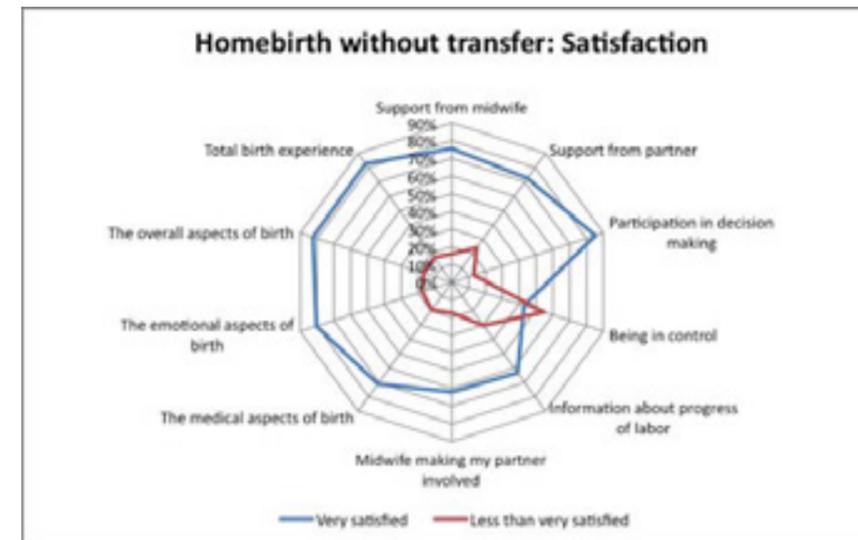


Figure 1. Satisfaction among Swedish women regarding their homebirth experience [5].

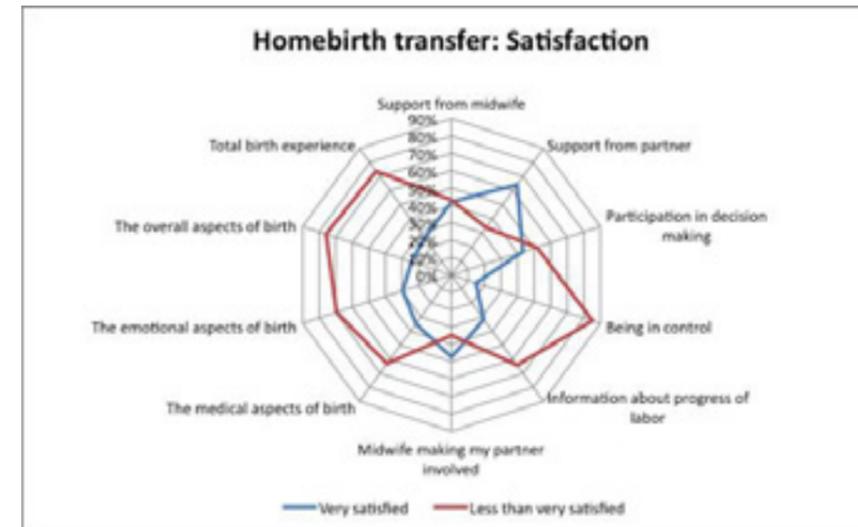


Figure 2. Satisfaction among Swedish women that planned a homebirth but transferred to the hospital during or as a consequence of childbirth [5].

Homebirth: Forbidden fruit

Could it be, then, that in places where homebirth is rare, women place undue emphasis on the location of birth? Could it be that birthing at home becomes kind of a holy grail that women strive for? It is so rare in the US and Sweden that it is like a forbidden fruit. We hear and read so much about its beauty that we -- that is, those women that yearn for homebirth -- strive for it and are crushed when we do not get it.

Consider another birth outcome some women consider traumatic: the caesarean section. One thing that childbirth educators did to make the prevalence of the c-section more palatable and less scary is to demystify it. In childbirth education classes, c-section is presented as a possible birth outcome -- a real possibility. In a good prenatal education class, analgesia, surgical procedures, and postpartum recovery will be discussed in detail. When you think about it, this is a really good idea, because one in three people in the classroom will have this surgery, whether or not they planned for it.

It may be that one of the things that makes homebirth transfer an emotionally crushing outcome is that it is still an unknown evil. So why not demystify the

homebirth transfer? Describe it in detail for women and their birth partners to take in: causes, procedures, outcomes. The Wiegers study made this interesting note: It seems more important ... to reduce the fear of unplanned [homebirth to hospital] transfer, especially among nulliparas, than to advise women to choose a hospital birth in order to avoid such transfer [3].

Interesting because this is the only study that I found that did not result in negative emotions in the mothers resulting from homebirth transfer. Maybe in the Netherlands they drill the transfer as much as we (ought to) drill the c-section?

Lindgren had a different conclusion: Treatments as well as organizational factors are considered to be obstacles for a positive birth experience when transfer is needed. Established links between the home birth setting and the hospital might enhance the opportunity for a positive birth experience irrespective of where the birth is completed [5].

In fact, in the Sweden study, one of the main reasons women were unhappy with the hospital setting was because everyone was so dang mean to them -- possibly for choosing a homebirth to begin with. They found that

doctors -- obstetricians, general practice physicians -- simply do not understand what a midwife does in the home and why she should continue to be useful even after a transfer. Maybe the homebirth transfer education should start with the hospital.

Did my midwife fail me?

I do not know. But I do know that everywhere around the world where homebirth is rare, homebirth transfer to a hospital carries with it a negative weight. In the Sweden study, half of the women that underwent homebirth transfer were less than satisfied with their midwife's support, compared to over three-fourths (76%) of those that stayed home. Not surprising when you consider that the #2 reason for transfer is because the midwife simply could not come to the birth [5].

Conclusion

There are three ways to fix the problem of the negative affect of homebirth transfer.

1. Teach hospital staff about homebirth transfers. Drill it, demystify it. Emphasize that a transfer is not the mother's fault; it is not the midwife's fault. These things just happen.
2. Teach mothers that plan for homebirth about homebirth transfer. I mean, really drill it. It is a real possibility and a mother should know the routine. Drill it, demystify it. Encourage that a transfer is not her fault.
3. Encourage homebirths. There is reason to believe that, when the overall percentage of women that plan for a homebirth is large, a transfer to the hospital is no big deal -- possibly because the hospital staff know what to expect from a woman and her support team, and how to best help.

Given our surge in national homebirth rates (still under 1%, but we do our best), you would think we would be quick to implement these items.

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Home Birth Transfer To Hospital

I have been midwife for fifteen years, most of them working in a busy city maternity hospital. For ten years before that I had been a helper at many home births (we didn't really use the term "doula" back then) and had had a wonderful home birth with my last child, which spurred me on to do midwifery myself. When families who had planned a home birth had decided to transfer in, I would be delegated to look after them as I was considered almost as "hippy" as they were. There was a lot of sneering and blaming and I used to cringe when the women (who were generally pretty stressed by transferring) overheard it. I thought that things would surely have improved by the time I decided to give up working at the hospital and followed a new path as an independent midwife.

I knew that the time would come when I would face my first transfer, but wasn't too worried. Most of my clients were also booked into the hospital I had worked at; I knew many of the staff there and assumed that they liked and trusted me. What a shock I got the first time I transferred a client into the hospital! The mother had been doing well at home (despite a partner who did not particularly support her choice to birth at home) but her baby was taking his time, she had been vomiting for quite a while and, in my view, was in danger of becoming dehydrated. After a vaginal examination (which I rarely do) it appeared that there was no real progress and she expressed the desire to transfer for some pain relief, and I felt that IV fluids would help her to re-hydrate. We had a long discussion about what she wished regarding interventions (the baby was doing absolutely fine), and her goal was to get some rest (probably with help of an epidural) and then to press on to birth her baby. I had to tell her that, once she had an epidural, she could not return home until after the baby was born. (She had sort of been hoping that a rest and rehydration might enable her to complete the birth at home.)

We arrived at hospital, having rung beforehand to warn them, and were ushered into an exam room.

The midwife who saw us was someone I didn't actually know and I explained why we were there and what the mother's wishes were. She curled her lip and walked out and we didn't see her again for an hour! I monitored the baby and mother which I wasn't really supposed to do, not being a member of staff any longer, and a couple of times went outside to ask them how we were getting on with getting her a birthing room and some pain relief. I was ignored again and again. At that point I was still being the friendly colleague, not wanting to antagonise anyone. Meanwhile the mother was still contracting and vomiting and becoming very distressed. Finally the original midwife came in again and insisted on doing a VE which showed the same result as the one I had done earlier. By this time there was some light meconium on her pad and the midwife decided that this was the reason we had come in. She would not believe me that this was the first sign of it during the labour! The nicest person was the registrar who came to site the IV for fluids. She was interested in the mother's reasons for choosing home birth and was very respectful.

Two and a half hours after our arrival we were finally taken to birth suite, where the midwife assigned to us was someone I knew very well. I had mentored her as a student, when I still worked there, but I was aware she was not much in favour of natural birth (having had an elective Caesarean for her own baby a couple of years before). We explained the plan, emphasising that the mother basically wanted an epidural and some rest but that was all. "You have to have a drip to speed up your labour too - because with the epidural, your labour will go off the boil!" stated the midwife. The mother wanted to wait and see how it was before she consented to that, because she very much wanted to try to birth the baby under her own steam. The midwife looked down her nose at the mother and said "You need to understand that the most important thing is a live baby, not your wish for a particular kind of birth - there has been meconium, you know". I was

flabbergasted! But, to my shame, I said nothing. She then started ordering me to fetch this and that for the anaesthetist to do the epidural. "You've worked here, you know the drill!" she said. I told her that I was here for the family and that I did not think I should be pretending I was on staff. She favoured me with an eye-roll and said, "Oh well, you can go home because we've got her now".

The epidural was started; the Syntocinon infusion went up (with the mother's reluctant consent - which, of course, is not really consent at all), the vomiting eased off and the mother and father both settled down to have a sleep. I hadn't slept for nearly 48 hours myself (there had been a lot of stressful stuff going on in my life that particular weekend in addition to the long labour), so I went home at 2 a.m., asking the father to call me immediately when they wanted me back at the hospital

(I lived quite close). The father rang me at 5 a.m. to say that there was now thicker meconium (baby was not distressed though), that her dilatation had not progressed from the previous VE, and that they were recommending a Caesarean. I was terribly disappointed for her, but we had discussed the possibility of this happening. As it turned out later, she was fairly OK with having had a Caesarean, and the father was frankly pleased about it (he came from a culture where well-off women usually had elective Caesareans!). But we all felt that she was treated punitively both in labour and on the postnatal ward (no breast-feeding or parent-craft help to speak of) and we got her home as soon as possible where I could look after her again, where she did very well in caring for her baby.

Are you interested in any of the following?



- Natural birth
- Breastfeeding
- Babywearing
- Co-sleeping or gentle sleep methods
- Cloth nappies or elimination communication
- Connected parenting of toddlers and older children
- Natural parenting or attachment parenting

Then here's a group for you with local meet-ups and playdates, an online support forum, recommendations for books and resources, and much more!

Sydney Attachment Parenting

Local meetups and online support
<http://groups.yahoo.com/group/Sydneyattachmentparenting/>

Information and resources
www.attachmentparentingaustralia.com

Also find us on Facebook
"Sydney Attachment Parenting"



- A Midwife's Experience

The point of this story is to reflect on what I have learned from this experience. Firstly, I am not there to be the little friend and co-conspirator of the staff. My client is the one to whom I owe my allegiance and, while I certainly don't think being rude helps, I will never again stand mutely by while my client's wishes and choices get trashed. The outcome of this transfer was unfortunately, in my opinion, fairly predictable. When a mother is exhausted, not seeing any progress, vomiting and becoming afraid, the interventions on offer will often lead to further interventions, frequently culminating in surgical birth. As it happens, I don't think I realised just how "not on the same page" the mother and father were. Would this stop me looking after another similar couple? No, but I have now seen this enough times to know that an unwilling partner may not be much help to the mother when a birth does not follow the expected path. Often when couples transfer, a confident and protective partner can advocate for the mother if the hospital staff are not listening to their midwife.

So I need to educate them thoroughly about all possible scenarios that could play out if we transfer, without unnecessarily alarming them.

I also learned that, no matter what we independent midwives do, it may never be enough. I had liaised with the hospital, sent in her history and blood results, encouraged her to go to the obstetric booking - in visit (these are no longer required) etc. But at the end of the day, we were still treated like pariahs. I have taken to having with me written references for the evidence for various things that the mother wants, because many hospital staff are simply unaware of the evidence for such things as delayed cord clamping and physiological third stage, for example. I have not yet been in the position where I needed to remind hospital staff about assault or negligence, but I know midwives who have and it is remarkably effective!

The bottom line is... every transfer is an unknown quantity. There are many supportive and loving midwives working in hospitals (I still have plenty of friends on the "inside") but we simply have no idea whether our reception will be hostile or respectful or something in between. So now I encourage the writing of a birth plan in case of transfer, of which I keep one copy and hand another to the staff so that everyone is clear. Usually transfers are not for dire emergencies (the most likely scenario is a first-time mother wanting some pain relief) so we have time to negotiate. Of course if it is for an emergency, one tends to defer to the hospital's way of responding to it. I would also encourage the parents to give written feedback to the hospital about their experience, good or bad, so that the staff can learn about more appropriate treatment of transferring women.

This is just my story and not necessarily representative of the transfer experience across the board.

On the rare occasions when we need the hospitals, I am grateful that they are there. Part of preparing for a home birth is understanding that, while birth is safe and women can do it in any place they desire, it is also good to have Plan B in place. Home birth is the gold standard, in my opinion, and many hospitals could learn a thing or two. But a satisfying birth can be had in any setting, and under almost any circumstances, if the mother feels she has been and has had a real say in what is happening to her.

Alison Reid is a privately practising midwife living in Brisbane, with four grown up children.

CranioSacral Therapy/Visceral Manipulation Is your Connective Tissue holding Trauma?

Are you carrying trauma in your uterine tissue due to miscarriage, abortion or surgery?
Is that trauma preventing you from falling pregnant or is it affecting your pregnancy?
Are you holding trauma in your uterus or pelvic tissue from previous stillbirth or instrumental birth?

Are you aiming for optimal conception and an essentially natural birth process with optimally aligned pelvic structures along with a symmetrical pelvic floor and flexible uterine ligaments?
Is your newborn baby holding trauma or tension patterns in its system due to restricted movements in utero, the birth process or due to instrumental birth?

Consider CranioSacral Therapy, a light touch, non-invasive, Manual Therapy (derived from osteopathy) to locate and release trauma out of connective tissue.

In infants the following symptoms may be avoided or reduced:

- Colic, Reflux
- Abnormal Muscle Tone
- Seizures
- Strabismus, Nystagmus
- Cerebral Palsy, Erb's Palsy
- Substance Abuse related Syndromes
- Nursing Difficulties



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My Homebirth Transfer Story

Name: Helene Drimer
DOB: 15/8/74 - I was 37 when I gave birth
Child's name: Lior Grace Elizabeth
Drimer born 14/2/2012

After a lot of research, my husband and I chose a to have a homebirth with independent midwives because it is the safest and most gentle birthing option. We wanted to work with healthcare professionals who are in alignment with our views on childbirth and we had one hundred per cent trust in the qualifications, knowledge and experience of the midwives we chose. We wanted to have maximum time frames for labour and delivery and to enjoy the calm and comfortable environment at home. We also wanted continuity of care from people that we had built a positive relationship with throughout our pregnancy. We did not have any fear about birthing at home, but on the recommendation of our midwives we booked in to our local hospital and packed a hospital bag (just in case we needed to transfer).

We did not want to birth in a hospital or birth centre because we wanted a natural and drug-free birth. We also wanted to avoid the cascade of intervention that can occur in a hospital setting. Most importantly, we did not want to be pressured about time frames and we wanted to have choices, for example to cut the cord once it has stopped pulsing.

I have a history of major depression and anxiety and part of the reason that I wanted a gentle homebirth is that I did not want to increase my risk of post-natal depression with a potentially traumatic hospital birth experience. We knew that it was important (for optimal labour progression) for me to labour where I felt most comfortable. For me, this was at home and with independent midwives.

I began labouring at 41 weeks gestation. I laboured at home for two weeks before needing to transfer to hospital. I had three

nights of pre-labour contractions, followed by start-stop stage one labour for eleven days. My labour at home was arduous. We had hardly any sleep for two weeks, but somehow, we had the strength and energy to keep going. My midwives only needed to attend to me at home for one day throughout this two week period. On that particular day, I laboured from 2am until 11pm (when I fell asleep). My midwife checked me before she went home and I had only dilated one centimetre after six days labouring at home. I didn't let this news deter or discourage me. I just kept going! My body was so sore the next day that I felt like I had split my abdominal muscles down the side. I was in so much pain that it was difficult to walk. Thankfully the next day my body gave me a day and a night off to recover a little.

At 42 weeks (normal healthy gestation is 40-42 weeks), we decided to book foetal wellbeing tests at the hospital in one week's time (43 weeks gestation). I was hoping that our baby would be delivered at home before we needed to enter the hospital system, but we did end up going in for the tests in the end. I was relaxed about my dates because my mother birthed my brother and sister at 43 weeks. It was also helpful not having a doctor pressuring me to be induced sooner. My midwives monitored us frequently throughout our two-week labour and we were both healthy and well throughout that period. The night before the tests I tried everything I knew to get my labour to progress to stage two naturally. I tried nipple stimulation, homeopathics, pelvic rocking and walking up and down stairs (and hills). I also avoided using the bath or birth pool (both of which had provided me considerable relief in the two weeks prior). The day before the tests I laboured from late afternoon and all night. I was still in labour when we went in for the tests the next morning.

We had chosen not to have any ultrasounds throughout our pregnancy, so the 43-week ultrasound was the first time that we had

seen our baby. It showed that the flow through the cord was good and that the placenta was healthy. The only concern was low amniotic fluid (this is not unexpected at 43 weeks, plus I had a suspected hind-water leak). The doctor dated my baby at 37 weeks and asked me if I was sure of the dates? I was 100% sure about my dates because I had tracked everything in my period tracker!

I was concerned that the hospital staff would berate me for being 43 weeks pregnant and for planning a home birth. And I was worried that the doctors would try to convince me to be induced by using fear tactics. So, I told the doctors that I had a history of major depression and anxiety and that I would appreciate if they could deliver their findings and recommendations without any fear. Thankfully they respected my request.



have insisted on being taken to the NICU as soon as I had left recovery and my husband would have been more insistent on skin-to-skin with bubby in the NICU (it was against hospital policy at the time though). I kept bubby skin-to-skin for five days in hospital once we were reunited and we bonded and established breastfeeding beautifully.

In the end I had all the interventions that I had wanted to avoid, but I am at peace with this because I did everything I possibly could to deliver my baby naturally at home. I was also treated with respect and kindness by the hospital staff and this made the world of difference to my experience in the hospital and to my emotional recovery afterward (thankfully I did not suffer from post natal depression). My independent midwife said that many women feel bullied and disrespected by the doctors attending them and that I was very fortunate to have been cared for by such a fantastic doctor.

I am one hundred per cent happy with all the choices that I made throughout my pregnancy, labour and birth and I am thankful that intervention was available to me (given the rare complications I experienced). I am pleased that my daughter was born at 43 weeks, because she was only 2.872kg at birth and if she had been born sooner, she may have been too small and immature to breathe on her own. She was also born on the day that she chose - Valentine's day.

My whole labour and birth was a process of surrender and of being in the moment. I changed my plans as I needed to and I have a gorgeous healthy and happy little girl. She is fortunate that her Daddy is a chiropractor. Daddy helped her to recover fully from a traumatic birth by adjusting her regularly and we didn't have any of the challenges that some caesarean babies face.

For my next pregnancy, I would like to try for a VBAC at home. It's still the best option for us!

My Breastfeeding Story

My breastfeeding story begins with my independent midwife saying to me 'have you started learning about breastfeeding' and with me responding 'I thought it just happened naturally'. After kindly and gently letting me know that 'it doesn't just happen naturally', my wonderful midwife lent me countless DVDs to learn from. I also joined the ABA and read their book cover-to-cover.

I was separated from my baby for 10 hours before our breastfeeding journey began.

During this time, I expressed colostrum for her as I recovered from the anaesthetic. As soon as she was in my arms, I put her on the breast and she drank with gusto. I didn't have anyone there to show me how to latch her correctly. I just put her on the breast and hoped for the best.

Thankfully she latched on easily. I was concerned that she was not



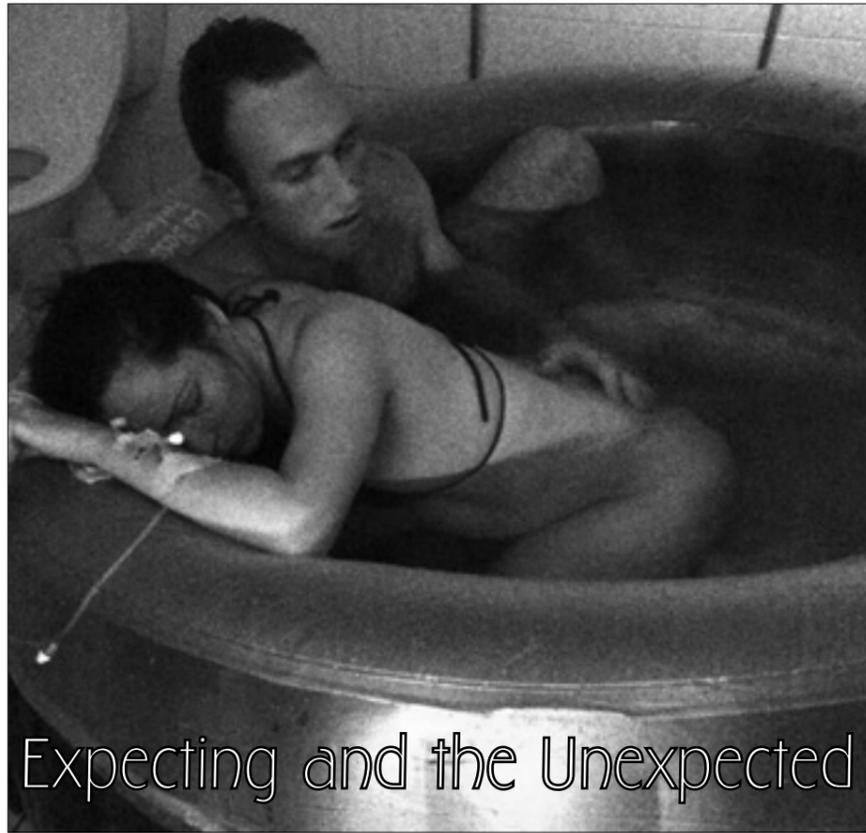
taking in enough of the areola, but after a few days in hospital, the head midwife told me that her latch was fine. She was a tiny 2.872kg and my breasts were enormous, so she couldn't physically get much of the areola in her mouth (she also had a tongue tie and that is another story again). There were numerous midwives looking after me and they all showed me different ways of latching her to the breast. I found it quite confusing being shown so many different ways to breastfeed. It wasn't until the senior midwife had looked at my latch that I was able to relax and trust myself and my baby. My right nipple was a little sore in the beginning, but Hydrogel Breast Discs worked wonders for me.

I needed to express extra milk for bubby in the beginning because her stools were the wrong colour and she needed to put on weight a little more rapidly. I remember sitting on my couch hand expressing and breastfeeding all day for a couple of weeks. My midwife was impressed by my dedication! We chose to give our baby girl the expressed milk from the side of a sterilised bottle (she drank from it like it was a cup), because we did not want to risk her rejecting the breast. My independent midwife taught us this trick.

We love breastfeeding and we are still going strong after 24 months. I am married to a chiropractor, so my daughter has not had any of the challenges that many caesarian babies have (e.g. problems with feeding equally on both sides, reflux and colic). She is healthy, happy and very petite (still). She has been a really easy baby and everyone keeps telling me 'wait until you have the next one'. Hopefully the next one will be easy too... I'll keep you posted.

Helene Drimer is a nutritionist, Reiki practitioner and the co-director of Light Chiropractic and Wellness, a multi-disciplinary practice in Welbe. She is also the author of Evolving Mamma, a blog about conscious parenting and healthy living. She has a two year old daughter called Lior (which means my light in Hebrew).





Expecting and the Unexpected

My partner, Ed, and I had planned for a homebirth. It was my idea at first and Ed quickly came around to it. For me, it was not so much that I wanted to be at home – although that was a nice bonus – but more that I didn't want to be in a hospital. I'd never been admitted, had an operation or broken a bone. I hadn't even been born in hospital myself! I suppose some stubborn part of me wanted to keep that record clean. And another part of me was afraid: hospitals seemed to me places of illness and I was scared of the way they smelt, the suffering in their walls, the superbugs and the needles. Of course some family members were concerned about our choice to homebirth. We reassured them that if anything went wrong we'd just transfer to the hospital, only five minutes away. But in reality I was so resistant to the idea of hospital that I didn't really plan for such an outcome. I assumed that if it happened it would be in an emergency, with ambulance lights flashing and all plans thrown out the window. Planning for it seemed like a way of letting it enter my expectations, and I really didn't want it there as I prepped my mind, body and relationships for this, my first birth.

Looking back I can see that there were many signs that my labour was coming much earlier than expected. In my 36th week I was reluctant to venture far from home, stockpiling food, cleaning madly and feeling in a peculiar, private and tender headspace. And at 36 + 4 I had pains like menstrual cramps. I was breathing and vocalising through them, reasoning that this was good practice and it was far too early to suspect pre-labour. If anything, we were expecting to deliver after the due date, as was the case for so many first time mothers I'd known. But just past midnight that night, I woke to a rush of water between my legs completely soaking the bed. I tapped Ed awake and jumped out of bed, more water gushing out in the light of the lamp I'd switched on. "I'm leaking!" I said. Neither of us wanted to admit that my waters had broken. I have

a funny memory of Ed laying out a towel and suggesting I go back to sleep. But there was just far too much water. I put on a pad and it was soaked through in minutes. We sent a text message to our midwife, Sheryl, expecting her to contact us in the morning but she replied straight away. "Sounds as though your waters have broken" she wrote in one text, advising me to get some sleep: I might labour in the next 24 hours!

I followed her advice and tried to sleep, but both of us were surprised, nervous and excited. Looking back, I wonder if the sheer shock and exhilaration of that dramatic burst of waters didn't put me off my labour: too much adrenaline? Because the cramping sensations I'd been feeling for two nights by then abruptly faded away. I had no more signs of labour in the morning. We waited all day, but there were no more cramps, just a constant leak. The day after that Sheryl had to contact the obstetrician that she works with, because it had been much longer than 24 hours since the waters broke and Ed and I were now classified as having a 'premature rupture of membranes'. The two of us went in to the hospital to meet the obstetrician ourselves. He explained that, while the evidence was not clear-cut, the risk of infection and complications did seem to rise with the length of time between rupture of membranes and birth. We could wait for natural labour to start, but we could be waiting for weeks. On the other hand, he seemed confident that at our stage in the pregnancy there was little benefit to our baby remaining in the womb any longer. His advice, which we had already discussed with Sheryl, was to 'augment' the labour: that is, to bring it on with an IV drip of syntocinon.

There are so many different outcomes that can happen in a birth, so many twists and turns, and I don't pretend to know even a significant portion of them. But for some reason I had looked in to syntocinon induced labours. They were often mentioned as

part of the 'cascade of intervention' that had put me off hospitals in the first place: first the synto, which brings on painful, strong contractions minus the dopamine and oxytocin rewards of a natural labour.

The synthetic contractions can be too strong, causing fetal distress, so constant electronic monitoring accompanies the IV drip, limiting a woman's mobility and comfort. If distress is detected, there is a Caesarean. Or, exhausted by the unnaturally intense contractions, the woman asks for pain relief, which can itself stall labour, leading to Caesarean. Everything I didn't want. We read every study we could get our hands on, trying to weigh up the risk of inducing the labour against the risk of not doing so. But the evidence was ambiguous both ways and in the end it was the waiting that got us: while we were in that space between the waters breaking and the labour commencing, it felt like life was suspended and every moment was a decision that might harm our baby, one way or the other.

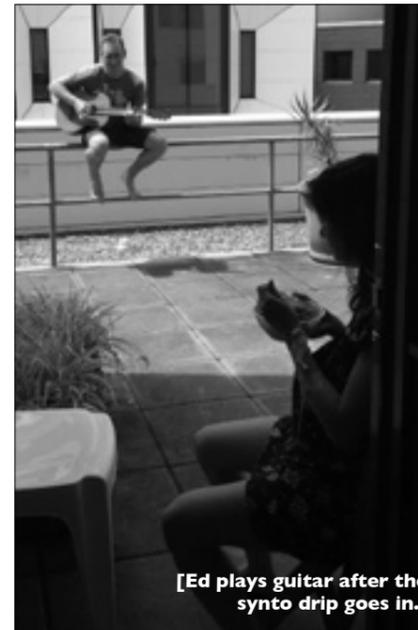
We decided to give it one more night, hoping my natural labour would kick in with the help of all kinds of alternative induction methods: acupuncture, nipple stimulation, soft-sand walking, you name it. In the morning there were still no encouraging signs so we contacted the hospital to find out when they could take us. We were top of the list, because at 60 hours after the rupture of membranes, they considered us high risk. Over those 60 hours I had worked through a lot of feelings about the idea of going to hospital – panic had been the first one, dissolving into disappointment and then a sense of being completely unprepared. As Ed said, it was like I had been in training for an Olympic swimming event and then found out, on the day, that in fact I was competing in the triathlon.

Ed was fantastic. I could tell he was nervous, too, but he was doing everything he could to make me and my comfort the focus. We packed the car with everything we could think of – an esky of good food, a guitar, swimmers for the birth pool, a fit ball, clothes, an ipod dock and loads of coconut water. It looked like we were going on holiday for a week!

Sheryl met us in the delivery suite. The room was larger than I expected and it was well equipped, too. There were mats, another fit ball, a beanbag and even a birthing pool. The drip went in quickly and Sheryl helped us negotiate the key things we wanted: no penicillin drip; that the electronic monitors be used only intermittently if all was consistently normal; that the synto drip be turned off once labour was established; and that I could birth in water.

Sheryl and I discussed pain relief – I felt that the synto meant that it wasn't a natural labour to begin with, so I wasn't going to try to prove how tough I was by trying to be 'natural' anyway. She agreed that there was no point being a hero with a synto-induced labour, and we discussed the many things that could be tried before an epidural: nitrous first; and maybe a mild opiate that the OB was quite keen on, fentanyl.

Sheryl left us in peace for a few hours and while she was gone my labour kicked in. Ed was with me for each contraction – massaging my back, using acupuncture points he'd learnt the day before, helping me move around with the IV drip, finding or inventing new positions, playing relaxing music, and encouraging my breathing and vocalisations.



[Ed plays guitar after the synto drip goes in.]

Independent midwives do not have 'visiting rights' at hospitals at the moment, so Sheryl was only able to be there as my support person, not my midwife. The first hospital midwife was excellent but her shift soon ended. And even while she was still there, we also had to deal with a series of other people popping in: the obstetrician; some nurse who was looking for our nurse; a student that the OB was mentoring; and the dining room staff came to offer a meal! In retrospect I wish we had put a big sign on the door saying: 'do not disturb'.

I was starting to get tired from the intensity of the contractions. At first, they had been spaced so that I had time for recovery, and even to occasionally feel good between them. But as the labour continued this space got shorter and I felt I didn't have enough rest. The joy was not there. The next contraction would come at me like a runaway train. I started to shake, particularly in my legs, but the nurses assured Ed that this was normal.

Sheryl came back and helped us find some more restful positions. But the tiredness was increasing. I was hot. I remember an iced face washer pressed on my forehead. I vomited. I can't count how many trips to the toilet I made. And in between these and the mounting contractions, I tried to grab just a little bit of rest, Ed soothing me with his voice and touch. The electronic monitors were gone by now, and instead I pressed a hot pack to my aching abdomen. Our nice midwife was gone, too, replaced by another midwife, Jenny (not her real name). Sheryl sometimes would tell me at the end of a contraction that it was gone, that I would not have to face it again. This sounds like a sensible statement now as I write, but at the time it was no comfort.

In my mind each contraction was a battle in the overall war of my labour. I know that in the homebirth literature that I have read, the more common metaphor is 'surrender', but that word just did not seem appropriate to the synto labour I had. Rather, at that time I thought that if I could keep breathing in through my nose steadily, if I could vocalise on the out breath a little louder than my contractions were painful, if I still had a little left at the end to puff the contraction away, if I could keep my jaw relaxed and my fists unclenched, shoulders down, then that was victory. It meant I hadn't given up.

I thought of the women I'd known, through my fieldwork in Laos, who had given birth in much harsher conditions than this – in the case of one woman, without any support people and only one small bottle of water in a forest she didn't know well. If she could do it without breaking, then so could I, surrounded as I was with care and attention.

After hours of this, although I had won every battle, I was beginning to lose faith that I could win the war. I was so tired and nothing seemed to help me feel better. We tried the shower, and this was some help until we realised the water was running out of the bathroom, flooding the birthing suite. I had to change position and it wasn't as good. I was cold. I asked Ed to arrange some pain relief. But it didn't come and it didn't come. I was begging Ed. I remember saying, "I'm not here to be a hero" and "we discussed this!" Seeing my rising desperation, Sheryl suggested I at last try the bath. It was colder than I expected. I remember thinking "this is such a disappointment". Sheryl got some more hot water, but I still wanted the laughing gas.

Now Sheryl told me that I had to have an internal exam before I could have the nitrous: hospital policy. Furthermore, Jenny did not know how to do internals in the bath – I'd have to hop out, brave the cold again, lie on the bed in a position more comfortable for her. I hated Jenny in this moment. I hated her incompetence and the rules she embodied. I was full of rage. We went to the bed and Jenny announced that I was 7 centimetres and not fully effaced. The laughing gas was produced while I was still on the bed. It was good – just enough to let me have a little escape. I was still more furious than I thought I ever could be at another human (Jenny). I wanted to be as far away from her as possible. I also wanted to listen to the urges my body was giving me now, to poo, to push. I announced I was going to the toilet and Ed helped me there. Jenny left, perhaps thinking if I was only 7 centimetres this could go for hours yet.

But I knew differently. On the toilet I gave way to my first big urge to push – it felt like I was letting the most enormous poo ever pass down. I didn't want to have the baby in the toilet, so I stood up, holding onto Ed's neck. And that is when the most amazing thing happened. It was like some primeval part of me hatched out and took control. I still had my conscious mind – but now it was only observing, approving this new leadership. I still had my rage, too, but it was only a background echo, not driving me anymore. What was driving me now was just a pure instinct: to survive, and to birth. I was scratching and biting at Ed's neck. Then I was in the bath again, letting that thing that felt like a huge poo pass down. Somehow Sheryl was there, and I remember asking her if I should push – she told me to do whatever felt natural. Sheryl left to get more hot water. I relaxed and let the baby come down: once, and then felt him go back again, twice, and he went back. When the next contraction came, I pushed and the head was out. There was a long pause as I waited for the next contraction. Ed was the only other person there, and I remember the terrific calm and clarity between us. Everything seemed quiet, assured. I told Ed that the baby was fine, that he was OK under water, we just had to wait for the next contraction. And I could feel in the centre of my soul that the baby was fine.

And then it came. Sheryl was back with more hot water but it was no longer needed. Gadsby's shoulders and body came out

with the next push into Ed's waiting hands. Sheryl passed Gadsby through my legs and then I was pulling his little baby body out of the water to my chest. The feelings of clarity and calm were still with us, and now a wonderful joy was there too. Gadsby was waving at me with his perfectly formed little hand. He was perfect, safe, and in my arms.

Jenny, having returned, was worried about the blood in the bath. She thought I was hemorrhaging, although Sheryl's more experienced eye suggested that I was fine. Out of the bath I snuggled into bed wanting nothing more than to just lie back and bask in the completion of what we had just done and enjoy our first moments with Gadsby.

But Jenny was asking me what we wanted to do with the placenta. I was so confused I answered that we planned to bury it on Ed's parent's farm. No, she replied, she wanted to know what we wanted to right now. I just wanted to relax, and I thought it was normal for the placenta to come out in its own time, anywhere from half an hour to a couple of hours. Still, I could feel her urgency. I gathered together some presence of mind to say that we didn't want to cut the cord until it stopped pulsing. But that was still not enough. I was asked to push, to sit on a little bowl and push again. Clots came out. Eventually I said, "ah, I just want it out" – which was the sign she needed to give me an intramuscular synto injection.

Ed later told me that I had seemed very agitated and confused at this point, and had agreed to an "active delivery" of my placenta (although I don't remember this). Sheryl later told us in all her years she had had no experience with active deliveries as she preferred to let the process continue naturally and quoted a disturbingly high haemorrhage rate associated with the hospital's active delivery policy. Jenny then started pulling on the cord. At this point Ed stepped in. He works as a vet in horse reproduction and he knew in that context that pulling could do more harm than good. He convinced her to stop. Luckily, she did. When the placenta finally emerged it did have a small torn piece missing, which fortunately I had also passed into the pan. I was haunted afterward by the thought that her hastiness might have easily caused more damage.



[Gadsby born!]



There were more interventions in that precious afterbirth period when we were trying to get to know Gadsby. I was given a very painful inspection for tears by Jenny – there were some superficial grazes in the mucosa that didn't need stitches, but Sheryl recommended that I stitch them to avoid pain while urinating. The stitches were also incredibly painful. I was vaguely aware that some tests were given to Gadsby – perhaps by a nurse I hadn't seen before. He got his vitamin K shot and a paediatrician gave him a final check before we could discharge. All these strange hands on our baby! I could feel Sheryl's sympathy and disappointment – she would have preferred to give this care to us herself, with more experienced and gentler hands (and finer needles!) but the issue of visiting rights meant that she was not able to.

Still, even with all of this discomfort and disturbance, those first few hours with Gadsby were magic, honestly euphoric. Sheryl helped us get him on the breast and he fed well and confidently. Ed and I felt an instant and tender bond with Gadsby. I felt that the three of us had gone through the birth together: me caring for Gadsby, Ed caring for me, and Gadsby reassuring us both by being OK. Yes, he was OK. This was such a relief. He seemed just perfection to us. A few hours after the birth we were back at home, in our own bed, just the three of us.

Over the next few days I took time alone every day, while Ed was looking after Gadsby, to think about what had happened in the birth. I discussed it with Sheryl and Ed, too, the small team that had gone through it with me. It took time to process: it was the most intense experience of my adult life. I was bothered by some practical things that had happened. Why was the IV drip of synto never taken off when my labour was established? Why was the placenta 'managed' so intrusively? Why had so many people come in and out of the room? In the end, I put this down to the old advice that you must write a birth plan if you are going to hospital – write it thoroughly and make every person who wants to enter the room read it. That is probably the key advice I would give to another woman finding herself in my situation.

But there was a bigger question pressing on me: why was human birth so intense? Why was something so essential for the continuation of our species, so everyday in that sense, in practice so extra-ordinary, so extreme? Why did it feel like the biggest battle, and thus victory, of my life? What does it mean for us as parents? I was sick

of hearing about the difficulty of human birth being an 'accident of evolution' – that old story that by the time our species' brains grew as large as they are, we were already bipedal, narrowing the pelvic outlet. When everything else in human evolution is phrased in terms of a perfect adaptation to our environment and species-specific needs, why put birth experiences down to an unfortunate compromise? No, something had happened in that birthing suite that gave me a new realization about who I was.

When I rose, biting and scratching and thinking of nothing but birth and survival, I believe that a part of me – deep and instinctual – came to the fore that usually lies dormant and sleepy inside. In that moment, I experienced it awake and in charge, not as something foreign, but as a part of me, a strength that I never before knew existed. Usually it lies completely smothered by my rational and emotional intelligences. Now I know it is there, and that it cares deeply about my survival and that of my family. This is an essential knowledge, I think, for my mothering of Gadsby. Perhaps human birth is as intense as it is because it calls on us to somehow move through these layers of our enormous and complex minds: a very challenging task for a species as sapiens sapiens as ours, but so essential too.

Another thing I learnt is about the depth of my connection with Ed, how profoundly I can depend on him, and the connection that both of us have with Gadsby. Ed was with me through every contraction. As the labour progressed, I felt that he was the only one who understood me, who knew where I was and could find me. Through his words and touch he was constantly letting me know that he believed in me, even when I was losing faith myself. If we had had a beautiful, ecstatic home birth, what would we have learnt? That we loved each other? But we already knew that. With the birth that we actually had, what we learnt is how strong the other is under pressure, how much we can depend on each other when things get tough and unexpected, and how – even when everything around us was unfamiliar – we can make a sense of home between us. I needed to know this about Ed, and the birth taught me that in a way I will never forget.

Finally, the birth brought us both close to Gadsby in an immediate and unforgettable way. Ed remarked that he was struck by the bond he immediately felt with Gadsby. Other dads had told him to expect bonding to take a while, months even. Ed thought that the close involvement he'd had during the birth helped him be part of that instant bonding. For myself, I am so proud that Gadsby was born into his father's hands. And I am so pleased that I was so fully present, so alert, so unified, when I first brought him into my arms. Some of my first words to Gadsby, I remember,

were "thank you. Thank you for staying so calm. We did it". And at that moment, it didn't matter an ounce that he was born in a hospital instead of at home. What matters is that we did it, the three of us, together.

Holly High is an anthropologist at Sydney University. She hopes to take little Gadsby to her fieldsite in Laos someday. Ed Annand is an equine vet and proud father. Both of them would like to thank Sheryl Sidery, independent midwife, for sharing her wisdom and experience in such a way that they could own the gestation, birth and infancy of Gadsby as truly their own experience. They also feel fortunate to have benefited from her collaboration with this particular OB who oversaw the birth, even though he was not on duty that day. He lived up to his reputation, which had preceded him, of being impressive in his understanding of and respect for the natural birthing process.

[Photo credits – Sheryl Sidery]

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Eilidh Piper - A Planned Homebirth, An Unplanned Caesarean



This was my fourth pregnancy and second living baby. I wanted a homebirth the first time around, but after two losses and little money, I went to hospital and ended up with my first traumatic caesarean. I would never willingly set foot into a hospital to birth again. I found an independent midwife that my husband and I both clicked with. She had had a HBA2C herself, which is why I chose her. As I always do, I enjoyed pregnancy, especially now that I was planning the homebirth I'd always wished for.

By the time I was 40 weeks, I was feeling like a VBAC was just another birth, and I wasn't worried about going post dates. I was again looking forward to the birth, and had no reason to believe I wouldn't get the birth I wanted.

I went into labour on the morning of the 31st December, 2010. I laboured for the next three days. My midwife had prepared me to expect another long pre-labour, but this was more intense than the first time around, because the contractions never petered out enough to allow me to rest. They varied in intensity, duration and regularity. At one point, things got intense enough for me to throw up. I didn't have a doula, a decision I regret as I mainly laboured alone. My husband was looking after our one year old during the day, and at night I urged him to sleep so that he would be rested for the real thing. I was talking to my midwife on the phone throughout this time and she advised me to rest. I just couldn't get comfortable in any sort of reclining position though, and I had to get up through each contraction. I took many baths and showers (thank the gods for continuous hot water!), and spent time on the birth ball. I tried to slump over a beanbag to rest, but I don't think I slept at all during those days. I didn't fill the birth pool, because I didn't think I was in real labour.

On the morning of the 3rd my midwife asked me if I wanted her to come and check me out, but I declined, as she told me I still wasn't in true labour. I was getting pretty disheartened, but she told me she had seen plenty of cases like me and that all this pre-labour would be getting the baby down low into my pelvis.



At about 1am on the 4th my waters broke and there was thick meconium. I knew from previous discussions with my midwife that this would mean a hospital transfer - something I happily agreed to when I didn't think it would apply to me! My midwife arrived, checked me (6cm) and the baby (high, posterior, good heartbeat), and we transferred, with the intent to birth vaginally in hospital. A one hour car ride from hell. My midwife said I was having good contractions, and would probably be ready to push when I arrived. Sadly, she was mistaken. I was still 6cm on arrival, and the baby was still high.

The first intervention was continuous monitoring, which I had not been prepared for, and was too taken aback to decline. I also allowed a cannula, and internal examinations. I don't know why. I am constantly hearing on VBAC groups 'just decline', but it never even occurred to me to resist. I beat myself up about this for a long time, until much later I found out about the neocortex shutting down while you are in labour. This is the only explanation I have for my behaviour. I know some women fight for, and get, natural births in hospital, but I never did, despite being pretty educated the first time around.

My contractions never got into a regular pattern, my blood pressure climbed, and my urine test showed protein. Someone from the hospital started talking caesarean, but my midwife suggested IV fluids for two hours to see if that could get labour going. We did this and I was finally able to rest for a bit on my side, with my midwife rocking my pelvis during contractions. The labour never picked up, the baby never got any lower, and the next time caesarean was mentioned my midwife told me that the trace was showing the baby getting tired (limited variability), and she recommended a caesarean. So that's what we did.

My midwife was able to come into the theatre with us. Eilidh didn't cry at first the way her sister did, and she was immediately suctioned. I remember her legs shooting up into the air as they suctioned her. I remember her being placed on my chest. I remember the awful look on her tiny face - it looked like she was screaming silently, too traumatised to make any actual sound. I know newborns aren't supposed to be able to produce tears, but I swear her tears dripped onto my face.

Physically, the caesarean was a much better experience than my first one, but emotionally it was worse. I was left feeling that my body was a lemon, despite what Ina May says. I didn't feel like that after my first caesarean;



I felt purely that my care provider let me down. This time I had done everything right - I planned a homebirth. If I wasn't able to give birth vaginally this time, I could only assume my body was faulty. I was utterly exhausted. I told my husband that if we were to have a third child, it would be an elective caesarean. He said he still wanted my prenatal care to be with an independent midwife!

I was in hospital for four days, while they got my blood pressure down. Bloods taken while I was in labour showed the beginnings of pre-eclampsia. I do have one happy memory of the day Eilidh was born. The first afternoon, I lay skin to skin with her all day, and I was left alone. I don't remember much else. I know I barely slept - every time I drifted off, a midwife would come in. I was hallucinating music playing, and even asked a baffled midwife about it. You can see in the photos my eyes are hanging out of my head.

My midwife didn't come to see me until after I got home, when she told me I had in fact been in labour, and the irregularity of it was quite common when the baby was posterior. I grasped onto that as a measure of hope; that maybe if I had realised I was in labour, I could have done things differently - insisted she come see me, use the birth pool, whatever. I needed to know I could have done something different. I couldn't believe in those four days of labour I had only dilated to 6cm, and the baby not engaged at all. It was completely different to everything I was led to expect, and I got the impression that my midwife had never seen such a thing. I have never felt so broken, and I cried and cried for months.

Erin Quinn lives with her husband and three daughters in the foothills of the Blue Mountains. She did go on to have a HBA2C. She is passionate about natural birth and hopes to become a birthkeeper in the future.



Eleanor's Birth Story



"This is really, really strange," I said to myself.

Gurples. Lots of gurples. I had been waiting for a sign for over a week. Was this it? More gurples. Fizzy gurples. Extremely loud gurples. To be excited or not to be excited? To be scared or not to be scared? The glow of my phone made shadows on the bedroom wall. Google will have the answer: Yes, according to some random website, stomach gurgling can be a sign of labour starting. A sleepy smile spread over my face, today I will be meeting my baby.

I was excited. But my smile was quickly replaced by a grimace as the gurgling turned into intense pain. Strange for it not to build up slowly, but that's fine, I trust you body. Third time, you know what you're doing, right?

Sleep in between contractions. I remembered this advice from previous early morning labours. I woke. Only 10 minutes had passed! My phone read 3:14am. The contractions stayed this way, occasionally I had a half hour rest. On a scale of 1-10, I was a 5 when I messaged my midwife at quarter past 6 just to let her know that I was in labour and that it would probably be happening later today. I lay back down next to my dear sleeping husband. Slightly jealous of his soft regular breathing, I tried to fall in sync with him but another contraction came. He woke and gave my hand a squeeze, whispered some encouraging words and fell back asleep. At some point I got out of bed as I was unable to 'sleep' anymore. I found myself at the dining table with a glass of water. The contractions were still a 5 and still 10 minutes apart.

The house was slowly coming alive. My two children ran about getting breakfast, my mother started cooking, my sister arrived and my husband started on the birth pool. I stayed at the table, sitting down in between contractions, leaning over the table and wiggling my hips to get through the pain. It was all in my lower back and I resigned myself to yet another long painful posterior labour. I'd been through this twice before, must be the shape of my body. Time to visualise then. Turn baby turn! I asked for backstrokes and massages during the contractions. They were intensifying. As soon as my husband put his hand on my burning back I felt peace. I felt like I was sharing the pain and it halved. I was so incredibly amazed by this at first, that I almost completely forgot the pain.

My daughter chatted to me like it was any other day, it calmed me. My son gave me hugs. My sister and husband took turns massaging my back, drawing the pain away. There were a few times neither of them made it to my back in time - it was awful! I needed them, I was so glad they were there, I was feeling loved up. I was in the zone, no idea of the time, or of the who, what, when or why. I focused on clenching my hand into a fist at the start of the contraction and slowly opening it and stretching it out, I internalised this, it was my version of a flower opening and it worked. I felt happy and excited, annoyed and exhausted all at once. Thankfully I believed in my body, my sister and my husband were miraculously able to take away half my pain with their hands, and my hand opening took away the other bit of pain. At the most painful I felt like I could make the 9 become only a 2. I felt pretty elated about this, but it was also weird.

I was standing and moaning more than I was sitting. My world grew smaller until it was just me and my hands opening and closing. A familiar voice from far away entered my mind. "I think we should get you in the pool". My midwife! When did she get here? The pool!



I'd forgotten all about it. I left my dining table and glass of water. Someone helped me to the bathroom and back to the lounge room. I got undressed and then, somehow, got into the pool.

I disappeared again into my little world of me and my unborn baby. The water was lovely for a minute then I realised I was pushing. I became a little confused and disorientated. Pushing? But my waters hadn't broken yet. But I hadn't gotten to the "I can't do this anymore" stage. This can't be right. The baby squirming down became uncomfortable and I closed my legs trying to put a stop to this nonsense and to try and understand what was happening. "Open". I laughed, oops, and opened my legs. I made lovely deep guttural sounds to counter the intense uncomfortable bearing down sensations. I linked my arm with my husbands and drew from his strength. I saw my children's excited faces peering into the pool and I smiled at them. I had a chat to my midwife about interior decorating and then, a few seconds later she asked my husband to catch the baby. We untangled from each other and after two great uncomfortable squirms, the baby was out, the sac broke, the waters rushed out, which felt sooooo good, and then there she was, in his large strong hands. He passed her to me. I got lost in his eyes for a moment and then I looked down at her and the smile on my face made my cheeks hurt.

Yes, I rocked! She was perfect, I was perfect. In that moment I was the bomb, the bees knees, the happiest person in the entire world. "Wow!" I said holding my baby. I did it! It was easy! Look what I just did! I couldn't stop smiling. How cool am I! Did you see that! Look at this perfect bundle of beautiful baby goodness! I lay back in the pool with my baby on my chest, it was 3:06pm.

"That was really, really amazing" I said to myself.

Serene Johnson lives in the Blue Mountains and is married to a wonderful man who fully supports her 'alternative' ways :-). She is a full time homeschooling mother of three gorgeous children, occasional legal assistant at Jucha Legal and more recently a volunteer at Heatherbrae in Lawson, and at Homebirth Access Sydney.



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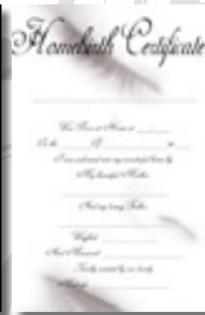
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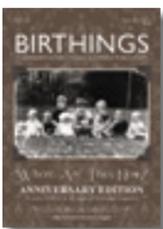


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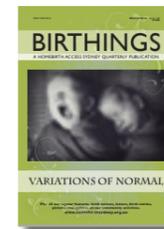
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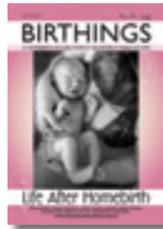
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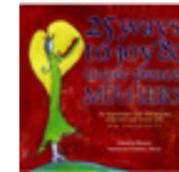
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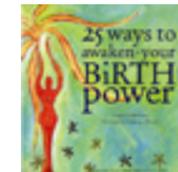
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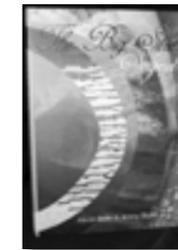
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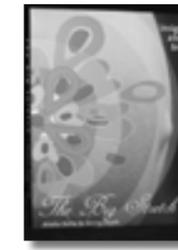
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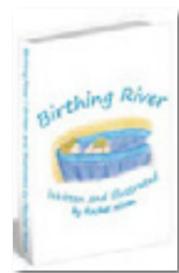


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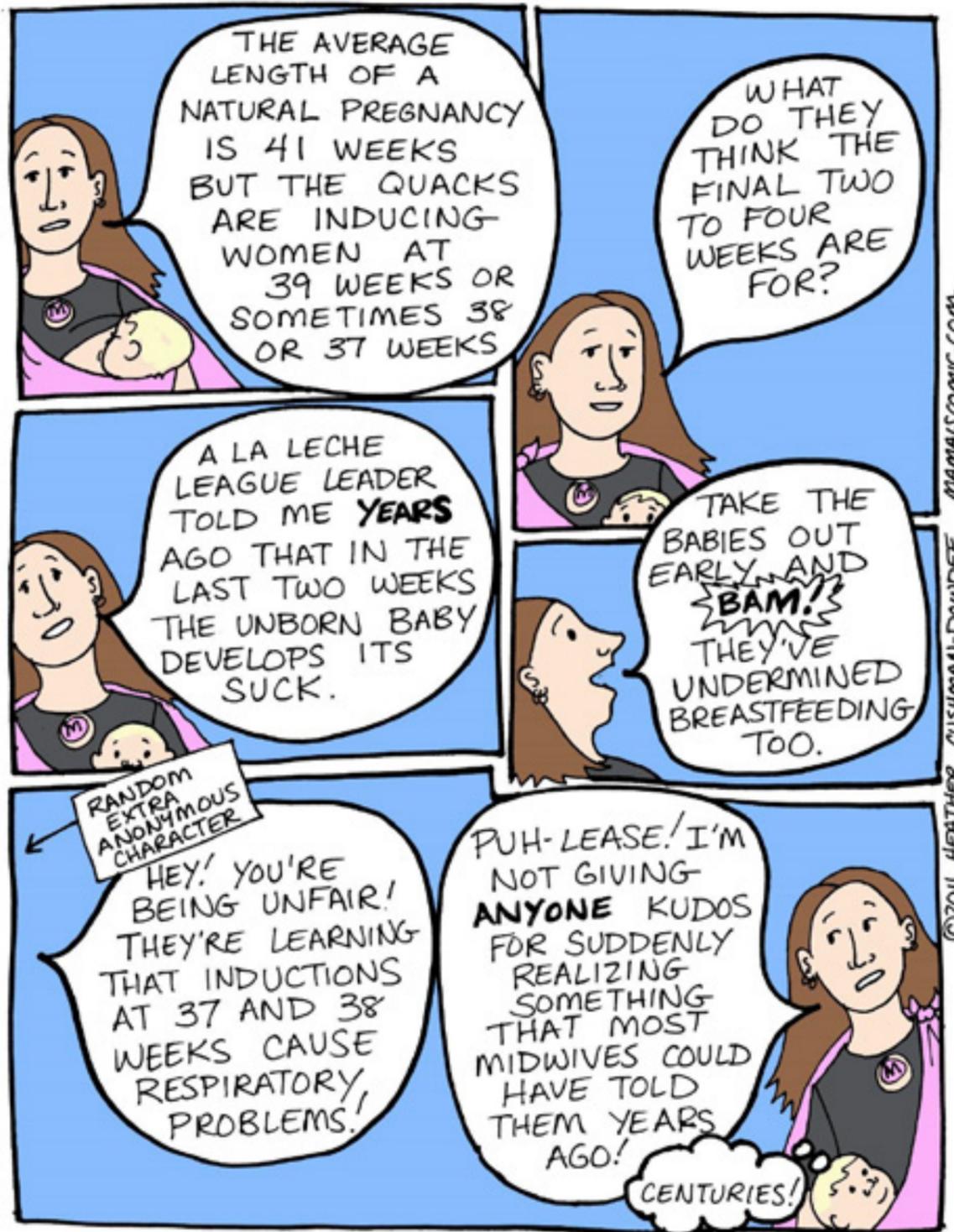
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Mama Is... "Told Them Years Ago"

Book Review:



Heather Cushman-Dowdee is mother, mom, or mommy, depending on who you ask, to four children and the creator of the long running comics: Hathor the Cowgoddess and Mama Is... Her comics follow the antics of a goddess-type mother and her side-kick babies as they attempt to save the world through breastfeeding, homebirthing, attachment parenting, and homeschooling. Her comics have been translated into Spanish, French, and Portuguese, and have been included in publications in Norway, Sweden, Australia, and England, to name a few.

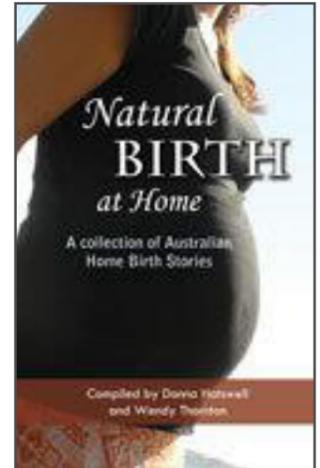
"NATURAL BIRTH AT HOME: A Collection of Australian Birth Stories." Compiled by Donna Hatswell and Wendy Thornton.

"Natural Birth at Home" is a compilation of stories of positive, gentle, home births attended by South Australian midwife Wendy Thornton. The book has 14 contributors, some of whom share more than one story. The book covers a number of scenarios: first births, subsequent births, water and land birth, posterior presentation, breech presentation, HBAC, HBAC with breech presentation, and, my personal favourite, fainting husbands.

The stories have a beautiful, gentle, almost lilting feeling about them, whilst maintaining a crisp honesty and realism. Women discuss freely their emotions throughout pregnancy and birth - their excitement, joy, and elation, as well as their nervousness, fear and irritation. Many women include details about their journey to homebirth, including the reactions of supportive and not-so-supportive family, friends and doctors. The language, while gentle and positive, is also very traditional; most stories use words like "contractions", "pain", "dilation" and "transition". Most stories are accompanied by beautiful black and white photos, many of which are inspiring "I did it" moments.

Wendy Thornton writes "This is what women have told me they wanted to read - beautiful, positive birth stories. They wanted the truth about homebirth..." and that's exactly what she's achieved in this compilation. By turns humorous, inspiring, exasperating and eminently relatable the sweet, calm stories exactly capture the essence of homebirth, the extraordinary everyday miracle.

Lauren Manners is a mother of two wee women and a birthworker from Brisbane.



ONCE UPON A TIME, BUT NOT SO VERY LONG AGO, WHAT WE CALL SHAMANIC MIDWIFERY WAS JUST A WAY OF LIFE.... *A way of life that all women knew inherently from their own birth.*

As babies and children we watched our mothers and the women of our tribe facilitate transformation daily within community life - holding space for each other in Moonlodge, birthing their babies with instinct and knowing, honouring their Elders, attending to their rich spiritual practice and walking a way of wisdom, sovereignty and beauty in their expression of being a Woman.

At our time of Menarche we were honoured and initiated as women and welcomed to join the Motherline, ready to receive into our own hearts, the ancient ancestral women's wisdom of all those who had walked before us. As we lived our lives through Mother, Maga and Crone, the voices of our Ancestors called to us often, whispering wisdoms of Knowing, Truth, Intuition, Psychic ability, Healing prowess and the Midwifery that comes from being a Shamaness who walks between the worlds.

Whilst the time we live in now is different, the women's hearts and bodies we bring to this life are still the same perfect, precious instruments finely tuned to hear and receive the wisdom of our Ancestry as it calls.

The opportunity to find our way back to the Motherline is always there. We are the sacred vessels we have always been.

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[Jacqui, Esha and Araphin at home shortly after birth]

How Araphin Came Into The World...

I am going to describe the birth of my second child, my son Araphin, who was estimated to be born on the 8th of September 2006, and was born on the 5th of September 2006 at 12.41am.

I since have had one other pregnancy and given birth (homebirth) to another son called Zerai.

My partner Jono and I had planned to birth our second baby at the same birthing unit at Mullumbimby Hospital where our first, a daughter, Esha was born. Our goals were to have a natural, active and safe birth. Our expectations were based around our first birthing experience, giving us an idea of what was to come. At the time both Jono and I wanted to have a home birth, but made the decision not to pursue organising the birth at home as we could not afford an independent midwife. I think in an unspoken way we were both considering free birth as an option, yet had both made the decision to go to the birth unit.

My pregnancy with Araphin was healthy and considered to be 'normal'. At around 39 weeks' gestation, my daughter and I fell ill with a stomach bug. The vomiting had brought on what seemed like mild contractions. But the next morning, the contractions had stopped, leaving my uterus in a tight, hard, ball. I was told that the condition is called an 'irritated uterus'. After the nausea and vomiting had ceased, I was left with excruciating pain in my right kidney. My only relief was hot rocks which my partner would heat up in the fire and place on my back. I

could not eat properly. I went to the hospital and they prescribed me antibiotics as it was thought that I had a urinary tract infection.

I was at home alone four days later, still in pain, sick and depressed, when there was a knock at the door. It was a couple and their baby girl. They introduced themselves to me as the previous tenants, wanting to visit their placenta tree. I explained my illness to them. They told me how she had a very easy free birth in the lounge room of my home. After they left I ran the bath to relieve my aching kidney and noticed that my mucous plug had been released into the bath. Labour had started. Jono returned home soon after. I told him what happened and how I was feeling. The contractions brought relief to my kidney. It seemed like a miracle healing. My illness had passed. The contractions must have shifted the babies position and taken pressure off my kidney. I was annoyed at the doctor for proscribing me antibiotics with no evidence of a UTI. It was a beautiful spring afternoon with sun showers. Our minds were made, we were confident to deliver our baby together at home with no midwife or doctor.

So my partner and I had made the decision to not follow our original birth plan, and to improvise a free birth. Friends heard the news and trickled in for visits. We had the support of our community to birth at home unassisted. Gifts and cakes were shared. Jono's friends gathered on the veranda that drizzly spring evening, playing acoustic music. This labour of my first born son, seemed to attract masculine energy. I just went about my business as celebration took hold around me. The men didn't seem



[Comparing feet]

fused, as the evening progressed and deeper into trance, and primal calls I journeyed.

I had a straight forward labour which, from the time of losing my plug, lasted around 12 hours. Into the night, in front of the fire, with the music being played from the veranda, I surrendered into a deep, euphoric rhythm. My daughter Esha who was four at the time, stayed up with me until eventually she fell asleep on the bed in the living room holding my hand, as I squeezed her for comfort. I shifted and changed positions. My friend Lizzi who had come to be my support person, mainly for Esha, rubbed my back during contractions.

Meanwhile, Jono had come down ill with the stomach bug, and would have to go outside to be sick, and then come in to help me!

I must have hit transition. But I don't think we fully realised this. Jono suggested I go to the bathroom to have a shower to shift my energy. Our bathroom was outside. This little place, was a bush shack, very rustic. I waddled with the help of Jono and Lizzi to the bathroom. I had an uncomfortable feeling in my pelvis as the baby was low inside me. I wasn't in the shower for very long, probably two contractions and I realised I was starting to crown. The bath wasn't wide enough for my legs to be split apart. I called frantically for Jono to get ready. "The baby is coming!" The men were still outside on the veranda drinking tea, playing music, in awe of the primal sound coming from the bathroom. Jono arrived, I ordered a towel to be laid



[Proud Dad with son in arms]

on the floor. A mirror to be placed in front of me. I had just enough time to step out of the bath onto the towel and squat while I watched my babies head peel open my vagina, the hot burning so intense. I just wanted this baby out, as fast as I could. I knew I should breathe, pant, take it slow, but the bearing down and burning was too much. I gave it all I had and out squeezed his head. Jono perched, in elation, smiles and tears waiting to catch his son. Then the next contraction out he slide into his fathers big hands.

Araphin was born in the bathroom at 12.41am in the beginning of spring.

My instinct kicked in strong. We were in a very cool semi outdoor bathroom just after midnight. I new we had to keep baby warm. I screamed my order to Lizzi to get a blanket. She returned with a comfort rug, which was about 30cm x 30cm. In hindsight this is a highlight for me. It shows how out of our depths we were winging the situation. Lizzi soon returned with a cloth more appropriate. I was in shock at this point. My baby boys head was cone shaped from the four days spent squashed inside me. I needed to get somewhere warm and comfortable. Jono carried Araphin, and Lizzi and Clint helped walk me to the living room where the fire was going. The cord was short and it was awkward having baby attached to the inside of me.

We decided to cut the cord with household items as some time had passed and I had not birthed the placenta. The cord had lost its colour and was cold and rubbery.



[New sister and brother]

Esha had woken up and was fascinated by her new brother, a new baby, a new member of our little family. Now Araphin was being passed around and everyone was cooing over the newborn. There was a sense of relief and celebration for the baby had finally arrived into the world.

I talked to my partner about my concerns of the third stage progressing. As we did not have clamps for the cord, a lot of blood was leaking. I was feeling uncomfortable, and spaced out. The people in the house was becoming overwhelming. I was exhausted and still had not finished birthing. With Jono's reluctance, I rang, the birth center and described the events that had happened.

The midwife told me to ring an ambulance as I might be hemorrhaging and need to be transferred to Tweed Hospital. I rang the ambulance. The first thing the ambulance staff did once I was in the vehicle was clamp the severed cord to stop blood leaking. We were put on a bed and wheeled into a room in the birth unit. The midwives quickly got to checking Araphin over, weighing him and measuring him. He was a healthy boy! His body temperature was a bit low, but skin to skin would be enough to stabilize his temperature. A midwife felt that my bladder was full. She showed me a catheter, and warned me that if I did not urinate in the bedpan she was providing in the next five minutes, she was going to insert the catheter. I willed myself to pee! The midwife then got me to relax as she massaged my uterus and gave a tug on the cord, and out

popped the placenta into the bed pan. Finally, a sense of achievement and relief! I felt I was in good hands. The midwives were warm and friendly. It was nice to be back in the center Esha was born in four years before. A place where so many friends have delivered new souls into the world. It was familiar.

Now we were given the opportunity to stay in the birth unit as a family. We stayed for two days and enjoyed the nappy service and support of the midwives.

Araphin's birth was its own wonderful experience. It was unique. My birth plan could never have been as creative as the events that unfolded. Even the presence of men would never have been a comfortable thought, but somehow at the time the right people were there. To this day those present are very fond of Araphin and I don't think they will ever forget my primal screams.

I learned a lot from the experience. In my third pregnancy, I had a planned homebirth with an Independent Midwife. I trust my body to know how to birth, but it is the experience of a midwife that I respect and value. Free birth is not something I recommend to anyone. Especially in the way we did it, totally improvised. There was no planning for birth at home. My bags were still packed for hospital after Araphin was born. Those bags did come in handy for the days spent post birth in the center though.

Jacqui Fae is mother to three beautiful kids, Esha (nearly 12), Araphin (7), and Zerai (4). Jacqui is a graphic designer and designs this magazine.



[Jono, Esha and Araphin the next day at hospital]



[Araphin and his little brother Zerai 2013]



[Settling in at home]



[Araphin, Esha and Zerai 2013]



Sol's Birth- Homebirth

My partner's mother was asleep in the spare room. She is lovely and we get on really well, but I didn't want anyone in my birth space other than my partner and midwife. She was aware of this and had agreed to go and check into a hotel when I went into labour. But it was I am now; I couldn't go and chuck her out at this time!

I stayed on the sofa, rocking and circling my hips, until 3.30am, when I decided I didn't want to be alone anymore. I went and woke my partner up, who was shocked to discover that I had been in labour in the next room for the last few hours! He got up and immediately started rummaging through his draws, pulling out a present and a card for me. I opened it and it was a beautiful amethyst heart that we had seen on a trip to Byron together a few months before. He had secretly bought it and kept it to give to me when I went into labour! The card was beautiful, telling me what a wonderful mummy I was going to be. It made me cry that he had been so thoughtful, and at that moment I felt so happy and lucky that I would be sharing the next stage of my life with him and that we were becoming a family.

We had set up the birth pool the weekend before, so just spent the next half an hour getting out my homeopathic remedies and herbs, candles and affirmations et cetera. By now I was feeling that being in water would be lovely, but I didn't want to get in the pool until my partner's mother had gone. We decided that 6am would be a reasonable hour to wake her, so I knew it wouldn't be too long until I would have the birth space to ourselves.

My partner wanted to call my midwife straight away, but I kept putting him off so that she could get a full night's sleep. But by 5am we were dying to know whether it was too early to start filling the pool, so I agreed to ringing her; as I had heard that getting in the pool too early could slow labour and wanted to hear what she thought. She said it was fine, that I could get in whenever I wanted and even if labour did slow down I could just get out again. We said we would call her back when we needed her.

When I discovered I was pregnant, I knew immediately that I didn't want to birth in a hospital. I had had my fair share of (bad) experience of hospitals and doctors, having been diagnosed with Crohn's Disease at 18 years of age, and had very little faith in the medical establishment.

I spent a lot of my pregnancy researching homebirth, watching YouTube videos, reading books, and being on homebirth forums. I found an independent midwife, had a beautiful Blessingway, and felt well and truly informed, supported, and excited about my upcoming homebirth.

I was 41 weeks and 2 days pregnant, it was a Tuesday evening and we had my partner's mother staying with us from the UK. She was going home on the following Saturday and was desperate for me to birth before then so she could get to meet her first grandchild! We had just had a busy day shopping and cooking to stock up the freezer, and I was musing on the fact that I had felt so energetic and that the baby had been quite still all day, both things that I had heard could occur when labour is imminent. But I didn't feel any other signs, and when my partner offered me a foot massage I jumped at the chance, getting out the clary sage massage oil and joking that it could bring on labour.

After the foot massage we went to bed. It was 11.30pm and I was just dropping off when I felt a gush. When I sat up I saw there was a large wet patch on the bed. I told my partner that I thought my waters had broken and went to the bathroom, where I sat on the toilet as amniotic fluid gushed out. I couldn't believe it was actually happening! But having read plenty of birth stories where the waters had broken hours or days before labour started, I tried not to get too excited. I put on a pad and went back to bed, telling my partner that we should get as much sleep as we could in case I went into labour soon.

As soon as my partner started snoring away, I felt a deep ache in my lower back. I tried to ignore it and go to sleep but it started to intensify, so I decided to get up and go into the living room. Within half an hour I was having regular mild contractions, lying over the back of the sofa surrounded by cushions. I decided to time them and was shocked to find that they were already two minutes apart! I realised I was actually in labour!

So my partner started filling the pool whilst I carried on rocking on the sofa. At 6am he went to wake his mother, and I went into the bedroom whilst she got ready and left as I didn't want to see anyone. My partner also called my sister to tell her what was happening, and she invited his mother to go and stay at their house instead of a hotel, which I am glad of, as they were a great support to each other as the hours went by.

As soon as I heard the front door close I came out of the bedroom and got straight into the pool. It was bliss, immediately easing the contractions which were getting quite intense now. I stayed in there for a couple of hours and then the lower back pain started to get very painful. It had been there all along during contractions, but was now very full on even in between them. So my partner phoned the midwife back to ask if it was normal, and whether it meant the baby was posterior. She said she couldn't tell but just to apply hot packs and she would come and check in on me in an hour or so as she had an appointment nearby.

The hot packs helped a little for a while, but then the back pain became so bad I had to stand up and step up and down, holding onto the back of a chair for every contraction. Our midwife arrived at around 10.30am, set up her things and checked the baby's heartbeat, which was fine. She agreed that he seemed to be posterior, which would explain the intensity of the back pain, and advised me on some positions which might help. She then left for her appointment, saying she would be back in a few hours.

I tried lying on my side with my leg in the air, but the contraction in that position was so intense I immediately threw up. Lying down in any position was unbearable, which was a shame as I was getting very tired, being awake for 28 hours by now, and not having eaten anything other than juice ice cubes for 16 hours.

At this point time gets very blurred, I remember it was a very hot sunny day and, even though the blinds were all down, the



Transfer to Caesarean

sun coming through the cracks was annoying me, so I got my partner to put blankets over them. I spent most of the time in the pool, and some time sitting on the toilet. My partner continually heated hot packs and applied them to my back, as well as massaging me and giving me sips of water and ice cubes.

At around 2.30pm the midwife returned. I was finding the back pain unbearable so I asked for some sterile water injections in my lower back to help to ease it. Before she gave me them she warned me that there were four of them in a row, and that they felt like bee stings, and that many women ask to stop after the first injection.

I was on all fours in the birth pool at this point, and steadied myself against the side, gripping my partner's hand in preparation. However the pain was already so intense I hardly noticed the injections! Within 15 minutes the back pain started to ease, not during contractions but in between them, so I was at least able to rest for a couple of minutes in every interval.

Again time blurs here and the next thing I knew it was dark outside. The sterile water injections only last a couple of hours so at some point here I had a top up, but they didn't seem to ease the pain as well as the first time.

A few hours later everything seemed very still. I realised my contractions had slowed right down. I asked the midwife why this was and she said she wasn't sure. Suddenly with the next contraction I felt the urge to push. The midwife said to try not to push too much, just let my body go with the flow. I tried not to push but then with each contraction I had the most excruciating pain in my bum.

Then she was telling me that the trainee homebirth midwife who was also supposed to be attending my birth was outside. I wasn't sure if I could handle having the disruption of someone else coming into my birth space at this point, but she suggested that the trainee might bring some fresh energy into the room. And she was right. The trainee midwife quietly came in, lit my candles which I had forgotten about, and came and sat beside the birth pool.

The pushing contractions were coming hard and fast now and, if I thought the first stage had been painful, that was nothing compared to this agony. I demanded my partner push a hot pack on my bum so hard with every contraction that it was nearly going right up my bum! I remember thinking that the baby was going to burst out of the birth canal into my bum, and asked the midwives if they had ever seen that happen before! As well as that pain there was also a very intense pain in my left hip.

After very painful pushing for over an hour I was getting demotivated and not handling the pain at all. I was aware of myself screaming and swearing through the contractions, and tried to take my voice down low and focus as I felt I was losing control. I decided to give myself a VE to see if I could feel the baby, but couldn't. At this point I started freaking that maybe I had a cervical lip and that was why the baby wasn't coming down. I said 'something's wrong- I can feel it' at which the midwife sat up and took notice. She told me afterwards that she always listens if a labouring woman says something is wrong, as it is their instinct talking.

So even though we had agreed on no VEs, I felt it was necessary and asked her to check if there was a lip. She did so, with me on all fours in the pool, and said there was no lip and she could just feel the baby, very high up, which was a big relief to me.

I carried on pushing for another hour and the midwives told me to really push into each contraction now instead of trying to get away from it. It was the hardest thing I have ever done, pushing into an already excruciating pain to intensify it further. Then I checked again and there he was: I could feel my baby's head just a few centimetres from crowning!

This really re-motivated me, and I gave it everything I had. We tried all sorts of positions to open up my pelvis and help the baby to move down: supported squatting, head down bum up, sitting on the toilet, as well as pink kit manoeuvres such as the hip lift and the sit bone spread. I was really pushing through the pain now.

Another three hours of pushing went by and I could feel that the baby had not moved at all. I was exhausted and shaking and could feel my contractions slowing down. I went and tried pushing on the toilet again, and could hear my partner talking with the midwives outside the bathroom door. I knew in my heart that something was wrong.

The three of them came into the bathroom and crouched down in front of me. "It's not right is it, he should be here by now shouldn't he?" I said. Our midwife agreed that it was unusual for a baby to get this far down and then stop despite five hours of pushing, and that she was getting worried that something was stopping him. She assured me that his heartbeat was still fine so he was not in any immediate danger; that it was completely up to me but that if I wanted to consider transferring now would be the time.

I felt devastated but I knew she was right: my body was starting to give up now, with the contractions losing their intensity and becoming irregular. I asked what she thought would happen if I did transfer and she said she hoped it would just take a little vacuum suction to help him out that final bit. I said if I did go that I wanted to leave the hospital as soon as he was out, and that if I was going to end up with a C-section then I wasn't going. The midwives said they didn't think it was likely as I was so far along.

I discussed it with my partner and we decided it was the sensible thing to do. I really had given it my best and tried everything to get the baby to move. So feeling sick and scared, but also preparing myself for battle, I showered and packed a bag and off we went.

The car journey was horrendous, it was 5am so luckily there were very few cars on the road and it took less than 10 minutes to get to the hospital, but having contractions in the car and not being able to move around or stand up was torture.

On arrival at the delivery suite the midwife on duty asked me to explain what was happening with my labour. As soon as she heard I had transferred from a homebirth her attitude became very cold. I explained that I had fully dilated with no problems, that I had been pushing for five hours and my baby was well into my birth canal but seemed to have got stuck just before crowning, therefore I had transferred in the hope that I may just need some vacuum suction to help him birth.

The midwife told me that I could not make assumptions like that and that it would be up to the doctor what happened, not me. I immediately burst into tears, she was trying to disempower me, just as I feared they would. She then told me "you have to give over your control as you are in a different model of care now"! It was exactly the reason why I had chosen to have a homebirth.

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But I was determined not to give my control over to anyone, and when she told me to lie down for foetal monitoring I refused and told her she could monitor the heart rate whilst I moved around. She didn't like it but did it anyway, then again tried to make me lie down for a VE. I told her I couldn't lie down, at which point I think she had had enough of me and went off to get the registrar obstetrician.

Thank god the registrar OB had a much better attitude than the midwife, he was very sympathetic that I wasn't getting the birth I had planned and said he would do everything he could to stick to my birth plan.

I lay down for a VE, half on my side as there was no way I could lay on my back. He did the VE as quickly as possible, apologising for the pain, but it was still agonising. Especially when I had a contraction during it, and he asked me to push so he could feel if the baby moved at all, which he didn't. He explained that the baby's head was so squashed together he could not feel the fontanelles to determine his position, so asked if he could do an ultrasound.

The ultrasound showed that my baby was in Deep Transverse Arrest. This meant he had entered the birth canal in a posterior position, and had then tried to turn around, and got stuck with his head sideways against the ischial spines of my pelvis. The OB said that he would try his best with the vacuum suction, but there was a big chance it wouldn't work as he was so stuck, in which case it would be a C-section.

When I heard this it felt like my whole world came crashing down around me. I couldn't stop crying and shaking, but somehow managed to go through the part of my birth plan about C-sections with the OB, explaining how important it was that I had skin-to-

skin with the baby straight away, and that my placenta must be kept for me. But all the while I was wishing and praying that it wouldn't come to that and that the vacuum suction would work. I heard J, who was not allowed to come into theatre with me, also going through my birth plan thoroughly with the hospital midwife, who unfortunately was going to be in theatre with me.

I was taken to the prep room, where the anaesthetist introduced himself and then took what seemed like forever to prepare my back for the epidural and read out the risks. By this time I had accepted the fact that I would have to have an epidural for the following procedures, so was just thinking: if I'm going to have it anyway then just do it NOW and take away this pain!

I asked to have the minimum amount of epidural possible, then tried to keep still whilst the anaesthetist prepared to insert the needle, but jumped up when I had a contraction. My partner tried to support me while I hunched over on the trolley after the contraction, but I became aware of him swaying around. I yelled at him to keep still, and it wasn't until I looked up I saw he had gone as white as a sheet and was covered in beads of sweat.

It dawned on me how much all this was affecting him too, he had also hardly eaten or slept for days and had been there supporting me through every contraction. Having to see me so distressed and going through something he knew I so feared must have been very traumatising for him too.

The staff quickly sat him down and put his head between his knees. He kept hold of my hand and kept saying how sorry he was to me, that he should be being the strong one. I kept telling him it was okay, he had

been amazing, I wouldn't have been able to keep going as long as I had without him.

On the second attempt the anaesthetist got the epidural in and soon I felt my body go cold. I had already been uncontrollably shaking for hours from exhaustion but now the shakes became really violent. I was wheeled through to the theatre and my dead legs were put up in stirrups. For some reason it hadn't occurred to me that that would be happening, and the vulnerability and humility of being in that position made me cry even harder.

I looked up at the bright lights and masked faces and couldn't believe that I was here and this was happening to me when just a couple of hours before I had been in my candle lit birth pool in my living room.

The registrar applied the ventouse and waited for the midwife, who had her hand on my stomach, to tell him when I was having a contraction. Then I had to push as hard as I could whilst he pulled. It was a surreal feeling, pushing with muscles which were completely numb, but I pushed and pushed so hard that my partner said veins were popping out of my face. Over and over in my head I was praying that the next thing I would hear would be my baby's cry, that it wouldn't end up being a section. But three times the ventouse popped off, and I knew that was the maximum amount of times they were allowed to try.

The registrar looked at me sympathetically and apologised, it was going to be a caesarean. The screen was put up in front of my face. It was my worst nightmare come true.

The anaesthetist said he had to up my epidural for surgery, then mentioned including pethidine and antibiotics in the spinal. That brought me out of my haze; I remembered I had to keep aware of everything that

was happening and not let them make any decisions for me. I told him I didn't want pethidine or antibiotics, at which he tried to tell me that I needed it post-operatively for pain relief. I argued it out with him and eventually he agreed that a minimal dose of morphine could be used instead of the pethidine (which is marginally less toxic). I said if I developed an infection I would take antibiotics then, not preventatively.

My partner was next to me, stroking my face and reassuring me as they cut me open. I couldn't feel anything, even the pushing and pulling that many women experience; I think they gave me too high a dose of epidural as my right hand was completely floppy and numb.

They lowered the screen and I saw my baby being lifted into the air, letting out a loud cry. They brought him over for me to kiss him, I tried to stroke him but my dead hand just flopped against him. They tried telling me that he needed to go in an incubator because he was cold. I adamantly refused, telling them that skin-to-skin was the best way to warm him up, so the midwife (a nice one now thank god, they had changed shifts) put my baby on my chest and my partner helped me pull down my gown.

The second Sol looked in my eyes and heard my voice he stopped crying. We just stared at each other in awe, everything else just disappeared and it felt like it was just him and me alone. Despite everything it was the most beautiful and powerful moment of my life.

We stayed like that for a few minutes and then they had to take him from me to stitch me up, so again I refused that he go in an incubator but have skin-to-skin with his daddy instead. My partner took him over to be weighed and checked then took off his t-shirt and put Sol against his chest, and together they went and sat with a blanket around them.

In recovery I drifted in and out of a morphine-induced sleep until I was woken by a baby's cry coming round the corner. I knew before I saw him that it was Sol and pulled down my gown ready for him to feed. The midwife passed him to me and he immediately latched on. I looked down at him and could not believe how perfect and beautiful he was. I felt so complete having him there at my breast.

He stayed with me for 10 minutes, then the midwife took him up to my partner who was waiting in my room with the midwives. When I got up there half an hour later it was wonderful to finally be with my partner and our baby. We stared at him in amazement that together we had actually created this beautiful little being.

When the maternity ward midwife came to check on us I asked where my placenta was. She didn't know so the trainee midwife went down to the delivery suite to find out. She came back 20 minutes later saying that nobody knew what had happened to it, but it was probably on its way to being incinerated by now.

I had planned to eat my placenta in frozen tablet form and make a homeopathic remedy for Sol from it; when I did my nutrition training we were taught how good it is for mother and baby if the mother consumes the placenta, being so rich in nutrients and containing hormones which prevent post natal depression. It was something I planned on doing years before I even considered

getting pregnant. When my birth had gone wrong and I had transferred to hospital it was a comfort to me that I least I would still be able to do this. So to now have my placenta taken away from me without me even seeing it was heartbreaking.

I was told I needed to stay in hospital for five days, but I was determined to discharge myself that evening. The day passed quickly, baby-gazing and breastfeeding and, though I was in pain, I refused all the painkillers they tried to give me, other than Panadol. I didn't want there to be any more drugs in my breast milk than absolutely necessary.

Various staff members, from the head of the maternity ward to the head of anaesthetists came to my room telling me how dangerous and irresponsible it would be for me to leave hospital so early. I calmly told them I didn't need their permission and that I had a midwife who would be looking after me at home.

When the evening came I had still not been able to eat or even take a sip of water without throwing up, so was feeling extremely weak and lightheaded. After discussing it with my partner we agreed that we would spend the night there, so the nausea could wear off, and we would leave in the morning.

I was not allowed to co-sleep within 48 hours of having morphine so my partner signed a disclaimer saying he could co-sleep, and we spent the night with Sol either in my arms feeding or in bed with my partner. I hardly slept I was so busy gazing at Sol all night.

In the morning the nausea had gone and I was finally able to eat and drink. We dressed and packed and the midwife brought us another disclaimer to sign saying that we were not the hospital's responsibility and were leaving against their recommendations.

Before we left the registrar obstetrician came to my room. He apologised about my placenta not being kept, saying he thought everyone in theatre had known I wanted it and that he had put it into a bag and given it to the midwife, he could not understand why I had not received it. I believe the midwife disliked me and discarded it on purpose. I wrote a complaint to the hospital and the HCCC about this.

The registrar obstetrician also said that my caesarean was the hardest he had ever performed. Apparently Sol was more compacted against my bones than he had ever seen, and had his head tilted to the side as well, something that had not been apparent on the ultrasound. He had had to push him up vaginally, and bring him out of my wound breach.

Knowing this has been helpful, from the research I have done since, it seems I did everything I could to help him get out of his position. Maybe if I had kept going for longer he may have eventually moved, but I followed my instinct which was telling me something was wrong. Maybe he would have become distressed if I had pushed for even longer than five hours. I don't know and I don't suppose I ever will, but I did what I felt was best at the time.

I am pleased that I kept control of the situation as well as I did; at least drugs were kept to a minimum and I was only in hospital for 24 hours. And, from a health perspective, Sol got lots of compression from the labour to prepare his lungs for breathing, and got so

far down the birth canal that he would have at least got some of the beneficial bacteria. The fact that he never once got distressed through everything he went through is a testament to his laid back, peaceful character.

To finish my story, we returned home to a sparkling and sunny apartment; my partner's mother had emptied the pool and cleaned the whole flat. We climbed into bed with a plate of lactation cookies made by my sister; so happy to be back at home, where we belonged. And we pretty much stayed there for the next two weeks, having a beautiful milky babymoon!

5 Years On

Three and a half years after Sol's birth I finally got my homebirth. I birthed his brother, Eidris, at home, in water. His birth story was published in a previous copy of Birthings, and may be a memorable one because of the fact I had a 13.5 hour second stage! It was the hardest thing I've ever done, but I did it. And it made me realise that if I had only had the support to go on pushing with Sol, he would have most likely eventually been born vaginally too. I truly believe that's what it all comes down to, having the right support.

Regan Matthews is a 34 year old single mama who lives in the Innerwest of Sydney with her 2 beautiful boys. She is a qualified Nutritionist, and is passionate about birth choices, natural parenting, and women's rights.



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The Homebirth In Hospital of the Golsby-Smith Twins



When we fell pregnant with our first child we planned to have a homebirth. A beautiful, romantic, divine homebirth. We engaged an amazing midwife, and began to prepare to welcome our child into our home in November 2013.

I was going to be in Bali teaching yoga for two months in my second trimester, and we'd decided to decline the 12 week scan. It all seemed a bit complicated to arrange before I flew out and the pregnancy seemed to be progressing normally. I was happy, healthy and not experiencing any unusual signs or symptoms.

Off I went to Bali and, day by day, my belly got bigger.

At 15 weeks my husband came to visit me. I was so excited to show him my little tummy. I was really beginning to show. I remember saying to him that I thought I looked big for 15 weeks and that my mum hadn't shown until she was nearly five months along. As the days passed I began to wonder if there was something wrong. Perhaps I had gestational diabetes and the baby was getting really big. I spent hours on the internet scanning for images of other women at 15 weeks pregnant to see if there was anyone with a belly as big as mine. I contacted my midwife and between us we decided that it was just really hard to tell if I was bigger than 'normal'. Perhaps it was just the way I was carrying.

At 18.5 weeks (still in Bali) I sent the midwife a message saying that I felt HUGE and that I wondered if there could be two of them in there. It was a bit of a joke, as the students on the teacher training program I was working on kept saying "Are you sure it's not twins?". I dismissed the possibility of twins because there were no twins in my family and just thought that I must have been carrying my whole pregnancy out in front. Little did I know that's not quite how it works with identical twins. They don't run in families the way that fraternal twins do. Identical twins are a miracle.



Two days after I arrived back in Australia, at 20 weeks, we had our morphology scan to find out the sex of the baby. We were so excited we could barely contain ourselves. The sonographer began to scan and I looked at the screen. It was the first time I'd seen an ultrasound of our baby and I was thrilled. An arm, a leg, another arm, another leg, a head, there were tiny body parts everywhere. While I was excitedly calling out the names of each body part, my husband was staring at the screen and then at the sonographer and then back to the screen. He has an 11 year old son and, from memory, he was pretty sure that a baby didn't look that messy on an ultrasound.

At the same time as Tim started to become concerned, the sonographer put down the ultrasound equipment and put her hand on my arm. My heart dropped into my shoes. The first thought that popped into my head was that she was going to tell me there was no brain function. That the amazing little human, who I'd become so attached to, who I'd been feeling move around, was not viable, that there was something horribly wrong. As she held my arm she said "You know there's two of them in there?". Tim and I looked at each other and screamed in delight! Then we swore and screamed and yelled, and then I felt like I needed to be sick. Twins, we were having twins! Spontaneous, identical boys, a one in 3000 chance. This was so cool! I'd wanted a baby for such a long time and now I was having two! At the same time!

I called my midwife as soon as I could speak. She guessed straight away what I was going to say. We were all jumping out of our skins with excitement! But carrying twins made my pregnancy high risk. Our little boys shared a placenta, but had two separate sacs (mono/di twins). It's not the most risky configuration for twins, but it does carry its own potential difficulties. We spoke with our midwife and decided that in order to preserve the sanctity of homebirth and not chance becoming a bad news story, that we would move our birth to a hospital. We were blessed to be guided to a hospital where we were cared for by the most amazing team.

Knowing that I was making the right decision for the birth of my babies didn't lessen the grief I felt about letting go of the homebirth that I so dearly wanted. I had visualised the most beautiful setting in our living room. Candles, low light, a birthing pool, and my baby in my bed with my husband. I cried. I cried a thousand tears for the loss of my homebirth, for the fact that we would be giving birth in a hospital room with a machine that goes 'bing'. I grieved the loss of intimacy as our birthing team of three turned into a circus of 10. But with Tim and our midwife by my side, I decided that I would turn this around. Despite the fact that I was going to be in a hospital room I would create a homebirth ambiance. That I would, with the assistance of Tim, the midwife and our OB, advocate for the most natural, intimate birth I could.

Twenty-three weeks arrived and I had another ultrasound. My cervix had begun to shorten: 5cms to 2.5cms in three weeks. I began to panic and I was referred to the Maternal Foetal Medicine department at the hospital for further monitoring. We were now going to be scanned every two weeks. I cried again. I hadn't wanted to be scanned so much. In fact I had only wanted to have one, maybe two scans during my whole pregnancy. But we made the decision that we needed



to scan regularly to make sure the boys were okay. The risks of twin to twin transfer syndrome (TTTS) and my shortened cervix were too high for me to decide to decline further scanning.

At this point I decided that I needed to get really proactive. We'd just attended the amazing She Births course and I knew that if I didn't start to really ask questions and get organised, that there would be more surprises, so I wrote our birth plan. One plan for a natural birth, one plan for the C-section delivery of twin two and one plan for the C-section delivery of both babies. My midwife helped me work through all of the points that needed to be reviewed and we had meetings with the teams at the hospital. There were about four drafts of the birth plans before we all agreed on how we would proceed. We went through every detail, in detail. I asked why and what at every point along the way. I was determined to understand everything on the hospital's standard procedure sheet. I had some powerful and really constructive conversations with both the team in Maternal Foetal Medicine and my OB.

In the end I agreed to a lot of the standard procedures (including induction at 37 weeks), but I refused the epidural, which is administered with twins to help if an emergency delivery of twin two is required. My OB provided me with several other options and explained the risks of not having the epidural in great detail, but I was determined to feel everything.

At 37 weeks the day came to be induced. We tried several more natural options, including a Foley catheter and artificial rupture of my membranes to get things started, but nothing was happening. At 11am we started the Syntocinon. Nothing happened until 2pm. Then it was on. My contractions were in full swing. I told Tim to call the midwife: "and tell her to be here by 3pm!". I was in established labour and it was intense. The contractions rolled one into the other with no breaks.

The Syntocinon had been turned off once my contractions were established, but it had done its job. The contractions became stronger



and stronger, with no breaks, and I began to lose my grip on things. I was in the warm pool but I was freezing cold. The midwife and Tim were pouring more and more hot water in but I was still freezing. The midwives decided to take my temperature. It had spiked from 37 to 39.5 degrees. It turns out that the group B Strep that had shown up in a swab prior to the labour had taken hold. We think it may have been because my waters were broken early in the day. Either way, that had been my choice and looking back I still wouldn't have done it any other way. I wanted to exhaust all of the natural options first.

By this point I was inconsolable and the contractions continued to roll on. I had thrown all of the monitoring equipment across the room and was refusing to put it back on. In my head I was begging someone to offer me an epidural. I remember that I kept saying





it was too much, that there were no breaks. But no one did offer me the epidural and I wouldn't ask for one out loud. If I was at home there would have been no epidural, but there wouldn't have been any Syntocinon either. What did get offered was the gas, and I took it. It gave me something to focus on that wasn't the intense rolling contractions that seemed like they would never stop.

Apparently no one except me was that happy with the fact that I'd thrown the monitors away and was refusing to put them back on, so they called in the OB to do an internal to check how things were progressing. I was fully dilated. Not only had I been delirious with a super high fever, I'd been going through transition too. No wonder I had thrown the monitors!

Xavier was born head first at around 7.30pm. My amazing husband caught him as he came out and placed him on my stomach. I was elated. I'd just birthed the first of my two little boys and he was perfect. It was perfect. I felt strong and I'd listened to my body, only pushing when I felt the urges. After a few minutes of Xavier being out, Tim cut the cord and Xavier was wrapped in a blanket for me to hold. I offered to breastfeed him, but he must have known that I was going to be very busy again soon.

I remember Tim taking our little boy in his arms and going to sit in a chair nearby. This is my most vivid memory from the birth. I remember looking over and seeing my beautiful tiny little baby in the arms of my big strong husband and knowing that he was safe. As soon as I saw that my little boy was safe I knew I was ready to birth again.

The room was full of excited people, there's quite a team when twins are involved, but I called them all to order. I had another baby to birth and I needed to concentrate.

With the OB's guidance I began to birth our second boy. He was posterior and breech, and I distinctly remember him telling

me that I needed to work with the baby to turn him. With each push I visualised little Cairo turning. And with each push he did. He turned a little more each time, and then he was with us.

After 5 hours of intense labour, both little boys were in the world and on my chest. They began to feed almost instantly, and so did I, as the midwife fed me chocolate. I was in heaven.

We stayed in hospital for the next three days with wonderful care, until we decided that we were ready to bring our boys home. Bringing our children into our home for the first time was a wonderful moment. Exhausted and relieved we all crawled into bed and rested, just like I had wanted to.

Despite some complications along the way, this birthing experience was the single most empowering and extraordinary experience of my life. I'm glad that we chose to birth our twins in hospital in the end. We needed the support that they were able to provide. I'm also really proud to have advocated for myself. I asked the hard questions, had the difficult conversations and was well informed. This helped me to make the choices along the way that made my birthing experience so magical.

I would like to thank the team at the hospital we attended. They helped us to create what I call my homebirth in hospital and it could not have been more perfect. It would not have been possible without our wonderful midwives, and our inspired OB. Special thanks to the team in Maternal Foetal Medicine who had to endure some pretty tough questioning and to our third midwife, who came in at the change of shift and captured some of the most amazing birth photos I've ever seen.

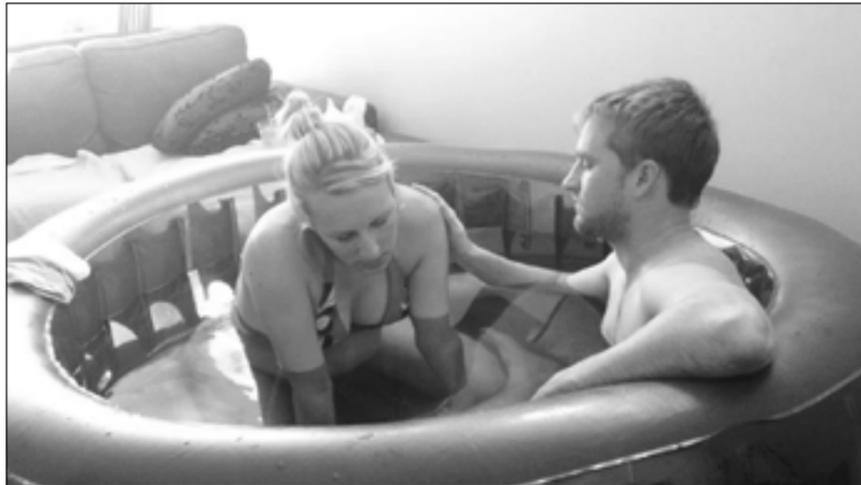
Brita Golsby-Smith is mother to identical twin boys Xavier and Cairo, wife to Tim, and a pre and post-natal yoga coach, living and working on the Northern Beaches of Sydney.



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A Bonnie Birth



At my son Flynn's six week check up, our lovely midwife, Melanie, suggested we decide on a contraception method. Woops! Never crossed that off the to-do list, so lo and behold, 7 months later I found myself expecting again. It was a pretty good pregnancy, about as good as you can expect with a terrible back and a one year old, and the only thing that worried me was Group B Strep, which kept showing up in my urine. I had 3 or 4 UTI's during this pregnancy and had to take a lot of antibiotics, and I knew that intravenous antibiotics during labour was recommended for GBS. The GPs weren't very helpful, two of them actually had to google Group B Strep to see what I was talking about. But in reading up on it even more extensively than Google and discussing it with Melanie and Emma, my lovely midwives, I decided that I'd rather not pump my baby full of antibiotics at birth 'just in case' and instead I would just closely monitor the baby in the week after it was

born (although who doesn't do that anyway!). I was due early to mid August, and lots of my family were busy then: my Dad was getting back from Europe on 14 August; and my sister Mel (who I wanted to attend the birth) was leaving on the 16 August, so I jokingly told Melanie I would have the baby on 14 August as it suited my schedule. So sure enough, at 12.30am 14 August I started getting contractions. We'd decided to send our 17 month old son Flynn to mum's during the birth, but because it was night, I was happy for him to sleep through it and got excited that he would wake up to meet his new sister. By about 3am my contractions were two to three minutes apart, getting quite intense, so I felt like it would be soon. My sister Jess was already over and setting up with me. I decided to ask Melanie and Emma, my back-up midwife, to come, plus my sister Mel too. I then felt a gush of something and went to check what it was. I felt a bit sick when I saw a big patch of bright red blood in my undies, and felt more blood drip out - I didn't

realise bleeding a bit could be normal as I'd had nothing like this with Flynn. I woke Jack up and called Melanie, who reassured me that a bit of blood was ok, they didn't start to worry unless it was more than 50 millilitres. Feeling a bit shocked and shaky after that scare, my contractions started to slow down and by the time my midwives arrived at 4am, they were very far apart and irregular. By the time the sun rose, they were 10 minutes apart again. By the time Flynn woke up, there was almost nothing. He was very excited to see a pool in the middle of the lounge room, so before my mum arrived to take him, he went "twimming" and "plashing" with Daddy! Because I'd just about stopped labouring, the midwives went home for a bit and my sister Mel went off to do a presentation at uni. Mum and Flynn left, and the house was very quiet. Jack, Jess and I all had a nap for over an hour until I was woken up at midday with a very sharp, intense contraction. Soon I called Mel and the midwives. It was time for this little girl to start her journey down!

By 2pm it was my turn for a swim. I remember it being quiet and warm and sunny that afternoon. It was peaceful and I was managing the pain fairly well for an hour and a bit, starting to give some long, low groans with each intense wave. Soon I found it hard to get comfortable, but the worst thing for me was the sound of the kettle boiling - it was really grating my nerves. Sure enough, I was transitioning and started getting the urge to push, and since nothing felt comfortable, I chose to get onto all fours to try birthing that way. Melanie had warned me the baby would probably be born very soon after my waters broke. I didn't feel ready yet (I was being a wimp) so I stopped pushing half way through each contraction. Finally, after doing this for 10 contractions or so I gathered the courage to break my waters with the next push. Meanwhile Melanie's husband had just handed over her five month old son at the front door for a feed. Not sure how long the little guy had to wait for a feed because at that moment my waters broke and I could feel Bonnie coming out in an instant, so I frantically called, "Melanie!" and she had to almost throw Charlie back and come rushing in!



me to push out her body as soon as I could, and I pushed hard and gave a big growly scream in the next contraction to get her out. Jack handed her to me in a bit of a tangle of umbilical cord and I held her close and talked to her, waiting for her to take her first breath and show some signs of life. It was a long 60 seconds, but she finally gave a little grunt then a cry. And just like my first birth, Jack and I shed no tears, just relieved laughter at how little and squished and squirmy she looked! Having lost a bit of blood, the midwives got me out of the pool 15 minutes later, gave me a synto shot and pulled out my placenta (I waited 2 hours last time with no success, so was quite happy to have it actively managed early on), all while Bonnie started feeding. Bonnie had great attachment - not quite as strong as Flynn, which was nice, and she fed for two hours straight. I had torn a little bit in the quick birth of her shoulders, but didn't need stitches like last time, hooray (my 4.7kg son must have stretched me nicely)! My mum came over with Flynn and he met his sister, although he was more interested in the candles than the baby. He loves her now though and gives her many enthusiastic "tuddles" a day. I'm surprised at how much she loves him even though she's so

The next three minutes were the hardest in my life (physically at least)! Bonnie would have just shot out like a rocket so I spent the whole time trying my hardest to hold her in to give myself a chance to stretch. I couldn't find a way to get relief from the pressure - I felt like I must have looked like a bucking bronco in my distress, but I was relatively still when I watched the birth on video so it must have been all in my head. Melanie was telling me to breathe, and made some quick "HA HA HA HA" noises for me to copy, which was great, as I couldn't comprehend instructions at this stage, but I was able to mimic. I could feel Bonnie's head slowly stretching my perineum and I finally let go completely and pushed in earnest. I got a little worried that she wouldn't fit and wondered if it would be possible to give up at this stage, then suddenly panicked and realised this was a real little human being that I had to make sure stayed alive! I prayed a quick prayer to God to keep her safe, and then felt assured that I could do it. And then out came her head. After peeling the bags away from Bonnie's head, Melanie noticed some meconium so told

young; she follows his voice and watches him whenever he's nearby and her first real smile was for Flynn, despite the daily accidental elbows to the stomach and kicks to the head. By 5.30 or 6pm Bonnie, although looking like a tiny, scrawny newborn to me, weighed in at a reasonable 3.98kg. It was starting to get dark so I cleaned up a bit, got half-dressed, and feeling very dizzy, hopped into bed. I felt more tired than my first birth; I think it progressed much quicker this time round but was more intense and draining. Bonnie's breathing was a little quick so I slept with her cuddled up close to me to regulate it, and that's still how she falls asleep best. Bonnie is still thriving nicely two months on and I feel completely recovered and back to normal, which is great because it took me closer to eight months last time. Actually I never really completely recovered from Flynn's birth - I felt like I had a low, heavy cervix or achy vaginal walls that made



it slightly uncomfortable to stand still for more than 5 minutes and sex had sometimes still hurt around the area I got stitches. None of these were too severe, and I didn't mind if I had to live with them, but this second birth not only gave me a sweet little girl, but the added bonus of clearing up all previous problems! Bonnie is very different to Flynn - at two months I would have described him as fat, funny, friendly and strong. Bonnie is sensitive, a bit anxious, sweet and observant. I love her to bits. We are so happy and content with our beautiful family right now!

Louise Walton is the full-time mum of Flynn and Bonnie, who often fills her non-existent extra time with running or helping with kids' events for church, though at the moment is just working on her own kids exclusively for a few months. She is married to Jack, in the house that Jack built, and they are both probably in the top 2 per cent of the world's untidiest people, so she feels that keeping the house in a "reasonably liveable" status is a great achievement.



The Birth of Noah B Ocean Mengersen



On Wednesday 6th November 2013, I was likely at nearly 42 weeks and had just a tiny tinge of pink on the toilet paper. I gathered my man, my doula & my glitter and headed down for my last swim at the beach before I became a mother.

This was a magical afternoon and such a wonderful way to get into the groove of things to come. We glittered my belly, took some pregnant yoga photos with the setting sun silhouetting my form, and floated in the ocean pool with my belly looking like a turtle. I treasure these images: it's amazing to think just 12 hours after this I was holding the little being that was inside me.

The walk back up the stairs from the ocean was slow going. My pregnancy had been wonderfully easy and gone very quickly and I knew the birth would too, so this was the day I would birth this baby. After dinner I texted my midwife Sheryl to let her know about the pink and suggested she might be hearing from me over night. Damien went to bed and I stayed up going over the photos from earlier and enjoying a long bath. I definitely felt tightenings: different to the Braxton hicks I had been feeling. They lulled me into a kind of trace-esque state. I was really enjoying the feeling & I remember thinking this is easy, maybe I'm not in labour.

After my bath, feeling happy but at a bit of a loss as to whether I should go to bed or not, I urgently rushed to the loo and pooped and vomited simultaneously and from there it was on! I stayed on the toilet for a while trying to count how long the contractions were (between 20-50 seconds) but got lost counting how far they were apart so went in to wake Damien. It was just after midnight.

I was clearly already in my body, not my thinking brain. I went back to the loo gliding deeper into an immensely calm out of this

world state while Damien got busy setting up the pool and the house with candles, lamps, music and drawing the curtains - all while timing the contractions. There was no regularity to them so when Damien asked if he should be calling Amy (my doula) or Sheryl yet, I really wasn't sure, and thinking was not possible as the tightenings were now taking me to an even deeper trace state where my mind simply did not exist. I was pure body, and gee my body is strong!

We called Amy to come at about 2am and by the time she got there, I was pure body, no mind. I was occasionally aware they were there but mostly I just sat on the loo with my head against the wall between contractions, listening to the music, often singing along or laughing at the appropriateness of the playing song which was set to 'random'. This time was quite fun thanks to the music! I tried a few times to get off the toilet but with every contraction I vomited and released all sorts of stuff into the toilet so I never made it very far. Apparently it was quite amusing. Contractions for me seemed to be pure purging.... simply every muscle squishing. Apparently I was quite vocal in my love and gratitude for the wall being right next to the toilet for a head rest and also for the architrave at the door way to clench my fingers around while standing.

I do remember the contractions weren't just my belly region, but my whole entire body making my legs jelly which probably explains the love of the architrave helping me to stand.... I still now (9 weeks later) look at that architrave with appreciation and never again will I complain that the toilet is literally in the middle position of the house! Contractions for me weren't painful, but just simply my body working, while it was not hard for me, my body clearly was working very hard. It's interesting when no mind is involved, how easily your body takes over and just does it. It simply gets to work pushing this baby out.

Pure. Simple. Let it be. Just let it happen.

I remember Amy wondering if it was time to call Sheryl and asking me if it felt like the contractions were changing, whether my body was now pushing. Truly I couldn't answer her and probably didn't comprehend what she was asking anyway. During this time I had been asking them to fill the pool and I remember looking down between my feet at the clear hose pipe connected to the bathroom tap and wondering why I couldn't see water pumping through it... apparently I certainly let them know I should be seeing the water! It's amazing how few words you need to get your point across.

It was then that I grunted in a very deep slow low voice "get Sheryl now" and of course Amy smiled, she knew I would know when to call. That must have been at about 5:30am. Sheryl soon arrived and I remember her coming in to see me on the loo, holding my face in her hands and getting me to the pool. Ahhhhh the pool. Walking out into the lounge room was utterly magical, the sun was coming up and highlighting our thin white curtains. The room was stunning. Very angelic. A perfect place for a new little being to enter. Although admittedly, I'm remembering this from the photos, not actually my memory.... I don't think I noticed my surroundings.

I stepped into the pool, dropped down and did not move. It was so good to be in water. I stopped vomiting about this time so had some tiny sips of water and some ice and Apparently I vocalised I wanted it not to be so cold. Ha! Warmer ice? Sure thing mama!! Sheryl knew what she was on about and suggested I turn over to my back, yup, good move, I feel the bones opening up and at this stage I feel a bit of pressure pain on my bumbone/lower back area, not anything to cause it to be too much, but definitely I notice this sensation. Sheryl said:



'it's just the baby moving through'. Sheryl asked to check to see if I'm fully dilated and she smiled saying "honey the heads just there.... Feel it". Again she knows what she's on about and suggests I put my chin down more to my chest, yup, he moves further down and now I can feel him inside me.

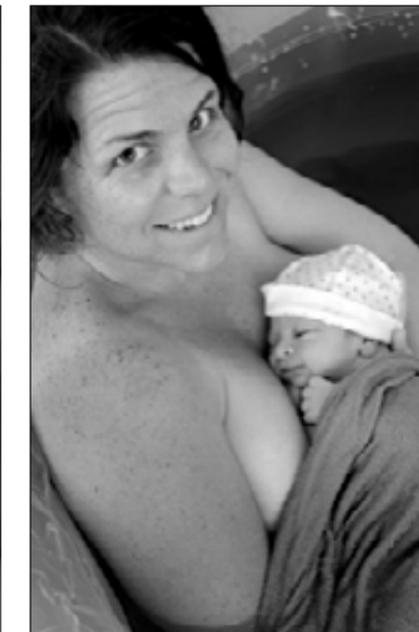
About this time I snap out of it, my eyes spring open, fully dilated like I've taken some magic drug and I see the room and my birth support people in it and say "hi" to them all for the first time. It's very funny! I marvel at how clear the water still is too (later I find out its thanks to the chief poop scooper, thanks Amy!) and I vocally notice a spider on the roof directly above me watching. It's a very funny time indeed, like a little vortex to give you the space to realise and comprehend you're about to become mother. It's a very beautiful happy time and I remember clearly hearing my noises of grunting through the contractions for the first time. It was a funny noise, entirely unthought of by me, like the noise just escapes unbound with each contraction, involuntary and truly a part of the contraction itself....like all the little bits of empty space within my body getting squished, and the noise is those empty spaces escaping, being pushed out through my vocal chords. That's what my contractions felt like....a great big bear hug of every fibre of your being. Perfect description.

Damien heard the garbage truck and said: "would it be wrong to go put the bin out?". Um. Yes dear, you're holding me up right now!



We laugh still about that. And use that sound to mark his birth weeks! I now love the garbage truck noise :) They start to exclaim they can see the hair! Lots of it! It looks like seaweed floating in the current...I remember saying slowly sssttttrreeetttccchhh..... So the head glides out, there's really no uncomfortableness or anything. The rest of him doesn't follow on the next contraction and I could feel him wriggling. I tell Sheryl it feels like he's trying to wriggle back up and I say no no no baby, out! Funny times. This actually was painful. Another contraction and he's still not out, this little man has a beastly barrel of a muscly chest!

On the next contraction Sheryl reaches down and helps him out while Amy is waiting with her camera and snaps the most beautiful images ever of him coming up wide eyed to the surface. Then he is out, in my arms, a little beautiful blue/purple faced human with a quivering bottom lip and the deepest blue oceanic eyes I have ever seen. 'What the world needs now is love sweet love' is playing on the stereo. Such beautiful images Amy shot. I truly



treasure them. It is 8:16am. We sing 'happy birthday to you'. A minute or two go by, the short cord stops pulsing. I have another contraction where he becomes completely alert and the placenta slips out. Ta da! Done! Now the water is not at all clear and it's time to get out, be helped into my nappy pants (omg best thing ever after a home birth) and lay on the couch with this amazingly bright little spark while they all deal with the 'birth soup' as Sheryl so delicately puts it!

Damien cooks up breakfast, cuts the top off a coconut for me to sip on and our work here is done. We marvel at how wonderful he is and just can't stop staring at him. Someone opens the curtains and windows letting in the fresh morning air, welcoming us to the first day of the rest of our lives. What a night! Home births are the best thing ever. Birthing is magic. Thanks Sheryl. Thanks Amy. Thanks Damien. And thanks little Astro, you knew exactly what to do...We danced the birth dance together beautifully.

Kym Beaton lives on the northern beaches running the Music Play Habitat, music classes for kids, from her home studio. Someday soon (when life permits more than just loving Noah) will expand to a commercial space of magnificent proportions including all creative arts. She spends her days singing and dancing with little Noah in her arms and evenings dreaming up all the most fantastical things to do together as he grows older and the in between times wishes they had a maid, and cook, and personal assistant....as she's utterly unsure how to get anything else done. She now is a massive advocate of home birthing and is talking to anyone and everyone on the benefits!



Jake's Memorable Entrance:

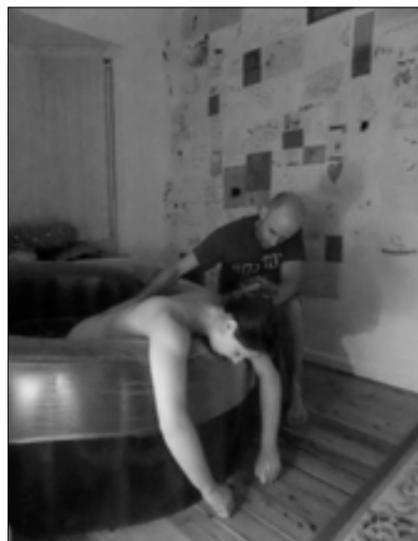
3rd January, 2014



My husband, Greg, asked me one day last year if I was pregnant because I seemed different... Ah, No! I think I would know if that was the case! I was wrong! There was a little baby growing in there, giving me super amounts of energy that I hadn't even noticed having. We weren't really trying for a third, I had only just had trouble with another blighted ovum (third one) and wasn't really keen on having to worry about all that again. It turned out there was a baby with another idea, and it was coming whether I was ready or not! Even more ironically, we had actively tried to avoid having a baby born anywhere near Christmas for the last 5 years only to have a due date of December 25th this time around!

Morning sickness came and eventually went, I was completely buggered looking after my own 2 girls as well as working from home with family day care. I had a feeling all along that this baby would be either born smack bang on Christmas day, or be late, simply because I wouldn't be able to work up till 'the last minute' and get ready for Christmas and prepare for a birth and baby!

Almost as exciting as knowing we were having another baby was the fact that I got to see our brilliant midwife again! Jo was there for the birth of all my babies and I couldn't imagine going through pregnancy, labour and newborn stages without her. She's just awesome!



I felt big and tired, but not as big and uncomfortable as I had with my second daughter (4.3kg). People said I was rather large, but I was worried that the baby was really small. I was actually worried that I would have to take it to hospital after having a home birth because it would be tiny. I told people that it only seemed to grow on days that I wasn't working. I could sleep really well, lie on my back and sit on the floor, right up till he came. I certainly couldn't do that in my other pregnancies, so I reasoned that this baby must be small, and was actually happy that I went overdue, just to give it a bit more time to grow. (Ok, I confess, my husband coming home in early December with 2013 baby coins also gave me a pretty good hint that I would be late and the baby wouldn't be here till 2014!)

Finally, on the afternoon of the 8th day over I started having a few contractions. I let Jo know and went back to reading a book in bed. Greg had taken time off from Christmas Eve, because I was pretty useless around here by that point and we decided that having him home for the girls before the baby came was a good idea. Contractions slowed down to about once an hour while the kids took forever to go to sleep, but an hour or so after they were down the contractions ramped up really quickly.

At 11pm we asked Jo to come because the contractions were really strong and on top of each other and we thought it would come really quickly. I was restless and the contractions were painful. It was a really hard labour for me, I guess my other two were easy. Not too long after Jo arrived, the contractions changed and I was feeling a bit of a pushy type feeling and then this jerky sensation that I really couldn't describe at the time, and even have trouble describing now. The baby's heart beat was great and we thought it would be coming really soon. Then my kids woke up and Greg had to go in and try and get them back to sleep... Of course that didn't happen, so he called my mum to come and get in bed with them, so that he could get back to me.

The contractions stayed the same, very close together and with the same push and jerk. My waters hadn't broken and I was getting really annoyed with them! We tried a few different things that Jo suggested, I changed positions, rocked, walked, but they weren't budging. I wanted them broken, but Jo, being very wise as she is, was hesitant.

From here things happened so very quickly. I got out of the pool, and left my perfectly organised and prepared 'birth room'. I went into the kids room to lay on their double bed (they were in our bed with mum). Jo asked if she could examine me to see what was going on. She said there was a big bag of waters and the baby's head close behind, did I want her to break it? Before I could make up my mind there was another contraction which I rolled over onto all fours for. As I rolled over my waters finally broke—yes, all over their bed! (They think that is great because now they have bunks instead!)

I heard something mentioned about 'just a little bit of meconium, its ok' and before I could even compute that, the head was there, coming right on out. There was a really weird feeling then because I could feel the head moving around. Jo was telling me that I had to try and push and we had to get the baby out quickly. I knew right then that something was going on, but my brain was turned off and everything was happening so fast. I felt more movement and tried as hard as I could to get the baby out, but there was no contraction. I had no idea what was going on, I was exhausted and knew that there was no way Jo would ever tell me to push, she just would never, ever do that... but she was! And loudly!

Before I knew it, Jo had pulled the baby out and was rubbing him and asking Greg to pass her the oxygen and call an ambulance and I still had no idea what was going on, it was all a complete blur.



I could see a blue baby, my husband yelling that he didn't know how to turn on the oxygen and my ever so calm midwife, worried. I felt scared, and could only think that my worst nightmare was happening, right before my eyes. Scary, scary stuff. I thought I hadn't been excited enough about having a baby and that I had complained too much about being uncomfortable and tired during pregnancy. I thought about how I had been worried about how I would cope being a mum of a boy after being used to girls and that maybe I had somehow known he was a boy and this was happening because of that... all these thoughts in about 5 seconds, while being completely and utterly exhausted, physically and mentally.

By the time Greg had got off the phone to the ambulance, Jo had worked her magic (thank you, thank you, thank you Jo!) and my baby was OK. I was then able to find out what had happened. He had a very long cord, which had wrapped around his neck three times. Jo was able to slip the first loop off, but the other two were really tight. He was blue when she decided that we didn't have time to wait for the next contraction, he had to come out right then. He was gasping and had poor muscle tone, but the cord was pulsing and he had a good heartbeat the whole time. Jo gave him lots of rubbing stimulation and some blow over oxygen. He was pink and crying in about a minute and a half, which felt like a life time, and also the blink of an eye.



The ambulance came within about 5 minutes by which time he was feeding! They hung around until the placenta came and then they left. We didn't have to transfer, phew!

My 5 year old, Cora, had been awake the whole time, in the next room, and had heard everything that was going on. My mum is traumatised forever, but has finally stopped telling the world that my daughter is also traumatised. Cora said she was 'so excited, that I just couldn't sleep! I knew there was a baby coming, that's why you were so loud! Do you know what Nana was doing? She was hiding under the blankets and I had to keep trying to pull her out, she's so silly!' We had watched lots of birth videos and she knew that labouring women make loud noises. She was imagining a beautiful peaceful birth in amongst all that drama! My 2.5 year old slept right through it all, thankfully!

So Mum and Cora came in to meet the baby. Cora was so tired (it was 4am), but so happy. She was there to cut the cord and say happy birthday to him like she had hoped. When everyone calmed down, talk started about his weight. I think even before his name! I guessed 3.8kg. I could see that he wasn't tiny and was so glad about that, but I didn't think he was particularly big. The scales said 4.86kg (10 pound 11) and he measured 59cm! Amazing! We named him Jacob Peter and fell in love with him instantly. Isla woke up many hours later and was very pleased

to see that 'her baby' had finally arrived!

He is beautiful and such a gentle looking giant. All my 'boy mum' fears are over, he is perfect and very well loved.

People are always curious about birth stories, especially home birth stories and so when I tell mine, I am usually met with, 'oh my god, home birth is so dangerous!' But I know he was born in the best place, with the best person here. That's the thing about having a private midwife, she is someone that you trust with not only your own life, but also that of your children. How can you rock up in hospital in mid labour and meet a person for the very first time that you just have to entrust all of that to? If I had been in hospital and had a midwife

who broke my waters, then what would have happened? The cord must have been lose around his neck while the waters were intact because his heart rate was perfect, they were cushioning him and his cord. The jerky contractions where probably him being pulled around by it. If my waters had been broken before he was ready to come out, the cord could have tightened around his neck then and there. I am scared to wonder how long it would have been before anyone realised that he was 'in distress', and then how much longer before a decision may have been made to perform a caesar, and then how much longer while I was prepped, and then how much longer until he was actually out? I don't know if there would have been time for all that, and I'm very glad that I never have to know that. Of course, in hospital, my waters may not have been broken—and then what? Then exactly the same thing would have happened that happened here. People immediately assume that it didn't go 'well' because it was a home birth, not because it was just birth. I have had one beautiful water birth at home that I loved telling people about, promoting homebirth and, I guess you could say, bragging about it! Now I have a completely different homebirth story to go with that, but still with the same homebirth promo to it. If I was ever insane enough to do it all again, the thought of a hospital birth would never cross my mind.

Louise McKervey lives in the beautiful Blue Mountains with husband, Greg and daughters, Cora and Isla, and now, baby Jacob has joined the tribe.

Sutherland Shire Homebirth Group

The Shire Homebirth Group had a lovely 2014 with a number of new mums and bubs joining us after what had been quite a stagnant 2013. We were happy to welcome Meggie with Felix who was born in December 2012, Marlea (originally from Canada) with her 2 children - 4yo Maya and 18mo Hudson. We also welcomed 2 women who joined us late in pregnancy which we had the honour of throwing them both a beautiful Blessingway each before their babies were born - Phoebe had her baby boy named Phoenix in May, and Raquel also had a boy in October who she named Koen. Kylie Ellis joined us sporadically as she is pregnant with her first child and planning a homebirth in May. We look forward to another baby boy joining our homebirthing community.

On the down side we also had to farewell a few members also. Two of our earliest members can no longer regularly come - Christina with her daughter 5yo Maia sadly moved to Brisbane, and Charmaine (mum to Oscar, Archie and Erin), who is now having to work more days so can only join us during school holidays. Marlea moved back to Canada just before Christmas to travel the country for at least a year, and then Phoebe also sadly moved away to the Gold Coast in early January. But our end of year Christmas party was a hit, with many of our members being able to attend, while Koen's dad played Aussie Santa Claus to give out the Kris Kringle gifts which the kids loved receiving.

As numbers have shrunk again this year, we really hope to have some new members join us. So if anyone is local to the Shire, or don't mind travelling, and would like to come visit, please join us for some home baked goods, homemade chai and some lovely company. Details on page 54.
~Virginia Maddock.

Hunter Home and Natural Birth Support

Hunter Home and Natural Birth Support (HHNBS) has been supporting women and their families in the Hunter Valley for over ten years. The group provides a supportive space for families to share experiences, seek support from other likeminded members, meet new people and make friends.

The group meets once a month from 10am to 12pm at various child friendly outdoor and indoor locations, with topics for the year including: planning a natural birth, healing from loss and trauma, choosing your birth support team, preparing the birth space and sharing of birth stories.

The group aims to have guest speakers and experienced practitioners attend meetings for various meeting topics throughout the year and plans are underway to celebrate International Midwives Day.

HHNBS also has an extensive library of pregnancy and birthing resources for members to borrow. Books and DVD's on natural birth, homebirth, breastfeeding and birth support are just some of the subjects available for loan.

New members are always welcome.

To find out more about Hunter Home and Natural Birth Support contact Anne Turner on 0434 941 892, email us for a calendar and the library list on hnbgroup@gmail.com and find us on Facebook.

The Eastern Suburbs Homebirth Group

After I joined HAS as secretary in 2012 Virginia Maddock suggested I might like to start up the Eastern Suburbs HB group. I thought about putting it together before the birth of my daughter in December 2012 but decided to wait a few months until after she was born. So, in April 2013 we had the first group get together. We meet at my house in Bondi on the third Wed of every month and so far we have enough seats for everyone that turns up. Each month we get more and more mums and bubs and bumps joining the gathering. We have such a wonderful time catching up, exchanging recipes talking about birth experiences, sharing our woes of sleepless nights and generally supporting each other through the mothering haze. I personally have really enjoyed getting to know these wonderful women and sharing my home. Nadine Fragosa Eastern Suburbs HB group



[^ Photo by Darren Grant. Top: Charmaine Mirigliani, Kylie Ellis, Raquel Grant, Virginia Maddock (holding Keanu), Meggie Fischwick (holding Felix), Christina Condylas. Bottom: Archie, Maia, Oscar, Jetsun, Erin.]



[^Photo of the Hunter Home and Natural Birth Support Group]



[^Photo of the Eastern Suburbs Homebirth Group]

18/11/13 Irish Times Mother who lost home-birth case has baby in UK

<http://www.irishtimes.com/news/crime-and-law/courts/mother-who-lost-home-birth-case-has-baby-in-uk-1.1598273>
Aja Teehan with Charles Brand outside the Four Courts in August after losing their High Court case. Photograph: Alan Betson / The Irish Times
The woman who went to the High Court to seek the right to give birth at home has had a son in the UK. The boy was born at the start of the month and Aja Teehan said she was "overjoyed" by the outcome. Ms Teehan (38), who lives in Kilkenny, indicated that she would become a "birth refugee" and move to the UK after a High Court action failed to overturn HSE refusal to sanction a home birth because she previously had a Caesarian section.

28/11/13 The Age Government delivers on hospital-backed home birth services

<http://www.theage.com.au/victoria/government-delivers-on-hospitalbacked-home-birth-services-20131128-2yb74.html>
The Victorian government has opened the door to more publicly funded home birth services with organised hospital backup. On Wednesday, a spokesman for Health Minister David Davis said the government was developing guidelines to assist public hospitals wanting to offer home birth services. It comes after an independent review of a home birth pilot at Sunshine and Casey Hospitals positively endorsed the program, which has been running since 2010. Under the pilot, public hospital midwives care for low-risk women throughout their pregnancy and deliver their babies at home. The midwives are covered by the hospital's insurance.

12/12/13 ABC News Online Ex-midwife Lisa Barrett fails to attend disciplinary hearing arising from homebirth deaths

<http://www.abc.net.au/news/2013-12-11/ex-midwife-lisa-barrett-fails-to-attend-disciplinary-hearing/5149682>
A former midwife who was at homebirths where four babies died has decided not to attend or challenge disciplinary proceedings. The Nursing and Midwifery Board in South Australia has accused Lisa Barrett of professional misconduct, saying she planned and was involved in homebirths in unsafe circumstances. In January 2011, she surrendered her midwifery registration but the Health Practitioners Tribunal was told there was evidence she had kept working in the homebirth area.

23/12/13 Daily Mail We call them cousin-twins! Sisters living 3,000 miles apart give birth to baby boys on the same day just 19 minutes apart

<http://www.dailymail.co.uk/femail/article-2528287/Two-sisters-live-3-000-miles-apart-given-birth-minutes-other.html>
Two sisters who live more than 3,000 miles apart have given birth within minutes of each other. The siblings even kept up with each other on Facebook as they both went through labour at home. It was an almost incredible coincidence for Andrea Mansfield,

from Melling, Liverpool, who gave birth to her sixth son, Michael on Friday 6 December. Minutes before the delivery, her sister Audrey Westich, 29, gave birth to a baby boy, Levi, in Pennsylvania, USA. Andrea was supported by community midwives Rachel Mavers and Amy Kelly, from Liverpool Women's Hospital, who called it their most amazing home birth yet.

30/12/13 Independent.ie Colm O'Boyle: HSE's stranglehold on birth choice has reduced home option to near extinction

<http://www.independent.ie/opinion/analysis/colm-o-boyle-hses-stranglehold-on-birth-choice-has-reduced-home-option-to-near-extinction-29874121.html>
YOU have heard of Hobson's choice. Hobson ran an inn with stables and he offered use of his horses on the condition that you took whichever one was next in his rotation. Basically you could take the horse you were given, or do without. He had a monopoly and a monopoly is a bad thing for the customer. I wish to argue that, like Hobson, the HSE promotes a virtual monopoly in contemporary Irish maternity services. It offers hospital birth in centralised, acute hospital settings only, take it or leave it.

9/1/14 The Telegraph Why I decided to live Instagram my home birth

<http://www.telegraph.co.uk/women/mother-tongue/10560564/Why-I-live-Instagrammed-my-home-birth.html>
Ruth Iorio caused a storm when she decided to live tweet and Instagram her home birth. Beverley Turner tracks the Cambridge graduate down to find out why she needed to share it with the world.

23/1/14 Central Queensland News Home birth 'like your child not wearing a car seatbelt'

<http://www.cqnews.com.au/news/home-birth-your-child-not-wearing-car-seatbelt/2148034/>
WOMEN who choose to give birth at home are taking the same risk with their child's health as driving them without a seatbelt, experts claim. They argue that the danger of long-term disability in the event of complications during home births has been underestimated. In a paper published in the Journal of Medical Ethics, they say the "avoidable, foreseeable disability" that could be caused by delays in access to emergency care for newborns should "weigh heavily" on parents' decision about whether to give birth at home.

20/1/14 Huffington Post Home Birth Study Finds No Increased Risk For Mom Or Baby, Experts Still Divided

http://www.huffingtonpost.com/2014/01/30/home-birth-safety_n_4696665.html
The study, published in the Journal of Midwifery & Women's Health on Thursday, looked at the home birth outcomes for roughly 17,000 women as recorded in the Midwives Alliance of North America data collection system between 2004 and 2009. "There's a large body of research that shows that home birth is safe in other high-resource countries ... but there's been some ongoing question about whether those data can actually transfer to the United States," Melissa Cheyney, an associate professor of Medical

Anthropology at Oregon State University, told The Huffington Post. "Is home birth safe in the United States, when there isn't a system of integrated care between home birth, birth centers and hospitals? This study is important because it's a first step in the right direction."

30/1/14 Prauge Daily Monitor Court acquits midwife of charges over home birth

<http://praguejournal.com/2014/01/30/court-acquits-midwife-charges-over-home-birth>
A Prague district court yesterday acquitted Ivana Koenigsmarkova, president of the Midwives' Association, of charges over her alleged fatal mistake during a home birth. Koenigsmarkova was originally given a two-year suspended sentence with a five-year probation and banned from working as a midwife for five years. Besides, she had to cover the health insurer's costs of the baby's treatment amounting to some 2.7 million crowns. However, the Constitutional Court (US) annulled the verdict last year over the lack of evidence and doubts about her guilt and it returned the case to a lower-level Prague district court for reappraisal.

4/2/14 The Sydney Morning Herald Midwife found at airport after being ordered to pay \$6.6 million over botched home birth

<http://www.smh.com.au/nsw/midwife-found-at-airport-after-being-ordered-to-pay-66-million-over-botched-home-birth-20140204-31z0a.html>
A midwife ordered by a court to pay \$6.6 million to a boy who developed cerebral palsy as a result of a botched home birth has been arrested at Sydney airport trying to leave the country on a one-way ticket. Authorities detained Akal Kaur Khalsa on Tuesday morning as she attempted to board a flight to Wellington, New Zealand, using a business class ticket and an Italian passport in the name of Margaret Maree Saviane. Last year the NSW Supreme Court upheld a civil claim against Ms Khalsa brought by the mother of Will Patterson, a six-year-old Sydney boy who has quadriplegic cerebral palsy as a result of his home birth in November 2006.



PRE-NATAL SERVICES

Inner West

BIRTHSENSE WITH JACKI MCFARLANE

Birth Art Group, Prenatal Counselling, Hypnosis and Creative Preparation for Pregnancy Wellbeing and Positive Birthing. For group details and individual sessions please phone Jacki: 90433079 or 0419286619
ackchip@internode.on.net

KRISTIANE HEIDRICH

In Adults CranioSacral Therapy Treats a wide range of conditions such as:

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- Chronic Neck and Back Pain
- Motor-Coordination Impairments
- Stress and Tension-Related Problems
- Traumatic Brain and Spinal Cord Injuries
- Chronic Fatigue/ Exhaustion
- Scoliosis
- Central Nervous System Disorders
- Temporomandibular Joint Syndrome (TMJ)

Kristiane Heidrich is a mother of 3 children aged 21, 19 and 17. She is a Physiotherapist, Massage Therapist, CranioSacral Therapist, SomaticEmotional Release Therapist, Visceral Manipulation Therapist and a teacher of these therapies. CranioSacral Therapy enabled her to realise that instead of pushing against the body's restrictions causing 'dis-ease', that she could follow the body's own innate patterns and wisdom to facilitate the healing process. Kristiane has a special interest in working with mothers in the pre-conception (fertility) phase, during pregnancy, postpartum and also treats children of all ages in her clinic (0-90). She is a Doula, a Placenta Encapsulator and a midwifery student at UTS. For fees/conditions and further information contact 0405 501 012 or visit the website www.ashfieldphysio.com.au

Sutherland / St George

ACTIVE CALMBIRTH® COURSES SYLVANIA

The calmbirth® course imparts the knowledge of birth preparation techniques such as deep relaxation, visualisation, breathing, positive imagery, attitudes/expectancy to achieve a rewarding, easier, more comfortable stress-free birthing experience. Julie Clarke is an experienced homebirther. Many women who have done the calmbirth® course during their pregnancy are far more likely to have positive feelings about their birthing experience. Their partners and midwives are quite often very impressed with how beautifully they've worked with their body during the labour. For enquiries of dates and available times and bookings phone 95446441 - available weekends, weekdays, evenings. Visit: www.julieclarke.com.au see website for dates and discount. Special note: Julie's calmbirth® course is very reasonably priced. Mobile: 0401265530 / 9544 6441. 9 Witherby Brook pl. Sylvania (20mins south of airport).

NATURAL BEGINNINGS

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I have a very personal interest in treating preconception, pregnancy and children's health, naturally. With some help from herbs and nutrition, my partner and I prepared our bodies' health naturally for conscious conception, and I enjoyed 2 trouble free pregnancies, and gave birth at home to my 2 healthy, full term baby boys and they continue to enjoy perfect health. You too can benefit from my experience in natural health care. I can assist you with:

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- ~ preparing for a healthier baby
- ~ overcoming health conditions, (including during pregnancy)
- ~ preparing your body and mind for a better birth
- ~ birth support for mum & dad, and/or siblings
- ~ treating your children's health naturally
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Virginia Maddock
Herbalist, Nutritionist & Doula
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www.naturalbeginnings.com.au

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Julie has a great sense of humour and a very gentle approach, she is regarded as one of the most inspirational educators in Sydney. Good variety of courses to choose from: 8 wk evening course 1 night per week, or 2 full Saturdays condensed or 1 full Sunday super condensed. Julie is a unique birth educator who also provides post natal in home baby care support service exclusively to the couples who have attended her courses. Julie Clarke / julie@julieclarke.com.au / Mobile: 0401265530
Landline: (02)9544 6441

Southern Highlands

PREGNANCY WORKSHOPS

Midwife Jane Hardwicke Collings gives regular workshops – "Pregnancy The Inner Journey" – in the Southern Highlands and in other places by arrangement. As well as "The School of Shamanic Midwifery" – a women's mysteries school for doulas and midwives
Jane Hardwicke Collings
48882002, 0408035808
janecollings@bigpond.com
www.moonsong.com.au
www.placentaremedy.com

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As an ex-nanny, I can help look after older siblings so that Mum can focus on birthing, Dad can focus on Mum, and older sister or brother can still feel important and included in the process, without fear. My birth package includes 2 prenatal visits, birth support incl. herbs/flower essences and reiki massage, follow up visit to debrief, and a beautifully presented photo book of your birth for you to keep. Natural Pregnancy, Birth and Post-Natal Kits also available which make great gifts for the expectant or new Mum.

Virginia Maddock
Herbalist, Nutritionist & Doula
9501 0863
5 Balfour Ave Caringbah 2229
www.naturalbeginnings.com.au

Blue Mountains & Western Suburbs

SIMPLY BIRTHING DOULA SERVICE

In my six years as a doula I have been witness to many natural and gentle births. I believe strongly in a women's ability to birth her own baby and in her wisdom and instinct as a mother. I've also been teaching Pre-Natal Yoga for the past eleven years and am a Childbirth and Early Parenting Educator. My focus as a doula is to ensure that you and your partner are feeling confident, reassured and supported in preparation for your birth. I am also available as a calm support to your family and other children. Jenny Schellhorn: Doula, Childbirth & Early Parenting Educator, Pre-Natal Yoga Teacher
9625 7317, 0403 957 879
jenny@simplybirthingdoulas.com.au
www.simplybirthingdoulas.com.au

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lotusborn@y7mail.com

NATURAL BEGINNINGS

Doula, herbalist and nutritionist Virginia Maddock is now offering placenta encapsulation in the St George and Sutherland shire areas, to give back what your body has lost after birth. The placenta can be ingested in a palatable way once it is dried and encapsulated, to nourish your body and replace nutrients and hormones that will help with post natal bleeding, mood regulation, breast milk production and energy boosting. I can also make your placenta into a tincture to be taken by you or your baby for years to come, create a beautiful tree of life artwork, have the cord dried into a heart or spiral shape keepsake, and make a placenta salve infused with herbs and essential oils for many skin conditions. Please see my website for more information and prices. Virginia Maddock 0415683047 Virginia@naturalbeginnings.com.au
www.naturalbeginnings.com.au

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For ten moons your placenta nourished, supported and grew your precious bebe. Once you have welcomed your bebe earthside, your placenta can still continue to nourish both of you. The most common benefits of placentophagy include;

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I offer a variety of services including encapsulation, tinctures and salves as well as mementos such as artwork and dried cord keepsakes. Alicia Langlands 0400684464
www.thenurturedbebe.com.au
info@thenurturedbebe.com.au

HOSPITAL HOMEBIRTH PROGRAMS

BELMONT MIDWIFERY GROUP PRACTICE HOMEBIRTH PROGRAM

Our service provides individualised women centred continuity of care throughout pregnancy, birth and for two weeks postnatally. Healthy women have the choice to birth at home if they are within 30 mins to our supporting hospital, John Hunter Hospital (New Lambton Heights in the Hunter/New England area). For further information contact Kelley Lennon: 49232291

ST GEORGE HOSPITAL HOMEBIRTH SERVICE

This public health service is available to women in the St George and Sutherland Shire area. Continuity of care is provided by two midwives throughout pregnancy, birth and the postnatal period. For further information, call the Birth Centre on 9113 3103.

WOLLONGONG HOSPITAL HOMEBIRTH SERVICE

This public health service is available to women in the Helensburgh to Kiama region. Continuity of care is provided by two midwives throughout pregnancy, birth and the postnatal period. Contact the Antenatal Clinic on 42534256 and ask to book in with the Midwifery Group Practice (MGP). Your details will be taken down and MGP will return your call.

BIRTHING SERVICES: MIDWIVES

Homebirth Access Sydney provides a list of midwives currently offering homebirth services in the Sydney area and a list of questions to ask when interviewing them on our website. Midwives are listed when they agree to sign up their clients for a year's membership of HAS. Listing does not imply endorsement by HAS.

ACORN MIDWIFERY: KATIE SULLIVAN

I am a midwife in private practice on the NSW Central Coast and have been a midwife for 10 years, having worked in continuity of care models for all of my clinical experience. I can tailor your care to your needs. Antenatal or postnatal care individually or as part of the suite of services including labour and birth at home. I am a placenta specialist certified to provide placenta encapsulation, placenta tinctures and placenta salves. I will travel to Newcastle/Hunter Valley/Port Stephens and Upper North Shore/Northern Beaches area to work with women and their families.
Katie Sullivan: 0408614029
katie@acornmidwifery.com.au

BIRTH WITH GENTLE CHOICES

Offering continuity of midwifery care during pregnancy, birth and postnatally. Birth is a natural, and empowering experience that is part of a normal life journey rather than a medical event. Providing support for women and their families and encouragement to believe in herself and her ability to birth instinctively.
Betty Vella (Gymea)
9540 4992
bpvella@optushome.com.au

BELLA BIRTHING: LISA RICHARDS

Holistic Women Centred Midwifery on the Central Coast, in Newcastle and the lower Hunter Valley. I work with women, their family and their chosen supports for birth at home. I practice with the philosophy that pregnancy, birth and the postnatal period are normal and when a woman is nurtured individually, sensitively and with no intervention, she is empowered to make choices that suit her and her family's needs and to birth the way she wants. I provide full antenatal, birth and postnatal care in the home.
Lisa Richards (Central Coast, Newcastle and the lower Hunter Valley)
0404422617
bellabirthing@live.com.au
www.bellabirthing.com.au

THE ELLA MAY CENTRE

[Midwives @ Sydney And Beyond]
The Ella May Centre provides an alternative to the medical management of fertility, pregnancy, birth and beyond by providing Midwifery and Naturopathic care to prospective and expecting families. Your midwife will provide you with individualised care throughout the preconception, pregnancy, birth and postnatal periods and is on call 24 hours a day.
The Ella May Centre supports you to birth in the way and place of your choosing. For full details of services please visit our website or book a free information appointment.
Melanie Jackson (Western Suburbs & Blue Mountains)
0425 280 682
www.ellamaycentre.com

EMMA FITZPATRICK: MIDWIFE IN PRIVATE PRACTICE

[Midwives @ Sydney And Beyond]
With over 11 years experience in Midwifery, I am passionate about supporting women and their families throughout the journey of pregnancy, birth and the postnatal period. As well as being a passionate Midwife I am mum to 3 children, my littlest recently being birthed at home in the water. I am located in the Hawkesbury, and happy to provide support and service to women in Western Sydney, The Hawkesbury and The Blue Mountains areas.
Emma Fitzpatrick (The Hawkesbury)
0432724103
emma_gu77@yahoo.com.au

HOLLY PRIDDIS: BECOMING PARENTS

[Midwives @ Sydney And Beyond]
Based in Western Sydney, I am passionate about sharing the journey with women and their families as they experience pregnancy, provide care and companionship through labour and birth in the location of their choice, and support them as they become parents during the postnatal period. In addition to providing midwifery support, I am a photographer who specialises in maternity, birth and newborn photography and love sharing the beauty and miracle of birth through the creation of art.
Holly Priddis (Western Sydney and Blue Mountains)
0438 731 816
www.hollypriddisphotography.com.au

IBIRTH - INTIMATE BIRTH & BEGINNINGS

[Midwives @ Sydney & Beyond]
My name is Janine O'Brien and I have been a midwife for over 10 years, committed in women centred care and providing a continuum of care to women and their families. I am the mother of two beautiful young women and have been practicing with Midwives@Sydney & Beyond since June 2013.
Servicing Northern Beaches, Sydney & surrounding suburbs.
Janine O'Brien 0422 969 961
ibirth@outlook.com

JO HUNTER: HOMEBIRTH MIDWIFE

I believe that women should be placed at the centre of their own experience, supported to empower themselves with knowledge and skills, given time and encouragement from their midwife, as well as being surrounded by those they love and people who believe and trust in their ability to birth. It is the midwives role to

have patience and trust in the innate ability of women and babies and to be comfortable and confident to support this process in any setting the woman chooses. Pregnancy, birth and postnatal care up to 6 weeks is provided in your home. I live in The Blue Mountains and service local families, inner west and western Sydney.
Jo Hunter (Blue Mountains, Inner west and Western Sydney)
(02) 47519840
midwifejo@bigpond.com
www.midwifejo.com.au

MEGAN BARKER

Hi my name is Megan and I have practiced as a midwife for the past 15 years. Throughout my career I have always enjoyed every aspect of midwifery care. My philosophy of care is that pregnant women have the natural ability to nurture, birth and care for their babies. I provide information and education about pregnancy and birth options, and above all respect the informed choices made. I am a guest in the birth space and feel very privileged to be there. I see my role as guiding and supporting women and their partners throughout the pregnancy, birth and early parenting journey.
Megan Barker (Central Coast, Hunter Valley and Newcastle)
0458 160 185

NEW BEGINNINGS MIDWIFERY PRACTICE

[Midwives @ Sydney and Beyond]
New Beginnings Midwifery Practice offers a personalised approach to pregnancy, birth and beyond. Receive comprehensive prenatal care with your own midwife. New Beginnings can assist you with homebirth, hospital birth or birth centre birth. Extensive postnatal visits. Access to information, resources and a large lending library. Care and support available 24 hours a day.
Robyn Dempsey (North Ryde) 9888 7829
midwiferobyn@optusnet.com.au
www.homebirthmidwives.com.au

PREGNANCY, BIRTH & BEYOND

[Midwives @ Sydney and Beyond]
Looking for special care during your pregnancy, birth and as new parents? Receive personalised, professional care by an experienced midwife. Pregnancy, Birth and Beyond supports women and their families birthing at home, birth centre or hospital. Midwifery care helps you avoid unnecessary interventions and to be recognised as the most important member of the birth team. Pregnancy, Birth and Beyond aims to assist families achieve an empowering birth experience. For full details of services please visit our website.
Jane Palmer (Dundas Valley) 9873 1750
jane@pregnancy.com.au
www.pregnancy.com.au

SHERYL SIDERY

Hi my name is Sheryl, I live on the northern beaches and have been in private practice for over 23 years. I believe that pregnancy and birth is a transformative process that is essential for mothering. I cover the northern beaches, eastern suburbs and the inner west.
Having Medicare eligibility provides women with a rebate for some of their pre and postnatal care.
Sheryl Sidery 0409760548
secretwomensbiz@bigpond.com
www.sherylsidery.com

SONJA MACGREGOR

I believe that women are empowered and this needs to be nurtured within a trusting relationship during pregnancy, labour, birth and the postnatal period. I have many years experience having been invited to support women's homebirths. All appointments are attended within the woman's home, with the inclusion of all her family if she desires. I service the Sydney area, Blue Mountains and Wollongong areas.
Sonja Macgregor 0419 149 019
sonjamac@bigpond.com
www.birthathome.com.au

TANYA MUNTEN

Having trust in the normal process of birth is Tanya's foundation for her midwifery practice along with the understanding that every pregnancy, birth and pathway into parenthood is a unique and profound life experience.
As an eligible Independent midwife from Sydney's Northern Beaches Tanya is able to provide a Medicare rebate for your antenatal and postnatal care for up to 6 wks after the birth of you baby.
All visit take place in your home at a time that suits. Area's covered are Sydney's Northern beaches, Nth Shore & Eastern Suburbs.
Tanya Munten 0412 210 222
tanyamunten@hotmail.com
www.tanyamunten.com.au

WITH WOMAN MIDWIFERY CARE

I am an independent midwife based in Shellharbour. I provide continuity of midwifery care throughout pregnancy, birth and the postnatal period to women planning to birth at home. All visits take place in the woman's home at a time that suits the family. Areas covered include the Illawarra, Southern Highlands, Southern Sydney, Shoalhaven and Canberra.
Rachele Meredith 0421 721 497
rachele@withwoman.com.au
www.withwoman.com.au

GUIDE TO CHOOSING A MIDWIFE

For a downloadable list of these questions to ask your midwife, please go to the 'Find A Midwife' page on our website.

Different midwives have different personalities and practices, and different midwives are right for different women. Finding the right midwife for you is your responsibility. When selecting your midwife, we recommend you:

- Interview as many midwives as you can from different practices
- Talk to as many of their clients as you can

Here are some questions you might consider asking midwives you are considering for your care:

QUALIFICATIONS AND EXPERIENCE

- Are you registered?
- How long have you been practising?
- Where did you train and when?
- Do you do regular continuing education? What about refresher courses and extra skills courses?
- Have you had any long periods away from practice? If so, what did you do to update your skills and knowledge?
- Do you have regular peer review of your midwifery practice?
- Did you work in a hospital setting and then become a homebirth midwife? When?
- Do you combine hospital shift work and a homebirth practice?
- How many births have you attended as primary caregiver?
- How many of these were at hospital? In a birth centre? At home?
- How many births per year and per month do you attend?
- Do you have a specialty area of practice?
- What is your rate of transfer to hospital? Rate of caesarean section? Rate of assisted delivery?
- Have you ever had to resuscitate a baby?
- Has a baby ever died under your care? What were the circumstances?
- Are you certified in neonatal resuscitation? Do you carry oxygen to the birth?

ELIGIBILITY

- Are you registered as an eligible midwife?
- Can I claim Medicare for pre and post natal services?
- How much will I get back from Medicare per visit?
- Can you prescribe antibiotics, vitamin K etc?
- Do you have a collaborative relationship with a GP or obstetrician?
- Do you have midwife visiting rights to my local hospital?

PHILOSOPHY AND ATTITUDE

- Why did you become a midwife?
- What do you perceive your role to be - during my pregnancy, during my labour, after the baby is born? How does your practice vary for different women?
- Do you see yourself as actively involved in a woman's labour? How? (Some midwives prefer to sit back and let you do it with your birth support people, others will become actively involved if you want that and talk to you, massage, hold heat packs)
- What is your attitude to complementary therapies such as homeopathics, acupuncture, etc
- What is your attitude to circumcision? Immunisation?
- What do you expect regarding self-care during pregnancy?
- What is your view on nutrition and weight gain during pregnancy?

COLLABORATION/TEAM

- Will you provide all my midwifery care or will others be involved?
- What are your back-up arrangements if you are not available to provide my care? Do you work with a regular second midwife?
- If you work alone, what happens if two women go into labour at the same time? What is your backup system? If you work with other midwives, when can I meet them?
- Are there any collaboration requirements with doctors, obstetricians or others? Do you have any collaboration agreements? If so, with whom? Please explain how these will work, how the team collaborates and how much each element will cost. How does collaboration affect my care and specifically continuity of care? When will I meet these people?
- Who will you bring with you to the birth?
- What is your experience of working with doulas? Do you prefer a woman to have a doula at birth? Do you have any doulas with whom you regularly work?

- What will happen if I need to see a specialist during my pregnancy or labour?
- What will happen if my baby needs to see a specialist?
- In what circumstances would you recommend my baby see a paediatrician or doctor?

PRACTICAL MATTERS

Legal, contractual, financial

- What do you charge for your services and what does that cover? Is it a lump sum or segmented for different phases of care? Will there be a written contract?
- When do you expect payment? Is there flexibility?
- What rebates are available?
- What happens if we discontinue our relationship during my pregnancy? For example, if I don't want you to be my midwife anymore, if there is a medical situation that recommends against my having a homebirth, or if you are unwilling or unable to continue my care? Will you refer me? How will the finances work?
- Please explain the current situation regarding professional indemnity insurance and how it affects my care or our relationship.

TIMING

- What happens if two clients are in labor at the same time? How many clients do you have due around the same time as me? Will you take on more?
- Do you combine hospital shift work and a homebirth practice? What if you're working when I am in labour?
- Are you likely to be away when my baby is due?

SPECIFIC ISSUES...

...DURING PREGNANCY

- Where will the prenatal appointments be? What do they include? How long will they take? How many antenatal visits do you recommend, and why?
- How and when can I contact you if I need help or advice during the come up between visits?
- In what circumstances would you transfer me to obstetrical care for during pregnancy? What is your rate of prenatal transfer?
- What is your attitude to 'due dates' and how would you feel about my pregnancy going over 40 weeks? What would your advice be?
- How do you feel about natural induction methods? Can you offer any of these services?
- What would you do in the case that I was having twins? Had a breech baby?
- What prenatal tests do you require? What do you recommend? Do you have an obstetrician to whom you refer?
- Do you provide education as I prepare for the birth? Do you have a lending library of books/DVDs?

...DURING LABOUR AND BIRTH

- In what circumstances do you recommend transfer to hospital? How often do your clients transfer and for what reasons? Do you stay with your clients who transfer? In what capacity?
- Do I need a backup booking with the hospital? Which one? What is involved in this? If it's a private hospital, do I need private health insurance?
- What equipment do you provide (eg birth pool)? What must I provide?
- How and how regularly will you monitor the baby during labour?
- Do you support me labouring in water? Birthing in water?
- What do you do in the event of a long labor? A "stalled" labor? Do you stay? Go away and come back? In what circumstances?
- When will you come to me after I begin labor? Have you ever missed a birth?
- How often do you perform an episiotomy?
- What is your attitude towards premature rupture of membranes (PROM)?
- How long do you wait to cut the cord after the baby is born?
- Do you support lotus birth?
- What do you do if there is a post partum hemorrhage?
- What procedures do you perform immediately on the newborn? What can wait? Will you wait if I request it?
- How long will you stay after I give birth?

...DURING THE POSTNATAL PERIOD

- What is the schedule of post-natal visits? Where will they be? What do they include? How long will they take?
- Will you help me with breastfeeding? If so for how many weeks?
- How do I get my baby's birth certificate?

HOME BIRTH SUPPORT GROUPS

Sydney & NSW

Eastern Suburbs Homebirth Support Group

3rd Wednesday of every month
Time: 10.00-12.00
Location: Bondi Beach
Contact: Nadine Fragosa 0468 382 580 or nads@jonads.com
Next Meeting: 18th Sep, 16th Oct, 20th Nov
Please feel welcome to join us if you're pregnant, have children or are just curious about home birthing.

Inner West Homebirth Support Group

First Wednesday of Every Month
Time: 10am - 12pm
Location: changes every month, so please email your details to Magda or call to find out where we are meeting.
Contact: magda.jansen@gmail.com 0410 139 907
Please feel welcome if you're pregnant, have children or are just curious about home birthing. Partners welcome too!

Northern Beaches Homebirth Group

NEW Weekly Meeting
Time: TBC Dates/Location: TBC
Location - Different each week
Contact: Kristie Ussher on ussher.kristie@gmail.com to find out more.

Sutherland Shire Homebirth Group

Every Thursday
Time: 10.30am weekly
Location: 5 Balfour Ave Caringbah.
Contact: Virginia 0415683074 or maddvirg@yahoo.com.au
If you're pregnant or have babies or kids in tow, come on over, let the kids run amok and enjoy a cuppa and some fresh baked delights with some like-minded mamas.

Pregnancy & Parenting Network meeting - Dundas Valley

4th Thursday of the month
Time: 10am-12pm
Location: Jane Palmer's home: 27 Hart St, Dundas Valley.
Contact: Jane Palmer 1300 MIDWYF (1300 643 993)
jane@pregnancy.com.au
Dates and Topics:
3rd October - Baby wearing
7th November - Unexpected outcomes
5th December - Parenting a new baby: Settling techniques, co-sleeping and elimination communication and Christmas Party
Info: <http://www.pregnancy.com.au/resources/support-groups/index.shtml>
Please bring a plate of food to share. All welcome.

Pregnancy & Parenting Network meeting - Hawkesbury

2nd Tuesday of the month
Time: 10am - 12 noon
Location: Emma Fitzpatrick's home: 5 Rowland Ave Kurmond
Contact: Melanie: 0425 280 682 mkjackson@live.com.au
Dates / Topics:
17th September - Baby moon - postnatal support and mental health
15th October - Baby wearing
19th November - Unexpected outcomes
17th December - Parenting a new baby: Settling techniques, co-sleeping and elimination communication and Christmas Party
Info: <http://www.ellamaycentre.com/Events.html>
Please bring a plate of food to share (anything you can manage).
As always, mums, dads, friends and kids are all welcome!
See you there!

Illawarra Birth Choices Group

3rd Monday of each month
Time: 10.30am to 12.30pm
Location: Russell Vale Community Hall - corner of Keerong Ave and Channon Street Russell Vale.
Next Meetings:
September 16- Models of Care, presented by Sarah, place: Figtree Dragon Park, back up: Samantha Rudd, Mount Keira
October 21- Homebirth, host: Samantha Contri, Dapto
Nov 18- Antenatal Testing, place: Austinmere park
Dec 16- Coping with Labour and end of year picnic, place: Figtree Dragon Park- Antenatal Testing, place: Austinmere park
Contact: info@birthchoices.info

Mothers & Midwives of the South (Southern Highlands)

Every month
For more details contact Kylie Woods: 486801691 / 0416204424 or candlebark@hotmail.com.
Everyone welcome!

Blue Mountains Homebirth Support Group

Every 2nd Thursday
Time: 10am-12pm
Location: Lawson Family Day Care room, unless otherwise specified!
Cost: A donation of \$2-5 is appreciated to help with group running costs.
Contacts: email Krystal: bmhomebirth@gmail.com or visit our website <http://www.bluemountainshomebirth.com.au/>
To join our mailing list of upcoming meetings / topics please email Krystal.
Bring a healthy snack to share if you get a chance, if not come anyway.
No meetings in school holidays

Central Coast Homebirth Group

1st Wednesday of each month
Time: 10.30-12.30
Location: Various venues in group members' homes
Contact: Lisa Richards bellabirthing@live.com.au
Come along if you are pregnant, trying to conceive, mums, dads, kids, doulas, midwives, and anyone interested in homebirth (including homebirth & hospital transfers).

Hunter Home and Natural Birth Support (HHNBS)

2nd Wed of every month, 10am-12noon
Location: various indoor and outdoor locations in Newcastle
Contact: Anne 0434 941 892 or email hhnbsgroup@gmail.com with enquiries or to join our mailing list
You can also find us on Facebook - Hunter Home and Natural Birth Support Group

Armidale and District Homebirth Support Network

1st Sunday of every month
Contact: Rebecca Pezzutti hbsarmidale@gmail.com

Interstate & National

Homebirth Australia

Contact: Chris Wrightson 0414 812 144 homebirthaustralia@gmail.com
www.homebirthaustralia.org

Homebirth Queensland Inc.

Contact: 07) 3839 5883 info@homebirth.org.au
www.homebirth.org.au

Alice Springs Homebirth Group

Contact: Anne Yffer 0402 424 780 wildisha@gmail.com

Darwin Homebirth Group

Contact: Justine Wickham 0438 888 755 dhbginfo@gmail.com
www.darwinhomebirthgroup.org.au

Homebirth Network of SA

PO Box 275, Seaford, SA 5169
Contact: Claire at admin@homebirthsa.org.au
www.homebirthsa.org.au

HOME BIRTH ACCESS SYDNEY (INC)

- 1) To create an awareness in the community of planned attended homebirth as an accessible and attainable alternative and to be actively involved in maintaining homebirth as a choice and improvement of conditions for homebirthers. In the interest of furthering the cause of homebirth, our public relations policy will be one of assertive, non-aggressive approach.
- 2) To provide an information and referral service by way of newsletters, pamphlets, telephone contacts, a permanent mailbox, a reference library and regular public meetings.
- 3) To provide support to HAS members by holding regular public meetings and maintaining and publicising a list of contact phone numbers and addresses.
- 4) To represent HAS members on or to any regulatory or advisory body, Local, State or Federal, which is formulating policy or implementing decisions which affect homebirth.
- 5) To work with other homebirth groups and other groups concerned with birthing to further the aims of HAS.
- 6) To be involved in public gatherings that are relevant to and consistent with HAS' aim regarding homebirth.

YOU ARE WELCOME TO ATTEND

Homebirth Access Sydney (HAS) Committee Meetings

Meetings are generally held on the 2nd Wednesday of each month at Naomi's house: 9 Essex Street Marrickville, but dates are subject to late changes according to availability of attendees.

****Annual General Meeting (AGM): Tuesday 8th April****
Further dates to be confirmed.

Please contact Virginia on 0415683074 or email info@homebirthsydney.org.au for submissions and agenda confirmation.

All welcome, including children!

HAS POLICY STATEMENT

This policy statement was written because of the need to promote unity and understanding among our homebirth members and the wider community.

- 1) Homebirth Access Sydney is an organization which was established in 1973 to provide information and support to those interested in homebirth our members include parents, birth attendants, educators and midwives.
- 2) HAS recognises that Australian families have the right to have their baby in any setting – be it their home, a clinic, a birth centre or a hospital.
- 3) The members of HAS believe that home is a safe place to give birth and that there will always be an element of risk in birth whatever the choice of birth place.
- 4) Families who choose homebirth are taking a shared responsibility in the births of their babies. They are opting for a birth outside of an institution and its model of mass health care which is restrictive and frequently denies individuals requirements.
- 5) The midwives who attend homebirths are specialists, educated to provide total care throughout pregnancy, labour and the post-natal period. They consult with other health practitioners when appropriate.
- 6) Midwives are accountable to their clients and their peers (through quality assurance and standards review) as well as the Dept. of Health, the Nurses Registration Board, the Australian College of Midwives and the various courts.
- 7) With the widespread misconceptions about the safety of homebirth, a homebirth midwife's professional status is in jeopardy whenever anything goes wrong. However skilled she may be, deregistration and loss of career is a constant insecurity in the face of social hostility to her chosen profession.
- 8) Birth is an intense, emotional, life changing experience. In the event of conflict or unresolved issues, HAS encourages mediation and conciliation between all parties whatever the birth place and whoever the birth attendants.

MAGAZINE ADVERTISING RATES

	Single (1 Issue)	Annual (4 issues)
Service Pages		
Doula Listing	n/a	\$25
Services Listing	n/a	\$35
Advertisements		
Business Card Display	\$20	\$70
Quarter Page Display	\$30	\$110
Half Page Display	\$40	\$150
Full Page Display	\$65	\$250

For print and online advertising please email Karen advertising@homebirthsydney.org.au

HAS ABN 75 947 458 113

HAS MISSION STATEMENT

Homebirth Access Sydney is a viable and visible organisation working with integrity to support mothers and families' rights to informed and empowered home birth.

The topic for the next issue is:

Placenta Love



Birthings is your magazine, so please contribute!

The Winter 2014 issue is on the theme of PLACENTA LOVE!

This issue will be dedicated to honouring the placenta and its role in our lives. Did you do something unusual or special with your placenta? Why? What significance does the placenta hold for you?

Send us a few lines, or a whole article. Photographs welcome too.

As always, we welcome your letters, birth announcements and Homebirth stories.

The 'Heart to Heart' page exists for more creative expressions regarding birth: poetry, art etc....

Submissions due by 1st May, 2014

Please check submission guidelines on page 2 and don't forget some photos and a bio!

Email the editor at editor@homebirthsydney.org.au

REMINDER: please ensure we have your current email address so you can receive membership expiry reminders, as well as our e-newsletter. If you have recently moved, please send your us new address so you don't miss out on any issues..

Email member@homebirthsydney.org.au.