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BIRTHINGS

a HOMEBIRTH ACCESS SYDNEY quarterly publication
www.homebirthsydney.org.au



fear

*plus all our regular features
birth notices, letters, your stories, pictorial
cartoon, the personal is political,
media watch & updates on our community activities*

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 Danielle Townsend at dannit@bigpond.net.au
Photos and written submissions must be emailed. Prior notice to the Editors of your intention to submit work is not necessary, but can be helpful in planning content.

deadlines for submissions

Spring 2008 No 99—1 August 2008
Summer 2009 No 100—1 November 2008
Autumn 2009 No 101—1 February 2009
Winter 2009 No 102—1 May 2009

back issues

Back issues of *Birthings* are like hen's teeth! But we will try to accommodate requests. Back issues cost \$7.00 per issue. Postage is \$3.00 per single copy. A price for multiple copies can be arranged. The newsletters are very valuable in that they contain 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 ameliaa@iprimus.com.au

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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 founding board members are Maggie Lecky-Thompson, Adrienne Abulhawa, Jo Hunter and the two current editors, Alison Leemen and Danielle Townsend. 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 1500 words. Submissions on the theme should be under 2000 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. We will include as many as we can to illustrate your story.

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 Danielle Townsend at dannit@bigpond.net.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.

www.homebirthsydney.org.au

Honourary Life and Founding Members
Maggie Lecky-Thompson
Elaine Odgers Norling
Honourary Life Members
Robyn Dempsey, Jo Hunter

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BIRTHINGS

fear

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birth stories



Contributors

TONJE AKERHOLT lives in the Blue Mountains with her husband, four children and big scruffy dog. She's happiest hanging out with her family and friends and loves bushwalking, reading and anything to do with permaculture.

SHEA CAPLICE is an Independent Midwife, a Clinical Midwifery Consultant at the Royal Hospital for Women and a passionate proponent for normal birth.

HEATHER CUSHMAN-DOWDEE is a Californian artist and creator of the superhero, Hothor the Cow Goddess, who appears at protest marches and stars in her own cartoons, *Hathor the Cow Goddess and the Evolution Revolution*. www.thecowgoddess.com

SHARON DOLLIMORE is an Emergency Nurse and dreaming of the time she will be a Midwife (as soon as the baby making days are over). Married to Stu, she is a passionate mother to five kids; Emily, 17, Charlotte, 15, Phoebe, 10, Jedd, 4 ½, and Leila, 2. She has been involved with HAS for five years, and has just taken on the role of Assistant Co-coordinator. In her spare time (!!!!!!!), Shaz loves to read, cook and SLEEP...

ROZ DONELLAN-FERNANDEZ is an Australian mother and community midwife who has been birthing with women in a variety of settings, including home, since 1994. Roz was co-facilitator of the Midwifery Group Practice 2003–2008, a public health initiative at Women's & Children's Hospital in Adelaide, South Australia. She is currently WCH Foundation Midwifery Fellow undertaking Higher Degree Research Study at Flinders University. A full profile can be accessed at www.sabirthmatters.org.au

ERIKA ELLIOTT is mother to Gus, calmbirth educator and dedicated doula. She is also the new HAS Librarian.

CATHERINE FIGGIS is married to Daniel and is the happy homebirth mother of Ethan (7 months). She gets excited about all things creative and, having recently moved into their first home, is trying desperately to finish the curtains in the evenings so she can get back to completing Ethan's teddy which she started before he was born. Having trained as an early childhood teacher, she is now content to stay at home, have babies and breastfeed.

JOHN HANDS is 60 years old, Logan is his first grandchild, he is known lovingly as Poppy John and is a very proud granddaddy. He was very sceptical about homebirth to start with but has now learnt about it through Logan's birth and is more accepting of the process.

ALISON LEEMEN is mum to Joe (2¼) and Wilfred (5 weeks), an editor of *Birthings* and an active member of the Homebirth Access Sydney committee.

ALI MAEGRAITH is a mum to Jedediah, Jonah, Gabriel and Asher. Wife to Rich. She is currently working as a doula in the Inner West. She used to be a music teacher in a former life but now she writes and performs her own songs.

ANDREW SNOW is a computer systems engineer living in Miranda with wife Katrina and baby Jasmine. He loves exploring, photographing and experiencing the natural world, and is currently learning more about natural nutrition and traditional therapies.

KATRINA SNOW is a nature enthusiast and is studying to be an herbalist.

New and renewed members

We extend a hearty welcome to the following new and renewed members. We value you and thank you for your continued support.

Michelle Cowling
Nova Franklin
Justine Caines
Naomi Abeshouse
Anne Mackintosh
Rebecca Geach
Sandy Montague
Elizabeth Vella
Carol Flanagan
Christine Meares
Deidre Aftanas
Jan Robinson
Jacqui Wood
Madeline Malcolm
Sarah Brooks
Erika Elliott
Felicity Gibbins
Alice Bowry
Caroline Day
Caroline Crowley
Els van Leeuwen
Jane Ainsworth
Nadine Gilsenan
Leah Kau
Lesley Bloomer
Maggie Lattin
Rani O'Keeffe
Sonia and Chris Gregson
Natalie Hemingway
Jodi Naylor

Esther Keenan
Jaci Rampson
Louise Glindemann
Magda Jansen and Neal Hunt
Kellie Hart
Aniko Haag
Katrina Snow
Jo Colgan
Helen and Rod Curtis
Mary and Ray Valeski
Nerissa and Corey Stonham
Sally and Jason Winsbury
Anja and Peter Papaditrious
Larissa and Mike Halliday
Maria and Jimi
Chloe and Craig Rowland
Sarah Henke
Kerri Glassock
Kate McLeod
Alison Chandler-Bird
Kate Hunter-Walker
Sarah Peak
Phillipa Frazer
Anna Warby
Annica Larsdotter
Elizabeth Bennett
Anne Di Silva
Julia Westly
Amber Davis
Grose Bises

editorial



DANIELLE TOWNSEND

I always feel more intellectual in winter.

Perhaps it's the Melbourne girl in me, but the cooler weather and shorter days make me want to get stuck into some serious conversations over coffee and spend my evenings on the couch reading. Okay, so this plan is incongruent to life with two small children and three jobs, but I can dream!

If you share my desire for stimulating conversation and homemade cake please join us at one of the great evening meetings planned for winter. On 1 July in Bondi Junction we will discuss 'Expectations of birth', led by independent midwife Betty Vella. I really like the open-ended possibilities of this topic and I am sure it will be a broad-ranging evening on everything from birth plans to unexpected outcomes.

On 12 August in Petersham we are very pleased to have David Vernon, author of books including *Men at Birth*, to lead a discussion on 'Dads at Birth'. David is coming from Canberra especially to be with us and this is likely to be a very popular session so please let us know if you would like to come so we can ensure we have space. See the calendar on page 59 for more information about both evenings. They are always an informal affair and include a tea break and a recent birth story too. I am sure you'll find them enjoyable.

You may have heard about HAS's efforts since the federal election to lobby the new federal ministers for more government support for homebirth. Now we need your efforts to back us up. The ministers need to hear from you—the voters—that you also want what we have asked for; Medicare provider numbers for independent midwives and support for those midwives to access professional indemnity insurance.

Your letters need to get urgently to the Minister for Health, Nicola Roxon, the Minister for Women, Tanya Plibersek and your local member. On our [website, www.homebirthsydney.org.au](http://www.homebirthsydney.org.au) we have more details of where to send your letters and some letter templates that you can use. Please send some letters yourself and ask

your family, friends and supporters to do the same. Without your back-up we will be less likely to get any more meetings to discuss our proposals. We will continue our lobbying efforts and keep you up to date (see page 46 for more information on where we are up to).

As for the reading part of my winter plan I intend to spend some time with *Ten Moons*, a new book in our merchandise range by Jane Hardwicke Collings. The book comes with very high recommendations and a review in Issue 96 of *Birthings*. We are very pleased to have it as part of our offering and are pleased to recommend it, especially if you are pregnant, planning to be or caring for pregnant women.

I have also got a copy of Australian psychologist Robin Grille's new book, *Heart to Heart Parenting*, on my bedside table. Robin recognises that parenting begins way before labour even starts and his ideas about the importance of how a baby is born are really worth delving into.

I hope in this issue of *Birthings* you also find much to get your teeth into. There are, as always, some amazing birth stories to read including one from my co-editor Alison Leemen who (mostly) sat this issue out during her babymoon with her new baby, Wilfred. I want to send her and her family my congratulations on another fabulous birth and another divine boy. Alison will be back at the grindstone for our next issue and well-prepared for the theme: **homebirthed newborns**.

What is so different about a newborn that was born at home I hear you ask? Well this is what we are asking you to explore. Send us your thoughts, anecdotes, poetry, pictures and ideas on newborns. Do we care for our newborns differently because they were born at home? Perhaps you have thoughts about newborn behaviour, healthcare, alternative therapies, establishing breastfeeding, sleep, rituals, babymooning, first weeks of motherhood, whatever gets you going...

Until then...have an interesting winter.

—Danni



A big bunch of flowers to...

all of the independent midwives who serve, inform and support our community. International Midwives Day was on 5 May and so belatedly we wish you all a happy day.

Thank you all so much.

birth announcements



Catherine and Daniel are thrilled with the arrival of their first born: a joyous baby boy,

Ethan James Figgis

Born in the water at home on 14 October, 2007

Our Spring baby – born into his Daddy's arms after a long but rewarding labour.

Thank you to our Lord Jesus; to our amazing midwife, Jacqui, for her calm, re-assuring presence; and to Belinda, for her unwavering support, love, prayers and labour song.



Anne and Mark wish to welcome little

Flynn Lucas

3.150 kg and 49 cm long
Brother to Harley, 6 and Cooper, 2

Flynn was born on 26 January, 2008 (Australia Day) at 9.30 am onto the hallway floor by his mother (mainly because he came in such a hurry and everybody else was busting about trying to get towels and pillows). Somehow he still managed to look dignified. He is a beautiful placid baby and has fit into the family as though he was always here!

My Partner Mark was my rock throughout the birth - I can't believe how he has come along since my first, very disappointing birth in hospital. The birth of Flynn truly made up for any past disappointments.

I would like to thank my wonderful midwife Myra Parsons who has delivered the best advice, strength and support for the second time around (she was also there for the birth of Cooper 2 years ago). Myra will always be a part of our extended family, she is priceless!



Amanda Quinn and Peter de Brie welcome

Elke Koiora de Bie

Born 21 February 2008

And all our animal family—Anestasia, Choff, Anora, Maisy, Socks and Fred—welcome you. Thank you to Natalie (doula) and Sonja (midwife) and my darling partner Pete for your incredible support over our birthing.

Welcome beautiful Elke!



Jacquie (20 years old) and Micah (23 years old) welcome

Logan Dean Harsh

Born 2:02am, 19 March 2008 into water at home, Katoomba

Weight: 8 pounds
Length: 54cm
Midwife and Doula: Sonja & Natalie

*Celebrations
of love
and life*

**WEDDINGS
NAMINGS
FUNERALS**

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66 Gloucester St Sydney, NSW 2000
14 Dealin Place
West Pennant Hills, NSW 2125
web www.citycelebrant.com
mail carol@citycelebrant.com



Proud new parents
Katrina and Andrew
lovingly welcome

Jasmine Brielle Snow

Born at home
on 3rd April 2008



Alison, Mark and Joe
lovingly welcome

Wilfred Franklin Leemen

Born at home, into water
and his father's hands
on 25 April 2008
4.1kg, 55 cm

Arriving with the break in the spring rain on Anzac Day, Wilf's birth was a peaceful family event, ably attended by our wonderful midwife, Jan, and witnessed and assisted by our special family friend, Simone. We thank Wilf for a beautiful birthing journey.



Felicity Gibbins and
Paul Weaver welcome

Haile Ashwin Gibbins Weaver

Siblings – Maya
Born at home in water on
3 May 2008 at 8.22am.

Haile was born at home in the pool in the dining room. I was supported by my loving husband, Paul, my gorgeous little girl Maya and our wonderful dancing midwife Betty Vella.

Thanks also to my sister, Stephanie who came to help with Maya and witness her first birth. It was very special to have two newcomers witness such a lovely birth and to my mother who just missed the birth but has been a wonderful support after.



Luke and Sarah are overjoyed
to welcome to their family

Madison Ava Riina Harris

7 May 2008 at 3.45pm
Born in water at home after an
intense but rewarding labour

With the amazing and loving support of midwife Robyn, Luke, my mum Janet and my sisters Sharon and Kim. Weighing 7 pounds, 3 ounces (3.26 kilos) and 47.5cm long. What a life changing day!

Wanted: your birth books

If you have books on babies, birth or pregnancy that you would like to donate to a worthy cause, we would love to hear from you. HAS is reinvigorating our library to create a great resource for newly pregnant members, or old hands wanting a refresher. The library will be part of our service to members, so any books that you think would be useful to someone else, we would gladly accept. You may have some of the classics, some new books you are ready to pass on, or childrens' books that feature homebirth. We can arrange collection, so just send Danni Townsend an email at dannit@bigpond.net.au and share around the knowledge!

Letters

As always the whole mag was full of interesting and inspiring stuff but none more so than the piece on placenta art. I have had Hamish's placenta sitting in the freezer since he was born. I had wanted to keep it to eat if the need arose; it did but I was so in my own head that I forgot that is what I kept it for 'sigh'. I felt that our garden was not established enough to plant it and wondered what I would do with it that would commemorate it adequately. I had heard of placenta art but since Hamish's placenta was frozen I figured it was too late.

Thanks so much for the article. I have now realised that not only is it not too late but that there are a few different ways to go about it. I am looking forward to one day when Hamish is old enough attempting to make some prints together. — *Leigh Holman*

We had amazing experience with the birth of our first son Logan, he was born at home in the water, after a lengthy labour. Home birth has just amazed me so much how incredible the experience was, I can't explain and recommend it enough to others who are yet to experience giving birth!

I was lovingly supported by my husband Micah, Sonja and Nat, A huge thanks to them all for their amazing ongoing support & hard work before during and after the birth of Logan!

I like many other women had fears about birth in general, but my fears were worsened when instead of receiving outside support for my decision all I was receiving was negative responses. People were telling me it was irresponsible as we were putting our unborn baby's life at risk, whilst others just simply stated it wasn't possible and could be dangerous to give birth without an epidural or medical intervention.

I felt birthing in a familiar and intimate environment with genuine love and support was the right decision for us, we trusted our midwife and our doula and, most importantly, beneath my fears I was determine to prove to others and myself I could do it.

Thanks to our homebirth experience I, as well as many friends and family members, have overcome our fears about giving birth naturally, the way it was meant to be.

It has proven to us how safe, natural, possible and mostly enjoyable the process of birth can be when we trust in our bodies and what they were made for! — *Jacqui Harsh*

As always, thanks for another wonderful issue of *Birthings*. Issue 97's topic and the timing of its receipt was a Godsend for me.

Over Easter our spare fridge died. A wedding present 16 years ago, it had been relegated to the garage as 'spare' in our new house 8 years ago. Now with a door which didn't close and a freezer which didn't freeze, we knew its days were numbered. Yet when it eventually gave up the ghost on a Public holiday, I was left with a dilemma.

Forget the ice cream, ice blocks and meat spoiling; what was to be done with Meah's placenta?

At the risk of appearing neglectful or irreverent, I had no plans for this organ prior to Meah's birth. With baby number four on the way (surprise!), a new puppy, work, our regular busy schedule, a terribly terrible two-year old, and severe insomnia, it was all I could do to organise our extensions and new car (people mover) to accommodate us all. After the initial cursory inspection of the placenta upon delivery, I promptly forgot it, until one day getting a rude surprise upon thinking I had found a tub of ice cream! I was momentarily disappointed—no ice cream and I'd forgotten to send this dog-meat on with the puppy (I'd conceded I couldn't manage five children!) - until I suspected its precious contents. I asked my husband, and yes, the midwife had placed Meah's placenta in an ice cream container in the outside freezer.

So here we were on Good Friday, when we weren't eating meat, surrounded by lots of it thawing. I asked for help only for that ice-cream container. My mum refused to ask my cousin if it could move to her deep freezer for safe-keeping.

I had just received *Birthings*, which was yet unopened. Had I remembered the topic was going to be 'The Placenta?'. I raced to get it. It was.

I only had a cursory flick but this was enough to be reminded of the significance and reverence of this bonding organ. My grief and concern justified, I had to act quickly!

I prayed it would be kept safely frozen until the shops re-opened. When it was, I did something totally out of character. This researching, bargain-hunting shopper visited the closest department store and ordered the first suitable fridge available for immediate delivery!

And so the west was won (or the placenta was saved).

Catastrophe averted, I took the time to pore over the issue, and was further reminded by Danni,

Winner

Although we threatened to only give away the prize of a brilliant Earthsling if we received eight letters or more, in consideration of the great quality of this issue's letters we are going to give it away anyway.

The winner is **Jodie Dearsley** whose letter gave us hope that *Birthings* does its job of inspiring, informing and supporting our community. Jodie is expecting baby number four so hopefully she will enjoy a new sling too. Congratulations!

Keep the letters coming—we love the feedback and your opinions on the issues in the mag. We might try and find another prize...

Email aleemen@bigpond.net.au before 1 May 2008.

Earthslings
Keep the baby, like a sling (of your baby).

Simple
Putting your baby in takes seconds
No buckles, rings or clips to adjust
Changing positions is easy and quick with no need to remove baby

Versatile
Can be worn on parent's hip, front or back
One sling takes you from newborn to 3 years
Baby can be worn in many positions

Practical
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Concrete breastfeeding
Compact and portable
Machine washable & dries quickly

Best for baby & mum
Convenient for Mum
Best back support for baby
Great for handling
Soothes fussy babies

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Jan, Amelia, Nicholas and Jackie of the placenta's emotional, symbolic, physical, even psychological importance.

I still don't have a plan for how it will be used (I am disappointed that I missed the boat for making capsules from it!), but I am inspired to do so with significance, grateful to your contributors for sharing all their wonderful uses, and indebted to your publication for prompting the doubling of my efforts to save it.

Sorry, Mum, this vital organ, along with the memories of the process whereby it emerged, thereby separating me from its genetic clone, my precious Meah, was way too valuable to discard with Tuesday night's rubbish! — *Regards, Jodie Dearsley*

Dear Danni Nick and I loved seeing Sachin's placenta art on the cover of your fantastic magazine. It was a real thrill. Thank you! One small-ish thing, the words alongside the painting were indeed written there by Nick but they came from someone else. Didn't want to mislead you! Sorry we weren't clear on that.

Look forward to reading more issues, we loved this one, cover to cover. — *Alix*

(mother of Sachin and Anouk whose placenta art was featured in Issue 97).

coordinator's report



JO TILLY

Happy mothers day everyone!

For all the commercialism we see in the shops, mothers' day is a great time to stop and consider the contribution that mums make, not just to our families, but to our communities and the wider world.

Having our babies at home is something that is at once so personal, but at the same time so political. And so politically relevant at the moment as our public health system is stretched to the limit under the ballooning pressure of an ageing population.

In the last couple of months HAS has participated in some of the big debates about how our health system should move forward by making submissions to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals and nationally to the 2020 Summit conference (see page x for more information).

Birth remains the single largest use of hospital beds in Australia. To those of us who have experienced how wonderful and yet completely normal birth at home can be, it seems crazy that all these other healthy women are still giving birth in hospital. Especially when the early discharge programs that are increasingly popular see women leaving hospital hours or a day after the birth of their babies.

The usual experience of giving birth in Australia is quite different from the experience of our nearest neighbours. Around 76 per cent of women in New Zealand receive their antenatal care from a single community-based midwife who cares for her throughout her pregnancy and at her birth. This compares to less than three per cent of Australian mothers who have the care of a known midwife.

This type of care gives women the confidence in themselves and their bodies to give birth at home. Across New Zealand, between six and ten per cent of mothers give birth at home compared to less than one per cent of Australian mums.

Providing community-based midwife-led care to Australian women would represent not just best practice care to women and their babies, but would represent a significant saving to our public health system. Every intervention in birth costs money. The costs of an average hospital birth in Australia range from approximately \$5,800 for a normal vaginal birth through to \$14,000 for a complicated caesarean.

Of course some of those interventions are important and save the lives of women and babies. With a caesarean rate approaching a third of all births, it's pretty clear that we need to take some drastic action to stop normally labouring women ending up in theatre.

And recent research reported in the media over the past couple of months has shown that not only are surgical births pretty traumatic for mums, they can be dangerous for babies.

A report by the *Sydney Morning Herald's* medical reporter Kate Benson last month highlighted new research, which involved more than eight million births in the US over four years. The research found that babies born by elective caesarean are almost two and a half times more likely to die within their first month, than babies born vaginally. This research is the first of its kind to focus on full-term babies born to women with no medical reason for choosing a caesarean over a vaginal birth.

It seems pretty obvious, that the more we can do to keep birth normal, the better the outcomes for women and our babies.

Keeping healthy pregnant women out of hospital is an important first step.

Have a wonderful mothers day!

—Jo

PREGNANCY – THE INNER JOURNEY

A three day workshop for Women

August Tuesday 12, Wednesday 13, Thursday 14 2008 - **Southern Highlands**
November Wednesday 12, Thursday 13, Friday 14 2008 - **Southern Highlands**
September Wednesday 24, Thursday 25, Friday 26 2008 - **Byron Bay**
And other dates by arrangement

————— **9:30am - 5:00pm** —————

Birth is a sacred act. An experience that has far reaching consequences and effects on the newborn, the Mother and the whole family. Birth is a rite of passage and by its very nature it provides the way in for a woman to know her inner strength and inner knowing
- vital ingredients for mothering.

Mothers are gifted through birth not only with their beautiful babies but with a new look at their Divine selves. Birth teaches us where we're at with the fundamentals of life such as surrender, letting go and trust. The best preparation for birth is a conscious pregnancy, spending time contemplating and updating your inner beliefs and attitudes, and connecting with your baby inside you, hearing the voices, feeling the feelings, seeing the visions all the while developing your natural mothering essence.

Women travel new territory with each pregnancy, learning from their previous pregnancies and births and about themselves as Mothers. Birth is a rite of passage each time as we become the mother we can be for our growing family.

We shall sit on cushions in a circle, pregnant women, mothers, midwives and doulas. We shall use ritual, voice and art to compliment information sharing that will help us understand why we think and act the way we do. We will look deeply at the sexuality and spirituality of pregnancy, birth and mothering. We will learn meditation, tools for labour and beautiful rituals to perform to honour pregnancy, birth and mothering. We shall explore the inner journey of pregnancy and come to know ourselves more fully through this process, preparing for our potential birth and mothering from our most in-tune and empowered centre. We will invoke the ancient Goddesses our Foremothers did, for their guidance, nurturance, protection and support. We will 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.

This workshop will be presented by Midwife **Jane Hardwicke Collings**
including voice facilitation with **Karen 'Ganga' Ashworth**,
Nutrition and more with **Victoria Kleeberg**,
and yoga with **Nina Eagle**.

Cost: \$300 in the Southern Highlands, \$450 in Byron Bay. Food included.

Bookings and Inquiries: Jane Collings 0408 035 808

Accommodation suggestion in Bowral - Berida Manor (02) 48 611 177.

Pregnancy Spa treatments by arrangement





DANIELLE TOWNSEND

I knew I had made the right decision to birth at home when I felt my fears about birth fade and the joy set in. I no longer worried about the birth of my first baby when I thought of my cosy home, surrounded by my loved ones and welcoming a new person into our lives.

But though my birthing days are over, my fear surrounding birth has set in again. I am afraid when I see what has happened to maternity services in the United States and I am afraid because I think it is also happening here.

Caesarean and intervention rates are on the rise. Natural birth is becoming so rare that it is becoming redefined. Any vaginal birth, whether induced, electronically monitored, chemically supported, forceped or vacuumed is considered by some as a 'natural' birth. It is now rare to give birth without clocks, surrounded by known and trusted caregivers and with only those brilliant natural love hormones to change your chemicals.

It is this fear of being an endangered species—the natural birthing mother—that spurs me on to write letters, make meetings, to talk and talk and talk. Sometimes I fear the reaction I will get when I say I enjoyed giving birth. It seems such an unusual thing to say that people often don't know how to react. But I know that those of us who can say it, must.

It would make me too sad to have to tell my grandchildren about natural birth like it was something we did in the 'olden days'.

If you also share this fear please join us in our campaign to lobby the federal government to make homebirth more accessible (see page 46). Write for *Birthings*, your local paper, online forums, parenting magazines, your friends, wherever someone will listen. Talk about your brilliant birth experiences without fear of being

laughed at or scorned. If we are fearless in our advocacy we will know we've done our best.

In this issue of the magazine we have some great writing around the 'fear' theme.

Sharon Dollimore's story explores her own fears surrounding her fifth child's birth and also the fears she held for her sister in the lead up to her first birthing experience. The story is so frank and so beautiful in its honesty that I felt grateful to be allowed into these most personal thoughts.

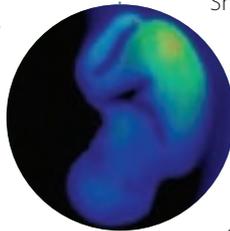
Shea Caplice, an experienced homebirth midwife and advocate, writes about the levels of fear that rise for us during pregnancy.

She shares her experience and wisdom in her story and describes some of women's most common fears, how she tries and calm those fears in her work, and the trust that is required to allow these fears to be overcome.

In her story Catherine Figgis describes some of the specific ways she worked on her fears and dispelled them during her pregnancy, with lots of great ideas for others to try. She also demonstrates the value of one-to-one care with a trusted midwife and the role this played in her staying calm and confident.

As a doula Erika Elliott has seen the crucial relationship between emotions, fear and pain influence many births. While some of her stories are difficult to read about, they have a lot to tell us about the importance of environment and caregivers in achieving a fear-free birth.

I have really enjoyed reading the stories on fear in this issue and have gone back to them many times to remind myself of their intricacies. I hope that you also find in them much for reflection and inspiration.



My sister the birthing goddess

SHARON DOLLIMORE

A beautiful and honest story of a lesson learned through fear and a fear overcome.

When I sat down to start my story on fear for this edition of *Birthings*, I had to really think about the term and what it meant to me. Sure I have felt feelings of fear in my life, but the words 'birth' and 'fear' didn't come together in my thoughts until my fifth baby was due.

The Australian Oxford Dictionary offers the convenient meaning for fear as "unpleasant sensation caused by nearness of danger or pain, or to be afraid".

Fear can definitely have a negative influence on our behaviour, choices and our thinking. And in my experience, fear can be very well hidden from others. I experienced my greatest period of fear towards the end of my pregnancy with Leila.

Mostly I was devastated that my husband Stuart may be away at sea and miss her birth. At the time I recognised fear was affecting my behaviour and choices, causing me to arrange an induction in the hospital. It was extremely important to me that Stu be by my side supporting me and bonding immediately with his new baby.

What I didn't recognise about the fear at this time was that it was deeply affecting my thoughts. I'm usually a very physically and psychologically strong person, but unfortunately events leading up to Leila's birth wore down my confidence and emotional strength. I didn't share this fear and I continued to let it invade my thoughts. On reflection I recognise that my fear manifest in different ways.

I developed a real fixation on the pain I was going to experience and doubted that I would be able to cope with it again. I'm not sure why, because during my previous home water births I dealt with the pain perfectly. I was secretly thinking, "oh well if I'm going to the hospital I may as well go the whole hog and have an epidural". This didn't happen because once there I found my inner strength and dealt with it. I'm extremely embarrassed to confess—but this is how fearful I was—that I even said to my sister Kim, who works in theatres, "If I knew someone who would do a caesarean I would have one".

I couldn't work through my fear and instead of wanting to own my birthing experience I thought I wanted someone else to control it. It was a cop-out but I couldn't see this at the time. Choosing homebirth for me has never been due to a fear of hospitals, but as I was driving to the hospital that morning I was very afraid. Unfortunately not afraid enough to turn back home and abort my plans. I think I was afraid until I was shown to a room and saw the bathtub in the bathroom. I cried when I saw the tub and saw myself defiantly birthing in there.

Once at the hospital, I realised I didn't want to surrender to their rules and regulations and found some strength to advocate for my wishes. I refused constant monitoring and did not agree to having a drip after birth—apparently necessary because I was a grand multip now—to prevent a post partum haemorrhage. This would have been harder if I wasn't as knowledgeable and well informed.

Whilst I was labouring I had feelings of fear about whether Mum was going to make it in time to the hospital from her home in Kempsey. I believe this fear actually made me hold on until she was there, when I actually then felt safe to birth. She is an extremely important part of my birthing team and hasn't missed any of her grandchildren's births.

The next time I felt fear was after Leila was born. She wasn't breathing, was blue and floppy and didn't have much tone, although her heart rate was good. Sadly her cord was cut and she was taken to the resuscitation bay and roughly rubbed, prodded and given oxygen. I now know that she should have stayed attached to me and been given oxygen if necessary by my side on the floor, as would have been done at home by an independent practising midwife. Also Leila's front fontanel was very small and her head bones were overriding. After Leila saw the paediatrician—who wanted me to stay in hospital due to not knowing my Strep B status—I was told that she may have a fused skull and eventually need surgery. I was really fearful until I was told by others her skull wasn't a big deal and this was perhaps another scare tactic to try and keep me in hospital. We soon went home and that was the beginning of another beautiful babymoon. Another healthy baby, Stu and Mum by my side, and my wonderful midwife checking in on our wellbeing.

I am not one to dwell on unfortunate decisions I've made or be constantly regretful, because I believe in fate and I believe I made a choice that made sense at the time. However I'm always trying to learn from my experiences, and the one thing I have learnt from this experience is that had I been honest with my loved ones, communicated better with everyone, especially my midwife, I may well have chosen to birth at home as planned.

Fear surrounding birth confronted me again with my sister's recent birthing experience. In stark contrast to me choosing a hospital birth last time around, I feared what would happen to Sarah if she had to go to the hospital. If her blood pressure continued to rise, if she became too overdue, or if she decided to transfer from home to hospital during her labour, what would be in store for her?

Most people had Sarah tagged as high risk from the beginning, and I'm sure there were plenty of people who thought she was putting herself and her baby at risk by choosing to birth her first baby at home with a midwife. I wasn't at all surprised she contacted my midwife early for advice and then started researching and planning her own homebirth. She had been at two of my homebirths and knows how beautiful birth can be. She also knew early on her only other option of care was at a high risk obstetric clinic. Because of her weight she would immediately be excluded from a hospital midwives clinic or birthing centre. Thankfully her midwife didn't see her weight as such a big deal and ensured Sarah that she had previously cared for plenty of larger women at home.

Sarah's pregnancy was on the whole pretty average, apart from one early high blood pressure reading. She chose to have some tests such as ultrasounds and not to have others like glucose tolerance tests. Her visits with the midwife followed the same routine as anyone else's. Sarah watched her diet and, from the look of her, didn't put on too much extra pregnancy weight. She worked most of her pregnancy and gave it up to rest, cook and play about a month before her due time.

At 39 weeks Sarah's blood pressure rose, she had some protein in her urine, as well as headaches. This is when I started to fear for her. You see it's not always good to google. I had thoughts of her developing eclampsia and fitting through the night. I must have called to check on her 4-5 times that night. She and her midwife decided the next day she would go to hospital and check her blood pressure again, as well as check the bubs and her bloods. Everything okay, blood pressure fine, and after a strict talking to by an ignorant, condescending obstetric registrar she was off home.

Two ultrasounds had put Sarah's due date around 24 April so when she was approaching 10 days over, then 12 and then 13, I was fearing the pregnancy would go on forever. I feared she would have to go at some stage back to the hospital, where God knows what pressures would be employed to get her to be induced and birth there. If she was induced she would be pressured into being monitored, given time constraints, interfered with and instead of having a water birth, which she desperately wanted, perhaps she would even end up having a caesarean. I feared if she went to the hospital she would not only be treated as high risk, she would meet with ignorant staff who would once again try and fill her with fear.

Finally after acupuncture, hot curries, long walks, Chinese herbs and more, her one and a half weeks of irregular

contractions became the real thing. I was called at 4am on the April 7 to say it's okay to wander over. Sarah's contractions were approximately two minutes apart when I arrived so we busied ourselves thinking it wouldn't be long. I found it very hard and confronting at first to watch my little sister dealing with the pain of contractions, and it also took me back to relive the emotions of my births. It was very real and intense for the first hour or so. I eased into it and provided what help and support I could.

Once Sarah got into the pool things slowed down, but this gave her a chance to rest well between contractions as she had been awake for about 24 hours previously. Contractions were irregular on and off throughout the day and on a few occasions she communicated she would like to go to the hospital, although didn't demand, so no one got around to taking her.

Sarah was quite vocal for many hours which made me uneasy. My other sister Kim and I went outside to see if less spectators would give her some space and hot things up a little. Mum also had some time away and left Sarah with her partner and her midwife. When we went back in, approximately two hours later, we could hear she was close and I knew she was going to fulfill her dream. My fear was completely gone, replaced with pure excitement.

My younger sister beautifully birthed her first baby into water at her home at 3:45pm on Wednesday 7 May. Madison was 7lb 3oz (3.27 kilograms) and absolutely gorgeous. Sarah has joined the birthing goddesses and she has stunned me with her strength and determination. I am seriously proud of her.



Madison, born at home into water

Fight the fear

SHEA CAPLICE

Fear is normal, but allowing it to dominate is dangerous for pregnant women and their caregivers.



“Worry is the work of pregnancy” —DR LEWIS MEHL

My Irish heritage reworded this statement to, “Worry is the work of life!” and subsequently I find myself suitably qualified to discuss the notion of fear and how it affects your life and in particular giving birth.

The less we have to do with physical fear and worry in our lives the more we create it in our minds. Apprehension is a normal response when we are confronted with something new, such as pregnancy and birth, but an intense fear can become pathological and has no value. Unresolved fear causes anxiety and tension in the body. Fear at its best can be protective and at its worst toxic and inhibiting. In emergencies fear enables us to fight or flee, but when fear and anxiety are present at times when there is not an emergency it undermines our efforts and performance (as commonly seen in public speaking).

The fear around childbirth is endemic in this country. It spreads quickly and hospitals are full of it (the fear of litigation, the fear of women being in control and the fear of change). Defensive medicine and defensive midwifery have arisen out of the need for maternity care providers to protect themselves from liability and their fear of litigation. However, this fear of liability has now increased and is hindering the normal birth process. The relationship between the caregiver and the woman is also threatened, becoming more focused on self-protection than actual clinical care.

In order to further understand women’s fear surrounding childbirth we can examine the three levels of fear that Susan Jeffers (1995) describes in her book *Feel The Fear and Do It Anyway*. She describes the level one fears as those things that ‘happen’ and those that require action. Some examples of these level one fears relating to pregnancy and birth are:

Those that ‘happen’	Those requiring action
Loss of financial security/independence	Getting it right in choosing a caregiver and birth place
Illness/complications with the pregnancy	Leaving work
Change	Moving/renovating house
Accidents	Making decisions about care
Losing a baby	Dealing with the pain of labour
Labour and birth itself	Having more children in the family
Becoming a mother	

Level two fears are ego-related and reflect our sense of self and our ability to handle what pregnancy and birth may challenge us with. For example:

- *Being vulnerable*
- *Feeling helpless*
- *Loss of image*
- *Success in achieving the birth experience we want*
- *Failure as a mother*
- *Disapproval*

Jeffers suggests that level three is the basis of all fears and the one that keeps us stuck. That is, “I can’t cope/I can’t handle what pregnancy and birth may challenge me with.”

Level one fears subsequently translate to:

- *I cannot handle being financially dependent*
- *I cannot handle anything going wrong*
- *I cannot handle moving*
- *I cannot handle giving birth*
- *I cannot handle making a mistake*
- *I cannot handle the pain*
- *I cannot handle more children*

Level 2 fears translate to:

- *I cannot handle depending on others*
- *I cannot handle all these body changes*
- *I cannot handle it if I have I do not have a normal birth...etc*

So in order to diminish our fear around childbirth we need to develop a greater trust in our ability to cope with whatever pregnancy and birth brings our way (Jeffers, 1995). It is Jeffers’ theory that has contributed to one of the objectives of my midwifery care for women during pregnancy. That is, to facilitate women to develop more trust in the birth process and in their ability to cope with the outcome—whatever that may be! Simplistic and idealistic perhaps, but I have witnessed women developing a high degree of self confidence and journeying through the birth process with the comfort of knowing that whatever happens they can handle it! Scientists such as Rudiger Vaas (2004) have shown that we are capable of learning fear by being told about it, without any actual direct experience. The subjects in one of Vaas’ experiments were

COMMON FEARS

Will I be able to carry this baby to full term?

Many women who have had a miscarriage in a previous pregnancy express this fear. However, it is comforting to know that around 96% of women who miscarry enjoy a healthy baby with their next pregnancy. Furthermore up to 75% of women who have two or more miscarriages also have a normal pregnancy and baby with the following pregnancy.

Usually the most anxiety provoking time in the next pregnancy is around the gestation of the previous miscarriage and once this date has

passed the woman will feel herself relax more and enjoy the rest of the pregnancy. As the baby moves and grows, the woman's confidence that the pregnancy will continue increases.

Will my baby be normal?

The more babies you have, the more often this concern seems to come up. It is a normal concern as long as it does not become an overwhelming fear. Early pregnancy tests can rule out major abnormalities in the baby. However, no matter how many tests, ultrasounds and visits to your caregivers you have no one can guarantee a 100 per cent perfectly healthy baby. But rest assured, statistics show it is likely to be.

The pain of labour

The pain of labour causes a great deal of concern to pregnant women. Yet each woman's experience is individual, so the stories you hear really have no bearing on how you will experience the pain of your labour. Your perception of pain is influenced by your past experiences of pain, your expectations, your ability to relax, the support you receive during labour, the amount of control you feel and cultural beliefs. To prepare for the pain of labour it is worth exploring how you feel about all these things and developing and practising ways of dealing with each of them. By doing this you help to decrease the fear around pain, which has the added effect of tensing the body and increasing the pain.

Some helpful tips for dealing with the pain of labour are:

- » practice relaxation techniques during your pregnancy.
- » organise a good support team of people you trust for your labour and birth
- » use positive self talk or affirmations such as: I can do this; It is just a day in my life and soon my baby will be in my arms; This is good pain and it is bringing my baby to me; I am strong and healthy and the pain is normal (Using your own words is more effective).
- » ensure you choose to birth where you feel most comfortable and with caregivers whom you trust.

told they would receive an electric shock when a blue light was turned on and no electric shock would be given when a yellow light was turned on. When the blue light appeared the area of the brain responsible for fear reactions became active even though no electric shock was actually administered. No reactions were recorded when the yellow light was on. The endemic fear of childbirth in this country subsequently effects us all. With all the horror stories told by women, the dramatic representation of birth in the media and of course the disaster stories spread by the health profession itself, we are conditioned to fear the birth process before we ever experience it. As Horsburgh (2005) says childbirth stories are the female equivalent to the war story with the emphasis on competition and who has had the worst experience and suffered the most!

In the battle against the fear that threatens to completely engulf normal birth it is our challenge to counteract the 'war stories' that represent the dominant cultural attitude towards birth. We need to create new and positive stories that place women at the centre and in control of their birth journey so that they may experience birth in their own way and feel good about the birth no matter the outcome.

Dealing with fear

Women all over the world worry. Fear is a very common emotion in pregnancy and the key is to use it rather than letting it use us. Let the fear guide us to where we need to do more work or get more information. Knowledge can have a calming effect and decrease the effect of fear. Having a good caregiver that we trust and who will listen and allow us to express our fears will also assist in easing fear.

I have learned to counteract fear in women by:

- *challenging the fears and talking about them*
- *problem solving*
- *slow, deep diaphragmatic breathing*
- *meditation*
- *using affirmations*
- *visualisations*
- *calming with soft voice and touch*
- *calming with music*
- *always telling women what you are going to do*
- *massaging women's feet to earth them.*

I have observed that the person with the greatest fear tends to run the show and talk the most! Visualise the bossy health professional in the hospital environment.

If you are a midwife feeling fear at a birth:

- *take a walk,*
- *have a cup of tea,*
- *share your fear,*
- *write about it,*
- *centre yourself with the mantra 'trust in the process,'*
- *shed the fear and never carry it to the next birth*

Birth is a journey you go on and sometimes no matter what you do the unexpected can happen. There is a lot to be gained from meeting the challenges of your own journey and not comparing your experience to any ideal. Do the best you can and remember that whatever happens you can handle it!

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Visit Shea Caplice's website for more information: www.sheacaplice.com

The mind is in its own place, and in itself can make a heaven of hell, a hell of heaven

—JOHN MILTON (CITED IN EDELMAN 2006)

From fear to fabulous

CATHERINE FIGGIS

Through education, trust and positivity this couple banished fear and took a journey towards a joyous homebirth.

Fear has plagued many areas of my life until late—with the exception of giving birth. Having just said that, I confess I was originally quite fearful of birthing a baby. I really feel pain, and in my mind, a cascade of intervention seemed the only way for me to give birth. Yet the thought of going to a hospital, of having a strange man examine me, of experiencing all the pain of childbirth and then being hooked up to a drip or injected in the spine to deal with the pain—left me mortified at the prospect!

That was several years ago, and it is amazing how my perception of birth has changed. Due to a car accident, we were unable to start a family until my body became a lot stronger. Nevertheless, I used the time wisely to read up on everything concerning pregnancy and birth. This totally changed my mindset and opinion regarding how women are treated before, during and after birth and how wonderfully we are made to bring life into this world—naturally. I banished so many of my fears and my husband and I changed tack and decided to plan for a waterbirth at home instead.

If you want to crush any fears you have about birthing naturally, have an independent midwife by your side! Our midwife, Jacqui Wood, was amazing. She gave us enough information for us to be educated, but not so much as to cause fear. Her discernment in that way protected us (and particularly me) from becoming caught up in a 'what-if' spiral of concern. For example, after one of my antenatal visits close to the birth, I remember Jacqui commenting on the position of the baby. "Oh, baby's moved". Only then did she reveal that on the previous visit my baby had been in a different position, which, had Bubs stayed there, would have made labour a bit more 'interesting'. I loved her approach, in that I believe she saw no benefit in telling me every possible scenario that could happen when, in reality, there was no benefit in my knowing. I learnt to respect and trust Jacqui's sensitivity in relation to this, and thank her for it.

I believe that a lot of fear regarding labour and birth is born out of ignorance. It still amazes me how some women wait until they go on maternity leave before reading or starting to think about labour. You wouldn't book a holiday without knowing where you were going, how you would get there, what you needed to pack or thinking about who else was going with you, yet it astounds me how blindly people enter into labour. I was determined to be educated so I could make informed decisions about my pregnancy and birth based on research and understanding, rather than

fear. This choice was incredibly empowering as it meant I could stand behind my decisions with confidence. It also meant I was in a better position to negate any fear-mongering by others.

It was interesting seeing others' reactions and fears rise to the surface when they found out I was planning to give birth at home. The most common question was, "What about the pain?" This comment has often caused me to reflect on what it must be like to birth in hospital. Because, although I experienced painful sensations at times, it was nothing I couldn't cope with, and definitely didn't need drugs for, (and I'm someone who really feels injury pain). Another common remark was, "Oh, you're brave!" and I would often reply that I think you must be brave to go to hospital. I honestly don't know how people can do it—talk about a recipe for fear! It has highlighted just how challenging birthing in hospital must be. I have no doubt that, had I birthed in hospital, my pain would have been significantly greater.

Sometimes I felt that people were trying to 'frighten' us out of our decision to birth at home, however we were so grounded in our knowledge of how safe homebirth is and readily assured them of the experience and professionalism of our independent midwife. In actual fact, we'd often find ourselves educating our friends about the potential risks and negative outcomes of birthing in hospital. Please understand that I know that going to hospital has its place, and for many women, that's where they'd prefer to be—it just wasn't our preferred birth place.

I have heard many an analogy about birth being like 'pushing out a watermelon'—that's enough to make anyone afraid! To combat the 'how is my baby going to come out of me?' question, my husband and I became engrossed in The Pink Kit—a series of lessons and exercises which helped us come to understand my pelvis and internal body structure and how I could birth our baby naturally. This was a great anxiety-squasher and, as my midwife will attest, after my first session, I showed her a map I had made of my pelvis and proudly announced that the baby would easily fit through there and could almost just slide out! (Well, not quite, obviously.)

Having a clear image of my pelvis in mind and thinking of this baby inside me nearing his birth day, I was prompted to visit the maternity ward of a local hospital to see just how big a newborn baby really was. I was shown a three-day-old bubba (apparently average in size). When I saw the size

of the baby's head I said to the midwife holding her, "That's totally achievable!". The midwife laughed and exclaimed that that was the most positive thing she'd heard someone say about birthing a baby's head. Tick. One less thing to fear.

Throughout my pregnancy I had only two lingering concerns about labour—that I may have to transfer to hospital and that I would tear. However, through education, preparation and talking with my midwife, I dispelled these fears and came to an understanding that if I did tear, that's okay. And if I needed to transfer it would be the right thing at the time and was nothing to fear. I am proud to say that, despite a long posterior labour that spanned three days, I birthed our baby at home with no tearing.

I can honestly say that I had no fears about labour or the birth itself. I remember my friends being amazed by the positive attitude I had. They couldn't understand how I could be so calm about something that, for many, had been a fearful experience. This really saddens me as I have come to view birth as a joyous, rewarding and even enjoyable experience.

I believe that because I had no fear of labour itself, I had no fear-pain-tension cycle to deal with. This meant my body was able to birth freely with the assistance of my natural endorphins. I can't tell you how great it felt when another surge of these natural pain killers kicked in! Again, through educating myself prior to labour, I was able to recognise what my body was doing during labour and therefore better able to help it along, rather than fearing and hindering the process.

I have a strong faith in God and this really helped me when preparing to give birth and definitely helped throughout labour. There was only one moment when I felt a bit fearful during labour and that was when I thought I was fully dilated and then found out (through checking my own cervix and then a confirmation by Jacqui) that my son was in actual fact tucked nicely in a pocket of my uterus and I wasn't in second stage at all. My faith played a big part in overcoming the resulting fear of that moment and I was thrilled to be able to birth our joyous boy in the birth pool into the arms of his Daddy (albeit a long time later).

I think words are very powerful and have the potential to create or dispel fear. I remember towards the end of my pregnancy being very careful what I talked about with people, what I read and how I spoke. I had no desire to hear or read

other peoples 'horror' stories and my husband and I spoke positively about my approaching labour and birthing our baby at home. This had the incredible affect of creating a positive, uplifting environment in which I was free to birth.

I truly believe that where you birth and who supports you in this process has a great impact on your experience. For me, I had absolutely no fear about being at home and had immense trust in our midwife. Home is a place where I feel safe, secure and loved. There was no pressure or expectation to perform.

I cannot emphasise how great an impact birthing at home had on my labour. I could not imagine birthing anywhere else and am so looking forward to having all my future children in that wonderful environment—free from fear.



Holding hands

ERIKA ELLIOTT

Caregivers and supporters at birth must be careful to offer trust and calm, as fear can have a big impact on a birthing woman.



Fear can be a life saving emotion that triggers the release of adrenaline to help us fight or flee from a threatening situation.

But in birth fear can creep in and play havoc with our labours and it comes in many guises.

Through my learnings as a calmbirth practitioner, I found it fascinating to discover how fear can have such a negative physiological effect on our body.

“Emotions are the nexus (connecting medium) between matter and mind, going back and forth between the two and influencing both.”

— CANDACE PERT *THE MOLECULES OF EMOTION*

When a woman in labour is feeling fear, her body releases adrenalin and noradrenalin, known as the catecholamines or CAs. When CAs are released we go into the fight or flight response. For our uterus, a muscle designed to work hard to bring our babies into the world, this means that all the glucose rich, oxygenated blood it needs shoots out, away from our centre into our arms and legs, so we can get away from our perceived danger.

When the uterus is robbed of this large supply of blood, tension is created in the body which is experienced as pain, which then keeps us in a place of fear.

For our bodies to work effectively and efficiently we need the lovely hormones oxytocin and beta-endorphin to be released. Oxytocin is known as the hormone of love and is the hormone that was released when you conceived. These hormones encourage strong effective surges and speedy dilation if the baby is in the right position and if the mother is feeling safe, encouraged and nurtured during her labour.

When I attend births as a doula, I witness varying amounts of fear in the birthing woman, her partner, other support people and even her caregivers.

Everyone seems to have an agenda at a birth and that agenda is not always in the woman's best interests. Whether it be paperwork, a shift change or simply exhaustion or hunger, at some point the focus goes off the woman and with this change a drop in awareness around the task at hand. We soon forget that all of what we say impacts on the labouring woman and her baby.

Every emotion that is felt by the mother filters down to her baby in utero.

I find that there is not a lot of consciousness around language and its impact in the birth room.

Partners may bring their fears to the labour, entering into a conversation of transfer, either from home to hospital, or birth centre to labour ward, or some form of pain relief when really, the woman is doing fine but the partner's fear is being transferred over to her.

Caregivers I have seen recently making comments like, “You are okay for now, but let me know when you need ‘something’”, as they tap on the gas bottle, or “The anaesthetist is in the ward now, so why don't I ask him in for a little chat?!!!!!!”

Concerned expressions and doubtful comments will bring an air of uncertainty into the room and when she is looking for strength and unwavering faith, she will see fear on their faces and ultimately feel fear herself.

Only words of encouragement and faith said with staunch conviction will be of help—unless there is a medical reason, all conversations fuelled by fear or doubt should be had outside the room.

At another birth, my client was in transition and had just declined the epidural (yay), and was sitting on the toilet with a mobile trace around her belly. As she was propped up with pillows and moving through the strong surges the monitor predictably moved and baby's heartbeat was lost. This didn't worry me at all as I had seen this happening all day. A new midwife entered the room, saw the low reading and said, “I don't like the look of this reading. If we can't get a clearer trace then we will have to do something about it”.

I explained that the woman was in transition and could feel her baby descending, so as to subtly try to get her to be sensitive to where she was in the labour. I said that this had been happening a lot as she had been moving around and how tricky that can be with these monitors. The midwife replied, “Well that wouldn't really stand up very well in a court of law now would it?”

*There are only two feelings,
love and fear.*

*There are only two languages,
love and fear.*

*There are only two activities,
love and fear.*

*There are only two motives,
procedures, frameworks,
results, love and fear.*

LOVE and FEAR.

— MICHAEL LEUNIG

My jaw hit the floor.

I then realized what was fuelling her fear.

At another birth, the woman had laboured quite quickly and with not much discomfort with her first baby. Second stage was taking a long time by hospital standards. I could feel the tension rising in the room, so asked if the room could be emptied, except for her partner and myself. I asked her what she was feeling and why she thought her baby was taking his time. She replied that she was "scared to meet him in case something was wrong with him. What if he has too many fingers or toes? While he is inside me, nobody would know that."

After a very heartfelt talk about this fear, the midwives came back and her baby was born within twenty minutes.

It was clear that her fear was holding her baby inside.

Fear lives amongst us on many levels. I believe it is our responsibility to know and understand the oldest and strongest emotions we have.

As a culture, the core belief, for the majority, is that childbirth is a horrific ordeal to be endured. Over time, these stories of dread and pain have been woven into the tapestries of our lives and our belief systems, be they cultural or personal. Mostly they create fear in us. The media doesn't help either. How many calm and natural births do we get to see in the movies?

Wouldn't it be wonderful if we could start another weave of stories around birth that would instill faith, enthusiasm and acceptance for our future birthing women and their partners and possibly eradicate the fear around childbirth altogether.

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With foreword by Ina May Gaskin

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Homebirth Access Sydney Needs You

HAS is dedicated to supporting women in their right to birth how and where they choose and for providing information and a support network for those mothers seeking to birth at home.

HAS is staffed by volunteers, and we are always looking for help. So if you would like to get involved in any capacity, we would love to hear from you.

Currently we could really use an Auditor/ Accountant, Archivist, Email List Manager and help with a big membership database clean-up project. Even if all you have time for is a dozen phone calls, we would love your help!

Please contact any member of the HAS Committee, listed on the inside front cover.



Apology TO JACKIE BYSOUTH

In the last issue of *Birthings* (no 97) we inadvertently cut the last few lines of Jackie Bysouth's interesting story on the use of placenta capsules. We apologise to those of you who have been left wanting more and also to Jackie. Here are the last few paragraphs...all the way to the end!

"Sure I had my bad days where everything seems to be overwhelming and nothing appeared to be achieved, but not once have I ever felt depressed. Was the fact I consumed the placenta the reason I did not get PND? I don't know if I could say with 100% certainty that is the reason, but I strongly suspect that it is as I have nothing else to assign success too. I have also noticed that since the return of my menses that I am no longer affected by PMT in the weeks leading up to my bleed. Could this also be an additional benefit from consuming the placenta? I think it is. Based on my experience I definitely recommend that women, especially those prone to depression or even PMT, strongly consider consuming all or part of their placenta soon after giving birth; consumption can take the form of small bites of raw placenta, a meal of cooked placenta, a preparation of dried placenta, frozen placenta pills or even a homeopathic preparation. There are many choices and there will be one that is right for you."



heart to heart

POETRY AND ARTWORK

'As it happened'

Its 7pm in the evening on the 18th of March
He has given me hell for two days now
So I'll fill the bloody bath
As all I want is a good night's sleep
Surely this bit will go fairly fast

I hope I'll sleep though all this birthing
In my warm filled birthing tub
Why its just like being constipated
Having a little bub

The midwife tried to make dad go
He paced like a maniac, questioning, "Can you
sew?"

The questions he asked wanted to make her
squeal
It was just like the tv show Deal or no Deal

There was no bloody way I was letting her go
She was here with her bag of tools
I just kept asking, "Will I make it to the Easter
Show?"
I'm sure she thinks we're fools

I moaned and groaned a little bit
To show that I was brave
But at 8 pound weight and very big
Things were looking grave

It all went well—smiles all round
They yelled out, 'It's a boy
I left the bath with bub in arms
THEN FAINTED—
And dropped him to the ground

I wished him born – tall dark and handsome
Alas – this was not to be
An alien from outer space was here and
confronting me!

We counted fingers – there's five not six!
And made sure he had two eyes
A bit out of shape for a baby
He had body builder's thighs

We had the boys best bits checked out
To keep my father happy
Then the alien chose to rear its head
There was black moon mud in its nappy!

Poison gas from this little space man
Made his daddy gag and stumble
But the Hands family nose that's on his face
Will keep the poor boy humble

There were talks all round
About what to do
To convert this alien being
Dad gave us his cosmetic surgeon's card
And said, "That's who you should be seeing"

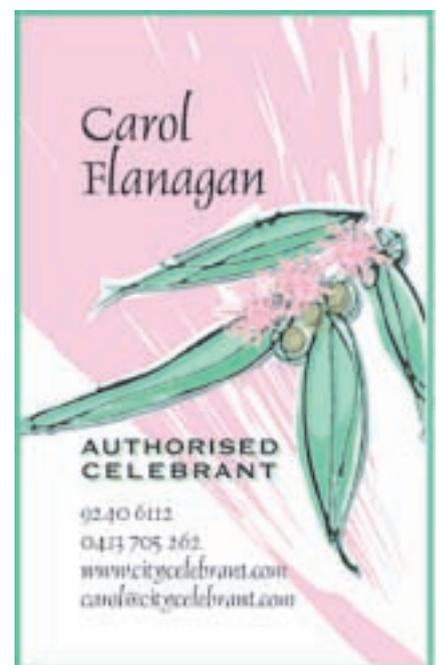
Now we have all heard of the ugly duckling
And the frog turning into a prince
And if I'm around when he grows up
I'm sure that I won't have to wince

The first few weeks of life with bub
Sure kept us all on edge
He is finally putting on some chub
And now can't keep him off the grub!

For in the end he will be loved by all
No matter what he is to be
A great big thanks to both of you
For the gift of a grandson to me.

FOR LOGAN, LOVE POPPY JOHN

Birthings is joyfully calling for submissions from you, our readers, for this exciting new section. It's about your experience and perspectives, in words and/or artwork, in your own unique way (there is no such thing as perfection, we're looking for connection!) Contact Amelia at ameliaa@iprimus.com.au



State Sponsored Homebirth in Australia: Public health inclusion, illusion or intrusion?

Birth is transformational for individuals, families, communities and society. Being born is one of the most important transformational experiences of our lives.

As a human organism we are each of us much more than just a physical body. Our consciousness is present whilst we are in our mother's womb; consciousness is present at the time of birth; and as babies who enter into the world of established relationships of families, communities and cultures, consciousness is certainly present and developing. This fact in itself has profound implications for what an individual experiences; it has profound implications for who and what an individual will become. It therefore also has profound implications for society as a collective whole, and for the web of relationships within a community.

Children learn what they live. As Wilhelm Reich, the great sexologist of the 20th century has observed, "Civilization will commence on the day when the wellbeing of the newborn baby prevails over any other consideration." A similar reflection has been made by Karl Menninger in the statement, "What's done to children, they will do to society."

Similarly, the act of giving birth is transformational in a woman's life, and therefore, through connection and interrelationship

"...there is an important role for the state in terms of access and equity, standards, transparency, and accountability, as far as the public is concerned..."

to the life of her child. How she is able to give birth, how she is treated, how she feels about herself as a woman, as a human being, and as a mother has profound implications for who and what that person will become. Women and mothers are integral to social cohesion and to the short- and long-term wellbeing of any society, whether that society is classified as advanced or primitive, industrial or pre-technologic. In our own society, the Maternity Coalition's Joy Johnston believes, "The culture of birth will change only when women reclaim their authority for their own bodies."

The act of birth giving also entails human rights, as articulated during the United Nations Fourth World Conference on Women in Beijing in 1995: "The human rights of women include their right to have control over and decide freely and responsibly on all matters related to their sexuality, including sexual and reproductive health free of coercion, discrimination and violence."

And of course it doesn't stop there. It is well accepted that inclusion and family is integral to social cohesion. How men, fathers, siblings, grandparents and other members of families and human communities are included or excluded in relation to birth is of immense significance and ultimately influences us all profoundly, despite the difficulties our policy makers and governments have in currently recognizing these very obvious facts, and in taking firm actions that are supportive and enabling in relation to cultural birth reform and services that enfranchise all Australian families.

The so-called 'eccentrics' of today are very often realized as the visionaries of tomorrow. Michel Odent, French obstetrician and author of xxxxxxxxxxxx, observes, "The capacity to love is determined to a great extent by early experiences during fetal life and in the period surrounding birth. A baby is more likely to be breastfed easily if the mother was able and given opportunity to birth without drugs and without intervention."

Childbirth policy and practice across the ages is influenced by cultural, economic and political values and ideologies, and in Western industrialised societies over the last two centuries, increasingly by scientific values that promote institutionalised medicalization of developmental life events—natural and desired—across the human life span. This now includes artifice and interventions in the realms of conception, childbirth, sexuality, medical gender reassignment, surgical manipulation and medical transplantation in relation to desirable body image and body parts for both men and women, and no doubt into the future babies and children, interference in menopause, ageing, death and dying. Increasingly so-called advanced or civilized cultures appear characterized by the dehumanisation of birth and by deep neuroses that afflict and paralyse social institutions with concerns of risk and fear, and where the people in those societies are obsessed with values and behaviour that favour convenience, individualism and control.

The values and behaviours of artifice, intervention and dehumanization are self-limiting and impoverish human potential for growth, damaging individuals, families and societies in their process. For a parallel just consider climate change. Such values and behaviour is predominantly a legacy of the scientific and

Questions are raised in this thought-provoking piece about what publicly funded homebirth should look like and who it would serve.



ROZ DONNELLAN-FERNANDEZ

rational age, whose influence indicate no sign of immediate decline in mainstream culture. However, like all other cycles in nature, including human thought and culture, this time will wane and pass and alternate cycles will reassert themselves. Shinichi Suzuki asserts the human potential for positive growth in his observation that just as “a living tree brings forth buds; on each branch blooms lovely flowers. It is the splendid course of nature. What is man’s ultimate direction in life? It is to look for love, truth, virtue, beauty.”

But enabling equity and access to homebirth services in Australia requires more of us than mere rhetoric or representations of the beauty of birth.

What is the best way to promote widespread access to state sponsored homebirth in Australia? That is, homebirth as a public health initiative that promotes and enables universal and equitable access to government funded services for every Australian family.

By the ‘state’ I mean both state and territory and federal governments. By ‘sponsored’ I mean that these governments undertake responsibility and accountability for service provision in public sector health services. By ‘public health’ I’m referring to the affairs and health services of the people, the community and its members, and that those services are open to the use and enjoyment of all and not restricted to any class. (In defining ‘public,’ some tensions and incongruence may arise when one considers the definitions of home since some define ‘public’ as the opposite to personal or private, that it is open and not concealed or clandestine. In contrast ‘homebirth’ or ‘birth at home’ refers to the domestic, personal, private realm of closed, intimate space that is one’s own and one’s families own domain; it is not public space.)

Public debate about the type of society we really want to be is of vital public and social importance to every generation. The type of birthing services families do or do not have access to in this country is a fundamental consideration in this. As a midwife who does work in both the public and private provision of midwifery services, the issue of universal access to state sponsored homebirth service is a conscious debate I’ve been conducting with my own conscience over the past decade or more in relation to three particular issues:

1. the moral/ethical arguments to support access to service provision for all families, regardless of their personal wealth, resources and health insurance status, particularly individuals and groups disenfranchised and dispossessed by current health services;
2. the policy and actions necessary to best harness individual and collective agency, including the political will to establish such access;

3. the possible effects and consequences, (both intended and unintended, desirable and undesirable), of establishing state access to homebirth.

I am certainly not advocating the state as the sole supplier, nor controller of homebirth services. However, I do believe there is an important role for the state in terms of access and equity, standards, transparency, and accountability, as far as the public is concerned, and I know these are all contentious issues in themselves in different circles.

Language and the culture of mainstream birth

What is the predominant language and culture of mainstream birthing services in Australia? Risk, fear, convenience, individualism, control, dehumanisation and industrialisation at the level of the personal, social and institutional. At the level of the political and economic, official commentary is more conservative. Consider this statement on the Australian Institute of Health and Welfare data collection from 2002: “Whilst Australian women generally enjoy a high standard of maternity care, evidence suggests medical interventions are higher than they need to be to save life.”

The Confidential Report into Maternal Deaths in Australia 1994–1998, was a little more salutary, noting, “Increasing co-morbidities arise for women and infants when routine, unnecessary intervention such as caesarean section is employed.”

The Australian College of Midwives was blunter in its position papers. Critical issues it identified in its briefing to major political parties for the 2007 federal election included the following comments on birth culture in Australia:

- escalating rates of induction and caesarean section (half the birthing population now have labour either kick-started or sped up and another third are having emergency or elective caesarean section);
- unacceptable and disproportionate morbidity and mortality rates for indigenous women and babies, when compared to data for the rest of the community;
- increasing physical and mental health morbidities for all mothers and babies;
- lack of access to funded primary care by midwives, despite significant health benefits and the recommendation of the World Health Organization that midwives are the most appropriate and cost-effective providers for the majority of women experiencing health pregnancy and birth;

- an ageing workforce with recruitment and retention issues, because many midwives are sick of seeing women and their babies brutalized, and choose not to continue working in models where this occurs on a systemic basis; and
- millions of dollars of federal funding and taxpayer monies supporting and subsidising inefficient, medicalised maternity service provision.

Perversely, in Australia there is a government sponsored funding monopoly for so-called public medicine in birthing services via the Commonwealth Medicare Rebate and an anti-competitive oligopoly for privatised obstetrics in the private health sector where nearly a third of all Australian families now hold private health insurance, and rightly expect value for their investment. As formal statistics show, these families are certainly getting a lot of unnecessary birth intervention, and are disproportionately represented in the mortality and morbidity data given they are some of the healthiest and most affluent in the Australian population. So the value and indeed the safety of some of the services they are receiving, is questionable.

Maternity care accounts annually for the largest (and most expensive) number of bed days in Australian hospitals. Yet we have no national government policy on maternity care. What sort of society is it where women and families who live in rural and isolated communities can't access any maternity care services in their local community? And what does all this collectively say about the real status of women in Australian society—a country boasting it has the world's thirteenth largest economy, and ranking eighth in the world in terms of income per head? It says we either don't give a damn, or, as a society we have neglected the real cause of many of our deepest social ills.

Publicly funded homebirth services: 'Inclusion' 'Illusion' 'Intrusion'

A feature of political lobbying for maternity reform in Australia is the argument for equitable access to homebirth in the form of publicly funded caseload midwifery services. In the absence of any recent Commonwealth initiative in this area, some State and Territory health authorities have developed public health policy and clinical guidelines to underpin the implementation of publicly funded homebirth services in their jurisdictions. Specifically WA, NT, NSW and SA all now offer some forms of publicly funded birth at home services, although on the whole access is controlled and restricted by geography, resources, and services predominantly operating in metropolitan, or immediately outlying regional areas—all with exemplary outcomes for women and their babies, all oversubscribed and with demand that is not being met.

Are the interests of individual women and homebirth access the same as the interests of the state? And what happens when these interests conflict? This is probably currently the most contentious issue in some established homebirth circles. Is state sponsored homebirth about public health inclusion, illusion or intrusion?

The act of including I see as aspirational and optimistic. On the positive front, it comprehends and encompasses the whole community; when it is accompanied by integrity it has the potential influence and capacity to socially empower individuals, groups and society expansively, and 'for the good of all'. However, to include can also mean to 'contain,' to 'hold,' to 'enclose,' and to 'confine,' and this can be problematic for both the individual in specific circumstances, and for the state, which by definition assumes governance and becomes responsible for the common good.

Illusion is the act of deceiving; it is a false show or a delusion; it can be a wrong interpretation of what is perceived through the senses;

it can also be deceptive appearances, statements or beliefs. There are those who consider the mainstreaming of homebirth services as culturally undesirable (both within the mainstream and outside of it!). Critique often focuses on a view that mainstreaming is 'tampering,' 'threatening' or 'contaminating' established homebirth grassroots culture and morphing it into an undesirable mutated hybrid. I personally reject this view and believe that primary health care initiatives should be accessible to all in the community. There is also potential for disagreement and conflict around the boundaries negotiated for state access and equity, service standards, and requirements for transparency and accountability where different benchmarks may be applied by the state to those applied by an individual. Certainly these painful realities have been part of my experience in three years of participation on a Department of Health Committee to establish statewide public policy guidelines for the SA Birth At Home Policy (2007). Compromise and consensus have been an important part of this process. Policy and Guidelines are just that: guides. It is people and systems in relationship that implement them, and where they are applied with integrity and goodwill in the real world, this can have beneficial outcomes for all in a society.

Intrusion: at worst and most extremely, state sponsored homebirth has been branded as governmental assault, encroachment and usurpation of the realm of the personal and private; as unlawful entry by strangers, as big brother entering without invitation or welcome to provide surveillance and standardisation of what is a unique experience that should be self-determining. I remember the very visceral description of a woman, after experiencing a HBAC (Home Birth After Caesarean), recalling her experience and feelings about her womb and her baby at caesarean surgery with her first birth. She described the sensation as, "strangers rummaging around in my sacred space violating everything I held precious". As one close friend and colleague has announced: "I don't want the state in my bedroom" and neither do many others!

Australia's current blended mix of public and privatised health

"Australian women and their families have been asking for birth reform in the public sector loudly and clearly for some three decades now."

services will continue long into the future. This seems to be the trend in health care in a liberal democracy, a trend that will continue to enable a certain level of choice and diversity in service provision. However, Australian women and their families have been asking for birth reform in the public sector loudly and clearly for some three decades now. In an editorial back in 2004, Justine Caines, then President of Maternity Coalition observed that state and territory jurisdictions in Australia were approaching their 32nd review and inquiry into birthing services since 1985.

Australia has had a [spate] of inquiries, recommendations and evidence in relation to birthing services. What is required is widespread, national, systemic reform in public health services and funding, and appropriate workforce reform to support this.

This is an edited version of a presentation given at the Homebirth Australia Conference in Sydney, November 2007.

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committee member profile

Jenny Carleton



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HAS I've been a member for four years and joined the committee six months ago as the Advertising Coordinator. I joined HAS to read birth stories in *Birthings* but never imagined I could be one of those amazing women.

Family I live in Newtown with my partner Rod and our kids, Lily (5) and Saul (15 months).

Life prior to Birthing Before kids I worked as a Policy Advisor in the community housing sector and before that in HIV/AIDS housing and support. I was very politically active, particularly in the community sector and with projects in Redfern. I still keep up regular yoga and ongoing work in Redfern, though it has certainly taken a back seat!

Life with a Family My daughter is now at school which gives me a little more time for my home business – an online directory called Natural Parenting in Sydney: A Guide to Services and Products (www.npsydney.com.au). I started developing the site three years ago when I decided that I didn't want to go back to 'work'. Over these past few years, I've become passionate about natural parenting and baby wearing and want to support others in their journey down this path. Birthing Saul was such a fantastic experience and parenting him has helped me evolve, both as a mother and a person.

Why Birth at Home I intended to birth my first child at the birth centre but ended up as one of the 25 per cent of women who are transferred to the labour ward. Second time round I was determined to have my own pool and my own rules – so home was the clear choice.

Dads at Birth

with guest speaker **David Vernon**, author of *Men at Birth, With Women* and *Having a Great Birth in Australia*.



12 August 7-9pm
Australian Doula College
31 Brighton Street, Petersham

This is always one of our most popular evening meetings. Hear stories from homebirth dads and Australian author David Vernon whose book is a collection of thirty stories from men about their experiences of birth. This will be a great evening for dads-to-be, mums-to-be, new parents and health professionals.

FREE but **RSVP** requested as we have limited space and this meeting will be popular.
INFORMATION AND RSVP Danni Townsend 9011 5708.

the birth album

Share your birth experiences with pregnant women to help promote homebirth.

Stories and images of birth are powerful ways to communicate an experience that almost defies description. For first-time pregnant women, they are an eye-opener and perhaps the first 'real' insight into what birth might be like for them.

Gayle Enkelmann is compiling an album that will contain photographs, stories and newspaper clippings for people to flip through. The album will float around our community to pass on our experiences to those who can benefit from them—for example, at the HAS stall at expos or conferences. What a great way to see your photos and story beautifully presented.

Gayle is a homebirth mother to eight children. She is donating her time, album materials and including her own stories. You just need to print a few favourite photographs and/or prepare a story. Gayle can travel to you to help you prepare your pages for the album.

For details, please contact Gayle on 02 9386 4928 or genkelmann@optusnet.com.au

Member services

- HAS merchandise
- subscribe to *BIRTHINGS*
- submit your baby's birth notice

membership

Homebirth Access Sydney is the only group of its kind in Sydney. It fills an extremely important function in providing a centrally organised group of caring people, gathering information and making it available to everyone who is interested in childbirth alternatives and the myriad related issues.

PLEASE SUPPORT THIS VITAL WORK BY SUBSCRIBING TO *BIRTHINGS*

- **3 year membership:** \$90
- **1 year membership:** \$40
- **Midwives subscribing clients:** \$15 per client

Membership entitles you to receive *Birthings* four times a year and satisfaction in knowing that your money is being used to keep the group alive in order to make it easier for families to birth at home.

Please send your completed form to:

HAS, PO BOX 66, BROADWAY NSW 2007

NAME	
ADDRESS	
TELEPHONE	
EMAIL	
OCCUPATION	
CAN YOU VOLUNTEER HELP? (eg typing, fundraising, emailing, events, organising)	

Please tick:

- New member
- Renewal

Please Enclose:

- \$90 for 3 year membership
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- \$40 for renewal membership (1 year)
- \$15 for midwife client membership (1 year)

Include a stamped, self-addressed envelope if receipt is required.

Enquiries: ameliaa@iprimus.com.au

birth notice form



**For inclusion in *BIRTHINGS*
the magazine of Homebirth Access Sydney**

Please complete only details you wish to be published

Parents name(s)

Siblings name(s)

Baby's name(s)

Date of Birth

Place of Birth

Tick where appropriate

- Girl Labour Ward
- Boy Water birth
- Birth Centre VBAC

Additional message to be printed, eg midwife, support people, details of birth, weight, length etc

Please return to your midwife,
forward to HAS, PO Box 66, Broadway, NSW 2007,
or email details and a photo to dannit@bigpond.net.au

gift ideas



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White with purple print
440x420x80mm 430mm handles
100% Cotton
005SS \$6.50



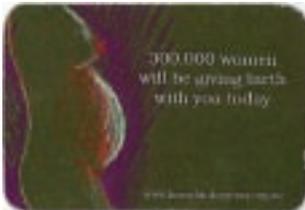
BORN AT HOME CALICO BAG

White with purple print
440x420x80mm 430mm handles
100% Cotton
006SS \$6.50



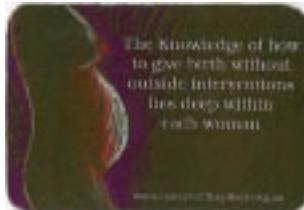
HOME BIRTH OWN BIRTH BUMPER STICKER

White with purple printing
195x50mm
009BS \$3.50



'TODAY' MAGNET

66x46mm
007MM \$4.00



'KNOWLEDGE' MAGNET

66x46mm
008MM \$4.00



I GIVE BIRTH AND I VOTE BUMPER STICKER

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birth pool

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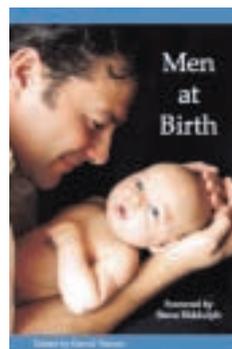
MY BROTHER JIMI JAZZ Chrissy Butler

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MEN AT BIRTH David Vernon

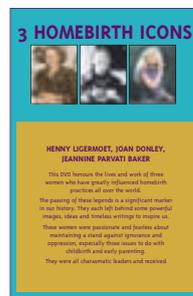
Each of the 30 stories was specifically written for this book. They are often funny, sometimes sad, but all will be of interest to men entering the childbirth and parenting journey. Aust 2006
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NEW

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birth stories

Bonus baby!

TONJE AKERHOLT

This is the birth story of my fourth baby. The one who finally gave me the opportunity to birth at home and to share the journey of pregnancy with my first three children in ways I hadn't before.

I always felt as though I had a fourth child in me and I spent years convincing myself that three was enough. We had healthy lovely children, a small house, five-seater car and were living comfortably. Emotionally I was yearning for a baby, but my rational side told me to forget it. We bought a pup instead and I directed all my clucky energies towards him. Then, out of the blue I found myself pregnant! To my surprise and delight, Paul, my husband embraced the idea of another child and so did our kids.

It was going to change our lives considerably. By the time I had this baby I would have turned 40 and my children would be 11, 9 and 6 years old. All of a sudden it seemed a bit scary. Statistics of miscarriage, Down Syndrome, premature and still birth seemed to jump out at me every time I googled '40 years and pregnancy'. I had pressure from

others to have nuchal scans and amniocentesis (which I refused) and I felt as though I would be blamed if this baby was anything less than perfect. I became obsessed with miscarriage and every twinge I felt sent me into a panic. Each day felt terminally long and I just wanted to wake up and be at the magical second trimester. I had to let a lot of my fears go and accept that if this baby was meant to be then it would be and there was nothing I could do to change that apart from try to relax, think positive thoughts and tell my baby how much we wanted him/her. This was definitely my last pregnancy so I was also determined to enjoy every minute and not try to race through it. I had always thought that I would want to know beforehand if I was carrying a baby with Down Syndrome or some other disability, but I found myself just wanting to love and accept this



baby with the knowledge that if anything was wrong that we would deal with it and cope.

I had given birth to my other children at birth centres and hadn't even known about homebirth. This time I knew I wanted to give birth at home.

My friend and doula was my pillar of strength throughout the pregnancy and a source of inspiration when preparing for the birth. She organised a beautiful blessingway and gave wonderful massages and some great advice when my due date came and went. For once I wasn't stressed over being overdue. Again, acceptance and trust were my key lessons to learn.

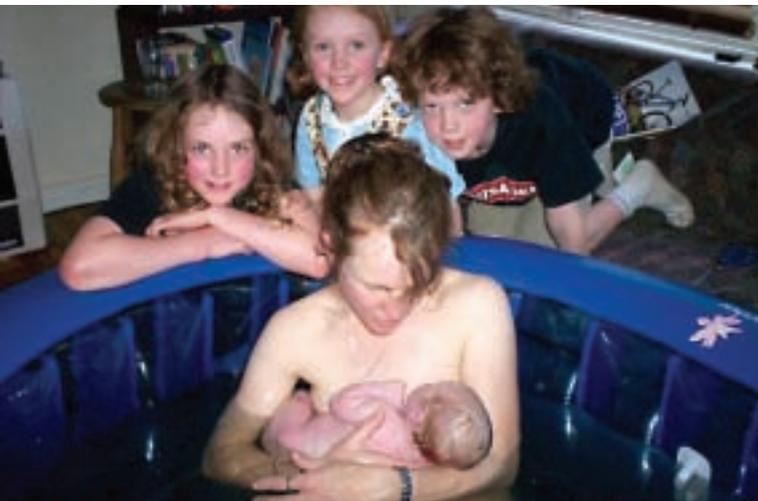
The pregnancy was wonderful. As I had had gestational diabetes in my last two pregnancies I knew I was likely to get it again. I bought my

own blood glucose meter and tested my blood every week. At 28 weeks I started getting high readings. I was able to keep my blood sugar levels in the normal range by exercising every day and having frequent small low-GI meals. I took chromium and cinnamon and drank apple cider vinegar before every meal. It was so good not having the diabetes clinic breathing down my back and jumping up and down if I happened to get a high reading. The hospital system would have classed me as high risk, due to my age and gestational diabetes but as they didn't know I existed, there wasn't any problem! That led to much less stress in this pregnancy. I had faith in my own intuition, and trusted that I knew what was best for my baby and for me.

On Sunday 16th September, at 40 weeks and three days I woke with intermittent contractions. I'd had weeks of prelabour

so I didn't get too excited. But when the contractions continued after getting out of bed and having a shower, I knew that it was likely to be the real thing. I rang my doula, at about 9am to say that contractions were about 4-6mins apart and they were getting steadily stronger. She asked me to ring back when I felt like I needed her. It was fun getting everything ready to birth at home. Paul inflated the birth pool and started filling it. As things were hotting up quite quickly, Paul went and collected Jonas, our son, from a sleepover party. Our daughters, Kaia and Marlena were asking a million questions, wanting confirmation that the baby was actually coming today: "Does it feel like it did when you had me?"

At about 10.15am the contractions were coming every 2-3 mins and were starting to demand more of my attention. I was also



feeling pressure in my bum with each one. I had always wanted to try labouring with a beanbag and so I set myself up on the sofa, leaning over a beanbag. Kaia put a hot wheatbag on my back every time she saw a contraction coming and it was lovely having her there, nurturing me for a change! There didn't seem to be much progress, so I got up and started walking around. The contractions strengthened immediately and I found myself hanging off a ledge in the lounge room. I had so been looking forward to submerging myself in water but as soon as I did, the contractions fizzled out. Back to my ledge until I felt like there was no going back. This time when I got in the hot water the contractions kept coming and I coped by leaning over the edge of the pool and hollering at the top of my voice. The head

made its way slowly down and I tried to breathe it out without pushing. When it did burst out, I thought it was the whole baby and I wondered why no one was doing anything! When the next contraction (which I thought would be my last) came, nothing happened. I didn't think I had more than one contraction left in me, but braced myself for the final one. Paul caught the baby under water. I saw with relief a pink and perfect baby and heard a gutsy newborn cry. I swivelled around and Paul passed our darling bub into my arms. After a few moments I checked to see if we had a boy or a girl and saw that we had another beautiful daughter. We cried with joy and our older three sat by the pool staring and smiling at their new sister. It was 12.39pm and sun poured in through the window. My first home birth and the

final chapter for pregnancy and birth for me. An hour later we were all tucked up in the sofa bed in the other lounge room, celebrating with champagne and chocolate. Baby Anya is now eight months old and brings such love, joy and laughter into our lives. She's a bonus baby in every sense.



birth stories

ANZAC baby

ALISON LEEMEN

During a break in the rain, Wilfred was born into the bath at home on a day of quiet celebration.

I knew something was up when, on the

Thursday morning before Anzac Day, I crept down to the study at 5:30am, having lain awake since 3:30am, to finish sorting through the *Birthings* archive and email various members of the HAS Committee with an index of the archive stretching back to the early 1980s. Some people scrub walls to do their final nesting; I wrap up a slightly obscure volunteer project. The study was, for the first time in years, tidy. Danni, *Birthings* editor, who'd seen my early morning emails, soon rang me to tell me I was definitely having that baby in the next day or so.

My partner, Mark, stayed home from work on Thursday because I was so exhausted after not sleeping well for nights, and we took turns working and spending time with our two-year-old, Joe. By the time Joe slept and Mark went to the office, I was desperate for a rest, too, but the last of a parade of tradesmen was in our bedroom completing the Major Nesting Project of my pregnancy, bedroom redecoration. So instead of lying down, I fiddled about some more, tired and distracted and refusing to listen to the voice that said 'rest, this baby is coming soon'.

The astute two-year-old knew something was up, too, and was far too wound up to go to sleep that night.

Finally, he slept and I went to bed to try the same, but there was enough activity in my brain and regular, if still mild, squeezes of the uterus, to make sleep impossible. At midnight I went down to the study again and suggested to Mark that he get himself some sleep. Mark, for once, promptly abandoned the computer and came upstairs, so I guess it was obvious to him that I was in 'prelabour' too. I'm not sure how much sleep Mark managed, but I surged right through the night. Not strongly—I did most of it lying on my side and breathing quietly—but consistently and maybe 10 minutes apart; preventing sleep, but not worth getting up for.

At the time, I was tired enough to be cranky with my body for doing this to me ('can't I just sleep now and then you can throw it all at me in the morning after a good rest?') but it was actually a fairly restful way of allowing my cervix to start effacing and dilating, and the baby to move into a good position for birthing. (In the last couple of appointments, my midwife, Jan, had palpated and found the baby to be in a slightly posterior position, just as my first baby



had been, which had produced a typically long and exhausting labour that I preferred to avoid this time. During that night of silently surging, I felt the baby turning at one point, almost as though I could detect the little hands pressing out into my abdominal wall and propelling the body around.) I breathed and counted; and sometimes I audibly breathed, and Mark stirred beside me; and I listened to my hypnobirthing CD on an iPod. I kept my eyes closed and refused to allow any part of my body to become tense with the surges, not my fingers, not my face and certainly not my abdomen, pelvic muscles, hips or legs. Whenever something wanted to tense, I breathed more deeply into that area and focused intensely on relaxing and letting myself open. This time, alone and quiet in bed, set the tone for the labour and enabled me to carry this physical relaxation, which was not something I had practised or pre-planned, through the rest of the morning. I might have snatched a couple of minutes sleep here and there.

Joe woke at 7am and I went to him as soon as he stirred, grateful for the company and keen to enjoy my last morning with him as an only child. I also wanted Mark to get as much rest

as he could before I needed him. I told Joe I thought we'd have the baby today, and he was pleased and cuddly. He'd been waiting such a long time for this baby to arrive, and was totally patient and accepting when I asked him to wait a moment as I leaned on his bed during a surge before we went to start breakfast. He said, "Jan's a friend, Simone's a friend, Joe's a friend."

We called Joe's support person, Simone, who cares for him one day a week, and left a non-urgent 'don't make any Anzac Day plans' message at Jan's house.

Simone arrived with croissants at around 8:30am and Mark, Simone, Joe and I all sat around the kitchen table talking and breakfasting, me standing to lean on the table and circle my hips through a surge, Mark casually rising to rub his hand on my lower back. We'd discussed in advance my desire to have this labour be light and enjoyable, filtered through laughter and play and with an atmosphere of quiet celebration, and that is exactly the air we all carried as we sat around the table lingering over a public holiday slow morning and the quiet expectancy of a long-awaited break in the rain. I'm so grateful to Mark, Simone

and Joe for all contributing to this mood.

After breakfast, Simone and Joe headed out to run some errands. I prepared the birthing area with the oil burner, music and my affirmation posters and then Mark and I sat together on the carpet, chatting about paintings we liked and joking about what we could name a baby born on Anzac Day (Zac, his initial suggestion, and Digger, mine, proved popular suggestions among friends and family in the days that followed). We both agreed the baby would be a boy, something that had come to me strongly during the wakeful night. We are both busy people who don't often enough have time together as a couple and we consciously savoured this opportunity to just hang out idly on the cusp of such a monumental event in our shared life. When a surge came, I'd kneel over the sofa and Mark would rub my back as I rocked, breathed and moaned a little, carrying over from the nighttime my intense focus on relaxing deeply with each surge. Jan called around 9:15am and I spoke to her easily enough. No need for her to come over yet, all was progressing gradually and we were conserving what little energy I had after being awake for around 30 hours.



She called back around 10:15am, just after Joe and Simone had returned and were busily starting to bake a cake, and although my surges were slightly stronger and my birth song starting up, we agreed it wasn't time yet and that she'd call back in another hour. Joe was demonstrating the muscles working in my body by pushing his spread hands together hard against imaginary resistance, straining his face, bulging his eyes and saying "muscles squeeze tighter and tighter and tighter." He also thought "muscles" was an hilarious word and ran around giggling with it. A few days earlier, he'd referred to the "full moon in my belly" when he saw me undressed.

After chatting awhile with Joe and Simone in the kitchen, we headed upstairs to bed. I'd read, and foisted upon Mark, Ina May Gaskin's great classic, *Spiritual Midwifery*, and had already informed him that I intended to test its thesis that a little canoodling and smooching can advance labour significantly. We lay kissing and cuddling, talking about nothing really, and the surges came closer and harder, with a tingling of pleasure as a chaser to the squeeze that I took as reward for staying as loose as I could during the tightening. Soon I had a strong surge that broke my waters over the bed, at around 11:15am. (We'd laid garbage bags under the sheets a few

days earlier.) I jumped in the shower to clean up while Mark changed the linen, and I had a couple of follow-on surges in the shower in quick succession. The waters breaking released a lot of tension and made me feel things were progressing really well. I was happy and smiling when I emerged, and said how great I felt. Mark agreed that everything was going well. In fresh undies and a singlet and robe, I decided to go back downstairs and call Jan to come over, as the surges were coming faster and harder now.

Joe and Simone were in the thick of cake-making, so we hung out in the dining area adjacent to the kitchen and took the surges leaning against the dining table, with Mark holding the wheat pack close against my lower abdomen, pressing his thigh firmly against my sacrum and rotating with me while I moaned and breathed. Joe joined in with the breathing and sounds from time to time, and in between surges Mark ran the bath and took photos, and we chatted and cuddled with Joe. I switched the music over to a birth preparation CD, *25 Ways to Awaken Your Birth Power*, to help keep me in a calm, meditative space. There was a beautiful sense of 'homeyness' and quiet joy.

After a hard surge I decided to get into the bath. Mark thought it might be a little early, based on our previous labour, but I could tell

this was moving much faster than last time. The water was deeply relaxing and helped me regulate my temperature (outside the bath, I had been sweating at each surge and shivering between them, with the robe going on and off each time). It was around midday when I stepped in and Jan arrived soon after.

I wondered momentarily whether I'd slowed my labour by getting in too early, but things soon picked up again. Jan and Mark buzzed around setting up her gear and Simone got Joe some lunch and headed him for bed. We'd figured we'd play it by ear whether Joe was present at the birth, and he was tired after going to bed late the night before, plus we didn't know how long it would be—he needed to sleep. I dealt with a few contractions solo, but I've never quite understood women who want to labour alone—I prefer quiet company.

Mark sat on the step of our large triangular bath and with each surge I would press my head into his shoulder or our clasped hands (the next day I had a little bruise on my forehead), breathing, moaning and focusing completely on relaxing everything but my pushing neck. It helped when the baby came low to be able to push a part of my body that wouldn't interfere with the baby's progress through my birth canal; I think it helped me to mostly



breathe and moan the baby through, rather than lots of active pushing. (In my first labour I'd had an anterior cervical lip that meant I had to resist the strong urge to push for two hours, and although I had no reason to suspect the same would happen, I still wanted to avoid pushing and focus on opening, especially since I'd had no vaginal exam, nor wanted one, so didn't know what my dilation was.)

Sometimes Jan joined us, or took Mark's place as he went to arrange something. Jan would remind me to open everything up and let the baby through, to feel it coming down. I remember her saying similar words in my first labour and I'd had trouble connecting to them, but as I had recited this to myself through the night and the morning, this time I carried the intention easily into my body. After each surge, I sat back on my heels, drank or crunched on ice chips, and smiled inwardly. I felt each surge to be shorter and easier than I had expected and I felt each one to be productive in bringing my baby closer. These were experiences I hadn't felt in my first labour.

I was in a kind of trance. Jan might come in and ask me a question. I would register her presence and the question, but wait until after the next surge came and passed before addressing it. My focus was intense and blissful,

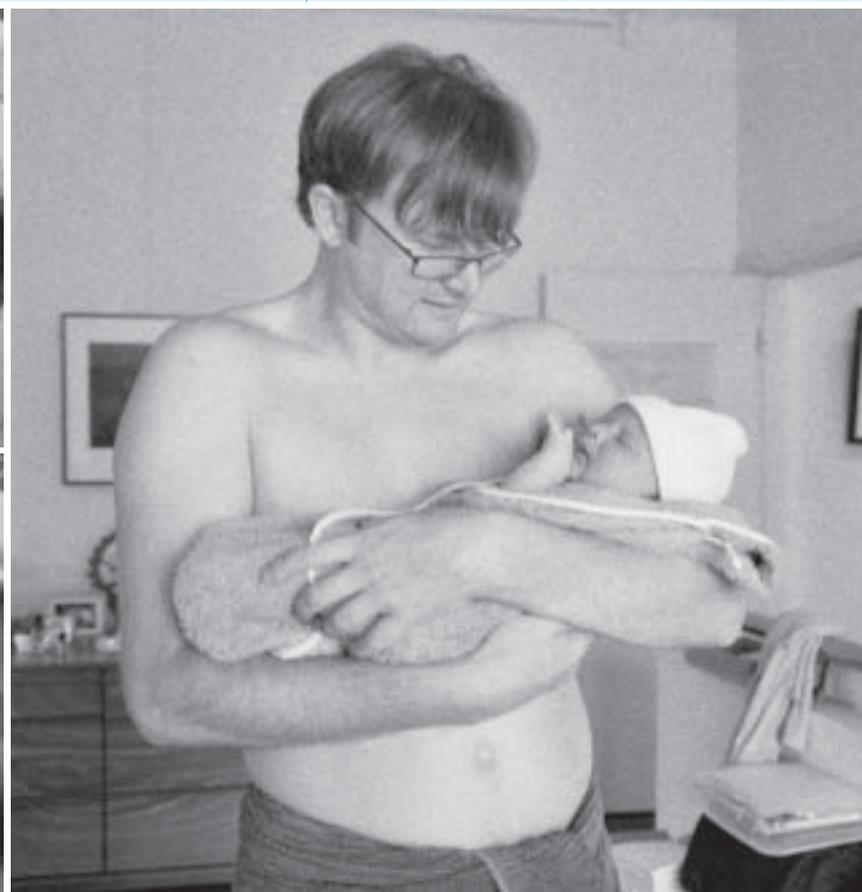
in the way that only deep absorption in the present moment can be, whether you call it meditation or concentration or flow or even prayer. I pulled myself wilfully into the room only once, when Joe had come out of bed to see me one last time before sleep. The little darling had been making noises during my surges too, so I'd groan low and loud and then we'd hear him with a higher-pitched yell from his bedroom next door, and Mark and I would laugh, which I'm sure helped keep me relaxed and open. We knew he wasn't disturbed, he'd just then chat to Simone about making noises to help the baby out, and sing himself a song and chatter away as he usually does when unwinding his active mind for rest.

At one point, Jan asked me to feel inside on a surge and see if I could feel the baby's head and I couldn't. I wasn't disheartened by this, because I hadn't expected it was that low yet. I glimpsed the possibility of mental calculations about whether Jan's question meant she thought I was close, or not close, and refused to allow myself to enter into that brainspace, reverting to resting between surges and breathing and opening during them. I could hear snatches of the Birth Power CD drifting in from the living area and used the words to help me back into the space.

I heard, before I felt, the move towards second stage. My voice dropped lower and a pushing sound entered the moans. Jan heard it, too, from the living room, and mentioned, through Mark, that it sounded like a bit of urge to push was coming into it. (Anyone else in the neighbourhood who knew what to listen for could have heard it too, frankly!) I acknowledged the urge to push, but tried to stay relaxed, with just a tiny involuntary push coming into a surge once or twice. I put my hand down and felt the head bulging against my stretched perineum. "It's down, I said, the head's down, quick Mark, get in." I was holding the crowning head with my hand as it pushed down, bulged and receded with the surge.

Mark quickly stripped and Speedoed himself into the bath, which was a less than salubrious environment into which to be invited—he brought his own strainer! I also called Simone in to witness the birth and to photograph it. (Joe was just asleep; I decided not to wake him.)

There's such a sudden shift of mental state with second stage. The trance was gone; I was totally alert to everything that was said and absolutely attentive to each second of the birth, to each sensation that accompanied it and to being present and ready to meet, welcome, protect and care for this child. It was like a switch from



Vaseline-lensed sepia to high definition digital. With one more surge, the baby's head was out. I felt it with my hand, soft and beautifully round. Mark confirmed perfect anterior presentation. (Joe had been posterior, turning somewhat during labour, but emerging at an angle I still don't fully understand.)

It was quite a while between contractions, though time is a slippery concept when you're in labour, and I couldn't say how many minutes. Although I wanted the baby out, I expressed gratitude for the rest and waited patiently, taking the opportunity to be fully aware of the momentous occasion of this baby's birth. I love those moments when the head is out and the body inside, and you can feel the baby adjusting itself, wriggling the shoulders into position for the final dive into the outside world: a half-born infant as an independent actor in control of its own destiny. At this moment, I keenly feel the baby's demand to be fully and immediately respected as a human being, right alongside its utter dependency. I trusted the baby's ability to make its way out and told myself I only needed to stay out of the way. At the same time, Jan told me that if I needed to push on this surge to do so as gently as possible for the emergence of the shoulders, and directed a few words to Mark in case he needed to assist. I considered switching to a leaning back

position so I could catch the baby myself, but throughout both my labours, leaning forward has been the only option for me, and so I stayed on my knees, upright but leaning forward.

The surge came and, nice and easy, out came the baby into his father's hands. Mark passed him through my legs and I lifted him up and out of the water, onto my chest. I hope I never forget the image of his little face swimming up toward the surface.

A boy.

He was a little mucousy, so Jan suctioned his mouth. I felt for the poor darling, trying to take his first breaths through a soapy film of mouth gunk. His body colour was fine, but his hands and feet were a little white-blue—again, I thought, the poor love has inherited his mother's weak circulation. I'd thought I'd stay in the water for third stage, but I was suddenly uncomfortable in my back, and concerned about the baby getting too cold, as we hadn't managed to get the heaters organised during labour. The cord had stopped pulsing, so we cut it and in an ungainly parade of leanings, passings, liftings and forearm grips managed to get ourselves in stages out of the bathroom and into the now-heated living room. Joe came trotting out and sat with Simone admiring his new baby brother. He was totally unfazed by my

birthing the placenta, as messily and loudly as possible, on the sofa (bless you, Jan, for setting up the drop sheet so well), accompanied by my graceless "thank Christ for that!" as it had been surprisingly uncomfortable. But he was very excited when Jan suggested inspecting the placenta in the bathroom, was totally enthralled by the process and hasn't stopped talking about placentas since. If I'd scripted the event, I'd probably have placed Joe in the bathroom for the birth, but given the suctioning, and my discomfort, and the added advantage of having Simone free to take photographs, I think the way things worked out was ideal.

Joe and Simone iced the cake while I breastfed the baby and Jan and Mark did the numerous jobs of tidying up, making me comfortable and a million other things I barely registered, ensconced with my suckling newborn on the sofa. We sang happy birthday to the baby and Joe blew out the candles and we all feasted on cake, in a celebration that would be repeated daily for the next few days with family and friends. It was a generous cake, a beautiful day, a bonding family experience and a joyful lesson in what birth can be.

Postscript: it took us five days, but we finally settled on a name for our baby that pleased us, suited him and acknowledged his birth date: Wilfred Franklin Leemen.



fear

Knowing this edition of *Birthings* was about fear, I gave special attention to this subject in preparing for Wilfred's birth. Fear is a tricky subject for me because I often don't let myself feel it; it is for me the emotion that is most often sublimated and comes out as something else—anger or sadness most often. Speaking as honestly as I can, I find it unacceptable in myself and unattractive in others. As a consequence, I consciously felt quite fearless approaching both my births. In fact, I recall attending my first birth class during my first pregnancy and being astonished that every other person in the room introduced themselves by describing their fears, something with which I couldn't connect.

Despite this, after my first birth, Jan said she'd felt my fear holding me back during my protracted first stage. I found this curious,

as I wasn't experiencing fear consciously (just pain!) but I don't doubt it was there in my subconscious, and certainly a lot of anger came out when I was in transition.

As well as listening to hypnobirthing recordings, in preparing for this second birth I did an exercise around fear out of Jane Hardwicke Collings' wonderful book, *Ten Moons: the inner journey of pregnancy; the preparation for natural birth*. I wrote down my fears (to the extent that I could connect with them—for me, more 'things I didn't want to happen' than felt fears) on individual cards, then on a single large card, I wrote down the opposite of the fears, the positive affirmations that the reverse would happen. I kept the positive affirmations by my bed and reaffirmed from time to time; the small cards with the

fears I re-read once, then burned. With my positive intentions set down, I then took the ritual a step further and made them into an affirmations poster for birth. I'm nobody's artist, but I dug out Joe's textas and crayons while he slept and got busy on a large sheet of paper. I put this poster on the door between the living room and the bathroom when labour started, and glanced up at its affirmations to support my positive mindset. (I also used the affirmations poster HAS sells.)

I can honestly say I didn't feel a moment's fear during this labour. Nor did any anger or sadness surface. The closest was the mild irritation at another night's sleep deprivation during pre-labour, which passed quickly once I accepted the situation and got down to breathing and relaxing. However, in debriefing with Jan shortly after the birth, she

confessed that she'd felt some fear during the long break between Wilf's head and his body being birthed. Jan said she wasn't wearing her watch and didn't want to cross the bathroom to look at it in case in so doing she alerted us, especially me, to her fear and so shifted the mood in the room and the hormonal responses of my body. When I consider the way in which this situation would have been dealt with in a hospital birth setting, where the clock and the risk-management mentality occupy twin peaks of importance throughout labour, I am ever more grateful to have birthed at home, with a calm and experienced midwife taking time not only to carefully observe one woman's labour, but also to mindfully watch her own impact on that labour, and to truthfully acknowledge, after the event, her own experience of it.



birth stories

The birth of Asher Maegraith

ALI MAEGRAITH

Asher's birth brings unexpected meaning to being 'happy and blessed'.

In life there is birth and there is death. This is true for everyone. Sometimes death comes first, and then birth. A different journey of life, but just as valid and just as significant.

I went to hear my baby's heartbeat for the first time when I was 17 weeks pregnant. The midwife searched and searched but there was none. She said to me, 'Are you all right about this?' I didn't know what she meant. "No worries," I thought. "It's too early, she just can't find it." We organised to have an ultrasound done that day. "I'm sorry, it's bad news I'm afraid", the radiographer said straight away. This is when video tape started rolling and I just didn't feel like I was even present there.

Our journey of grief over the next two weeks is another story. We decided not to be induced straight away, as was the done thing, but decided to wait. There are many reasons to allow the body to birth naturally and it was likely that the birth would be gentler. I also needed to be mentally prepared. In the throngs of grief I think I would have been absolutely traumatised to have to face a birth as well. We also needed to grieve and process our loss for as long as we needed to before the birth.

After two weeks of intense grieving, sadness, questions, loving, joy, thanksgiving and hope, we felt it was time to have our child. These two weeks were so wonderful. Painful, but wonderful. We were living entirely in the present. There was no rush, no hurry, no need. Just time to sit, write, think and cry and read all the wonderful encouragements people sent us. We are Christians and have never known God's love and purpose for us and our baby in such a real and tangible way. We were absolutely surrounded and uplifted by many people's prayers for us.

After two weeks we decided it was time to have our baby. We felt ready and we also had this sense that we'd been through the hardest bit already. This would be confirmed after the birth. We went into the birth centre on Tuesday morning where we would start the induction process.

Women whose babies have died normally go to 'Level 6'. All this talk about 'Level 6' where 'these type' of births happen sounded quite

frightening to me, like I was being banished to the tower or something. I pictured a small cold white room. We preferred to birth where we were intending to in the first place, the birth centre. The staff really were fantastic and there were no issues with choosing to have our baby there.

When we left, our son Jed got all upset because he couldn't come. After all, he was going to be my 'midboy' for this baby! He thought about it for a while then said, "Mum, will it be a bit scary?" I told him that yes, it might be. He seemed to understand after that. We got there at 9am instead of 8am due to a normal crazy kid morning. It was a quiet day for the centre. In fact there was no-one else having a baby there for the whole 14 hours that we were there. Just us. The midwife started off the induction process and then we waited.

Rich and I were really relaxed and even slept for a bit. Soon after our sister-in-law Nat arrived, we all went out for lunch. We kept commenting on how much we were enjoying a day without the kids! Labour was subtle and constant but no big deal. We went for a walk. After 3pm the strength of labour seemed to pick up. It was so different to my other labours, being an induction, and I felt in very unfamiliar territory. So funny to be in an induced labour for a doula who refuses to support any woman having an elective induction!!

The pain was constant and I kept anticipating it to get worse so I tried to hold off on any pain relief...yet. I wasn't interested in going drug free this time. I'd just do what I felt I needed to. I filled up the bath thinking that labour was just starting. I thought I'd have a bath for when labour was established and then save the gas for later. I was still talking through contractions, there would be hours to go. I kept thinking about Jo, our doula, who was coming and how she would have to wait around forever. I'd never had a labour that was this slow before.

As I was lying on the bed I had a few moments of panic as I was anticipating how I was going to get through this. It was strange because as soon as I said to myself, "It will be over soon," those fears just slipped away. The anticipation is always worse than the reality. When you are in

labour you can feel trapped, but we just need to be reminded that it is all just for a time. Rich stroked my back and Nat massaged me through the lower back pain. I wouldn't even call them contractions, it didn't ebb and flow, it was really constant...but still fine to talk through.

At around 6pm the midwife came in to give me the next pessary for the induction process. She offered to do an internal to see if I'd need it. I assumed that I definitely would. I'd originally planned to have no internals. Why would I? The birth was just going to happen anyway. This time I thought, whatever. Maybe it might speed things up. I told the midwife that I was sure that I wouldn't have even started to dilate. I've never experienced good news from an internal, from my own births and the ones I've attended. I was shocked to hear that I was already 6-7cm.

At that point Jo came in which was wonderful. Two seconds later I was on all fours up on the bed bawling my eyes out. I could feel that the bag of waters had slipped half way out and was just sitting there. So strange to suddenly not be crying from pain but from pure grief. The second stage was non-existent, it was more about letting go of my little baby in my sadness than it was bringing out a baby into life. I just cried, big mourning heaves of grief. I couldn't feel any contractions or pain at all so I couldn't push with a contraction. Rich just held my head and stayed really close to me through it all. Everyone was right with me. Nat, Jo and Rich. I really felt we were just all together sharing it and I never once felt alone.

Then it was over. In the end the actual birth was so quick, so strange and so gentle. So much for Jo waiting around with us all night! They later told me that amidst it all I was saying all sorts of good one liners! You really let your guard down and become your true self when you are birthing a baby, that's one of the best bits.

It was also so similar to my other births—all of them! I've got these absolutely iron clad water bags! They just need to break for the babies to be born. As soon as I started trying to wriggle around a bit, there he was. The placenta all came away fine, so no surgery. It was all the 'best possible' scenario from first till last.

We talked and actually laughed and joked which seems so weird, but it was such a great birth and we loved being together. Asher means 'happy' or 'blessed' so I think he would have been pleased with that. After a little while we felt ready to see the baby. We asked Jo if she'd mind if we just had this time together so then, it was just the three of us. I'll never forget the amazing privilege it was to be in that place. A rare thing that not many people get to experience.

We just gazed on him in stunned amazement. I don't think either of us even cried. It was just amazing to see this perfectly formed little body. So perfect. His feet were really long and his toes were all there and so tiny. I had asked so many questions about what to expect. His skin would be peeling. But it wasn't at all, only on his head—very faintly. His eyes would be closed. But they were wide open. There would probably be an unpleasant smell. But he just smelt fresh and clean. I just did what comes most naturally for new mothers, I just marvelled at him and explored his little body and looked at him all over. He did have a dark skin colour. He was very cold to touch. Rich thought he looked like his brothers. All in all he was just beautiful. We couldn't take our eyes off him.

We got everyone else back in and they too joined in the amazement. I can't remember how long we were there for, but there was a point when I felt ready to hand him over. This was when I started to cry again, really cry. I realise now that for me that was really the final moment. Even though I know there will be reminders our whole lives, I knew that this time of grief for now had just ended. After that point I felt really different and very relieved.

We debriefed with Jo, said goodbye with lots of hugs and Rich went to get the car. The midwife brought a beautiful quilt in that someone had handmade to put over him. I sat in the room and wondered if there was anything left that I needed to do. As I had some time I thought it would be lovely to draw him so I got my book out and did a sketch of his little body. Then that was it. I said goodbye to him again and left to go home.

We were so full of joy with this pregnancy. We think more than any of our others. This was especially because of the fact that we think conception occurred after Rich's vasectomy. Asher was our little miracle baby and we never stopped thanking God for blessing us. Now that he has died, we've found that we are just saying the same things that we were before. God, you have blessed us. With a beautiful boy. With the joy and wonder of being able to see him and hold him. With a life. A short life, but one that has impacted so many people, so deeply. One small life that has impacted all of eternity.



birth stories

The wonderful birth of Jasmine Brielle Snow

The story of a powerful breech birth, told by both her mum and dad.

KATRINA SNOW

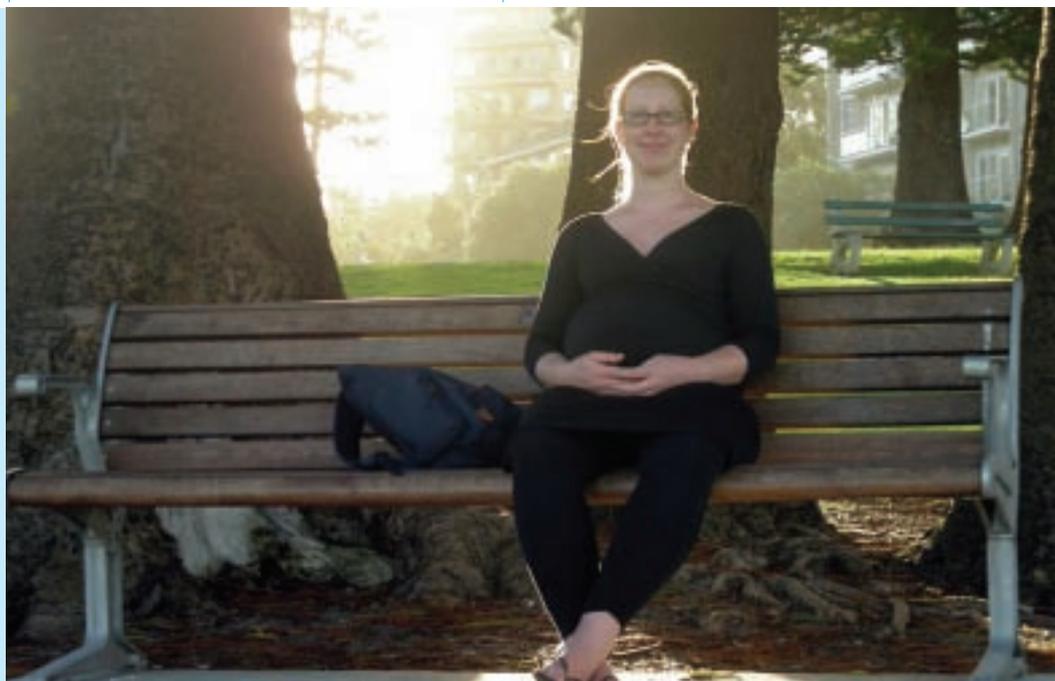
I found out I was pregnant whilst visiting my family in Texas last July. My dad had been diagnosed with prostate cancer and was due to have his prostate removed, hence my visit. The oedema that I'd put down to flying more than 21 hours to get there hadn't resolved a week after arriving and my stomach was unsettled, so I did a pregnancy test. Andy, my husband, found out on the phone! He didn't believe me at first, until I said two tests had confirmed it. My parents were ecstatic with the news—this was to be their first grandchild—and dad even seemed more determined to get through his surgery. The rest of my time in the USA was a blur of morning sickness and trips to visit him in hospital.

Back in Sydney, remembering an article I'd kept about a midwife helping with homebirths, I dug it out and after discovering she had relocated, eventually managed to contact Jan Robinson via email. Meanwhile, I booked Andy and I in to attend a Natural Birth Essentials one-day class at Naturecare college. It was very helpful and confirmed that a homebirth was the right choice for us.

Jan suggested we get some bloodwork done to find out Andy's blood type, since I knew I was rhesus negative, and for me to get the other

routine pregnancy blood screenings. Whilst there, the medical centre estimated that I was actually 25 weeks not 21 weeks pregnant as I thought based on the fundal height. Confusing things further was that I didn't know the date of my last period, and I had long irregular menstrual cycles. We had decided however that we didn't want to have ultrasounds due to a lack of safety data and so had opted before not to have ultrasounds to find out when the baby was due. We revised the due date to 'possibly in late February' after discussion with Jan.

In February it appeared the medical centre might have been correct as it seemed the baby's head had engaged. Jan said that in her experience it was only 1-2 weeks from when that happened until the baby would be born. We rushed to get a blow-up birth pool set up so that it would be ready in time as we'd decided at this stage that we would really like it to be a water birth after having read about them and seen many water births on videos Jan had lent to us. At this point Jan organised to have Anti-D on hand since it turned out Andy was rhesus positive, which in the event of this baby also being rhesus positive and some kind of trauma causing blood transfer from the baby to myself, could cause complications with the next child, if the next child was rhesus positive.



In any case, February came and went. I was then feeling a lump, shaped like a bum or a head just below my left ribs, and Jan said she thought it was the baby's head as she could get it to nod, although she was still picking up a heartbeat at the bottom of my pelvis with the doppler. Due to the strange positioning of the baby we were starting to wonder what was going on—if it could be twins somehow (after all both Andy's family and mine have a history of twins), or might be breech, and so Jan advised it might be best at this stage to get the ultrasound after all.

We felt a bit uneasy about compromising and getting the scan, but decided to trust Jan and her experience, and had the scan performed up at Kareena Hospital. The scan showed that the baby was now breech, and that it was only one baby. The estimated due date given was 9 April, although the scan is only accurate plus or minus 3 weeks.

Having met a nice woman at one of the homebirth picnics a few months ago who was more advanced than I was at the time and who was facing the prospect of a breech birth and discussing her options as a result, I remembered feeling sympathetic and thinking I was fortunate my baby was around the right way. Now I thought of the irony of it all since I found out later, that her

baby turned around the right way just before birth, while mine had now become breech!

Jan attempted an External Cephalic Version, and I went for three sessions of acupuncture, all unsuccessful attempts to turn the baby at this late stage. Jan gave us heaps of reading material on breech births and we decided we still wanted to go ahead with a homebirth. Jan was still happy to help out, much to our relief. I felt at peace. I trusted that the baby needed to be in this position for whatever reason, and I knew that I wanted to at least have a go at giving birth naturally in my own environment, and that should things not be working out, the hospital was not far away should I need it. I also knew that to have a vaginal breech birth a homebirth was my best option—I think most obstetricians would have booked me straight in for a caesarean section.

So we accepted the baby was breech and I spent the rest of pregnancy focusing on being close with my husband and relaxing. I continued walking every day as I had throughout pregnancy, did some perineum massage, as well as drinking strong nettle and red raspberry leaf teas, and taking relaxing epsom salt baths.

Days passed until on 3 April I woke up at 3:30am feeling a 'period-like' dull pain. Thinking

nothing much of it, I went back to sleep.

I woke up again at 6:30am with a jolt to a rather intense period pain, like cramp, and got up, once again thinking it was probably nothing. The cramp subsided just to reappear 3 minutes later. And same again. And again until I was sure something was going on. It wasn't as bad as my usual period pain though since the cramps were only lasting maybe 30-40 seconds so I got some minutes pain free in between them. I fed the pets and did some housework and at around 8am we called Jan to let her know I was getting some cramps and see what she thought.

Jan said she thought it was prelabour contractions. I went back to housework until just before 11:20am when Jan called to see how I was going and ask if I'd lost my mucous plug and whether the contractions were getting stronger (they were, to the point I'd stopped doing housework). Just after she called I lost my mucous plug.

After that the contractions got really intense and Andy ran the bath for me which gave some good relief, especially in between contractions. I didn't want to wait for the birth pool to be filled up and felt the bath would be enough. At 11:30am Andy rang Jan and told her I'd lost the mucous plug and the contractions were



more intense. She said she'd head on over and be here in about 35 minutes, and that I'd probably give birth to the bub that night. I got out of the bath soon after when I got to the point that I was like, "Okay this really hurts. I'm not so sure I can do this much longer. If there's going to be another 10-20 hours I'm not going to make it. Gaah what the hell was I thinking? f**@!" (It must have been transition).

I chose to go into my bedroom, wanting to just stand up and in between contractions go into cat position on all fours. I'd just said to Andy, "I'm gonna explode. This hurts like #@#" when Jan arrived to find me in the cat position, starkers of course, not that I would have cared if a football field full of people had been watching at that point.

I stood up again and the pushing just began. Jan said I should probably try and resist the pushing for a bit just to make sure I was dilated enough since the baby was breech. That was quite a task. At the next rest between contractions Jan checked the baby's heart rate with the doppler and it was sounding fine. After another two sets of very intense stretching contractions whilst standing up Jan said to "let it open up, imagine it opening, widening, thats it". She wanted to measure the bub's heart rate again but then on the third one I was like "No! uhh it's coming now!"

and the bub's bum dropped out (taking Jan by surprise as she hadn't even had time to put her gloves on!). Andy said it looked like a blood-red 'sack' at that point, and Jan offered me a mirror and suggested I touch the bub to make a connection, but I was too focused and in the depths of it all to want to.

On the next contraction the whole body dropped out, the legs falling from where they'd been. The sac had remained intact up until then, and when they did break the water didn't gush out, it was reabsorbed upwards. Lots of meconium gushed out everywhere as the bum/body had emerged due to the squeezing. During the next contraction I felt a bit of a burning sensation and out came the head.

Jan handed the baby to me immediately after catching it. I saw it was a girl and put her to my breast and welcomed her into the world by calling her Jasmine Brielle. She had a really long umbilical cord, enough for me to feed her whilst standing with the placenta still inside me. Jan took a bit of cord blood at this point for testing the baby's blood type. I breastfed and cuddled Jasmine for a while before allowing the umbilical cord to be cut so I could pass her to Andy and go for a shower to birth the placenta. It was taking a bit of time in the shower so Jan suggested Jasmine join me in the shower for a little cleanup as she was absolutely covered

in meconium. Jan helped me clean her up, I handed her back to Andy, then waited for a contraction, which came easier now I'd seen her again. I pushed and Jan gave a gentle pull, and the placenta fell out to the ground. I felt so good. Such relief. It was over.

Jan scooped up the placenta and put it aside to examine later to ensure the membranes were intact, then helped clean me up. I went back in to the bedroom and saw Jasmine sleeping peacefully on the bed next to Andy. He said he'd had a nice time bonding with her and had given her lots of kisses and cuddles whilst she stared up at him trying to focus, knowing his voice. Jan got me a cup of tea (Jasmine Green tea!) and then measured and weighed Jasmine. She was 3.3kg, 56cm long, and had a head circumference of 35cm.

I feel very blessed that Jasmine is healthy and well, and that I had a short and easy first labour with no perineum tears despite it being a breech birth, and no haemorrhages/trauma (and hence we opted not to get the Anti-D injection). I ended up giving birth in the place I felt most comfortable and safe—the bedroom and house that I'd lived in since I myself was born. Andy buried the placenta under a new fig tree we'd planted in the backyard. The support from Jan and my husband Andy throughout pregnancy and birth were phenomenal and a large part of why things went so smoothly.



ANDREW SNOW

Like most people, I assumed hospitals were the only place you could choose to give birth. I was also very squeamish about the birth process. I thought I would pass out at the sight of blood. However, since Katrina was the one who had to deliver the baby—surely no small task!—I believed she should have the final say.

When I found out others had done it at home, with support from a midwife, it sounded like exactly my kind of thing, because I had some negative feelings towards hospitals. I realise birthing centres are nicer than emergency rooms, but why not do it where you feel most comfortable?

With reluctance I attended a Natural Birth class at NatureCare College with Katrina. It was supposed to last four hours and I wasn't looking forward to it. However, the class started with some relaxation and meditation on floor mats which completely changed my mood for the better!

Over the next four hours I was enthralled as I learned how wonderfully adapted the female body was at giving birth naturally without the need for doctors, drugs or surgery. This class was a turning point for me. After more research, I came to firmly believe that a healthy woman with a healthy baby can deliver her own baby, at her own pace.

As I watched the amazing birth scenes on the DVD *Birth As We Know It*, I realised the human body doesn't care about malpractice litigation or tight hospital schedules: left alone in a safe environment it will proceed with birth the way it has evolved to, over thousands of years, and it's a beautiful thing.

While I am glad we have access to hospitals, I now think they should be left for actual emergencies. Each woman should be given access to all the education she needs to make a choice that is genuinely her own. When we finally discovered the baby was in a breech position and wasn't going to turn, for me there was still no choice but to trust Katrina. We would try at home and fall back to hospital if needed!

On the day, it all happened so quickly. Every three minutes Katrina wailed in her contractions and I knew I didn't have to do anything but be there for her and tell her it was going to come out okay in its own time. I was completely relaxed with being at home, but still anxious to proceed.

People had told us how long natural births can take, and in the back of my mind I thought we were going to be there all day and night. I was quite shocked when suddenly the baby started coming out—only about two hours after her mucous plug

ejected. Katrina was standing up and leaning forward onto the bed with her legs apart.

As it slithered down and out, assisted by gravity, it looked like a dark red egg, and I realised the sac was even still intact. I was stunned and so glad and thankful that everything went so smoothly. Katrina was so happy as she gathered the baby up in her arms, but I didn't yet feel much emotion towards it.

When Katrina finally handed little Jasmine over to me for the first time, she was not crying or upset at all. She was wide awake and stared into my face for several minutes while I smiled at her with a big grin from ear to ear. She melted my heart and in that moment I knew she was ours and that I would take good care of her. I was so proud of my girls. Together, against conventional advice and a general lack of faith in the human body, we did it!



the personal is political

Federal Lobbying

Following hot on the heels of our 25 February meeting with the Health Minister's office, HAS, represented by Danni Townsend and Alison Leemen, met with the Minister for the Status of Women's adviser on 3 March, briefing them again on issuing Medicare Provider Numbers to independent practising midwives and on supporting midwives to obtain insurance. The adviser was receptive to our proposal and has actively pursued the matter on our behalf with both Ms Plibersek and Ms Roxon's office.

Since then, HAS has led a letter-writing campaign that has been supported by other publications and groups, such as Kindred magazine and Women of Spirit, to dovetail with our work with these federal ministers. The only way the ministers know this is an issue with some traction in the community is if all our members and supporters write to tell them it is. Thanks to those who've already done so, and if you haven't, please go to our website – www.homebirthsydney.org.au – if you'd like the letter template or more background information on the detail of our lobbying submissions. It's important that everyone writes to each of Nicola Roxon (Health Minister), Tanya Plibersek (Minister for Status of Women) and your local member of parliament, not just the Health Minister.

As a result of our lobbying efforts, a HAS representative is listed as a stakeholder in the current Federal Maternity Services Review project. We also successfully lobbied the Health Minister's office to include a representative of the Australian Society of Independent Midwives in the Review. We are hopeful that the combination of lobbying, the letter-writing campaign, the media coverage we have received (see below) and participation in the Maternity Services Review by both HAS and ASIM finally affects some real change in publicly funded homebirth. The day after the Federal Budget was released, Anne Harris, HAS's

merchandising coordinator, was featured on page two of the *Daily Telegraph* commenting on the means testing of the baby bonus and its effect on the affordability of homebirth. This was a highly visible way of drawing attention to the fact that homebirth is the only way to have a professionally attended birth in Australia that does not receive any form of public funding. — *Alison Leemen*

State Lobbying

HAS made a submission to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals, prepared by coordinator Jo Tilly. The submission highlighted the adverse consequences of treating birth within a medical model and the advantages of expanding midwife-led models of care and publicly funding homebirth services. The submission provided extensive background and the following four recommendations:

- 1 That Area Health Services be directed to implement existing NSW Health policy and provide all pregnant women with the opportunity to receive care from a known midwife as their lead carer for their pregnancy and birth.
- 2 That all Area Health Services be directed to provide at least one homebirth service for healthy pregnant women.
- 3 That NSW Health establish a community based midwifery scheme across the State by contracting midwives who are appropriately credentialed by the Australian College of Midwives Midwifery, and covered by state government Professional Indemnity cover to be paid on a per birth basis to provide continuity of care to pregnant women, throughout their pregnancy, birth and post-natal period.
- 4 That the NSW Government Support Independent Practising Midwives to obtain professional indemnity insurance, either commercially, through a government-backed scheme.



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2020 Summit

HAS also made a submission to the Federal Government's 2020 Summit in the stream looking at 'A long term national health strategy'. Submissions were required to be 500 words or less and the following document was prepared by Jo Tilly, HAS coordinator, on behalf of the group:

Every year around 250,000 women give birth in Australia and childbirth is the single biggest use of hospital beds. Currently birth in Australia is considered within the acute care hospital setting. Treating birth within a medical model has seen intervention rates reaching a high of close to 30% caesarean section births. This contrasts with a WHO recommended rate of 10-15%.

WHO recognises that care from a known midwife is the optimum and cost effective form of care for healthy pregnant and birthing women. Midwives are also recognised as experts in risk assessment and the recognition of complications.

Australian women have virtually no capacity to choose care from a known midwife, either within a hospital or birth centre, or to give birth at home. Only 3% of Australian mothers have midwife led care, and less than 1% give birth at home.

This compares with the UK (upwards of 65% of women have a midwife as their lead carer and 2-3% have a homebirth), New Zealand (over 76% of women have midwife-led care with a home birth rate of 6-10%), and the Netherlands (46% of births are attended by midwives and 30% of babies are born at home).

International research shows that midwife led homebirths and births at community clinics and birthing centres are safe and effective alternatives to hospital births for most healthy women. These forms of care are also highly valued by pregnant and birthing women.

Australian women need a public health care system which allows us to choose the care we want and the care that evidence tells us is best for us and our babies.

This care also reduces pressure on the public hospital system. The cost of a hospital birth in Australia with an average hospital stay ranges from approximately \$5,800 for an uncomplicated vaginal birth, through to approximately \$10,700 for an uncomplicated caesarean and \$14,000 for a caesarean section with complications. Two key changes that would allow women to access midwifery led care and homebirth are:

- For the Commonwealth to allocate Medicare Provider Numbers to registered midwives offering independent domiciliary midwifery services (Independent Practising Midwives or IPMs) – this would allow women choosing midwife led care and/or homebirth access to the Medicare rebate and
- For the Commonwealth to support IPMs in obtaining professional medical indemnity insurance. Choosing homebirth over hospital birth is unlikely in the short term to be a choice made by the majority of birthing women, but the cost implications of facilitating this choice for an increased number of Australian women are still significant. In the UK where homebirth is available to women on the National Health System and therefore a cost neutral choice, 2-3% of women choose homebirth. A move to just 2% of Australian births occurring outside the hospital system would see a cost savings to government of around \$15 million per year.

Australian women deserve better options for their pregnancy, birth and postnatal care.

The submission can be found online at <http://www.australia2020.gov.au/submissions/viewTopic.cfm?id=8466&count=1>

BIRTH CHOICES INFO NIGHT

Friday 31 October 7-9pm
Annandale Neighbourhood Centre
79 Johnston Street, Annandale

To celebrate Homebirth Awareness Week there will be an evening of stalls, information, advice and services for birth and babies.

If you are interested in having a table to promote your group, organisation or service please contact Jan Robinson on midwife@ozemail.com.au or 0418 117 560.

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calmbirth®

calmbirth® is a childbirth preparation programme developed by Australian midwife, Peter Jackson, which supports the belief that pregnancy, labour and birth are normal life events. In our modern day life, a vast majority of women do not have the opportunity to support other women in birthing their children as we used to in earlier times. Therefore, birth is a great unknown for many women outside of the stories they are told about birth and the impressions they glean from the media. Needless to say, by the time most women are pregnant, they may feel anxious about giving birth and wonder how they can prepare for a positive birth experience.

The calmbirth® programme was developed to bring women back to a place of balance where they can begin to realize what we used to understand in years past: that women's bodies are marvelously designed to give birth to their babies. The purpose of the programme is to eliminate the fear, anxiety and tension that many women experience and support them towards rediscovering the wonder and joy of birth. calmbirth® recognizes the role of the father or birthing companion as vitally important during this time in a woman and baby's life. Therefore, during the calmbirth® classes, both the mother and her partner

or support person will learn simple techniques of relaxation, breathing and visualization. These skills will be practiced during the pregnancy enabling the couple to stay calm and relaxed during the birthing process. An environment is created in the classes where personal healing can take place, eliminating the fear and anxiety associated with labour and childbirth. Couples are empowered to take control of their own birthing experience as they welcome their babies into the world with a sense of calm, confidence and joy. What better start could a family ask for in the beginning of such an amazing journey.

Loving Birth® was created out of Regina Power's belief that birth can be an empowering and joyful life event for families. As a certified doula, calmbirth® practitioner and Master's level counselor, Regina has felt privileged sharing her knowledge with pregnant couples. Regina's beautiful homebirth experience with her daughter Maia last year further supported her belief that calmbirth® does make a positive difference for women, their partners and most of all for babies who are seeing the world for the first time.

For more information about calmbirth® classes, please visit Regina's website: www.lovingbirth.com.au or call: 02 9528 4440.

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Created & written by
Midwife Jane Hardwicke Collings

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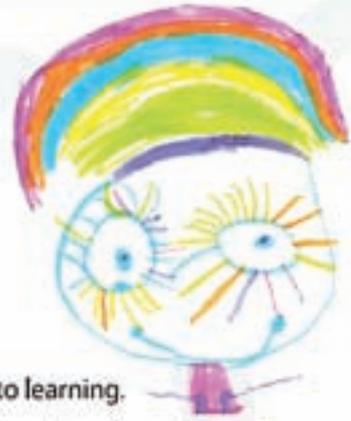
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HAS in the community

Parents, Babies and Children's Expo

The Parents, Babies and Children's expo at Sydney Olympic park was on over the 16–18th of May. Homebirth Access Sydney had a stall in the fairly mainstream expo.

Over the three days the response to the stall was primarily positive. There were a lot of couples that came in to look at the beautiful birth pictures of HAS homebirths and the DVD *Siblings at Birth* was shown answering lots of questions about the logistics of waterbirths and also showing what an unhindered family birth can look like.

There were also a lot of couples come in who were already pregnant and had discounted the idea of birthing at home, we highlighted the benefits to birthing at home especially to those who wanted to ensure a natural birth. There were also lots of couples who wanted to talk about Doulas and what they could offer.

One couple who had decided against having a homebirth came in to talk, it turned out the mother suffered from Keloid scaring and felt that a homebirth would give her a greater chance of escaping a csec, her husband was not convinced but after a chat about what our husbands had found better about homebirth he asked for a midwives list.

HAS attends expos and other community events to open peoples mind to the idea of homebirth, hopefully we make some couples think and maybe one of the couples that came into our stall will in the future plan a homebirth.

— LEIGH HOLMAN

Birth, Breastfeeding and Beyond conference

HAS was invited to have a table at the recent Birth, Breastfeeding and Beyond Conference which was held in Sydney at the RPA Hospital.

The conference featured Michel Odent, who spoke on the affect of oxytocin, as well as Alison Barrett and Carol Bartle from NZ, and James J McKenna from the USA.

Alison Barrett spoke on the effect of choosing not experience birth and the scientification of breastfeeding, James McKenna spoke on the benefits of co-sleeping and Carol Bartle spoke about post-birth attachment and the possibility of healing after traumatic or difficult birth experiences.

The HAS table was busy during the breaks and our merchandise was very popular, especially the new *Ten Moons* book from Jane Hardwicke Collings. We distributed many copies of our new evening meeting publicity postcard and also HAS leaflets.

It is great for HAS to be involved in these events that have a direct link to the birthing community.

Aboriginal Birthing Camp

HAS recently made a decision to donate \$150 to support an Aboriginal woman to attend a Women's Business Camp run by Aboriginal Cultural Birthing and Parenting NSW.

The organisation supports indigenous women in and around the Orange area of NSW to (among other things) be able to choose the place in which they birth, to be able to birth on country, to be supported to birth and parent with respect to Aboriginal cultural beliefs and practice.

We hope this small donation showed that we support the work of the organisation and the principles of greater ownership of birthing services for our Aboriginal sisters.





Evening Community Meetings Series: Waterbirth

The third in our series of evening meetings this year was held on Tuesday 9 April, with Shea Caplice leading discussion on the topic of waterbirth. Shea attended her first waterbirth in 1985 and has since developed a strong reputation in the area. She co-produced the beautiful DVD *The Art Of Birth*. The DVD is a great resource for those preparing to birth using water.

Shea noted that in Australia, homebirthers led the way with waterbirth, as they did with partners and siblings at birth, and in so many other areas of maternity reform. She described homebirth as a 'cradle of learning'. Initially, waterbirths were done covertly at hospital during the 1990s, led by homebirth midwives who also practised at the birth centre at the Royal Hospital for Women, until a midwife researched, wrote up and presented information and statistics to the hospital doctors that convinced them to authorise the practice.

Shea noted that current research points to waterbirth being safe for a normal pregnancy and baby, but that if the baby's heartrate rose or dropped beyond normal levels during the labour, it would usually be recommended that the mother get out of the water.

She also described some of the reports of women who had experienced waterbirths: their likes, dislikes and reasons for choosing that method of birthing. A couple of interesting points were that waterbirth aids the hands-off technique for midwives as water provides gentle counterpressure to slow the arrival of the baby through the birth canal, obviating the need for the midwives' hands to support the perineum; and that women who had waterbirthed reported liking the circle of privacy and space that the water gave them to birth and to enjoy the early moments with their baby without interference from attendants.

Shea also addressed the practical issues of planning for a waterbirth at home: make sure you switch you water service from off-peak to peak water, test how much hot water is required to fill the bath or pool and whether you have adequate in your tank, hire an urn as a backup (easier than carrying buckets and saucepans) and if you have an old house with weak floorboards, get under it and assess whether the floorboards and joists can hold the weight of the birth pool. Lots of plastic underneath and an endless supply of towels will help avert disaster in case of pool leakage or spillage.

After Shea's presentation and a tea break, Claire Saxby shared the story of the birth of Arthur (told and depicted in *Birthings* Issue 97), her fourth child, fourth homebirth and first waterbirth. With great good humour, Claire shared her children's insights into labour ("it really is very boring, isn't it, Mummy?") as well as some of the benefits she experienced as a result of birthing in water, being both psychological (privacy, removing inhibitions) as well as physical. Thanks to Shea, Claire and the twenty or so women who attended.

— ALISON LEEMEN

Evening Community Meetings series: Doulas at birth

Our second evening meeting in the inner west was held again at the warm and welcoming Australian Doula College. Renee Adair was our host and guest speaker and although we were a small group, we found much to talk about regarding the role and history of doulas.

Renee explained that doulas have been supporters of birthing women for centuries and that while the ancient Greek word really means 'a slave', she prefers to think of it as 'women serving women'. She also said she has only really used the word to describe her work for the past six years.

While the work of doulas went underground when birth became institutionalised and went into the domain of hospitals 100 years ago, a resurgence in the role of a doula began quietly in many parts of the world around 25 years ago.

Renee discussed the many things doulas have to offer including the ability to add non-judgement, care and calm to a place of birth, wherever that may be. She shared some convincing statistics about the lowered risk of intervention and caesarean sections, and the improvement to breastfeeding and PND rates within women who have laboured with support of a doula.

In a hospital birth Renee says the job of a doula is often that of advocate for the mother and also the offer of continuity of care that hospital midwives find difficult to provide within their working conditions.

At homebirths a doula is often part of the team to care for siblings, do cooking, support the partner and all the other jobs that need doing in the home.

Renee says that although there is an increasing acceptance of the role of a doula within the hospital system, there is still a long way to go in terms of getting recognition.

She recommended *The Doula Book* from the US, by Klaus, Kennell and Klaus for those wanting to find out more about the work of the doula and anyone who will be supporting a partner or loved-one.

After a tea break we all re-grouped to hear the beautiful, funny, joyful birth story from Felicity Gibbons, HAS Treasurer, who recently birthed her second baby at home – gorgeous Haile Ashwin Gibbons Weaver. Haile lay peacefully in a sling while Felicity told us how he came quickly into the world while his big sister Maya played and joined in the fun. Look for his birth story in an upcoming issue of *Birthings*.

NEXT MEETINGS

Tuesday 1 July - *Expectations of Birth* LED BY BETTY VELLA
7-9pm, Mill Hill Centre, 31-33 Spring St, Bondi Junction

Tuesday 12 August - *Dads at Birth* LED BY DAVID VERNON
7-9pm, Australian Doula College, 31 Brighton St, Petersham

Tuesday 23 September - *Homebirth After Caesarean* LED BY JACQUI WOOD
7-9pm, Mill Hill Centre, 31-33 Spring St, Bondi Junction

SUTHERLAND SHIRE-ST GEORGE HOMEBIRTH GROUP

The Sutherland Shire-St George Homebirth group meets once a month at Gunnamatta Park in Cronulla. **Come and join us from 10am on the third Tuesday of each month.** We usually stay until about noon and sit beneath shade near a playground where the older children can play.

It's very informal: we swap birth stories, share parenting ideas and often seem to give each other good toddler recipes. Call Sally on 0425-751 900 if you're planning to come so we know to wait for you if you're running late. Why not make a day of it and pack your swimmers or at least your beach toys. Cronulla beach, a lovely sheltered swimming spot for little ones, is just a hop, skip and a jump away and is glorious at this time of year. Hope to see you soon...



Secretary's Report

SARAH MCLEAN

Summary of Committee Activities

It has been a hectic few months for the HAS committee with a number of projects on the go which have kept the team busy, as well as two committee members squeezing in beautiful homebirths! Our *Birthings* editor Alison Leeman and Treasurer Felicity Gibbins have both had babies, so congratulations to you and your families. Just a reminder that meetings are held in Marrickville on the last Friday of every month at 10am and are open to everyone so please feel free to come along and see what we are doing and planning for the future.

A brief summary of the past quarters activity:

- We had a stand at the Pregnancy Babies & Children's Expo from the 16th-18th May at the Sydney Showground Dome. By having a presence at such a mainstream event, the aim is to get homebirth into the mix of normal and not simply something that would appeal to the few. There has been a team who have worked so incredibly hard to get the stand looking as good as it can as well as ensuring we have great information to hand out and that we have volunteers to 'woman' the stand. They are Leigh Holman, Jackie Bysouth, Anne Harris, Amelia Allan and Felicity Gibbons. Also thank you to all the volunteers who gave their time at the event!
- In time for the PBC Expo we have finally produced publicity postcards to let people know about our series of evening meetings. A huge thank you to homebirther Marlowe Richards who designed the postcard and arranged printing. And our gratitude also to Amelia Allen who kindly allowed her very precious birth photo to be used on the card.
- Another big project in the planning stages is how we can attract more people to our website, create links to forums, provide better navigation and more information, sell advertising space for our supporters and make the site more interactive. A complete overhaul of the site is planned so anyone who would be able to volunteer time and/or expertise to this project please contact leigh@flametree.com.au
- Another big push has been to lobby the government to get homebirth publicly funded in Australia in 2008. We have had extremely positive feedback from the key advisers of the Health Minister and the Minister for Women, following meetings Homebirth Access Sydney held with them earlier this year. Both advisers agreed we "made a very good case", that they are "convinced", that they are "very keen" to pursue our proposal and that they will keep putting the matter before their Ministers. SO an email was sent to all members asking them to send a flood of letters and follow-up phone calls in support of this proposal.
- HAS also submitted a proposal to the 2020 Summit in Canberra, kindly prepared by Jo Tilly, outlining a proposal for publicly funded homebirth in Australia. The two key changes being for the Commonwealth to allocate Medicare Provider Numbers to registered midwives offering independent domiciliary midwifery services and for the Commonwealth to support IPMs in obtaining professional medical indemnity insurance.
- Also on an administrative note, we have changed our bank to the Commonwealth Bank for ease of online banking and access for our treasurer.

Media Watch

Anne talks homebirth in the Tele

Our very own merchandising officer Anne Harris was interviewed on page two of the *Daily Telegraph* on 13 May. She was responding to the previous night's Federal budget and how it related to women, homebirth and the baby bonus. The article states that she had hoped the budget would include more support for women who intended to use the baby bonus for homebirth rather than limiting the choices for pregnant women. "The bonus is important for people who are spending it on their birth, because health cover won't cover a midwife. If I give birth in a public hospital, it will cost the Government between \$6000 and \$14,000 depending on the delivery," she told the *Daily Telegraph*.

Birthing out of hospital is 'a great idea'

The Australian reported on 14 May that a mother of three from the inner west of Sydney has experienced hospital births and hopes this year's budget will help her stay out of them.

Lisa Quadrio, 40, hopes the budget will provide her family with extra money to keep themselves healthy and prevent illness through ways such as breastfeeding and homebirth.

"I think keeping people out of hospitals is just a good idea. Hospitals are just not great places for people to be around," Ms Quadrio said.

The budget released on 13 May showed signs of the Rudd Government's preventative health agenda with funding support for breastfeeding, increased

taxing on alcohol and banning of some flavoured cigarettes.

Mums opt for waterbirths at home

WA is the only State or Territory without waterbirth guidelines in its hospitals.

As a result many mothers are choosing to birth their children at home so they can have their waterbirth.

The South Western Times reported on 15 March that The King Edward Memorial Hospital is reviewing its policy which may lead to more choice for women.

The hospital is the leading maternity hospital in WA so the results of the review may affect hospitals throughout the state.

Homebirth midwife Julie Stockwell has assisted many women with homebirths and sees the review as a positive step for women in giving them more birth choices.

"I see a huge demand for water births in the South West," Ms Stockwell is reported as saying. "Many couples, on finding out they are unable to have a water birth in hospital, seek out homebirth—this is at financial loss to them."

Want a bad birth? Go to hospital

A mother's recent ordeal during childbirth led to her plea for hospital-focused childbirth to end.

An article in *The Sydney Morning Herald* on 17 April reported that the woman suffered numerous interventions by the obstetrician including fetal heart and fetal scalp monitoring, and the use of stirrups during the birth of her daughter.

Liz Schipper from the

Southern Highlands had two previous births at home in the Netherlands and was used to natural, active labour.

"It seems to me if you want things to go wrong, go to a hospital," Ms Schipper told the *Sydney Morning Herald*.

Mrs Schipper is one of three women who appealed for Medicare to subsidise midwives for home birth after their unsatisfactory experience at Goulburn Hospital.

She has since freebirthed her fourth baby with husband Ralph catching the baby.

Independent midwives endangered in the UK

Emma Mahony writes in *The Times* (UK) on 8 May about the endangered species of the independent midwife. Mahony is a columnist for *The Times* and author of *Stand and Deliver and Other Brilliant Ways to Give Birth*, published by HarperCollins (\$27.95).

The story looks at the UK Government's proposed legislation that would make it mandatory for all health care professionals to have professional indemnity insurance. Independent midwives have been unable to secure professional indemnity insurance commercially since 2002 because the pool of IPMs is too small (much like the situation in Australia).

Mahony's story discusses the Independent Midwives Associations' campaign to find a solution to the issue of professional indemnity insurance and its calls for the government to make provisions for health professionals who are unable to get insurance.

Mahony discusses her own fight to birth her twin babies vaginally and at home and describes many other women's stories of great homebirths.

To find out more about the plight of independent midwives in the UK visit the website: saveindependentmidwifery.org

Brad and Ange's shock homebirth

Many of the local and international celebrity magazines reported on the homebirth plans of actors Brad Pitt and Angelina Jolie who are expecting twins in June.

The couple have reportedly flown in a 'team of medics' including a gynaecological consultant and a midwife to their mansion on the French Riviera.

The Sunday Mail reported that Jolie "loves the idea of a home birth," according to a member of her entourage.

Some reports also suggested that a full operating theatre would be set up in their home and that a helicopter would be on stand-by to fly her to hospital if needed.

A homebirth, but not as we know it...

500 new Midwife/Nurse Scholarships

ABC news reported on 12 May that the NSW Government has announced funding for 500 new midwives and nurses.

To coincide with International Nurses Day the 500 new scholarships worth \$8000 each for postgraduate study have been announced.

The article states that Health Minister Reba Meagher believes a strong nursing workforce is vital to the state health system.

New breastfeeding benefit found

A Swedish study has found that women who breastfeed their babies are protected from rheumatoid arthritis.

The article on News.Medical.Net reported on 13 May that women who breastfeed for more than a year reduce their chance of contracting the disease by half.

The study conducted at Malmo University Hospital compared 136 women with

the disease to 544 without it and found those who had breastfed for 13 months or more were half as likely to develop rheumatoid arthritis.

Women who had children but did not breastfeed were not protected, the article stated.

Rheumatoid arthritis is a chronic autoimmune disorder that usually affects the joints, particularly hand, knees and feet.

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Thank you

Homebirth Access Sydney warmly thanks

- those **midwives** who continue to support HAS by kindly giving each of their clients a year's subscription to *Birthings* magazine
- **Kimberly Clark** for printing and posting out *Birthings*, saving us lots of money, time and work
- our **contributors** for taking the time to share their wonderful birth stories, professional insights and beautiful photographs
- our generous designer, **Melinda Holme** who does all the layout and design work in her own time without charge
- **Marlowe Richards**, who beautifully designed our new publicity postcard
- and the following **websites**, which provide us with community listings free of charge (visit their websites to view our listings)
Birth | www.birth.com.au
Natural Parenting | www.naturalparenting.com.au
BabyCenter | www.babycenter.com.au
Essential Baby | www.ebdirectory.com.au
Totoodles | www.totoodles.com.au
Natural Parenting in Sydney | www.npsydney.com.au

Earth Spirit Festival 2008

WATER

Once a year **The Women's Room** hosts the **EarthSpirit Festival** where our members get to show the world their artwork and stories of women's life. On Opening Day we put on a "shin dig" for the community to join us with stalls, face painting and art workshops - just for a bit of fun as well as to raise awareness of some really important issues for women and their families. This year we explore **WATER** from the fertile waters of a mother's womb to the scarcity of water in our environment. You are invited to exhibit an artwork (entries close 1st Aug) or just to come and celebrate on the day. Bring your Family!!!!!!

Women and Water Exhibition goes for 3 weeks starts 29th August ends 14th August

Opening Day EarthSpirit Festival
Sunday 31st August 2008
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Naomi: 0413 690 861**61 Queen St, Woollahra****naomiabeshouse@optusnet.com.au****Australian Doula College**

Please see our listing on this page under Birth Support Services: Doulas.

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31 Brighton Street**Petersham NSW 2049****(+61) 2 9560 8288****(+61) 2 9568 3116****www.australiandoulacollege.com.au****moreinfo@australiandoulacollege.com.au****Birthing Rites**

Birthing Rites trains and provides Doulas trained by Marie Burrows, with 32 years experience in the field of childbirth, pregnancy and parenting education and counselling. We provide a referral service for our doulas who have undertaken Australia's longest and most comprehensive doula education course. Trainee doulas also available.

Marie Burrows 02 9387 3615**www.birthingrites.com****birthingrites@zipworld.com.au****Erika Elliott**

I believe every woman and baby deserves to be supported through their journey of labour and birth. Every couple blanketed as they work together during this sacred time. I am a dedicated mother, doula, calmbirth educator, birth photographer and blessingway facilitator. My passion lies in inspiring couples to find their voice and follow their hearts as they bring their babies peacefully into the world. Whatever kind of birth you dream of or have, I will support you through this transformative time.

Erika Elliott 9810 3034**or 0425 217 788****erikaswa@hotmail.com**

HILLS DISTRICT

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If your expectations are of having a natural birth, less intervention, shared decision making and continuity of care with your own midwife in a safe environment then this service is for you! Women can choose to have their babies at home or in a natural birthing centre. A tailor-made pregnancy plan is offered together with medical liaison if required or requested.

Jan Robinson: 0418 117 560
midwife@ozemail.com.au
www.midwiferyeducation.com.au

Sydney Homebirth Practice

Akal Khalsa has been offering her individualised midwifery care to women in Sydney since 1979. She will provide experienced, comprehensive and personalised care throughout your pregnancy, birth and the postnatal period. With Akal as your midwife you will be assured of professional care and full and accurate information throughout this vital time. She is available by phone, 24 hours, 7 days a week. Akal has over 30 years experience as a midwife and childbirth educator and will help you and your partner prepare emotionally, mentally and physically so you can approach the birth of your baby with joy and confidence. She has many years experience with water births, lotus births and vaginal after caesarean births.

Akal Khalsa: 9660 2127
www.ourmidwife.com.au

Birth From Within

Personal holistic midwifery care during your special time of pregnancy, birth and parenthood. My philosophy is one of nonintervention, working in partnership with you and your family. I live in the Nowra/St Georges Basin area.

Robyn Borgas: 4443 2509
paul.borgas@bigpond.com

New Beginnings Midwifery Practice

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: 9888 7829 (North Ryde)
www.homebirthmidwives.com.au

Homebirth Midwife

Pregnancy and birth is a normal, healthy life experience. As natural as it is to conceive your baby in a loving, safe and intimate environment, labouring and birthing at home, in your own relaxed setting, gives you the freedom to follow your body's instinctive knowledge of birthing naturally, without restrictions.

As a Midwife, I have immense passion for my career and gain great professional and personal satisfaction from it. I offer a holistic approach to midwifery care, providing care throughout your pregnancy, labour and birth (a birthing pool is available for water birth) and postnatal care up to 4 weeks after the birth of your baby. All care is provided in your home.

Jacqui Wood: 0430 109 400
(Greater Sydney)
midwifejac@hotmail.com

Wholistic Midwifery

I take a wholistic approach to pregnancy and birth, as well as to general health. I am a nutritionist and herbalist as well as a midwife, so my service can include these tools in your care. I provide full antenatal and postnatal homebirth care, as well as providing postnatal care for women who have birthed in hospital but return home soon afterwards. I practise in the Southern Highlands area.

Victoria Kleeberg:
48 615 744 0404 489 484
kleeberg@bigpond.net.au

Pregnancy, Birth & 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: 9873 1750 (Dundas Valley)
www.pregnancy.com.au

Birthing Babies

Birthing Babies is the private midwifery and antenatal education practice offered by midwife Victoria Jones. Victoria is an independently practicing midwife in Port Macquarie, on the mid-north coast of New South Wales. Birthing Babies conducts antenatal education weekends for women who want the latest information and education about pregnancy and birth in a fun, friendly, and supportive workshop format. We also offer birth support for women who plan to birth at home.

Victoria Jones: 6581 4695 (Port Macquarie NSW)
www.birthingbabies.com.au
midwife@birthingbabies.com.au

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 midwives at the Birth Centre on 9113 3103.

HOMEBIRTH SUPPORT GROUPS**SYDNEY (HAS)****Evening discussion meetings in Sydney**

Public meetings on topics related to homebirth in Bondi Junction and Petersham. Meetings run 7:00 to 9:00pm and feature a guest speaker and theme topic, a birth story and time for tea and socialising. All welcome. Details of upcoming meetings in the Calendar.

Homebirth Parents' Group

For HAS members, meeting the 2nd Wednesday of each month at Amelia Allan's house, 5 Warner St, Gladesville. Details of upcoming meetings in the Calendar. Bring a piece of fruit for the children and a little something for our morning tea (if you are empty-handed, still welcome!). Indoor and outdoor play space, plenty of toys. Call Amelia with any questions on 9817 4512 or 0414 895 910.

NEW SOUTH WALES**Birth Central (Far south coast)**

Cindy (02) 6494 0131
www.birthcentral.org.au

Blue Mountains Homebirth Support

Gatherings fortnightly on a Tuesday at 10am.
Natalie Dash (02) 4757 2080
nataliedash@optusnet.com.au

Clarence Valley Birth Support

Laena Jongen-Morter
(02) 6649 4271

Far North Coast NSW

Jillian Delailie (02) 6689 1641

Illawarra Homebirth Support

Karen Sanders (02) 4225 3727

Mid North Coast Homebirth Support Resource & Referral

Berry Engel-Jones
(W) 6652 8111 (H) 6655 0707

Mothers and Midwives of the South (Southern Highlands)

Jane Collings (02) 4888 2002 or 0408 035 808
We meet every month in the Illawarra area.
Contact Jaia on 0431 709978
or jaia_shanti@yahoo.com.au for more details.
Everyone welcome.

INTERSTATE & NATIONAL**Homebirth Australia**

Jo Hunter (02) 4751 9840
homebirth.australia@bigpond.com

Queensland

(07) 3839 5883 | email info@homebirth.org.au

Darwin Homebirth Group

(09) 8985 5871
darwin.homebirth@octa4.net.au

Homebirth in the Hills —Dandenong Ranges

Melinda Whyman (03) 9754 1347
mwhyman@bigpond.net.au

Homebirth on the Mornington Peninsula

Kim (03) 5987 0657

Homebirth Access Sydney (Inc)

HAS Policy Statement

- 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 all 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.

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
Colour Advertisements		
Business Card Display	\$20	\$70
Quarter Page Display	\$30	\$110
Half Page Display	\$40	\$150
Full Page Display	\$65	\$250
Coming soon: ONLINE ADVERTISING		
For details, please email jen@npsydne.com.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.

YOU ARE WELCOME TO ATTEND

Homebirth Access Sydney (HAS) Committee Meetings

10.00am–12.00 noon
on the last Friday of every month
At the home of Jo Tilly
50 Victoria Road, Marrickville

There is an area for children to play while we meet
Bring a plate or something to nibble

Please call to confirm meeting as there are sometimes late changes:

Jo Tilly 02 9519 8524

Next meetings: 27 June, 25 July, 29 August

calendar



Diaries & pencils at the ready, please. It's time to get involved!

June		September	
Wed 11	Homebirth Parents' Group. 10am-12pm, Amelia Allan's house, 5 Warner St, Gladesville. For details or to confirm, call Amelia: 9817 4512 or 0414 895 910. All welcome.	Wed 10	Homebirth Parents' Group. 10am-12pm, Amelia Allan's house, 5 Warner St, Gladesville. For details or to confirm, call Amelia: 9817 4512 or 0414 895 910. All welcome.
Tues 17	Sutherland Shire and St. George Homebirth Group. 10am, Gunnamatta Park, Cronulla. Call Sally on 0425 751 900.	Tues 16	Sutherland Shire and St. George Homebirth Group. 10am, Gunnamatta Park, Cronulla. Call Sally on 0425 751 900.
Fri 27	HAS Committee meeting. 10am-12pm, Jo Tilly's house, 50 Victoria Road, Marrickville. Please call Jo to confirm beforehand as there are sometimes late changes: 9519 8524. All welcome.	Tues 23	Evening discussion meeting, open to the public. 'Homebirth after caesarean?' Led by midwife Jacqui Woods. 7-9pm, Room 2, Mill Hill Centre, 31-33 Spring Street, Bondi Junction. For details, call Alison Leemen on 9665 1670.
July		Fri 26	HAS Committee meeting. 10am-12pm, Jo Tilly's house, 50 Victoria Road, Marrickville. Please call Jo to confirm beforehand as there are sometimes late changes: 9519 8524. All welcome.
Tues 1	Evening discussion meeting, open to the public. 'Expectations of birth' led by midwife Betty Vella. 7-9pm, Room 2, Mill Hill Centre, 31-33 Spring Street, Bondi Junction. For details, call Alison Leemen on 9665 1670. All welcome.	October	
Tues 15	Sutherland Shire and St. George Homebirth Group. 10am, Gunnamatta Park, Cronulla. Call Sally on 0425 751 900.	Wed 8	Homebirth Parents' Group. 10am-12pm, Amelia Allan's house, 5 Warner St, Gladesville. For details or to confirm, call Amelia: 9817 4512 or 0414 895 910. All welcome.
Wed 16	Homebirth Parents' Group. 10am-12pm, Amelia Allan's house, 5 Warner St, Gladesville. For details or to confirm, call Amelia: 9817 4512 or 0414 895 910. All welcome.	Tues 21	Sutherland Shire and St. George Homebirth Group. 10am, Gunnamatta Park, Cronulla. Call Sally on 0425 751 900.
Fri 25	HAS Committee meeting. 10am-12pm, Jo Tilly's house, 50 Victoria Road, Marrickville. Please call Jo to confirm beforehand as there are sometimes late changes: 9519 8524. All welcome.	Fri 31	HAS Committee meeting. 10am-12pm, Jo Tilly's house, 50 Victoria Road, Marrickville. Please call Jo to confirm beforehand as there are sometimes late changes: 9519 8524. All welcome.
August		Fri 31	Birth Choices Evening. 7-9pm, 2nd floor, Annandale Community Centre, 79 Johnston Street, Annandale. Call Danni Townsend on 9011 5708. Stalls from lots of groups associated with birth, breastfeeding, babies and women's health. Come and browse...everyone welcome.
Fri 1	Birthings Spring submissions deadline. Send your articles, birth stories and photos to Danni Townsend at dannit@bigpond.net.au	November	
Tues 12	Evening discussion meeting, open to the public. 'Dads at birth' led by David Vernon, author of Men at Birth (see page 26). 7-9pm, Australian Doula College, 31 Brighton St, Petersham. To RSVP call Danni Townsend on 9011 5708. All welcome.	Sat 1	Birthings Summer submissions deadline. Send your articles, birth stories and photos to Danni Townsend at dannit@bigpond.net.au
Wed 13	Homebirth Parents' Group. 10am-12pm, Amelia Allan's house, 5 Warner St, Gladesville. For details or to confirm, call Amelia: 9817 4512 or 0414 895 910. All welcome.	Wed 12	Homebirth Parents' Group. 10am-12pm, Amelia Allan's house, 5 Warner St, Gladesville. For details or to confirm, call Amelia: 9817 4512 or 0414 895 910. All welcome.
Fri 15	Birthings Spring advertising deadline. All correspondence to Jenny Carlton.	Fri 15	Birthings Summer advertising deadline. Contact Jenny Carleton on jen@npsydney.com.au
Tues 19	Sutherland Shire and St. George Homebirth Group. 10am, Gunnamatta Park, Cronulla. Call Sally on 0425 751 900.	Tues 28	Sutherland Shire and St. George Homebirth Group. 10am, Gunnamatta Park, Cronulla. Call Sally on 0425 751 900.
Fri 29	HAS Committee meeting. 10am-12pm, Jo Tilly's house, 50 Victoria Road, Marrickville. Please call Jo to confirm beforehand as there are sometimes late changes: 9519 8524. All welcome.	Fri 31	HAS Committee meeting. 10am-12pm, Jo Tilly's house, 50 Victoria Road, Marrickville. Please call Jo to confirm beforehand as there are sometimes late changes: 9519 8524. All welcome.



The topic for the next issue is

Homebirthed newborns

What are newborn babies like when they are born at home?

We welcome your thoughts, ideas, research and stories on newborn behaviour, healthcare, alternative therapies, establishing breastfeeding, sleep, rituals, babymooning, first weeks of motherhood, whatever comes to mind when you think of homebirthed newborns.

BIRTHINGS is your magazine. **Please contribute!**
Submissions due Thursday 1 May 2008.

EMAIL THE EDITORS AT DANNIT@BIGPOND.NET.AU