Childbirth Education Association

June 2018

Childbirth Chatter

IN THIS ISSUE ...

Birth Story • Introducing Your Placenta • Third Stage of Birth

www.ceadarwin.asn.au

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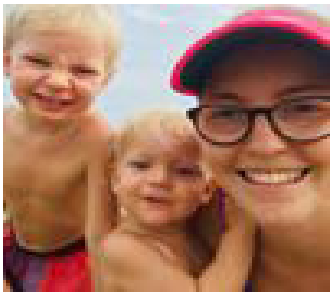
Childbirth Education Association Darwin

Childbirth Education Association Darwin

Nightcliff Community Centre | 6/18 Bauhinia Street, Nightcliff | **Tel:** 08 8948 3043
Email: info@ceadarwin.asn.au

knowledge · confidence · choice

President's Message



The story of my homebirth can be found at http://www.becellison.com.au/blog/archives/09-2016

Choosing Homebirth

With the recent changes to the public maternity care system, homebirth is becoming a more common choice. Women with low risk pregnancies can access this fully funded model of care and experience the benefits of working with a known midwife in the antenatal period, during labour and birth and for 6 weeks postpartum.

There are a lot of reasons why women choose homebirth but I want to share how I came to make this decision for the birth of my second son. Knowledge leads to confidence and confidence leads to the elimination of fear.

I learnt about the hormones of labour, about how women need a safe, calm, private environment in order for oxytocin (causes contractions and love hormone) and endorphins (body's natural pain killer and happy hormone) to be produced optimally. I learned how the labouring woman's brain needs to be in instinctive mode, not thinking mode. I learnt how the labouring woman needs to feel comfortable and safe with her care givers and others in her birthing space. I learnt how a labouring woman is no different to any other labouring mammal, if they are disturbed, experience fear or engage their thinking brain too much, labour can slow down and become more difficult.

I also learnt about everything that the midwives bring to a homebirth. It's like a birth centre in your living room. They have pretty much everything except pain relief drugs and an operating theatre. Homebirth midwives are also very experienced and undergo additional training so possess the skills required to deal with whatever may arise.

I learnt that spontaneous labour, physiological birth, easier breastfeeding and grater birth satisfaction were a whole lot more likely when birthing at home with a known midwife.

There was also a lot at the hospital I knew I wanted to avoid. Bright lights, lots of people, the car ride to get there, hospital policies, unnecessary pressure, unknown midwives, being restricted by the small space available to each family and being away from my toddler.

I learned all of this through extensive reading, birth education courses and speaking with experienced birth professionals and advocates. The CEA library is a free service, we also offer birth preparation courses, active birth workshops, early parenting workshops, pregnancy yoga and a number of other services to help inform and inspire women so they can make the best possible decisions on their unique journey. There are also several local doulas who are passionate advocates for normal birth and are more than happy to speak with you about your options and how extra support can make the difference to your birth and early parenting experience.

If you are even remotely considering homebirth, I encourage you to give the midwives a call and have a chat about your options or contact CEA to talk through your thoughts. I wish every woman had the opportunity to birth on her own terms, in her own space with a known midwife.

There are a lot of ways we could change the world for women and mothers and I feel like this could be one of them.

Bec Ellison, CEA President

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Thank you to Michael Gunner and Natasha Fyles for your assistance with printing

Cover art
Taken from www.oddee.com
10 Powerful Placenta Photos
Image shared by mum Charlotte River after the birth of her second baby.

Birth Preparation Courses

June
Thursday 7th, 14th, 21st & 28th
6:00pm to 8:30pm
July
Thursday 5th, 12th, 19th, 26th
6:00pm to 8:30pm
August
Thursday 2nd, 9th, 16th, 23rd
6:00pm to 8:30pm

If these courses fill we do run a second course so please always ask if these dates don't suit your schedule. Private courses are also available.

Active Birth Workshop

July 14th - 1:30pm - 4:30pm
Nightcliff Community Centre
Meeting Room

Birth Basics Workshop

24th June 12noon - 3pm
Nightcliff Community Centre
CEA Office

Facebook: Childbirth Education Association Darwin

Website: www.ceadarwin.asn.au

Early Parenting

June 28th
6:00pm - 8:30pm
Nightcliff Community Centre
CEA Office

July 26th
6:00pm - 8:30pm
Nightcliff Community Centre
CEA Office

August 23rd
6:00pm - 8:30pm
Nightcliff Community Centre
CEA Office

Birth Preparation Course Outline

Session One: What is Labour
Orientation/Introduction
Why normal birth is important
What happens during labour
- Onset of labour
- Early first Stage
- Late first stage
- Transition
- Second stage
- Third stage (birth of placenta)

How does the pelvis work?
What does labour sound like?
What does labour look like?
Learning relaxation
Needs during labour
Birth environment
Self care
Question time

Session Two: Labour Tool Kit:
Hormones in labour
Releasing fears
Coping with labour and exploring options
Breathing
Relaxation
Decision-making
Birth preferences and care provider preferences
Massage techniques
Question time

Session Three: Planning
Birth plan
Exploring the due date and expectations around this.
Pregnancy and medical tests
When to contact your care provider
Induction
Deviations from normal
Control and informed choice
Third stage
Post birth
What if I have a cesarean?
Post partum plan
Questions

Session Four: Early Parenting
Breastfeeding
The first hour with your baby
Uninterrupted skin to skin
Breast crawl
Micro biome
The first days of making milk
How breastfeeding works
Mastitis
Safe bed sharing
Normal infant behaviors
Where to seek more information
Settling a baby
Routines
Mother guilt
Postpartum depression
Relationship changes
You-time
De-stressing as a parent
Recovery exercise
Question time
Where to now?

Birth Education Classes

Birth Preparation Classes are held over two or four weeks and encompass body, mind and spirit. Includes breastfeeding information.
Cost: $189 (Includes birth support person)

Active Birth Workshops:
Teaching mothers and birth companions techniques for comfortable and satisfying birthing through positioning, movement, vocalisation and special breathing. Workshops are held quarterly in one three hour group session.
Cost: $80 (Includes up to two support people)

Private Birth Classes
You may prefer a more personalised course. Incorportating specific elements of our other courses. One that fits with your and your birth partners schedules.
Cost: Dependent on time - approx. $80/hour

Early Parenting Workshops:
Designed to give parents-to-be knowledge and skills to enhance those first precious hours and weeks with your newborn. Topics include: normal infant behaviour, sleep and settling, breastfeeding, the infant microbiome, self care, team building for new parents and much more.
Cost: $80 (includes partner or support person)

Please email the office for more details regarding any of these courses. info@ceadarwin.asn.au

Pregnancy Yoga Classes

Pregnancy Yoga: An antenatal yoga class with asanas appropriate for pregnancy. Relaxation techniques, visualisation, pelvic floor exercises & strength work are included. The library will be open after the class.

Classes are held Saturday 11.30am - 12:45pm at the Nightcliff Community Centre

Cost: $12 or buy a 5 class pass for $48.00

Nurturing Newborns Morning Teas

(Suitable for Babies from Newborn To Toddlers)

A chance to meet with other parents in a relaxed environment, have a cup of tea and share a delicious Petra's Raw Food Cake. Topics for each session are posted to facebook Please see the schedule later in this Newsletter.

Last Tuesday of every month 10am to noon
Nightcliff Community Centre
Cost: Free

CEA Library

Our library has an extensive collection of books, magazines, DVDs and CDs covering a wide range of subjects such as Pregnancy, Labour, Birth, Parenting, Vaccination, Exercise, Nutrition, VBAC, Waterbirth, Twins, Toddlers, Crying/Sleep, Special Needs Babies, Grief/Loss, Alternative Therapies, Fathers, Grandparents, Midwifery, Stories and more!

Introducing Your Placenta

When a woman conceives, the fertilised egg travels down her fallopian tubes and implants in the wall of her uterus. Many complex processes take place and ultimately the egg forms into a growing baby with a placenta that is attached to the womans uterine wall.

Oxygen and nutrients pass from the womans blood supply into the placenta. From there, the umbilical cord carries the oxygen and nutrients to the unborn baby. Waste products from the baby, such as carbon dioxide, pass back along the umbilical cord to the placenta and then into the bloodstream, for disposal by the womans body.

The placenta produces hormones that help the baby grow and develop. The Placenta also gives some protection against infection for the baby while it's in the womb, protecting it against most bacteria. However, it only passes on antibodies that the woman already has and it cannot protect the baby from viruses.

In nearly all cases, the egg embeds away from the woman's cervix (the neck of the womb). So that the placenta is well away from her cervix and her baby can be born vaginally. Women who have twenty week ultrasounds are often told that their placenta is low. However, as the woman's uterus grows during pregnancy, most placenta's will not be near the woman's cervix by the end of pregnancy. Placenta praevia, where the placenta is covering all or part of the woman's cervix is very rare and affects around 0.5 per cent of pregnancies. (Please see the birth story later in this newsletter about a placenta praevia birth experience.)

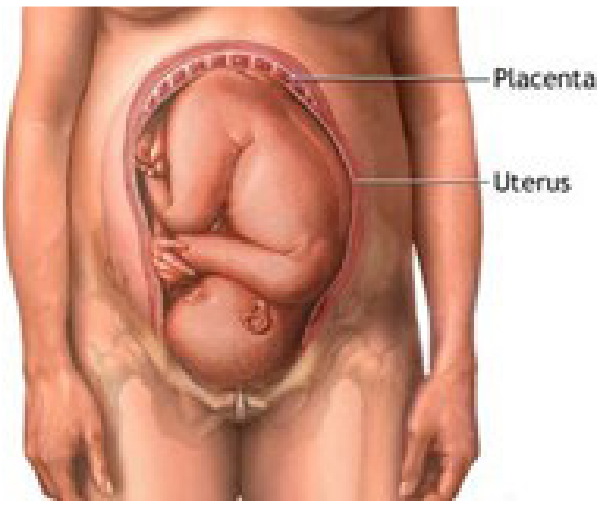
The birth of the Placenta is part of the amazing journey from woman to mother. For most women it follows closely on from the precious moment when they meet their baby face to face for the first time.

This time, immediately following the baby's birth until the placenta and membranes have been born, is known as the **third stage of labour**.

The third stage is also described as the time when the 'activity and excitement accompanying the birth of the baby are replaced by the parents' quiet and wondrous contemplation of their offspring. The focus shifts from the mother's concentrated exertions to the miracle of the newborn. There is a sense of emotional and physical relief.' Jenny Sleep 1989

In locations offering modern western healthcare (such as Darwin) parents have two options as to how to deliver their placenta - normal physiological delivery or medically managed delivery. (An article outlining both options is included later in this newsletter.)

In many cultures, the placenta itself is an important and sometimes sacred organ, although it is also important to note that there are very different perspectives on the significance, meaning and implications of this part of the journey of childbirth. (Please see the article later in this newsletter about beliefs about placentas in some different cultures.)



The ideal location of the Placenta at full term

The Placenta is a surprisingly large organ

PLANNING TO BREASTFEED?

Australian Breastfeeding Association

Breastfeeding Education Classes 2018

Come to a relaxed, information-packed Breastfeeding Education Class for expectant parents and support people. Classes are presented by trained volunteer Breastfeeding Counsellors and cover a range of topics including:

- How breastfeeding works
- Breastfeeding in the early days
- Parenting in the early days
- Information for fathers and support people
- Where to go if you need help

Although breastfeeding is natural, it is a learned skill that does not always come easily. Our classes aim to provide parents with the knowledge and confidence to successfully breastfeed.

Cost: $70 per couple includes afternoon tea, 12-month membership to the Australian Breastfeeding Association and FREE book *Breastfeeding…naturally* valued at $34.95.

Come and join us
All classes are on a Saturday 1pm - 5pm

FEBRUARY 17	APRIL 28	JUNE 16	AUGUST 18	OCTOBER 13	November 17

For information and bookings:

Mary 0452 485 310
aba.darwin@gmail.com

Australian Breastfeeding Association
Darwin/Palmerston/Rural Group

www.breastfeeding.asn.au

Options for Birthing The Placenta

The third stage of labour (birthing the placenta) is seen by many caregivers as a time when they need to be especially attentive, this is because of potential for excessive bleeding during the birth of the placenta.

It is because of this concern that (generally) women are advised to have **'active management'** for this stage of birth. However, excessive bleeding after birth is not usual and occurs only in a small proportion of women. Active management is therefore not of benefit to all women.

Research shows that many women who have had a normal physiological birth of their baby would prefer to see their birth journey through to its natural conclusion. These women are able to request a **'physiologically normal'** stage three from their caregivers. The benefit of birthing in our modern times is that it comes with the 'back up' of excellent procedures in place to manage bleeding in the unlikely event this occurs.

History of Active Management

Historically, it was the discovery of a fungus found on rotting rye (ergot) that was one of the key developments in the history of the managment of the third stage in labour. It was initially discovered that cows that ate this fungus were more likely to miscarry their calves. It was learned that it worked very quickly and was extremely effective at making the uterus contract. Midwives in the 17th and 18th centuries used this to treat bleeding AFTER birth and did so cautiously. By 1935 a pharmaceutical product called Ergometrine had been developed and began to be used as a 'just in case' PREVENTION for bleeding, rather than as a treatment for bleeding. Note that women at that time tended to have much larger families and had poor nutrition compared to today. As such, they were more susceptible to excessive bleeding after birth.

In the 1950s a synthetic oxytocic drug was developed - Syntocinon. This became the preferred option for the managment of the third stage as it was suspected that using Ergometrine could cause retained placentas. However, Syntocinon was not considered to be as effective as Ergometrine and in the 60's a drug that combined the two - Syntometrine - was developed. Syntocinon and Syntometrine are still in common use, and Ergometrine is also used in some cirucumstances.

Third Stage Active Management Includes:

1.Receiving an injection of an oxytocic (uterotonic) drug by intramuscular injection as the baby is being born or immediately after birth

2. Clamping and cutting the cord

3. Applying traction to the woman's end of the cord in order to birth the placenta soon after the baby's birth (controlled cord traction)

1. Oxytocic (Uterotonic) Drugs

Uterotonic drugs cause the uterus to contract. As discussed earlier they can be used either as a preventative measure in a routine active management or as a treatment for excessive bleeding during a physiological placental birth.

Common side effects of Syntometrine include nausea, vomiting, headache, tingling of the limbs, dizziness, ringing in the ears, palpitations, pains in the back and legs and raised blood pressure. Raised blood pressure, along with after-pains needing analgesics, and women returning to hospital with bleeding after being discharged were of particular concern in the Chochrane review of this drug and active management.

(Cochrane is a non-profit, non-governmental organization formed to organize medical research findings so as to facilitate evidence-based choices about health interventions faced by health professionals, patients, and policy makers. -Wikipedia)

When using Uterotonic drugs the woman (and her midwife) need to birth the placenta before the cervix closes. This is generally no problem. If, in the rare event this is not acheived a trapped placenta must be manually removed. This involves separation from the baby and a trip to surgery. An Epidural or Spinal anaesthetic are used to numb the area. The doctor will then insert a hand to remove the placenta and any remaining membranes from the uterus. Intravenous (IV) antibiotics will be given to prevent infection, and more intravenous drugs to help the uterus contract down afterwards.

(Please note that bleeds after birth may occur for reasons other than from the placenta site and Uterotonic drugs do not prevent bleeding from an episiotomy or tear. It has also been found that Uterotonic drugs do not prevent all cases of excessive bleeding from the placental site.)

2. Clamping and cutting the cord

Research has come a long way with regards to cord clamping. It is no longer necessary to very quickly cut the cord in order to have a managed third stage. **Women can choose to have a managed third stage but request what is now considered 'optimal cord clamping'.** But please note it is still a good idea to request optimal clamping in the birth plan. If you are having a managed third stage in Darwin the baby's cord will likely be clamped within three to five minutes. You can request to wait until the cord completely stops pulsing this is considered optimal.

The practice of immediately cutting the cord evolved simply as a way of enabling the baby to be moved away from the mother quickly. As birth became more medicalised in the 50's, 60's and 70's this was seen as appropriate behaviour. Research now shows that waiting three to five minutes or even better until the cord stops pulsing has several benefits for the baby.

If the Placenta remains attached to the Baby after birth the baby continues to receive oxygenated blood which is of benefit if the baby encounters any difficulty breathing in the first moments. It is now understood that at birth around 30% of the baby's blood volume is still contained within the Placenta. With a lower blood volume oxygen exchange in the lungs is less efficient. Once the cord has stopped pulsing it indicates that this iron rich blood has now been trasferred to the baby. Baby's who have immediate cord clamping have lower iron levels up to 2 months after birth and some up to six months after. Stem cells are also still being transferred to the Baby at birth. If the cord is cut and clamped too quickly the baby receives almost a billion fewer of these cells. (ref. Mercer and Erikson-Owens 2010)

While most healthy babies can withstand the effects of immediate cord clamping it is certainly not the optimal situation. For babies who encounter difficulties at birth, or are premature, optimal cord clamping can be of great benefit.

3. Controlled Cord Traction

Controlled cord traction (CCT) is a specific manoeuvre to deliver the placenta. It is carried out relatively quickly once an Oxytocic has been given. The midwife will usually place her hand on the mother's abdomen so that she can feel when the woman has a contration. The midwife then uses sustained traction (pulling) on the cord, whilst guarding the woman's uterus by applying pressure to ensure the uterus does not invert during the procedure. The woman is usually lying down or in a semi- reclining position as it is then easier for her attendants to apply the different components of active management. This is not always the most comfortable position for the woman to adopt at this stage. Any pressing, pushing or other handling of the uterus can be painful. (Though, if a woman is bleeding, massaging will help the uterus contract.)

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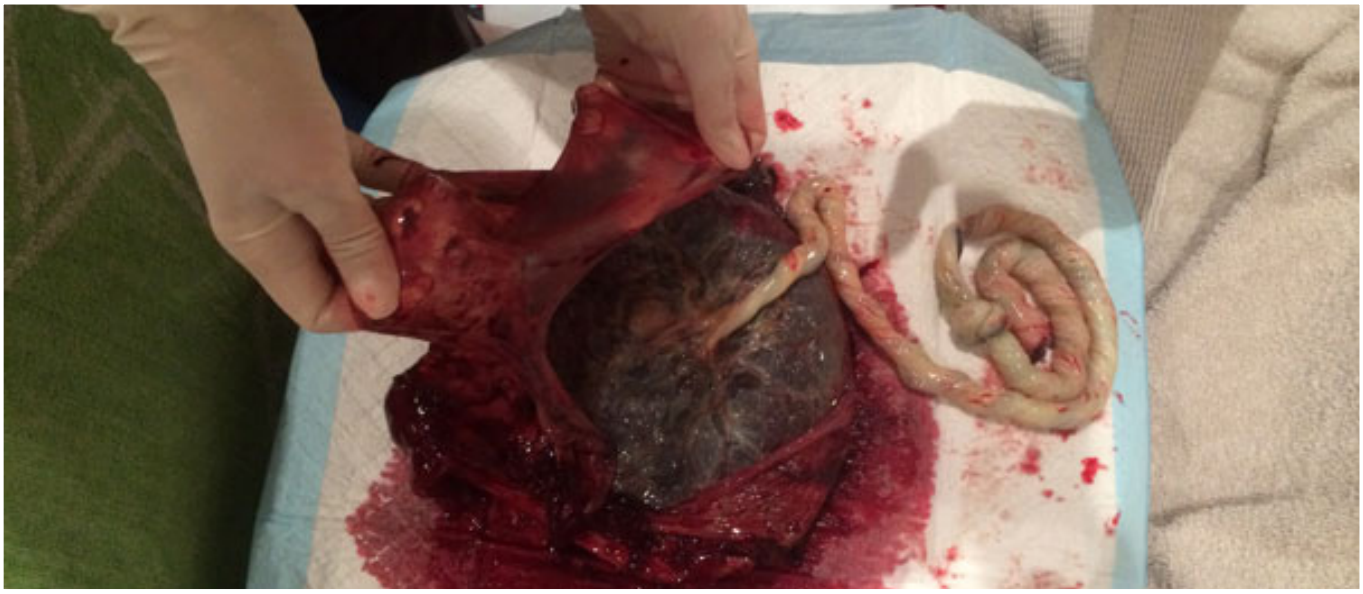

Immediately after the birth of the placenta the Midwife or Doctor will check that the placenta is complete and the membranes are all present - nothing should remain within the mother.

Risks of controlled cord traction include the risk of pulling out a placentra that has not yet completely separated, which could lead to further bleeding immediately after birth, and may create the need for the placenta to be manually removed and/or the risk of infection.

There is the possibility that small pieces of the placenta or membranes can be left behind and this could become the cause of secondary bleeding (bleeding at a later stage).

There are other very rare risks to using CCT and these can be reviewed with health care providers as the birth plan is discussed.

Normal Physiological Third Stage

Once the baby has been born the placenta will continue to funtion until it separates naturally from the uterine wall. This process, if left to nature, happens at different speeds in different women. On average it takes about an hour or so. Just as with birth, disturbing the woman at any time during the third stage can slow the separation and birth of the placenta.

During the third stage, the adrenaline levels which rose during the second stage, (birth of the baby) fall, and are replaced by the love hormone Oxytocin. Oxytocin facilitates the let-down of colostrum (the first food for the baby, full of growth hormones and immunoglobulins) from the breasts. Both mother and baby, if left undisturbed have a chance to meet each other quietly. Ideally the baby will instinctively start to breastfeed and the signal from the breast will cause the uterus to contract strongly. This will result in the Placenta peeling away from the uterine wall. It is generally thought that the placenta folds in on itself. The contracting upper part of the uterus causes it to fall to the lower segment of the woman's uterus. Simultaneously the muscle fibres in the upper segment of her utuerus are able to clamp the exposed uterine blood vessels due to the pressure of her rapidly shrinking uterus. Meanwhile the woman's cervix remains open and if she is upright, the placenta meets little resistance and falls into her vagina. It is then expelled, usually aided by gravity, the womans pushing efforts and the release of more oxytocin in the mother as the baby nuzzles or feeds at her breast.

So it would appear the main benefit of an actively managed third stage for an otherwise healthy mother and baby unit is speed. One has to question why speed has become such an important feature of birth. A moment that is so transformational for women and couples and usually only occurs twice or thrice in a person's life. Why can we not allow an extra half an hour or hour to complete the process at the pace the body sets. Most women do not continue to feel the intense sensations of labour while they birth the placenta and are usually occupied with meeting their new baby and establishing feeding - they barely notice the process of delivering the placenta.

Placental Birth: Women and Decision Making

During a study at Hinchingbrooke Hospital 889 women were offered the choice of a managed or physiological third stage using language which inferred no bias of the care giver towards one or the other option. The facts about pros and cons of each option were given. 504 women chose a physiological third stage and 385 chose an active management.

It is currently difficult for women and their partners to make an informed choice about how to deliver their Placenta. Not many people think about or ask questions about what will happen at this time during birth. Once the baby is out it seems like 'birth' has finished. Care providers in hospital settings generally actively manage third stage unless specifically requested not to.

As the issues are complex each woman ideally should receive as much information as possible during pregnancy. They should not be expected to consider the pros and cons of each option for the first time during labour or immediately after their baby's birth. Nor should a tick a box option be given without all the supporting information supplied.

Couples should receive detailed information about both the benefits and harms of different approaches to placental birth, and thus be able to make an informed choice that reflects their birth aims. Benefits and risks of any procedure should be considered in an individual context before a decision is made.

Once decisions have been made these need to be clearly stated in your birth plan and ideally discussed with care providers at antenatal appointments and the birth plan reviewed again on arrival at your place of birth.

Article is an amalgamation of excerpts from the Aims publication - Birthing Your Placenta - The Third Stage.

This book can be borrowed for free from the CEA Library if you would like more information.

Note: Independent childbirth education is very helpful with decision making as well as books.

Childbirth Education Association's

Film Fundraiser

Sunday July 22nd 2018, 2pm to 6pm
Meeting Room,
Nightcliff Community Centre
Babes In Arms Welcome
Creche Facilities for Toddlers (During Film Screening)
Refreshments Provided
For more information email:
info@ceadarwin.asn.au

Adult Tickets
$10.00
Kids Free
To purchase tickets go to our facebook page event and follow the 'find tickets' link
f:Childbirth Education Association Darwin

Join Jessica Moore, filmmaker and nurse practitioner, on a compelling journey through maternity care in the US. Told through the lens of doctors, nurses, and midwives, Why Not Home? examines the latest evidence on risks and rewards of different birth settings. The film presents a balanced and accessible view on the latest research, along with moving personal stories of medical practitioners faced with big decisions for their own growing families. Viewers are challanged to move beyond preconceived ideas, and to envision a fresh future for maternity care in America.

Active Birth Workshop

'During an active birth, the mother-to-be is encouraged to move around freely and choose positions that feel comfortable to her'

Childbirth Education Association

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The benefits of choosing an Active Birth include: reduced chance of medical interventions, shorter labour time, less painful labour, a more satisfying labour, better oxygen flow to baby, best use of gravity and increased involvement for birth partners

Date: 14th July 2018

Time: 1:30pm to 4:30pm

Venue: Meeting Room Nightcliff Community Centre

Cost: $80 for two

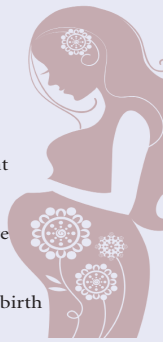
Childbirth Education Association
Nightcliff Community Centre
6/18 Bauhinia Street, Nightcliff
Office hours: Tues–Fri, 9am–12noon
Tel: 08 8948 3043

www.ceadarwin.asn.au
info@ceadarwin.asn.au
Join us on Facebook:
Childbirth Education Association Darwin

This three hour workshop offers participants the opportunity to:

- Observe demonstrations and have ample time to practice various active birth positions with guidance
- Learn in detail the benefits of positioning
- Review the stages of labour that different positions/ activities and breathing exercises suit best
- Practice using birthing tools such as vocalisation, movement, stress balls, birth balls, shower, birth pool, massage, pressure points, bean bag & tens machine
- Learn to work **with** your contractions and gravity
- Explore how to remain active during foetal monitoring
- Learn how to reduce the risk of tearing using optimal positions and breathing as your baby is born
- Birth partners will learn more about their important role - how to encourage your partner not sympathise, how to help your partner change positions/activities, use of heat packs, massage and pressure points & being the interface for your partner with others at the birth

The workshop is suited to:



- First-time parents
- VBAC families
- Those having subsequent babies who would like some extra skills
- For those who have already completed birth preparation classes it's a chance to extend the birth skills and natural pain management sections of the course
- Those who have done HypnoBirthing or Calm Birth courses and wish to explore more techniques
- Couples wishing to strengthen their connection and 'team-build' as part of their birth experience

Course facilitator Lisa Pascoe has a Bachelor of Nursing, Master of Science (Midwifery), Graduate Certificate in Emergency Nursing, is a Lactation Consultant and Birth Educator. She is passionate about supporting families to have positive birth experiences. Her belief in Active birth is based on research, observations while providing midwifery care and personal experience whilst birthing her two sons.

Contact the CEA office for more information and bookings:
info@ceadarwin.asn.au or tel: 89483043 Tues to Fri

Are you or someone you know pregnant, under 25 years and looking for Child Birth Education and support?

The Pandanus Child Birth Education and Perinatal Support Program provides one on one support and Child Birth Education to pregnant women and their partners under 25 years of age. All group sessions are youth friendly and operate in a safe environment with a qualified Youth Worker and Midwife.

The Pandanus Program operates in the Darwin and Palmerston areas and offers:

- **one on one child birth education sessions**
- **group child birth education courses**
- **personal support and assistance**
- **young parent support and education groups**
- **transport is available**

Anglicare NT
RESPECT • FAIRNESS • COMMUNITY

PANDANUS

For more information about the Pandanus Program, please call Anglicare NT
Phone: 08 8946 4800
www.anglicare-nt.org.au

Birth Basics

Childbirth Education Association
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This information packed workshop covers the basics around labour and birth. The session is designed to give you and your partner a condensed introduction to this immensely transformative moment in life. You will leave with a deeper understanding of the process of birth and the choices you may be offered by your care providers.

Our aim is that you have a positive birth experience.

Childbirth Education Association
Nightcliff Community Centre
6/18 Bauhinia Street, Nightcliff
Office hours: Tues–Fri, 9am–12noon
Tel: 08 8948 3043

www.ceadarwin.asn.au
info@ceadarwin.asn.au
Join us on Facebook:
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Birth Basics Workshop is suitable for participants from around 20 weeks gestation up until your baby is born.

Topics Covered Include...

Birth and Pregnancy as Normal Healthy Life Events
Birth and Overcoming Fears
Birth Physiology - The Stages of Labour
Your Amazing Hormones - Your Greatest Ally For Labour & Birth
The Importance of The Birth Environment - How to Create Calm In Any Setting
Coping Techniques - Active Birth, HypnoBirthing and Other Great Tools
Understanding Pharmaceutical Pain Relief Options
Understanding Induction
Birth Planning - Why & How. Template Provided
The Role of Support Person/People
Further Learning and Resources
Question & Discussion Time

CEA Office, Nightcliff Community Centre
24th June 2018
Noon to 3pm
$80 for two people
Refreshments Provided
Please contact the CEA office for more information and to book your places info@ceadarwin.asn.au

Wulagi Family Centre

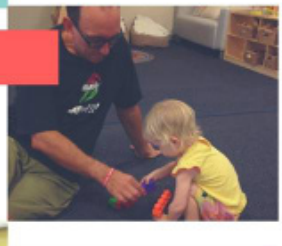
Families as First Teachers Playgroups

At Wulagi School, 24 Brolga St

Baby 0-12 months

Mondays 8.30am - 12pm
Open to all families.
With Family Educator Bec, qualified teacher. Bec is also a babywearing, toilet training and gentle parenting consultant.

0 to 4 years



Tues, Wed, Thurs 8.30am - 12pm
Open to families in Wulagi, Malak, Karama, Marrara, Muirhead, Anula, Leanyer. Tuesdays with Bec & Deb. Wednesdays & Thursdays with Deb and Family Educator Amy.

Indigenous 0-4 yrs

Fridays 8.30am - 12pm
Open to all indigenous children and their families. With Playgroup Leader Deb, proud Bunjalung and Mununjali woman, and Family Educator Amy, qualified teacher and breastfeeding counsellor.

wulagi.fc@ntschools.net 0428 650 238

Preconception to Postpartum Health, Wellbeing and Support

Bec Ellison

Nutritionist
Parenting Consultant
Childbirth Educator
Doula

- Natural Fertility
- Preconception Care
- Pregnancy Nutrition and Wellbeing
- Birth Planning and Support
- Postpartum Nutrition and Wellbeing
- Postpartum Support
- Parenting Support

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The Darwin Homebirth Group is a collective of parents who share the philosophy that pregnancy, labor and birth are normal, natural family centered events.

Our members are passionate about women having real and informed choices in regards to where, with whom and how they birth. This way women can feel supported, safe, empowered and in control of their birth experience.

The fully funded Government Homebirth Service gives women the opportunity to have a known, qualified and experienced midwife care for them at home before and after the birth.

Darwin Homeborth Group is volunteer run and not-for-profit. We offer:

- Monthly morning or afternoon teas
- Access to our library with information on pregnancy, natural birth, water immersion, home birth, breast-feeding and gentle parenting
- Biannual newsletters rich with birth stories, birthing and parenting information
- Ongoing contact with homebirth midwives
- Access to birthing aides and equipment
- Meal provisions for new parents
- Advocating for improved birth choices and women centered care

Darwin Homebirth Group
dhbginfo@gmail.com
0438 888 755

www.darwinhomebirthgroup.wordpress.com

darwin homebirth group

birth choices matter

Find us on

Childbirth Education Association

Nurturing Newborns Monthly Morning Teas

Last Tuesday of Every Month 10.00am – Noon
Nightcliff Community Centre Meeting Room
Refreshments Provided From Petra's Raw Cakes
Free of Charge

CEA is facilitating a welcoming and relaxed monthly gathering for pregnant people & parents of babies from birth to eighteen months.

Older siblings welcome.

Date	Topic
Tuesday 30th January	Infant Sleep
Tuesday 27th February	Baby Wearing
Tuesday 27th March	Introducing Solids (Baby-led Weaning)
Tuesday 24th April	Gut Health for Babies and Children
Tuesday 28th May	Contraception During Breastfeeding & Child Spacing
Tuesday 26th June	Relationship Dynamics Through Pregnancy Birth & Early Parenting
Tuesday 31st July	Healing From Birth ... Discussing Your Experience
Tuesday 28th August	The Fourth Trimester - Preparation & Recovery
Tuesday 25th September	Breastfeeding Older Babies & Toddlers
Tuesday 30th October	Toddler Food & Eating
Tuesday 27th November	Travelling With Babies



The Birth of Darcie

I wake at 1am with slight cramping. Feels like period pain. It's annoying, but fine. I have been listening to guided meditation and practicing belly breathing. But I can't breathe this discomfort away, so I don't think it is anxiety. I get up to go to the toilet to alleviate some pressure.

It feels relieving to wee. The flow should have stopped by now, I think to myself. The toilet light is off, but enough light is creeping in from the hallway for me to see clearly that this is not wee. Instead I see blood. I panic. I hit the 'nurse call' button, and within 30 seconds a midwife enters my room. 'I'm in the toilet,' I call. 'I'm bleeding.' My heart is beating in my ears. Her words are calm, but I sense urgency in her tone. 'Okay, love, let me see. Right, okay, let's get you back into bed.'

She calls another midwife in and after trading some quick words, they wheel my bed across to the delivery suite. Blood trickles onto the bed and I press my thighs together hard, hoping to contain it.

I'm terrified and I begin to shake.

I had been admitted to hospital the previous night with a small spot of fresh blood, at 32 weeks gestation, for placenta praevia with my pregnancy with baby number two. So anxious.

At 20 weeks, I found out the placenta is 'low-lying'. In 95 per cent of cases, placentas migrate away from the cervix as the uterus expands. I sit among the five per cent whose placentas do not budge – in fact my placenta completely covers the cervix. This is considered 'grade 4', or 'complete praevia', which, for me, means two things: there is a high chance of pre-term bleeding, and my only option for delivery is via caesarian section. If these were pre-ultrasound days, my baby and I might die due to major hemorrhaging in labour – if not earlier. Thank goodness for modern medicine.

My first birth was vaginal, albeit long, excruciating and traumatic. Being told I must have a C-Section this time is confronting. Having no choice in the matter makes it even scarier. The decision has been made for me, and I am powerless to change it. I have many weeks to think about what this means, which causes a lot of anxiety. But it also helps me adjust to the idea. This will prove to be a time of contrasting thoughts and feelings.

The third trimester is especially stressful. I feel like a bloody bomb waiting to burst. Countless middle-of-the-night Googlings of 'placenta praevia' leave me silently sobbing in bed, not wanting to wake my partner and toddler. The Internet spits out alarming information at every click. I find frightening forums describing the stories of mums who bled, or who had long hospital stays – but in most cases, placentas did indeed migrate north, up to where they were supposed to sit, and consequently, these mothers had positive outcomes. There are some statistics that reveal instances of maternal and foetal death – very low statistics, but they're there in the data nonetheless. And this alone is more than enough to leave me sleepless, worrying for hours on end about the fate of my unborn baby and I.

I am shaking uncontrollably by the time we reach the delivery ward. The room quickly fills with friendly, competent midwives who consistently prove themselves to be amazing. But despite my faith in them, I am beyond anxious and terrified right now.

The doctor arrives, I've seen her a few times before and it's reassuring to see her face. I'm thankful it's her week of nightshift. She is kind, calm and efficient. She speaks steadily, gently. 'We're going to prep you for theatre. If the bleeding doesn't stop, we are going to deliver baby tonight, okay?'

Okay? I don't know – is it?! Is it okay to have a baby at 32 weeks?? What if you can't stop the bleeding? Am I going to die?! I think I might die!

Holding my phone with a shaky hand I call my brother. No answer. Call again. This time he answers with a late-night croak in his voice. I speak quickly and ask him to go to my house to be with my daughter.

I call Tom (my husband) next, voice trembling. "You have to come in now. They might deliver tonight. Vince is on his way to you. Please kiss Finn for me." Thoughts and images of Finn (my toddler) flood my mind – her gorgeous face, her cute little voice… Terrible thoughts of never seeing her again, of her growing up without me.

The doctor does a speculum examination in the hope of identifying exactly where the bleed is coming from. It's been about half an hour since it started, and she tells me it's now slowing down.

Tom arrives just as the situation calms. The room has drained of people, I've had a sedative and the bed has been cleaned up. He hasn't seen the worst of it and I kind of wish he had. I wish he'd seen the blood and been as scared as I was. He won't understand now how serious my fear of death was – that I really thought I might never see Finn again.

My pregnancy remains stable and after a week of hospital rest, I am discharged. The obstetrician advises that it's impossible to predict another bleed, but that I should stay within 20 minutes of the hospital "just in case".

I return home nervous and prepared to hot-foot it back to the hospital at any minute, while the words from one big-mouthed midwife replay in my mind… "You can lose your entire blood volume in ten minutes." Argh! Why?!

After three days at home, my mum (a recently retired nurse) arrives from Victoria. What a Godsend. I have been advised to do 'light duties only' until baby arrives, and that means not lifting my toddler. I am on tenterhooks and don't leave the house for the next week in fear of bleeding in a public place. Every time I go to the toilet I expect blood. Every time I go to sleep, I fear waking up in sticky red sheets. It sounds dramatic – and it is: I am shit-scared of what lies ahead.

Things settle down and I become comfortable getting back into normal activities: story time at the library, swimming in friends' pools, doing laundry. We have a family dinner three weeks after the hospital stay, and I am able to say that I feel much more relaxed about everything. And then I feel something. Loss. I excuse myself swiftly and go to the toilet. BLOOD.

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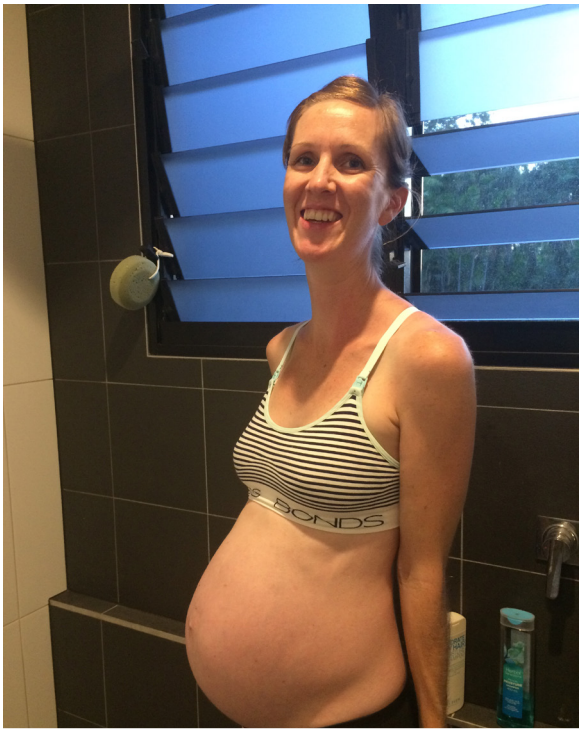
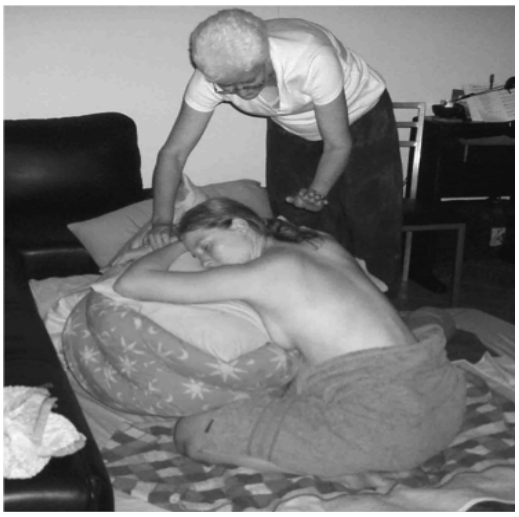


Jess's 'Bump' :)

Have you considered birthing at home?

If you are interested in having a homebirth in Darwin and you would like to have continuity of care with a midwife throughout your pregnancy, labour, birth and after your baby is born and you are likely to have a low risk pregnancy - this may be an option for you

If you would like to contact one of our midwives to discuss further please ring 8922 5522 or visit www.nt.gov.au/health.



Long Term Benefits For Long-Term Breastfeeding

The Ameriacan Journal of Hypertension published an article showing a link between long-term breastfeeding and less likelihood of hypertension after menopause for women. Long-term breastfeeding relates to both the number of children fed and the length of time they are breastfed. Two theories are put forth:

1. Breastfeeding may 'reset' the fat accumulation and insulin resistance created by pregnancy

2. The Oxytocin released may contribute to a decrease in the risk of hypertension.

The effect was found to be less in women who are obese.

ScienceDaily. "Breastfeeding reduces hypertension risk" Accessed February 6th 2017 sciencedaily.com/releases/2018/01/180130090834.htm

"MUM!" She comes to the loo. "I'm bleeding again." Tom and I say a quick goodbye, grab the hospital bag that's been resting at the front door for three weeks now, and we drive the seven minutes back to RDH.

I can tell the bleeding has slowed already, and the doctor confirms this with a speculum exam. Anxiety levels push through the roof once again. I am admitted, as per hospital protocol, and as I was told last time, when a woman in my situation has a bleed like this, it is likely another will occur within 24 to 48 hours. And just like last time, it happens again. Exactly the same way.

Walking around the ward earlier in the day I feel another loss, but not of blood or urine. It's not amniotic fluid either, according to the nurse (although in hindsight, I wonder if it was). A mystery fluid, apparently. The same thing happened during my first RDH admission at 32 weeks when I walked downstairs to help out with an NT News story about the Birth Centre (I had my photograph taken and yep, the result was that I was made famous during all of this!)

At 9pm I am in bed and I feel the familiar, involuntary gush. I press my call bell and the panic sets in. I call Mum, and Tom, and he arrives quicker this time. I am prepped for theatre. Once again my body shakes, teeth chatter. So so nervous.

The doctor on nightshift is different to three weeks ago and I am not as familiar with her. She is very confident, but I am unsure if she is bluffing. I'm not sure where this feeling comes from, either. She seems so young; but then again, most of the RDH doctors do. But she is here and I need to trust her. So I do.

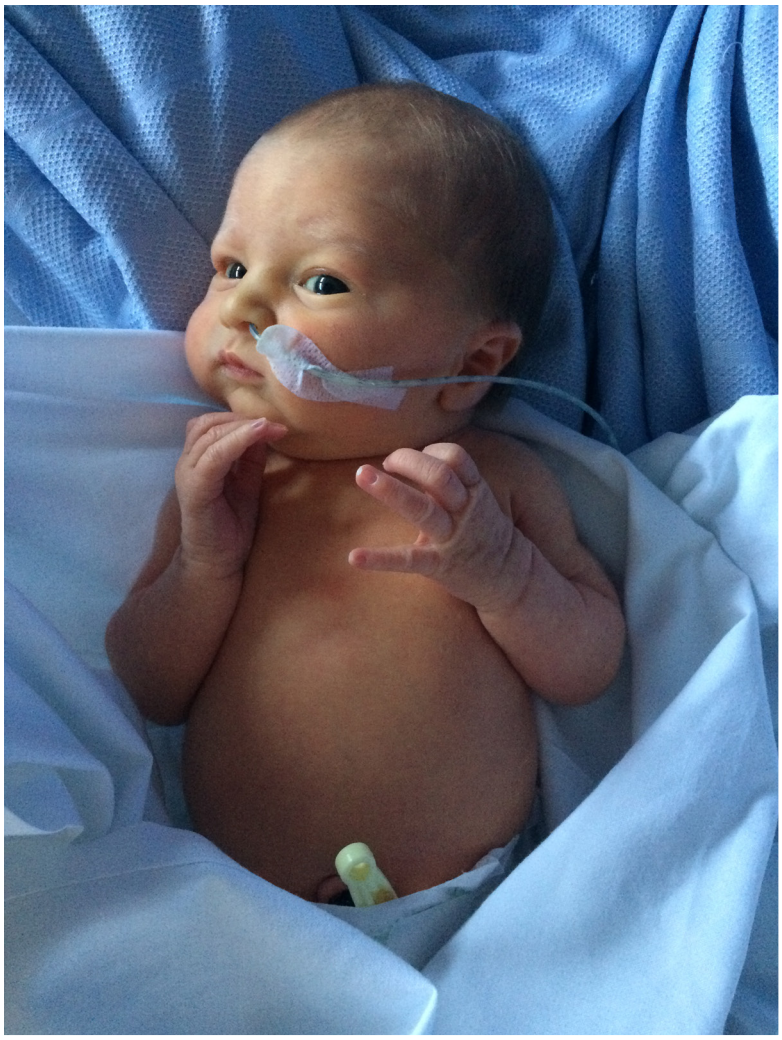
She does a speculum, informs me that the bleeding is not slowing down, and that she'd like to deliver bub tonight. She confirms this with her senior doctor on the phone and returns with a reassuring, confident smile. She will see me soon in theatre.

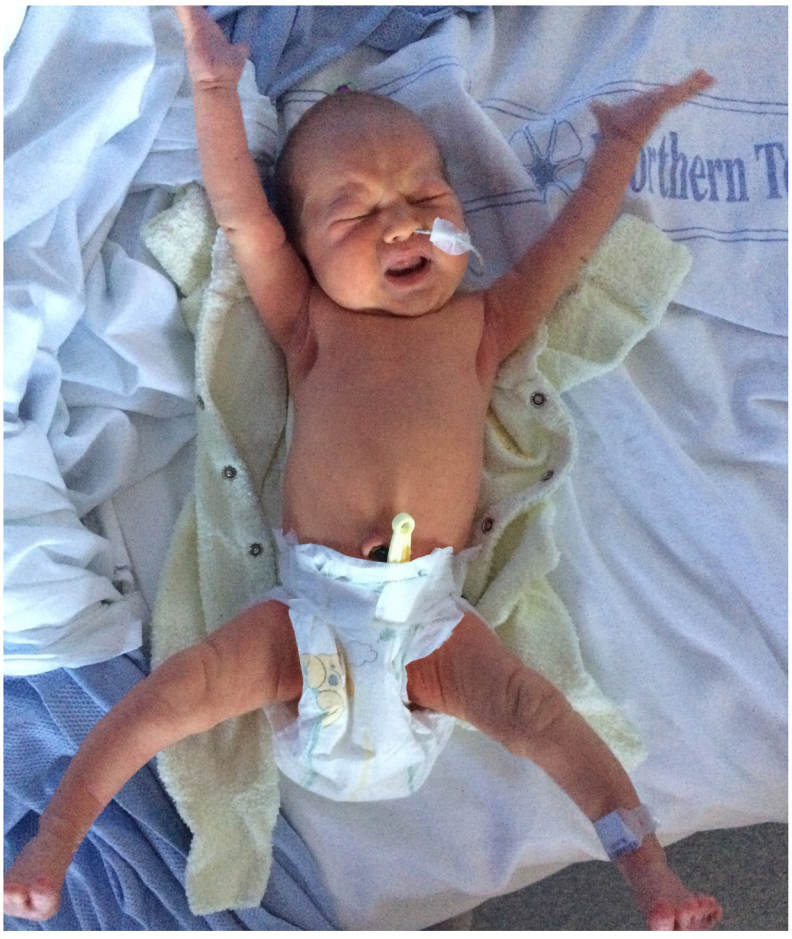
Tom and I exchange a nervous glance, but I'm relieved – this has been going on long enough and I don't think my body or mind can handle any more of the stress and angst.

The theatre team is amazing. Calm, professional, confident. I am already shaking with nerves, but the epidural and spinal block (for those with a low-lying placenta, this type of surgery can take longer due to the placental positioning and any bleeding present can take extra time to stem, hence two anaesthetics are administered) cause uncontrollable shivering – I cannot keep my arms still on the arm rests, they are just bouncing around.

cont/...

Ultrasound showed Jess had a complete Placenta Previa - her placenta completely covered her cervix. A C-section is life-saving in this case and the only option for a safe delivery.





To reduce the risk of potentially fatal bleeding Darcie was born by caesarean section at 35 weeks.

Any baby born before 37 weeks is considered premature so Darcie spent the first few days of her life being cared for in the NICU.

She was bought to Jess every three hours for breastfeeds.

Tom enters after the anaesthetic has been administered, and sits at my left shoulder. Everything south of my breasts is numb, and it's difficult to move my arms with all the monitoring equipment attached to me. So my arms just do their own thing and shake. I don't have much memory of the surgery… Numbness combined with pulling and pushing sensations on my torso… I think of a friend who had a very positive C-section experience. She told me how it helped her to 'surrender' to the situation, so I give that a go. I focus inward and begin to chant a meditative surrender to myself, paired with a deep inhale/exhale, and it works. For the next two or three seconds my arms stop shaking. I keep this up throughout the surgery.

The part I remember clearly is seeing our tiny baby being held over the blue hospital drape, so we could discover the sex. I've never been so happy to see a vagina! Through irrepressible smiles, I watch out of the corner of my eye as our little girl is taken to the resuscitation table to my right. I can't see much, so I ask Tom if she's okay and hold my breath. He is by her side now, watching the paeds doctor and our midwife tend to our little one. I see her tiny foot kick, hear some squeaky sounds from her lungs, and once again, I can breathe.

The relief I feel is indescribable. As indescribable as the anxiety I felt an hour ago. I feel almost completely at ease now and I cannot wipe the smile off my face. I can't believe she is here after all that has passed tonight, and in the last few weeks. Time goes quickly in theatre and when our baby girl is looking well, our midwife places her on my chest. This position is awkward so Tom holds her there for me, and we stare at her for the remainder of the surgery. Thick vernix covers her eyebrows and forehead and I massage it into her perfect little face.
She is born at 12.57am on July 13. My Mum's birthday.

Time is a strange thing. Post-op recovery feels like a dream. I have just given birth for the second time, and here I am breastfeeding my second daughter. She weighs 150 grams less than my first, and is the same length. But the births are barely comparable. My first: an induction on Friday at 5pm, manual-water-break-pethidine-epidural-episiotomy-two hours of pushing-forceps-vaginal-delivery by Sunday at 5am. My second: an epidural and spinal block at 11.50pm, with the baby delivered at 12.57am.

cont/...

The sisters with such hugely different births meet for the first time

Back in the ward, I just want to sleep. My body feels strange but there is no pain yet. I dread this part, the pain, although writing about it now I can't remember much of it. Tom goes home after accompanying our little one into the nursery; she needs to be there until she reaches 36 weeks gestation (she was born 35+2).

Sleep deprivation settles in for the next few days. Nursery staff delivers my little one to me, on squeaky crib wheels, for feeds every three hours. On day two, I get out of bed and go and see her for myself. She's such a tiny little bundle of perfection, surrounded by 12 other premature babes, so sleepy and probably wishing she was still cozy in my womb.

We take her home on day seven and name her Darcie.

I am amazed and forever grateful for the science and medical advancements that allowed a safe passage for my baby, and for myself. I can only imagine the journey a third baby might take (if we decide to have another!) No doubt it will be a different experience, yet again.

Story by Jess and Tom Mithen.

Darcie was baby number two so Jess already undertood instinctively how to help her baby get a good latch and breastfeeding rolled out smoothly. Many women who have a caesarean will need a little extra help with establishing feeding due to the baby being drowsy from the drugs administered to the mother for surgery and, if labour did not start naturally, the hormones for milk production being initiated by the baby sucking rather than as part of the birth process. If you are having trouble breastfeeding don't hesitate to ask for help and make sure it is from someone you feel comfortable with. Speak up if having your breasts touched by others is making you uncomfortable (physically or emotionally) or if you are confused by conflicting advice.

Placenta Burial Rituals

By Sarah Hollister RN, PHN, IBCLC

Ceremonial burial of the placenta has traditionally held spiritual meaning for cultures around the world. Included here are some themes and examples of traditional rituals that have been practiced in various cultures to honor the placenta. These customs have inspired many families today to create their own meaningful placenta burial rituals.

Placenta Honored as Baby's Spirit Guide

Traditional Hmong, Malaysian, Nepalese, Balinese, Siberian, and Icelanders practiced placenta burial rituals in this theme.

In Bali the placenta is called "Ari-Ari" and is considered the physical body of the child's guardian angel, and the angel's spirit stays with the child for life. The placenta is wrapped in cloth and placed within a coconut to be buried.

In the Hmong culture, the placenta is buried with great care and ritual at the home, as the placenta is believed to be the spiritual jacket that the baby wore to come into this world. Once the baby has lived his life, his spirit will, after death, retrace his life's journey, back to the very site of the placenta burial to recover the placenta. His spirit can again wear the placenta as the spiritual jacket that will allow him to cross back over to the other side. The Hmong word for placenta literally means "jacket."

Placenta Burial as a Sacred Connector of the Child to His or Her Land and Heritage

Traditional Native Hawaiians, Native Americans, Maori and African tribes practiced ritual burial in this theme

In the Navajo tradition, burial of the placenta within the boundaries of the child's family tribal land will bind or root the child's spirit to his ancestors and to the land. The Navajo believe that this will ensure that the child will always return home.

The Igbo tribe of Africa believe that burying the placenta connects the child to the spirits in the ground, and the placenta was given the name "Our Mother."

Native American tribes Chinook and Quinault call the placenta "Grandmother."

The Maori of New Zealand bury the placenta on tribal land to tie the child to the land. The Maori word for placenta and word for land have the same name, "Whenua."

In Bali Ari Ari is the traditional burial ceremony for the placenta. There is also the Nyabutan Ceremony. At 3 months the babys' feet touch the ground for the first time. The Nyabutan is considered more important than a wedding.

Placenta Burial to Bestow Blessings or Protection For The Child's Future

Traditional Chinese, Indonesian, Mayan, Thai, Ibani, Cambodian, Ukraine, Turks, Japanese and Yugoslavians practiced rituals in this theme

The Mayans revered the tree the placenta was buried under, believing the sacred relationship created gives the tree protective powers over the child.

Japanese traditions included a formal burial ceremony, as the placenta was considered linked to the child's destiny. The placenta was washed first in water, then in sake. Next it was wrapped in colored silk cloths and placed in a wooden box. Good luck emblems to ensure a successful life were added, such as writing brushes or needles and thread.

In China, numerous literary and artistic sources reflect the importance in traditional China of properly disposing of the placenta after birth. The texts offer detailed instructions: After washing it, often in special water or even wine, it should be wrapped in silk, enclosed in a tightly sealed vessel, sometimes with the addition of auspicious items like a calligraphy brush or coins, and buried in the ground in carefully chosen locations. Based on the connection with both the child and the mother, the placenta, when disposed

cont/...

of improperly, was believed to have a potentially grave effect on the future fate of the mother and child, as well as potentially offending various spirits through the pollution of female blood. There was a chart that instructed the viewer how to bury the placenta in the most auspicious direction for each month of the year while at the same avoiding the rotating two "death" positions associated with Jupiter and the Big Dipper.

Many families today find personal meaning with placenta burial ceremonies. Some create rituals celebrating the completion of the pregnancy and birth, and honoring a woman's journey into motherhood. Families also recognize the life giving properties of the placenta and bury it as an offering of nourishment to the land and a blessing to the earth.

Many Darwin families like to find a special tree in the garden to bury their children's placenta's

Australian Aboriginal People & Placenta Burial

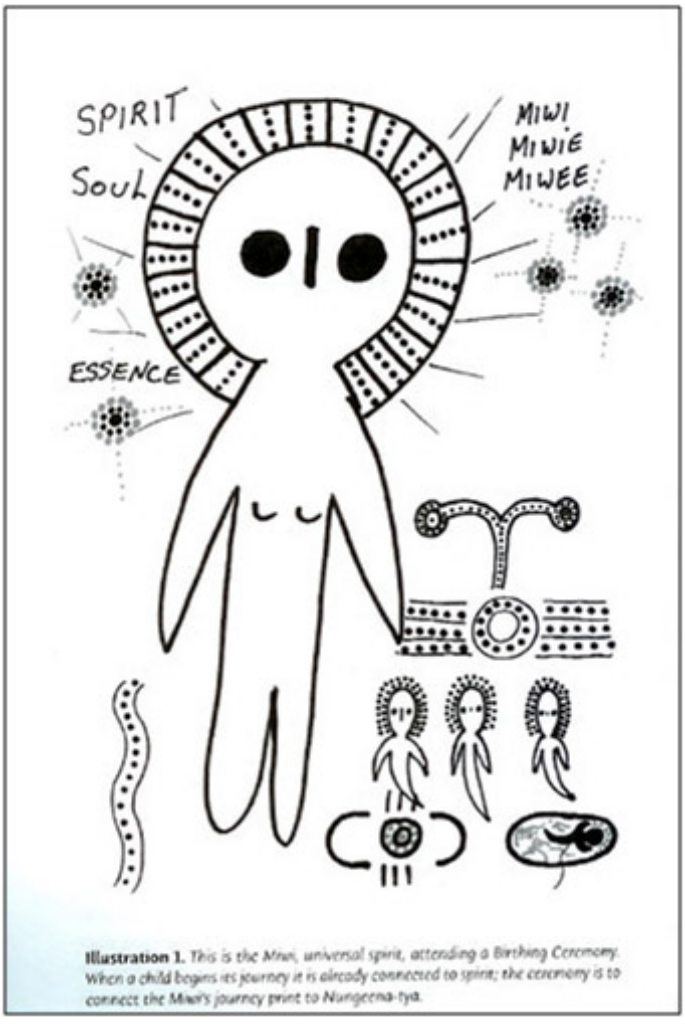
My understanding is that aboriginal people view the placenta to be a hologram of a person's soul and that it contains the life map of your soul. When you plant the placenta in the Mother (earth/ground) then Mother Earth understands that you have arrived and can take care of you.

When you reach puberty and spill your first blood or seed then your soul map is activated and The Mother can support you in your life's journey. As the placenta is holographic, i.e. a part is equal or contains the whole; a part of your placenta can still activate your map. What can be profoundly negatively impacting on a person is the mangling and mixing of their placenta with many others as happens when it is discarded at the hospital. This creates deep confusion at a cellular level.

Written by Ana Papadakis
www.openingtolife.com

...every person on the planet has a unique Miwi (spirit/soul) print on his/her placenta and that this holds the instructions for their life's journey. So, when you are born your placenta needs to be buried in the earth, in Nungeena-tya (Mother Earth), on its own. Then your journey is anchored and your Miwi print waits there until you become a wanai (puberty)….

... to lose your spiritual map is like being in a row boat and having to get from one side of a massive lake to the other. There's a storm coming, you've lost the oars and you have to get across using your hands. Your hands are no match for the storms. You get tired rowing the boat with two little arms. From the exhaustion your boat just spins and spins, often you lose direction and go backwards. You might give up and die, you might commit suicide. You don't know your journey, You've got no instructions...
extracts from Under the Quandong Tree by MinMia.



This is the Mimi, universal spirit, attending a Birthing Ceremony. When a child begins its journey it is already connected to spirit; the ceremony is to connect the Mimi's Journey print to Nungeena-tya.


she
believed
she
could
so she did