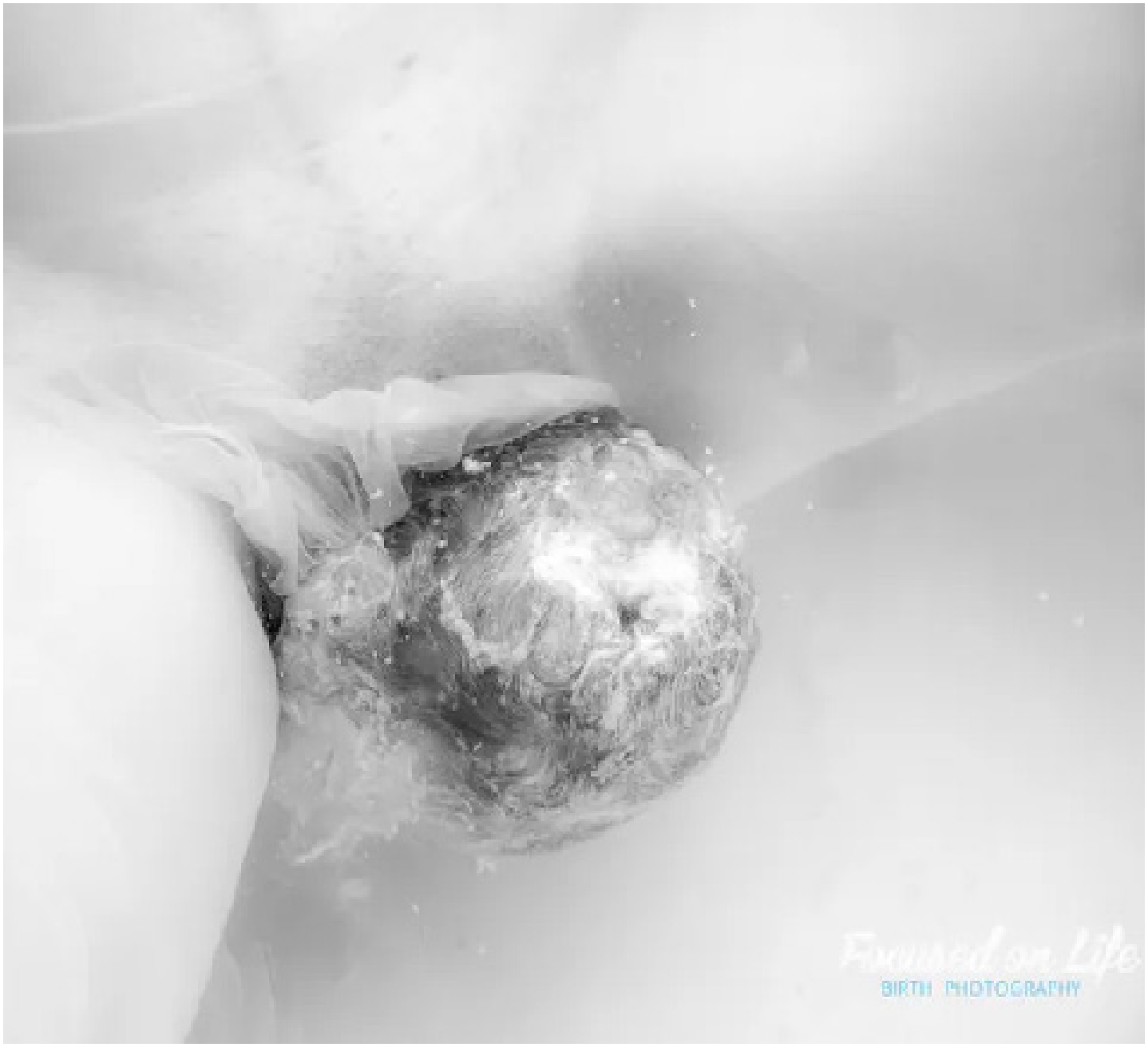
December 2021
Free

Childbirth Education Association

Childbirth Chatter



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The Rise of Unnecessary Induction In Australia • The Nutritional Value of Touch

www.ceadarwin.asn.au

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Childbirth Education Association Darwin

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

knowledge • confidence • choice

A Word From The CEA Committee

Hello again, we hope you are all well.

It's been a while since our last newsletter. Things became very busy this year putting on our first Darwin based midwifery seminar and, like everyone, continuing to navigate our way through the emerging versions of the 'new normal'.

The Birth, Bonding and Breastfeeding seminar went very well and included up-to-date research on non-medical induction of labour. CEA was honoured to have Professor Hannah Dahlen - Australia's leading midwifery researcher deliver her cutting edge and insightful research. Hannah was supposed to visit the NT for the seminar but unfortunately due to the Sydney lockdowns had to present via Zoom. We were disappointed she couldn't come in person but grateful for the technology that meant we could still ask questions and have back and forth conversations with Hannah.

Two articles summarising her findings have been included in this newsletter for you to read if you weren't able to make it to the seminar in September.

Thank you to Natasha Fyles who sent a policy writer from RDH to hear the research. I have since been told that the Midwifery department will be starting negotiations with the Obstetrics team to update hospital policy around non-medical induction of labour.

CEA recently held our AGM for 2021 and have been lucky enough to retain our current committe and also have a couple of excellent new additions to the team. You can see the list of amazing women who donate their time in order to keep CEA running to the side of this page. .

As usual, we will be having a little break from our programs over the festive season. So many people are looking foward to the chance to travel interstate to finally see family and friends. If you are travelling from the NT we wish you all the best and hope everything goes smoothly.

Please see the shut down and start up dates for 2022 below.

Nurturing Newborns
Last group for 2021 Tuesday November 30th
First group for 2022 Tuesday January 22nd
Please see the program for 2022 later in this newsletter

Pregnancy Yoga
Last session for 2021 Saturday December 11th
First sesson for 2022 Thursday January 13th

Office & Library
Last day for 2021 Friday December 17th
First day for 2022 Tuesday January 11th

Wishing you a wonderful festive season and best of luck for the journey ahead

2022 Committee

Aleesha Rutledge
Anita Marcinkowski
Alex Collier
Sharni Sloan
Jade Dehne
Laura Bachman
Emily Rutherford
Jacqui Cleghorn
Kim Pemberton

CEA Staff

Office Administrator:
Kim Pemberton

Birth Class Educators:
Sophia King
Monika Zdyb
Pamela McCalman

Yoga Instructor:
Emily Hallarth

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

Thank you to the NTG Community Benefit Fund for funding CEA's new laptop. Gratefully used to create this newsletter & provide AV at birth classes.

Birth Preparation Courses

January
TBA

February
Mondays 7th, 14th, 21st, 28th
6:00pm to 8:30pm/9:00pm on the 28th

March
Wednesdays, 2nd, 9th, 16th, 23rdh
6:00pm to 8:30pm/9:00pm on the 23rd
(online via zoom)

Private courses are also available if these don't suit your schedule.

Early Parenting

January
TBA

February
Monday 28th 6pm to 9pm

March
Wednesday 23rd 6pm to 9pm
Online via zoom

All classes held at the Nightcliff Community Centre or online via zoom when necessary.

Birth Preparation Course Outline

Session One: Pregnancy & Creating Your 'Mindset' For Labour & Birth
•Welcome
•Pregnancy - nutrition, self care, building your support group for early parenting
•Birth Planning - a useful birth plan is not your ideal birth written down on paper
•Informed Choice
•Thinking about Pregnancy & Birth - not an illness or 'risk' but a normal healthy life event
•Cultural Ideas Around Pregnancy & Birth - how this influences us
•Fear Release Work
•HypnoBirthing Explained
•The Hormones of Labour
•Rebozo for Pregnancy
•Why Normal Birth is Important
•The Importance of Your Due Date
•Role of Your Birth Support Person
•Roles of Care Providers - OB's, Midwives, Doulas
•How/Why Does Labour Start? Physical/Emotional/Spiritual
•Question Time

Session Two: Labour
•Recap of Week One
•Relaxation Meditation Practice
•Induction - your choices around this, why, when, where, what to expect
•The Cascade of Intervention
•Hormones & Induction
•Why Your Birth Environment Is Important
•Creating Your Ideal Birth Environment
•How Contractions Work
•First Stage of Labour
•Using Natural Birth Tools To Manage Labour
•Active Birth Positions/Movement
•Medical Pain Relief Options
•Water

Session Three:
•Second Stage of Labour (Birth)
•Directed Pushing vs Instinctive
•Avoiding Tears
•Post Partum Haemorrhage
•Third Stage (Birthing Your Placenta)
•The Importance of The First Hour After Birth

Session Four: Early Parenting (3 Hour Session)
•The Fourth Trimester For Baby, Mother & Family •What Babies Need -
•Physical, Emotional & Developmental
•Your Baby's Experience Of The Fourth Trimester
•Baby-Wearing
•Breastfeeding
•Baby & Parent Sleep
•Developmental Milestones
•What New Mums Need
•Understanding Hormones
•Brain Changes
•Traditional Postpartum Practices
•Mum's Experience Of The Fourth Trimester
•Physical Recovery from Birth
•Partner's & Team Building
•Maintaining Your Relationship
•Question Time

Check our website for on-line booking forms... www.ceadarwin.asn.au
or email the office ...
info@ceadarwin.asn.au

Like our facebook page for dates of future events & courses along with regular posts about birth, parenting and community events.
fb: childbirth education association darwin

Birth Education Classes

Birth Preparation Classes
Held over four weeks and encompass body, mind and spirit. Includes breastfeeding information.
Cost: $220 for two participants

Infant Sleep & Settling Workshop
Teaching parents what normal infant sleep looks like through the first year of life. You will learn why babies need so much help to settle and sleep due to nervous system development and sleep cycles that are different to an adults. Learn useful techniques to support your baby's needs and promote a secure attachment. (No sleep training)
Cost: $80 for two participants

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: $120 (includes partner or support person)

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 Saturdays 11.30am - 12:45pm
& Thursday evenings 5:30pm to 6:45pm

Cost: For either Yoga class $15 or buy a 5 class pass for $60.00
Classes held at the Nightcliff Community Centre Boab Meeting Room

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!

The Rise of Unecessary Induction

Jessica Trusler remembers the moment a confused midwife rolled her eyes after hearing why the new mother was being induced into labour.

“I told her the obstetrician’s name and that it was because the baby might be bigger than average,” Ms Trusler said.

“She said, ‘Right, of course’ with the impression it was an unnecessary common practice.”

For the otherwise healthy 31-year-old, it was a sign that artificially stimulating her labour last September could have been avoided, particularly given that her baby was average in size.

The experience left the first-time mother with unanswered questions and she’s not alone.

New research led by Western Sydney University found that 15 per cent of young, healthy mothers in NSW have had an induction of labour with no medical reason given.

The study looked at 474,652 births and discounted nearly a million births to make sure only low-risk mothers under 35 were counted.

The study led by professor of midwifery Hannah Dahlen also found long-term impacts on children.

“We found in induced births there was more neonatal birth trauma, more need for resuscitation, more need for neonatal intensive care and ongoing respiratory infections all up till age 16,” she said.

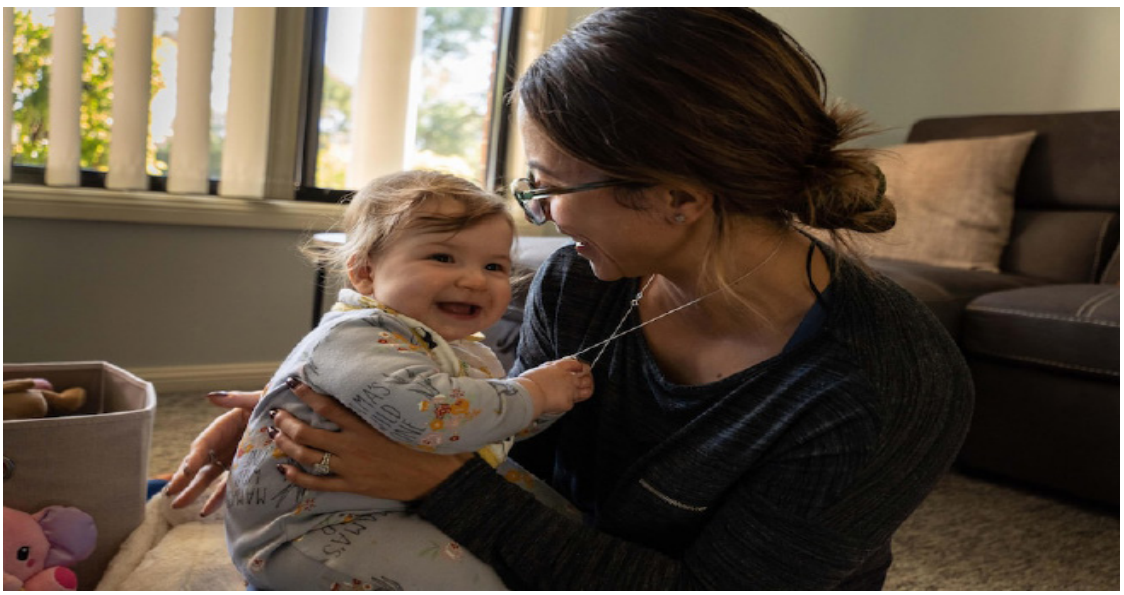
The World Health Organization standard for inducing is 41 weeks but what shocked Professor Dahlen was the number of healthy women being induced early.

“I re-ran the data several times I was so shocked but in a 16-year period, we’ve had a doubling of inductions at 38 and 40 weeks and tripling if you’re 37 and 39 weeks,” she said.

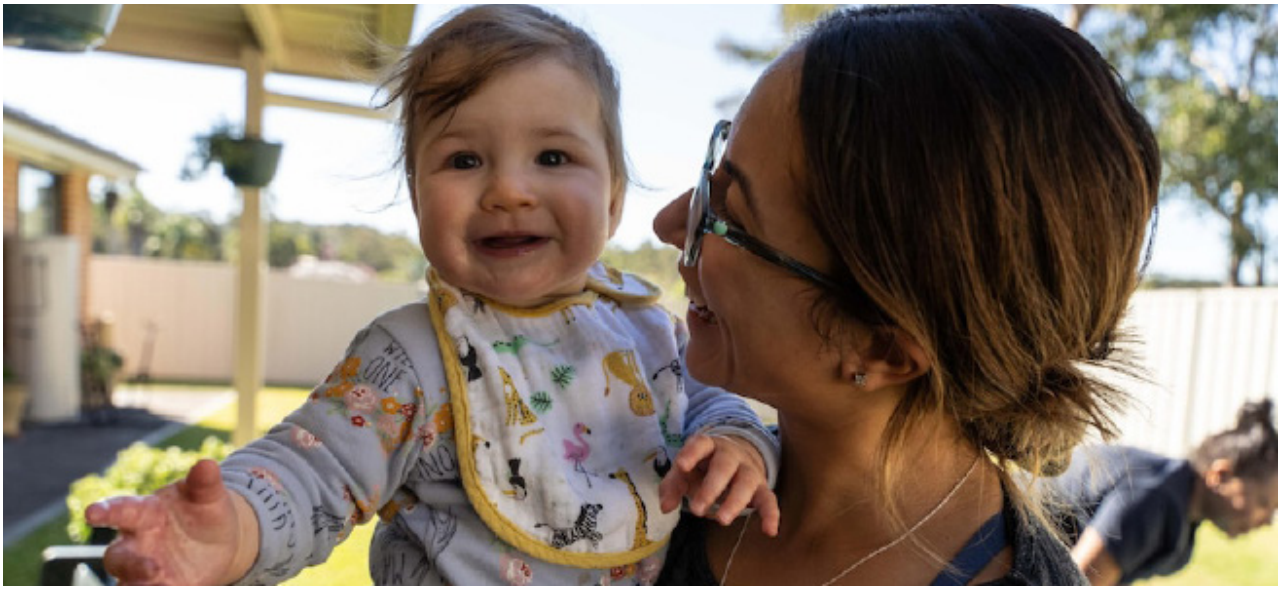
“There’s no excuse to be bringing a baby into the world before they’re ready.”

For Ms Trusler, she felt like she’d had no choice when she went for a check-up at 38 weeks and there was no discussion of risks or other options.

“My doctor said the bub might be big so we should induce, and I hadn’t even finished putting my clothes on before she was on the phone booking me in for induction three days later.



Jessica Trusler was separated from Indiana for two days after the “distressing” labour.



Jessica believes the induced labour was so distressing it affected initial bonding and breastfeeding.

During the birth at Nepean Private Hospital, due to the numbing effect of the epidural, Ms Trusler wasn't able to push.

"Then my doctor said we need a vacuum, the baby's distressed … I was just panicking."

When her daughter Indiana was born, she was limp but breathing and when skin-to-skin contact didn't achieve the desired results, Indiana was taken away for specialist care.

Ms Trusler was only able to hold Indiana two hours after giving birth before the baby went into special care for four days.

Even when her baby stabilised there were no efforts for more skin-to-skin early on. She believes the distressing experience has had a devastating impact on her motherhood journey.

"Every mum says you feel a joy when you first hold your baby, but I felt nothing because I was so distressed from what was happening to my body," she said.

"Missing those first moments and not having contact for that long has affected breastfeeding now.

"I do think if it hadn't been induced and been under so much distress perhaps she wouldn't have been distressed too and we could have had those first key moments to connect."

Professor Dahlen said a lot more mothers need to be given warnings about the effects of induction.

"From our study we found if you have an induction with no medical reason as a first-time mother, you're more likely to have a baby that's distressed and your chance of having a caesarean is more than double and birth by vacuum is increased," she said.

She believes the intervention method is lifesaving in certain situations however for healthy mothers when there is no good reason for induction, the growing trend in NSW is worrying.

"If you look at the 2018 data, it's a 45 per cent rate of induction for first-time mothers, that was 25 per cent 10 years ago."

"In that time, we have not altered the perinatal mortality rate at all. No change in stillbirths and babies dying after birth.

"We're heading to more PTSD and trauma and yet we haven't changed the bottom line, which is why we suggest induction in the first place."

Ms Trusler and her husband will be seeking a medical report from Nepean Private Hospital to find answers.

"Still now I don't know exactly why I was induced," she said.

"I never got any answers and I don't think I will."

Story taken from www.abc.net.au

Childbirth Education Association

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Pregnancy Yoga

CEA's Pregnancy Yoga is designed to help women prepare for a positive, confident birth.

Postures include abdominals, strength work, pelvic floor, hip openers, positive visualisation and relaxation for birth.

Cost Per Class **$15**
5 Class Pass **$60**

No need to book, please just come along.

Venue:

Meeting Room
Nightcliff Community Centre
Saturdays 11:30am – 12:45pm
Thursdays 5:30pm - 6:45pm

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

Too Many Healthy Australian Women are having their Labour Induced for no Medical Reason

Pregnant women in Australia are increasingly having their labours induced rather than giving birth spontaneously – and some without good reason.

A large proportion of first time mothers (41.6%) were induced in 2018, when the latest national data were published, compared with 30.6% in 2010.

Our study, published today in BMJ Open, found the induction rates tripled for women who were 37 and 39 weeks pregnant in New South Wales in the 16 years to 2016. And 15% of new mothers were induced without a medical reason listed.

Induction of labour can be life-saving in some situations. But when it's not medically indicated, it can put women and babies at increased risk of complications.

Remind Me, What Is Induction?

Induction of labour is where labour is started medically. This can be with hormones, by using a balloon-shaped catheter placed in the woman's cervix to open it up, or by breaking the bag of water around the baby.

Induction is often recommended when: pregnancy has gone over 41 weeks, the mother has high blood pressure or diabetes
there is another significant issue threatening the health of the mother or baby.

Our research found sometimes inductions are done where there is no identified medical reason. As previous research has shown, this is especially the case in private hospitals.

Sometimes women are told their baby is bigger or smaller than normal. Bigger babies may lead to more complications with the birth, and smaller babies may not be growing well. However, ultrasound can be very inaccurate, and babies thought to be small or large are often a very average size at birth.
Sometimes women are sick of being pregnant and are (understandably) uncomfortable and request an induction or are offered it by doctors.

Our BMJ Open study tracked almost 475,000 births in NSW between 2001 and 2016. Of these, 69,397 (15%) had an induction of labour with no medical reason given. These women were aged 20 to 35 years, had a healthy pregnancy, and didn't smoke or have high blood pressure or diabetes.

Compared to first-time mothers who went into labour themselves, those who were induced were more likely to have:an instrumental birth with forceps or vacuum (28% for women who were induced vs 24% for women who gave birth spontanesously), a caesarean section (29% vs 14%), an epidural (71% vs 41%),
an episiotomy, which is a surgical cut to the perineum, the area between the vaginal opening and the skin leading towards the anus (41% vs 30%).

In one area there were benefits for mothers who were induced: severe perineal tears were slightly lower for first time mothers (4.2% vs 4.9%) and those who had given birth previously (0.7% vs 1.2%).

Mothers having subsequent babies did not have the same high intervention rates that first time mothers did.

Another recently published study had similar findings of increased caesarean section rates for first time mothers.

Earlier Inductions

We found a big rise in NSW babies being induced at what we call 'early term' (37 and 38 weeks) over the 16 year period.

The number of babies born at 37 weeks' gestation tripled, while the number born at 38 weeks doubled.

Yet those last couple of weeks of being in their mother's uterus are important for the development of the child's brain and other body systems such as the lungs, and the ability to control blood sugar and body temperature.

Long-term Outcomes

Previous research has suggested inducing healthy pregnant mothers after 41 weeks of pregnancy reduces stillbirth and this is what the World Health Organization recommends (we previously recommended induction after 42 weeks).

While our research did not look at stillbirth, as all our mothers and babies were healthy when labour started, we found no difference in the rates of neonatal, infant and child death between the two groups.

Our study is one of the first to look at long-term outcomes associated with induction of labour.

Following induction of labour, babies had more trauma during birth, and were more likely to need resuscitation. This is probably partly due to being born early and/or having more surgical intervention.

Babies born after induction were more likely to be admitted to hospital with breathing difficulties and infections (ear, nose, throat, respiratory, sepsis) at a range of ages, up to 16 years.

We could only look at hospital admissions which occur when there are more serious health issues, so this does not represent visits to a GP or other community services.

Loss of Control

Most women prefer to start labour spontaneously, finding induction more painful (hence more epidurals), and feeling they have less control during labour.

Women who are induced can't move around as easily due to the baby needing to be continuously monitored to pick up any signs of distress. The drugs used for induction can make the contractions very strong, reducing oxygen to the baby. Most women have intravenous fluids running, further restricting movement.

This lack of control can lead to women feeling disappointed with their birth and some may even be traumatised.

A recent review of the evidence found decisions about induction were largely made by clinicians rather than women, whose expectations and preferences were often unmet.

Time For Change

There is widespread variation in clinical practice guidelines about when women should be induced.

The World Health Organization has advised against induction of labour without medical indication before 41 weeks gestation.

And this month the National Institute for Health and Care Excellence in the United Kingdom released its draft guidance for consultation, also recommending women be offered induction at 41 weeks and opening the discussion on induction up for debate.

There is no doubt induction of labour can save lives if used judiciously. But it's a major medical intervention and so should not be offered routinely before 41 weeks without discussing the risks and the potential increase in other interventions women may not anticipate.

This discussion should also include not yet knowing all the potential longer-term effects of inductions.

Most important of all, women need to be aware they can decline or accept any intervention or treatment offered or recommended by health providers and the information provided to them must be balanced, evidence based and without coercion.

Story taken from www.theconversation.com

If you want to read the full study published in the BMJ please type the link below into your browser

https://bmjopen.bmj.com/content/11/6/e047040.full

Hi!

My name is Ashlee and I'm a Women's Health Physiotherapist who has recently moved back home to the Territory.

After having a baby women receive only 1 health check. This really doesn't sit right with me. My role is to provide the further guidance and support through this special time that you deserve.

Top 5 reasons to see a Pelvic Health Physio in your pregnancy/ postnatal period:

1) Pregnancy related aches & pains: offering safe & effective relief.

2) Incontinence: 1 in 3 women will experience leakage in their lives which can be successfully improved with physiotherapy in the majority of cases.

3) Postnatal recovery: regaining connection and trust in your body.

4) Pelvic pain: 65% of women have problems returning to intercourse postnatally.

5) Abdominal recovery: physiotherapy can be especially effective in the first few weeks to months after having a baby so if in doubt check it out!

My aim through pelvic floor physiotherapy is to restore your confidence and look after you so you can look after your baby.

Please feel free to reach out and contact me if you have any questions about what I can offer or book an appointment with me at: www.northsidehealthnt.com.au :

The Nutritional Value of Touch

Touch is arguably the most important nourishment that all humans need for optimal growth, health and development. With adequate exercise, and a balanced diet, including the right amount of nutrients, we will follow normal developmental patterns, and thrive. If there is a lack of essential nutrients, our emotional and physical development will be impaired. Touch is equally as important as essential vitamins, minerals and proteins. As with diet and exercise, we all need a daily dose of touch. Human touching provides essential nutriment for all babies.

Touch has been referred to as 'the mother of the senses' … perhaps because it is the earliest sensory system to develop. The word 'touch' has the longest entry in the Oxford English Dictionary, and can be defined as 'the action, or an act of touching or feeling something with the hand, finger or other part of the body'. The operative word in the definition is feeling.

Even though touch is not an emotion, its sensory elements stimulate the neural, glandular, muscular and mental changes, which, in combination, we call an emotion. As such, touch is not only experienced as a simple physical modality, as sensation… but also affectively, as emotion.

Touch is inextricably linked to how babies feel and how babies communicate. Every baby's first sensory input in life, comes from the sense of touch they experience whilst still in the womb, and continues to be the primary means of learning about the world throughout infancy and well into childhood. Touch is more than critical for a baby's optimal growth, development and health … it is essential to their survival.

The Critical Importance of a Baby's First Touch:
"The touch of the mother is the first event to write itself on the body" (philosopher Jacques Derrida). The way in which babies are touched – or not touched – in utero, during birth, and in the early hours, days, weeks, months and years of life, can have both an immediate and a long-lasting and dramatic impact on their physical health and emotional well being.

Touch is the first of the senses to develop in utero, and is the most developed sense at birth. In the womb, a baby's needs are constantly met. There is continuity, protection, weightlessness, security, no hunger or thirst, a constant and ideal temperature, constant movement and rocking, and continuous tactile stimulation and feedback from the mother's heart rate, respiratory rate and other physiological rhythms. A developing foetus receives something akin to a continuous massage during the entire nine months in the womb, from the constant movement of the amniotic fluid and the constant contact with the mother's internal organs. In the darkness, warmth and snugness of the womb, life for a foetus is almost perfect. All their needs are provided automatically, and without effort. After birth, this blissful set of circumstances will change at once, and the security of the womb will be left behind. Interactions with the outside world and all its challenges will commence.

Touch – During Birth
A baby's most powerful experience of touch is birth itself. During birth the prolonged contractions of the uterus push the baby through the birth canal, providing an especially intense massage. It also stimulates the peripheral nervous system and major organs, in preparation for the continuation of life outside the womb.

At birth, babies are suddenly propelled into the cool air, amongst loud and frightening sounds, and the glare created by bright lights. This sudden frenzy of exposure to the outside world, assaults the newborn's nervous system and brain, whilst rubber coated and unfamiliar hands probe, pull and intrude upon the newborn's as yet, untouched body. Being born also means separation from mother, and babies must immediately adapt.

The conditions experienced inside the womb, remain just as essential for life outside the womb. This is because the gestation (Latin for carrying) period of human babies does not end at birth.

Collectively, the uterogestation (carrying in the uterus) and the exterogestation (carrying outside the uterus) lasts up until a child can crawl, which on average, is around 80 weeks o r 560 days. Warmth, touch, rocking, being held… are daily care and breastfeeding; newborns need loving attentiveness and gentle touch from their caregivers. For many babies, this stimulation and feedback in the outside world becomes either significantly reduced, or is almost non-existent.

Touch – After Birth

The way a mother and baby experience birth, and the experiences they have in the first few hours, weeks and months after birth can have lasting effect on their relationship, and on the later development of the child. It is right after birth that the important process of attachment and bonding commences. Oftentimes, those first moments after birth are interrupted by the urge to act. We have lost the knack of waiting… and allowing things to happen. The transition from the womb to the outside world occurs far more smoothly when mother and baby remain in close touch.

After birth, babies are bombarded with a mammoth variety of new sensory stimuli, and their success in adapting to the rapidly changing demands of the outside world, will depend on their capacity to detect and interpret sensory stimulation. Maintaining a regular heartbeat and breathing; executing smooth, quiet body movements; controlling and preserving body temperature; and sustaining ease of digestion, are all physiologically demanding for a newborn. When babies are in close contact, babies must work doubly hard to maintain physiological coherence.

For babies, one of the first contacts with the outside world, and arguably one of the most essential contacts, is with their mother's breasts. Although newborn babies are mostly placed skin-to-skin on the mother's chest immediately after birth, if left undisturbed for anywhere up to two hours, babies will naturally crawl from the pelvic region all the way up to their mother's breasts and begin to breastfeed. As they root around for the nipple, they will massage their mother's breasts with their hands. During this time, babies create repeated pulses of oxytocin (though sucking activity and the stimulation of the breasts by the baby's hands), which are released into their mother's system, stimulating both the ejection of milk and the dilation of blood vessels in the mother's chest.

Biological readiness can be interrupted by the use of analgesics and narcotics during the birth, and can affect the state of awareness of newborns. Babies of medicated mothers can struggle to seek out the breast after birth, and suck significantly slower and with less pressure than their non-medicated peers; all of which can contribute to a delayed start in breastfeeding.

Touch – A Baby's First Language

For babies, touch is their first language; and their experience of being in contact with their mother's body, both in the womb and upon entering the outside world, constitutes their primary and basic means of communication.

Mothers and Babies Literally Communicate Through the Skin

The first communications and first language for a baby is through continuous skin stimulation. A baby's skin is the first organ to develop, and envelops them entirely. By the time a human embryo is around two centimetres long and less than two months old, the skin is already highly developed. Over the entire nine months in utero, the foetus naturally receives continuous touch from both the amniotic fluid and from contact with the mother's internal physiology. The sense of touch that babies experience in the womb is the first sensory input that they will experience in life. And this touch continues to be a baby's primary means of experiencing the world, throughout infancy and well into childhood.

To a newborn, which is yet to understand and communicate with spoken language, touch is talk! In utero, the skin of the foetus is continuously touched, stroked and stimulated. From the outside, pregnant women naturally touch and massage their baby. When babies push, mothers might playfully push back. Babies feel the motions of their mother's hands as she rubs and soothes her belly. Over time, babies become familiar with their mother's unique way of caressing them whilst in the womb. In this way, the mother and baby's touch relationship is developing.

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

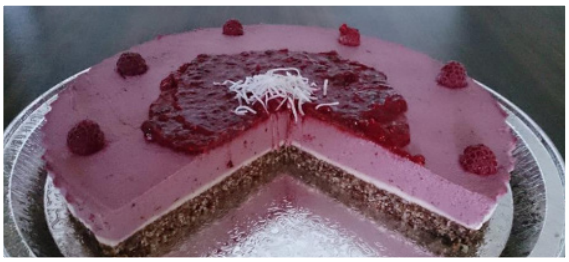
Nurturing Newborns Monthly Morning Teas

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.

2020	Topic
Tuesday 25th January	Forming a Secure Attachment With Your Baby
Tuesday 22nd February	Soothing, Settling and Sleep Though The First Year of Life
Tuesday 29th March	Baby-wearing
Tuesday 26th April	Baby-led Weaning
Tuesday 31st May	Car Trips and Camping With a Baby/Toddler
Tuesday 28th June	Team-building For Baby
Tuesday 26th July	Forming a Secure Attachment With Your Baby
Tuesday 30th August	Baby-wearing
Tuesday 27th September	Soothing, Settling and Sleep Through The First Year of Life
Tuesday 25th October	Baby-led Weaning
Tuesday 29th November	Travelling With Your Baby



Mothers are a Baby's Natural Thermostat

A mother's body acts as the most efficient and effective thermostat for her baby. After giving birth, a mother's skin temperature is much warmer; and it can be up to two degrees higher than the rest of her body, especially on the area around her chest. The increased body temperature helps babies to maintain their body temperature more effectively, whilst breastfeeding or being soothed. When mothers bring their babies in to their breast, the infant's abdomen (which contains little fat) instantly accepts heat from the mother's chest and abdomen, and also loses it more slowly.

Newborns are extremely vulnerable to heat loss and this can be one of the many reasons they will cry so easily when sudden and sustained separations from maternal contact occur. Researcher and midwife Judith Fardig discovered that when babies are separated from their mothers they lose a whole degree of body heat. According to developmental psychologist Sharon Heller PhD, it is likely that the release of stress hormones, such as cortisol, during separation accounts for this. In other words, the newborn's physiology reacts to separation as if it were in danger.

Skin to Skin

During labour and birth, babies are exposed to an enormous amount of stress. As a result, their stress levels are extremely high when they are born. As soon as a baby is reconnected with its mother's body. Through immediate skin-to-skin contact, the changes to which the baby had been forced to adapt to during the labour and birthing process are now minimised. The sensory nerves in the newborn's skin become activated by the warmth and touch of their mother's breasts and abdomen, and the activity of the fight or flight system begins to decrease as the activity of the calm and connection system increases. When this position is maintained, infants are kept warm, their heart rate and respiration rate remains regular, they have adequate oxygenation, they sleep more deeply, they have more alert inactivity, and they cry less. This is the power of a mothers touch.

For all babies, this skin-to-skin contact is their earliest experience of co-regulation outside the womb. A lack of skin-to-skin contact can profoundly impact their early development, and can last a lifetime. If a baby's stress chemistry remains compromised, their immune system does not function well, and they experience greater difficulty regulating both their physiological and emotional responses. When babies have an opportunity to reliably access and maintain this early experience of co-regulation, they will continue to develop more capacity to notice cues regarding their own experience of regulation, such as settling, the feeling of being well-fed, a sense of safety, and so forth.

Skin-to-skin contact is also an essential element of bonding, breastfeeding, boosting weight gain and growth rates, and increasing the stability of hormone levels. It also helps promote physiological changes that improve sleep and support better overall regulation in both baby and caregiver. A study by Dr Lee Stalk showed that infants who were held on their mothers left side gained more weight, cried less, has fewer respiratory and gastrointestinal difficulties and had deeper more regular breathing. This maternal preference is speculated to be because babies need to continue to hear their mother's heartbeat outside of the womb.

When a mother and baby, are separated during the birth or newborn period, and do not experience being placed skin-to-skin immediately after birth, or a mother's experience of primary responsibility for the mother's less overall satisfaction with her newborn, less time looking at her infants face, and less time interacting with her baby. Babies whose early contact is compromised tend to cry more and smile less at their mothers. For some babies, skin-to-skin contact can feel threatening or over-stimulating, and they will pull away from being touched in this way. This protective reaction can lead to new mothers making inaccurate assumptions about themselves, their newborn and their relationship. Significantly slower paced, less overwhelming, more delicate, deeply connecting touch will help babies to gradually become more accustomed to being handled and supported through skin-to-skin contact. Over time, the more skin-to-skin contact a baby is able to receive and integrate the more pronounced their capacity will be to recognise and accept comfort, encounter

maternal soothing, and heal from physical and/or emotional pre, peri and postnatal stress or wounding.

Touch – A Critical Ingredient In Infant Bonding

Being touched, caressed and massaged is vital nourishment for babies. The foundations of bonding between a mother and child are built much more on touch and stimulation of the sense organs, than on feeding or care. Babies need touch as much as they need milk.

When babies interact with the word, and with their caregiver they arouse a reaction from those around them. The response from their caregivers is called bonding behaviour. Instinctively and playfully caregivers participate in the way they look at the baby, talk to the baby, smile and make funny faces and noises. They stroke, rock, and hold the baby. This bonding process cannot happen without the help of the senses. Our eyes show how we are feeling. Babies are dependent on the love, care and joy that they see in their caregiver's eyes. The well-developed sense of smell in newborns helps them to identify their mother and find her breast. Interestingly, when there are strong smells in a room, babies will have difficulty finding the nipple. Babies react to the higher frequencies of a woman's voice, and the deeper meaning that resounds in, and is expressed in a female's vocal tone. Breastfeeding enhances the connection between the mother and the baby as well as providing immunisation against certain illnesses. And the vestibular system helps babies to orient in space, as they are stimulated by rocking and rhythmical movement, to encourage and improve neurological development.

How Much Touch Do Babies Need For Normal Development?

If we were to put our western child-rearing practices to trial, what might they reveal? We really don't know how much touch babies need for optimal development. And it would be unethical to experiment with babies to find out the precise cut-off point. But what we do know, is what happens when we significantly, or even minimally touch-starve babies. Research and studies undertaken with both humans and primates certainly reveal some interesting, as well as concerning surprises!

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We have all likely heard of those children who were brought up in orphanages and left alone for much of the day in cribs, without access to sufficient physical nurturing via touch. The most publicised were the Romanian orphans, who lacked the appropriate tactile, vestibular, and proprioceptive input, as well as the visual and auditory stimulation needed for normal development. Many developed intellectual impairment or features of autism. Those who survived longer than eight months had higher levels of cortisol and lower levels of oxytocin and vasopressin (hormones affiliated with support for bonding) and the regulation of emotions in the body. These levels remained relatively similar as long as twelve years later. Of significant concern, is that there is less than a 20% difference in touch time between the typical American infant and the institutionally reared infants!

A study by occupational therapist Stephanie Day observed how often a typical American infant (a baby between four and six months of age, born to middle class parents, breastfed, and described as a happy, contented child of a caring, loving mother was touched. For around seven hours a day, these babies received tactile stimulation when they were fed, dressed, carried, held, played with and bathed. The tactile stimulation was received primarily from the mother. For around one and a half hours per day, these babies received vestibular stimulation, mostly when they were being held or carried. However, for twelve hours per day these babies were alone; during both periods of sleeping and awake time.

Other researchers in the United States, England and Holland have corroborated Day's observations, confirming that the average western infant receives touch 25% of the day, or less. This amount of touching time is reduced to 16% by nine months of age, and in day-care centres Developmental psychologist Tiffany Field PhD and her colleagues found that the average amount of time per day was around 14%. It was found that infants were actually held or carried for little more than two to three hours per day.

At the university of Illinois, researchers studied touch deprivation by dividing infant monkeys into three groups. The control group behaved naturally, with a high degree of physical contact with their mothers. A second group were housed with a peer and given normal interaction with their mothers, for only four hours a day. For the remaining twenty hours, they ere separated from their mothers by a glass partition that permitted seeing, hearing and smelling their mothers but no touching was allowed. A third group of infant monkeys was totally isolated and could neither touch, see, hear or smell their mothers.

Unsurprisingly, the control group did not develop any brain damage. However, as expected the totally isolated group did. There was significant damage to the cerebellum, the part of the brain that controls motor co-ordination and influences learning and memory. What completely surprised the researchers was that the partially isolated group also experienced some brain damage. Even though the infant monkeys were in contact with their mothers for a full four hours per day (around 17% of their day), they still suffered damage in the cerebellum, as well. The researchers concluded that only a relatively small amount of touch deprivation, in combination with reduced interaction, is sufficient enough to cause brain damage.

Dermatologist and psychiatrist, Carolyn Koblenzer researches 'the developmental significance of skin as an organ of perception and the importance of appropriate tactile cutaneous stimulation within the context of the mother child relationship, for healthy and physical development'. Koblenzer estimates that 30-75% of the skin patients that she sees have an emotional component to their disease. According to Sharon Heller PhD, this could be because the skin is the visible physical boundary of the self (over which a baby has little to no power and control), and is extremely sensitive to overwhelming or unwanted contact. It is also an immunological organ, with every type of immune cell presented in its grooves, making it an optimal medium for psychosomatic expression.

Developmental psychologist Mighael Meaney PhD compared older rates that were handled a lot during infancy, and the older rates that were

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not handled had trouble learning and remembering. The handled rates were also more capable of turning off the stress response. This type of research demonstrates that how babies are handled in infancy impacts either positively or negatively on how they handle themselves later in life.

Touch – And Co-Regulation

Touch has such strong effects on a baby's body because, when they are touched, the stimulation is rapidly transmitted to their brain, which in turn, regulates their body. Infants are primed to co-regulate through a caregiver's loving presence, attunement, soothing and stimulation via their tactile and somatic systems. Touch is an essential form of human communication that parents and caregivers can offer babies, as a way to support this. The early interactions that infants have with parents and caregivers form a set of templates in their response system about safety, threat, and soothing – including perceptions around whether or not someone is safe and pleasurable, or unreliable and dangerous. It is these early interactions and perceptions that will design and construct the first neural platforms for relationships, which will play out during the remainder of a baby's life.

At birth, a baby's stress-response networks are actively organising and taking shape. Their stress-response system signals distress in relation to hunger, thirst, cold or threat. When a parent or caregiver responds to a baby's distress such as with feeding and soothing, they can begin to move towards homoeostasis, which stimulates and supports survival. The parent or caregiver becomes the baby's much needed external stress regulator. Through this co-regulation process, babies learn that not only does their parent or caregiver affect them, but that they also have an impact on their parent or caregiver, and the capacity to actively influence their environment and those who share their environment.

The earliest experience of this will come from subtle somatic cues, which will include tactile responses, as well as encountering their caregiver's somatic responses, such as heart rate and breathing changes, or changes in muscle tone. Having regular and reliable access to this early experience of co-regulation helps babies to more effectively develop their own individual ability to notice cues regarding their own experience of regulation. This includes being able to calm and settle with more ease, to notice the pleasure of feeling well fed, to internalise a sense of safety, and so on.

The foundational development of the autonomic nervous system occurs during the early developmental phases of a baby's life. Without adequate stimulation, soothing and the attentive responsiveness of their caregivers, early development is likely to suffer. Early, affirming experiences of safe, sensitive, healthy and healing touch as well as physical and emotional connection with caregivers, provides babies with some of the most vital architecture for self-regulation and resilience, as well as the capacity to develop empathy, and deepen their ability to understand the social cues of those around them.

Interoception: An Infant's Sixth Sense

The external senses are not the only source of stimulation that directs a baby's behaviour, thoughts and emotions. The sensations a baby experiences from inside the body, strongly influences their behaviour in the world, such as their need for sleep, food and warmth. Although babies can respond to touch on the outside of their body, there is also a vast amount of sensory information being monitored and conveyed to the brain from countless sensors located inside their body. It is this information that drives much of a baby's behaviour. This behaviour, then provides cues to a baby's caregiver. The prompt responsiveness of their caregiver provides comfort to the baby, and a reduction in uncomfortable or overwhelming bodily sensations.

A baby's ability to sense their internal states and bodily processes (through interceptors located on the heart, stomach, liver and other organs inside the body cavity) is essential to their survival. Interoception is the process of being able to notice our internal state. It includes how we perceive and regulate our physiological processes such as heart rate, our digestive process, the sensations of the skin, and any and all other sensations within the body. We use all of this information to take action, make

meaning, make predictions and make judgements about whom we are and how we are (for example, whether we are feeling hungry, safe, connected and loved).

Dr Stephen Porges, a leading expert in developmental psychology and developmental behavioural neuroscience, talks about interoception in babies as an 'infant's sixth sense', and assigns it a critical role in their survival. The infant's sixth sense refers to the baby's awareness (both conscious and unconscious) of what is happening inside their body. If a baby is unable to accurately perceive whether or not they are hungry or thirsty, if they need to go to sleep, if they are too warm or too cold, then it will become increasingly challenging to find ways to communicate their needs or distress to their caregivers. This can result in caregivers being unable to decipher or determine a baby's needs and consequently, may prevent them from responding at all, or responding with only a limited degree of accuracy. For the baby, this may result in an increase in infant distress, and elicit a feeling that safety, responsiveness and connection will be unreliable, deficient or absent.

A baby's day to day experiences inform their perceptions and how they evaluate internally sourced information. Interoception provides babies with a significant amount of the information they will use to form their experience of self and their view of self in relation to others. It also provides a large portion of their own internal communication, that is used to determine whether or not they feel safe or unsafe, and whether or not an external event or person is threatening or pleasurable. For this reason, it is essential that infants and small children develop an accurate interoceptive language for communicating their most basic needs. This interoceptive language cannot develop of its own accord. It requires a specific context that includes regular feedback from their social system, in order to be able to attune to reliable points of reference. Touch helps babies to develop these interoceptive abilities.

Holding Holds Babies Together

In western society, babies spend a significant amount of time alone in bassinets, cots, bouncers, rockers, car seats, prams, and the like. In a vastly different experience, the Kalahari San hunter-gatherer's infants are carried for over 90% of daylight hours. Among the Efe hunter-gatherer tribes in Africa, mothers touch and hold their babies about 50% of the time. Western infants are carried for approximately two to three hours a day, in the first few months of life and even less as older infants. According to the developmental psychologist Ed Tronick PhD and his colleagues, mothers spend about 60% of this interaction time touching their infants, with the largest portion of that time spent rhythmically stroking and holding their babies. The same studies on depressed mothers showed that their babies were carried less and poked and jabbed more frequently, causing infants to fuss and turn away.

The benefits to being carried are built into a baby's natural sensory repertoire, which begins in the womb, where the amniotic fluid is swished against the foetus. Once born, the baby experiences being pulled into the folds of its mother's body, recreating the similar pressure against their skin that occurred in utero. Babies feel the rhythmical movement of their mother's body, hear their mother's voice and heartbeat, and identify the unique scent of her body. This is where they feel most secure. When babies are carried upright, it heightens their visual alertness, helps their back and neck muscles to develop, and promotes their ability to walk much earlier than their peers. Being held close and upright, also helps babies stay calmer and cry less than babies who are not carried regularly. According to a study by Dr Ron Barr from McGill University in Canada, additional time spent carrying infants resulted in 43% less crying time, with the peak crying time (around six weeks of age) disappearing altogether.

One of the primary reasons that newborns cry, is that they lack the neuromuscular maturity required to control their limbs against gravity. When they are unable to control the chaotic movement in their arms and legs. They become frightened and disturbed, and so they start to cry. This crying results in more flailing, which then feeds into a succession of further crying and further uncontrollable, chaotic movements. If this cyclic activity occurs around sleep time, it can keep on awakening the baby. If it occurs during a baby's awake time it can prevent them from assimilating and accommodating their surrounding world, and as a result, the baby will remain fussy. If it occurs at bath time, where many parents are unaware of an infant's needs for physical containment, it can cause an infant to squirm and flail in a frantic attempt to secure a sense of grounding. If it occurs

whilst a baby is on their back, or in a pram, it can feel extremely disorganising, and would explain the frequency of their sudden crying jags.

Until their limbs feel organised and still, no amount of rocking, lulling sounds or sucking on a pacifier will calm them. The quickest and easiest way to contain an infant's limbs, and keep their random movements to a minimum, is to pick them up! Bringing them in close to a caregiver's body restores the feeling of comfort that the womb provided. This natural way of offering containment also eliminates the baby's struggle to maintain and fight gravity. According to Sharon Heller PhD, this is why 'holding holds babies together'!

Touch Is a Biological Necessity

Touch is a biologically necessary. It is essential for our growth and development. Not only for the process of bonding but also for social behaviour, psychological development and bodily functions and growth.

Touch effects:
The Limbic System and Sensory Nerve Cells
Physical Growth
Social/Emotional Growth
Brain Growth
Digestive System
Endocrine System
Exocrine System
Immune System
Improves Sleep

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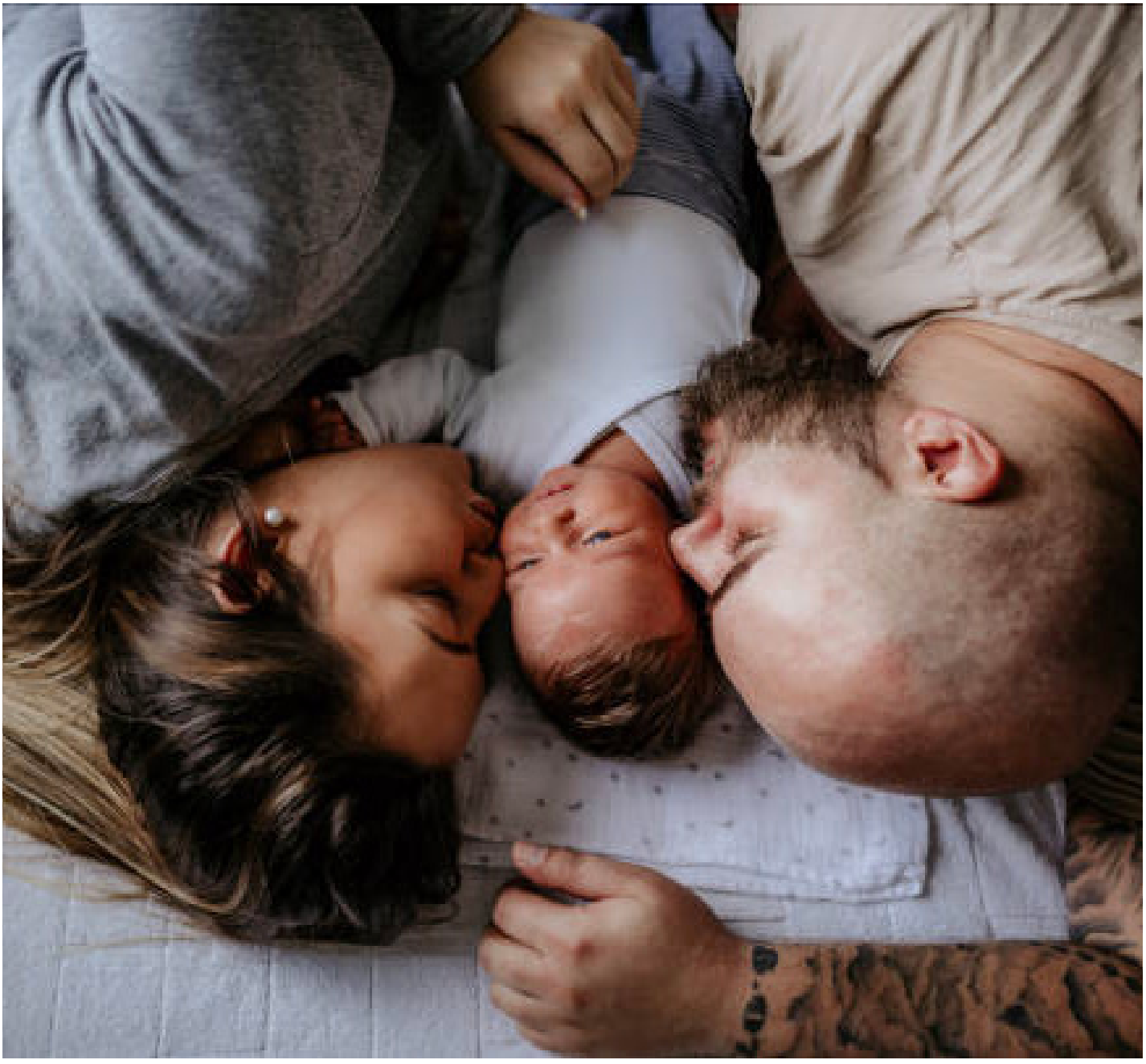


Touch – A Powerful Form of Healing

When a lack of touch and attention, or trauma and/or bonding ruptures occur during crucial times of development, if left without repair, it can have more serious consequences, and can take longer to heal, than deprivation or trauma that is experienced later in life. The deprivation and physical and emotional injuries that babies experience can influence their behaviour, which in turn, can lead to the development of long-term behavioural patterns. Either in their early developmental years, or later in life, these memories of difficult experiences can be triggered in certain circumstances, and can begin to control behaviour. Parents may experience their baby or young child reacting to seemingly ordinary situations as if they were the original distressing experience. For example, babies who have experienced invasive procedures, primarily in the chest and abdomen regions, can develop an extreme adverse reaction to being touched there, and may assess and respond to the now harmless contact or touch, as if they are in real danger. Touch can be a powerful form of healing for babies whose early experiences included a disruption in their encountering of safe, appropriate touch.

Fortunately, research shows that our human brain remains plastic throughout life, which means that it is possible to repair most of the neurological, physiological, psychological and relational ruptures, injury and trauma that can occur. Experiences such as premature birth, impaired growth, medical trauma, sleeping problems, etcetera, can all benefit from the vulnerability and malleability of a baby's immature nervous system, which offers the opportunity to encourage the provision of enjoyable experiences, loving attention, gentle bodily contact and regular tactile stimulation, through greater regulation and reparative touch… which can leave as much of a lasting impression as negative experiences.

Touch – A Powerful Frequency and Formula In Every Parent and Caregiver's Fingertips!

Babies thrive when their parents and caregivers engage with them through responsive touch. And every parent's fingers contain an incredibly powerful frequency and formula, which helps them to connect with their whole baby, to read their baby's body language, and to learn from their cues.

Touch not only fulfils a baby's need for physical contact; it can also help both mothers and fathers to feel closer to their baby, and to express emotional affection in ways that they otherwise would not have; in particular; as a supportive and healing tool to tune into and reconnect with babies after separation and trauma.

Any time parents slide, steady or stroke their fingers on or over their baby, they are not only laying the foundations for further physical, emotional and intellectual development, they are laying the foundations through which they may come to truly know their baby and the baby's world, and the means by which their baby will come to truly know them and their world … which will last a lifetime.

Article by
Anne Thistleton www.thebabycalmer.com
Taken from
Nurture Parenting Magazine Issue 23
References at www.nurtureparentingmagazine.com.au/article-references

The Value of a Doula

"Supportive care during labour may enhance physiological labour processes, as well as women's feelings of control and confidence in their own strength and ability to give birth. This may reduce the need for obstetric intervention and also improve women's experiences."

Bohren MA et al, 'Continuous support for women during childbirth'
Cochrane Review (2017)

Pregnancy, childbirth and becoming a parent is a transformational time. Traditionally, women and families were part of large, inclusive communities, well-supported by networks of grandparents, aunts and uncles, siblings and friends in navigating this rite of passage. Yet in recent decades, with our modern industrial society and with modern obstetric care in hospitals becoming the norm for childbirth, women and partners have become increasingly isolated from these supportive groups.

Birthing partners are now expected to play the role of grandmother, sister and even wise woman in the birthing space, during such an emotional and often confronting journey for themselves. Being expected to know exactly what to do, at the right time, to support the mother during childbirth can place unnecessary pressure on both mother and partner, during what should be one of the most special experiences of their lives.

This is where a Doula can play an important role. Doulas believe in and understand a woman's natural ability to birth their baby. Pregnancy and childbirth are natural processes, and Doulas are trained to help expecting parents objectively navigate their own hopes and fears, birthing plans, and medical interventions to help achieve a positive birth experience. Doulas provide emotional, physical, informational and practical support. They work with mothers and partners in the birth space to create a relaxing and positive environment, offering relaxation techniques, suggesting labouring positions and assisting the partner to participate to the extent that they feel comfortable.

Won't a Doula replace the partner's role?

A common fear is that a Doula will replace the role of the birthing partner. In reality, having someone in the birthing space who is familiar with systems and processes, who trusts in the birth process, and who is armed with tips for labour positioning, relaxation and breathing techniques to name just a few, takes the pressure off the partner, allowing them to feel their way into how best they can support the mother.

Midwives and Doulas

With midwives in hospitals typically caring for more than one woman at the same time, including a Doula in the birthing team will ensure the mother is never alone – even when her partner needs to use the bathroom! This sense of support and security is crucial in promoting oxytocin production – the most important hormone for a positive birth experience.

Birth Outcomes

Studies in recent years have proven that Doulas can help women have a labour that is shorter by up to 41 minutes on average. Women who work with a Doula are 25% less likely to have a caesarean, and overall there is a 38% reduction in risk of a low Apgar score (Bohren MA et al, 'Continuous support for women during childbirth' Cochrane Review (2017)). The statistics show that continuity of care, which can be achieved through using a Doula, is central in improving birth outcomes.

Additional Support

Even if you do not choose to have a Doula present during childbirth, they can provide invaluable support during pregnancy and after birth. From helping to develop a practical, comprehensive birth plan with all scenarios considered, to mentoring women and partners through fear and concerns, Doulas can assist in navigating pregnancy to help women step fully into their power for childbirth.

During the postpartum period, Doulas work closely with women, partners and family units to provide individualised support in the way it is most needed. From honest conversations and suggesting useful resources, to offering meals and snacks and taking care of some of the housework to allow more time for bonding, Doulas can help combat the rollercoaster of emotions and overwhelm that often accompanies the postpartum period.

The following books providing more information on the role and benefits of Doulas are available in the CEA library:

The Doula Advantage, Rachel Gurevich
The Doula Book, Marshall H. Klaus, MD et al
What Does a Doula Do? Kim Turton

Article by Emily Rutherford - Doula & Birth Mentor

Tongue Tie & Breastfeeding

Tongue-tie occurs when the thin membrane under the baby's tongue (called the lingual frenulum) restricts the movement of the tongue. In some cases the tongue is not free or mobile enough for the baby to attach properly to the breast. Tongue-tie occurs in 4-11% of newborns and is more common in males.

Some babies with tongue-tie are able to attach to the breast and suck well. However, many have breastfeeding problems, such as nipple damage, poor milk transfer and low weight gains in the baby, and possibly blocked ducts or mastitis due to ineffective milk removal.

Why is a tongue-tie a problem for breastfeeding?
A baby needs to be able to have good tongue function to be able to remove milk from the breast well. If the tongue is anchored to the floor of the mouth due to a tongue -tie, the baby cannot do this as well. The baby may not be able to take in a full mouthful of breast tissue. This can result in 'nipple-feeding' because the nipple is not drawn far enough back in the baby's mouth and constantly rubs against the baby's hard palate as he feeds. As a result, the mother is likely to suffer nipple trauma.

There are many signs that a baby is having problems with breastfeeding and they may be related to tongue-tie:

Nipple Pain and Damage
The nipple looks flattened after breastfeeding
you can see a compression/stripe mark on the nipple at the end of a breastfeed and the baby fails to gain weight well.

You won't necessarily have all these signs when you are having a problem and they can all be related to other breastfeeding problems and not necessarily related to tongue-tie. If you experience any of the signs above, you may wish to call the National Breastfeeding Helpline to speak with a breastfeeding counsellor or consider contacting a lactation consultant.

Diagnosis of Tongue-Tie
Australian Breastfeeding Association counsellors are not medically trained and cannot assess whether or not a baby has a tongue-tie.

If you are concerned that your baby has a tongue-tie that is causing breastfeeding problems, you may wish to see a lactation consultant who can carry out a full assessment including assessing breastfeeding and checking your baby's mouth. A lactation consultant can discuss the assessment findings with you and your options. If it is thought that a tongue-tie may be contributing to the breastfeeding problems, you can be referred onto an appropriate health professional (eg medical professional, paediatric dentist) who can make the diagnosis and release the tongue-tie, if necessary.

Treatment For Tongue-tie

If it is decided that a tongue-tie is interfering with breastfeeding, then a surgical procedure to release the tight lingual frenulum can improve the baby's ability to breastfeed.

There is currently no formal accreditation for health professionals performing tongue-tie releases.

https://www.breastfeeding.asn.au/bf-info/tongue-tie

PLANNING TO BREASTFEED?

Australian Breastfeeding Association

Breastfeeding Education Classes

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.

All classes are held on Saturday from 1pm - 5pm

2022					
12 February	23 April	18 June	13 August	15 October	19 November

Book online with eventbrite

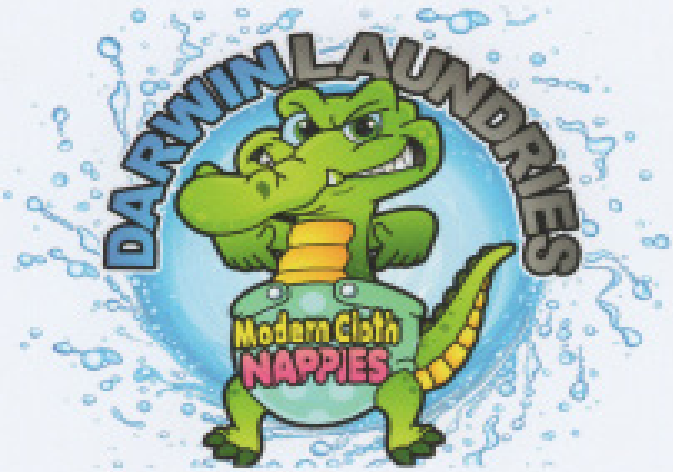
www.eventbrite.com.au and search 'ABA Darwin'

For more information please contact:

Mary 0452 485 310
aba.darwin@gmail.com

Australian Breastfeeding Association
Darwin/Palmerston/Rural Group

www.breastfeeding.asn.au



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