

# Childbirth Chatter



## IN THIS ISSUE ...

- Dana's Local Darwin Birth Story • Induction - A Midwife's Story •

[www.ceadarwin.asn.au](http://www.ceadarwin.asn.au)

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Childbirth Education Association Darwin

Childbirth Education Association Darwin

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Email: [info@ceadarwin.asn.au](mailto:info@ceadarwin.asn.au)

knowledge • confidence • choice

# A Word From The Committee's

Welcome everyone. So happy to have finally created a newsletter. It's been on the 'to do' list for a while as things have been super busy at both organisations.

In order to streamline and keep the work load for volunteers manageable the DHBG and CEA have decided to team up with the newsletter and the hiring of the birth pools and TENS machines. The CEA Office Admin will absorb the equipment hire role into that job description and the two orgs will work together to provide content for bi-annual newsletter's - a dry season and a wet season edition. We welcome personal material from our communities for inclusion so if you would like to share any aspects of your parenting experiences - birth story, breastfeeding journey, motherhood highs and or lows. Nutritional information or anything that might be useful to other parents please don't hesitate to email it to [info@ceadarwin.asn.au](mailto:info@ceadarwin.asn.au).

Birth pool and TENS hire queries should still to go to [dhbginfo@gmail.com](mailto:dhbginfo@gmail.com).

The two orgs will continue to exist separately with their own committee's and focus but, the 'sistahood' that has always existed, can be considered to have deepened.

On other topics, CEA has been busy applying for and receiving grants for some new projects and programs.

A huge thank you to the **Bendigo Bank for a \$5000 grant** to support birth education to vulnerable people. Vulnerable people include teenagers, people with complex pregnancies requiring medically managed births, people with english as a second language who may struggle to understand what is being communicated at antenatal appointments or may be confused by language used throughout labour and birth, people who are culturally different and may not understand the system in which we birth here in Darwin. We are so happy to be able to offer extra support with one on one education sessions to these parents.

A huge thank you to the **Community Benefit Fund** for the funds to purchase a new office iMac. The old one was no longer able to receive IOS updates and was therefore unable to run necessary software.

We are also hugely excited to say we have won an **environment grant** from the **Darwin City Council** to run a number of education sessions on how to use modern cloth nappies. It is hoped that by passing on knowledge about how to use these nappies we can reduce the quantity of toxic disposable nappies going into the Darwin kerbside bins and thus into landfill. As you would know, disposables are constructed from plastics that don't break down and cost \$1000's more over a child's nappy wearing life than modern cloth nappies do. People who attend our information events will go in the draw to win a pack of modern cloth nappies that, if managed well, could last you through to the nappy-free days ahead. This means you may spend zero funds on nappies for the whole of your baby's nappy wearing career. More information on those events will be posted to facebook and the website as we roll out the program.

Until then we hope you enjoy the newsletter :)

## 2023 CEA Committee

President: Jacqui Cleghorn

Vice President: Emily Rutherford

Treasurer: Vacant

Public Officer: Kim Pemberton

Secretary: Vacant

General Committee Members:  
Aleesha Rutledge  
Juliet Barsden

## 2023 DHBG Committee

Mel Belyer  
Carla Yeung  
Hannah P  
Marinella F  
Summer Marriot  
Esther P  
Kelly B

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

Cover Photo  
Paulina Splechta  
Birth Photography

## Birth Preparation Courses

### September

Thursday, 7th, 14th, 21st and 28th  
6:00pm to 8:30pm/9pm on 28th

### October

Tuesday 3rd, 10th, 17th, 24th  
6:00pm to 8:30pm/9:00pm on 24th

### November

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

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

## Early Parenting

### September

Thursday 28th 6:00pm to 9:00pm

### October

Tuesday 24th 6:00pm to 9:00pm

### November

Tuesday 28th 6:00pm to 9:00pm

All classes are held at the Nightcliff Community Centre

## 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  
TENS Machine  
'Birth Media' - every birth is unique  
Question Time

Session Three: Birth  
Recap of Week Two  
BRAIN Decision Making Tool  
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  
Gentle C-Section  
More Labour Tools - soft touch massage, rebozo at birth, breathing, supported holds, vocalisation  
Eating & Drinking In Labour  
Instrumental Birth  
The Importance Of Your Choice of Language & Communication  
Why Have A Birth Plan?  
How To Construct A Meaningful Birth Plan  
Step By Step Through A Birth Plan  
Question Time

Session Four: Early Parenting  
Workshop - The Fourth Trimester For Baby, Mother & Family (3 Hour Session)  
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](http://www.ceadarwin.asn.au)  
or email the office ...  
[info@ceadarwin.asn.au](mailto:info@ceadarwin.asn.au)

## Birth Education Classes

**Birth Preparation Courses** are held over four weeks and encompass body, mind and spirit. Includes breastfeeding information.  
Cost: \$240 for two participants

### Private Birth Classes

You may prefer a more personalised course. Incorporating 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)

Please email the office for more details regarding any of these courses. [info@ceadarwin.asn.au](mailto: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 Saturdays 11.30am - 12:45pm & Thursday evenings 5:30pm to 6:45pm

Cost: For either Yoga class \$17 or buy a 5 class pass for \$15.00 per class

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!

# Induction: A Loaded Word

I became a nurse midwife after working for 15 years as a nurse in a high-risk labor and delivery unit. I was a staff nurse, then charge nurse, helicopter transport nurse, nurse educator, and critical care OB-certified.

Over the years, I flew out to small hospitals in our region and brought back women with many high-risk conditions, from PROM to preterm labor, to preeclampsia, cardiac conditions, and diabetes. We cared for a young woman who fell off a balcony at 20 weeks and was in a body cast. We had a woman who had a dissecting aortic aneurysm. Women with triplets, quads, and quintts, women with too much fluid, not enough fluid, and twin-to-twin transfusion. We had many women with other issues that are rarely seen.

We had a team of perinatologists, along with several Ob/Gyn practices, and a very busy OB unit. It was a wonderful place to work and learn. I saw cases there that I had never seen in any of the other hospitals where I worked. These women often needed to have their babies born, due to deterioration of their condition. They were induced, if possible, but often needed cesareans.

Our hospital was one of the most advanced hospitals in the region and used the most advanced technology. That meant that we also cared for women with perfectly normal, healthy pregnancies and labors who were also the “beneficiaries” of all that technology. They had IVs with blood tubing, “just in case.” We started out using fetal monitors for only the sickest women and doing NSTs every day while they were in the hospital. Over time we acquired more and more monitors and eventually had one for every labor room and every delivery room, so we started using them on every laboring woman.

Women were not allowed out of bed and could only have ice chips. Nearly every woman had an epidural, so they had no idea what their bodies were doing. Around that time, inductions started to be more the norm, instead of a needed intervention. The OB practices in town started

sending women in for induction as early as 37 weeks, especially if they were multiparous and their cervixes were starting to open. They were sent in so they could be home for Christmas, or the doctor was going on vacation and wanted to deliver them before they left, or the women had families visiting and they had to leave soon and wanted to see the baby first.

Often all the doctor had to do was ask if the woman was tired of being pregnant and offer induction. The women jumped at it. It sometimes took three days to even get a small contraction. These women had laminaria forced into the cervix at night and the Pitocin started the next morning, day after day, until the poor uterus complied. The nurses joked that a woman who came in with a normal labor must have slipped under the radar.

I worked as a nurse for 15 years and saw only a handful of normal, natural labors, usually with one of the two family practice doctors who had offices in one of the small towns outside of the city. They fascinated me. They were becoming very unusual.

I worked in four different practices as a midwife, the first three with OB doctors. The midwives had quite a bit of independence, but the doctors would send women in for induction from time to time. Usually for convenience or after a lot of complaints that we called, “end-of-pregnancy blues.” We always spent a lot of time explaining that their cervix was not even close to being ready, that it would probably take days and days, and she might end up going home without giving birth. We talked about how the baby might not do well if it was forced to be born early. We explained that rupturing her membranes is very risky if she is not in labor, that she could end up with an infection or a c-section.

The women who had been told that they were going to have their baby that night were usually angry at us. They told us that their cousin or sister or friend had an induction at 36 weeks so she could go on a cruise and everything was fine,



or, she couldn't stand the heat any longer, or her feet were so swollen she couldn't walk, or her back was killing her, or her parents were there from out-of-state and had to leave in two days to go home and wanted to see the baby before they left. We were the bad guys and the doctors were the saviors.

I finally found a job that I stayed at for the rest of my career. I worked in a community clinic with family practice doctors. We attended births at the nearby hospital. Our clientele were women who were poor, often homeless, malnourished, had addiction disorders, were sex workers, or had partners who beat them up. Many were immigrants and refugees who did not speak English. We had interpreters for every language they spoke. Most of the women from other countries were adamant about waiting for natural labor to start and never even considered an induction.

Our induction rate was very low, as was our cesarean rate. We had a social worker who helped women get stable living conditions and a nutritionist who worked with them to find less expensive, nutritious food. We had a dentist who came once a month to address tooth issues. We had an OB group and a perinatologist we worked with for high-risk mothers. One of our doctors and

the perinatologist were certified to treat addiction with methadone and buprenorphine.

Every woman I saw as a new patient, and at all of her other visits, was told that the date of delivery was an estimate and not etched in stone. We talked about how the last few weeks in the womb were very important for the baby's brain and lungs and even if her sister's baby came early and did fine, it was lucky and no guarantee that her baby would do well if we forced it to be born before it was ready.

We talked about activity, plenty of water, staying on their medication if they had addiction disorders, resting, and diet. I had them feel the baby's position with me, especially having them tell how high in the pelvis it was if it would move from side to side. They learned that when the baby was getting ready to be born, the head would shift down and not be so easy to move. I had them spend a few minutes each day in a quiet, comfortable environment with their baby, feeling the movements and identifying the kicks and squirms. If they had no place like that, I got them some juice and let them lie down on the exam table and stay in the exam room for a few minutes. I wanted them involved with their own care.

cont/...



I found that even on the hottest days, when their back hurt and their feet swelled, they were willing to take suggestions to alleviate their discomfort, instead of trying to talk me into an induction. The doctors were also on board with this and we worked as a team to lower the induction rate to the lowest possible. That also decreased the c-section rate and our epidural rate, as well.

In this way, the birthing moms were active participants in their care, came to the hospital in active labor, ate if they felt like it, drank fluids, walked, used the tub, had dark quiet rooms with only the people that they wanted there. They did not have fetal monitoring machines attached, and the heartbeat was auscultated while they were in any position they wanted to be in. Their births were powerful and happy events for them.

Induction still occurred, but only when it was warranted, based on the mother's or the baby's condition. The reality was that it was not warranted very often and was used judiciously. In my 20-year career, I personally did only one induction for convenience. The woman's partner was in the Army and leaving for the Middle East to war. She was 39-1/2 weeks, dilated to 4 cm, and soft. The head was low. I told her that I would start Pitocin, but I would not break her water, even though she had a bulging bag. She agreed and went into labor almost immediately. When her water broke it was nice and clear, so we turned off the Pitocin so she could be off the monitor and walk around. She delivered in about two hours. She and her partner were happy, crying, and cuddling their baby. The baby was healthy and nursing well and they went home that night. At her six-week checkup, they were doing great. He had shipped out three days after she delivered. About three weeks later he was killed. That was the only convenience induction that I had felt was the right thing to do.

I was very happy that there is the technology to care for a high-risk mother and induce her when needed, but I am also very happy that inductions done for convenience, too early, and leading  
I was very happy that there is the technology to care for a high-risk mother and induce her when needed, but I am also very happy that inductions done for convenience, too early, and leading

to problems are becoming a thing of the past. I think that there is a place for inductions, if they are done judiciously and for a very good reason. I also think that if mother and baby are healthy and doing well, inductions should be avoided.

#### **Article by Vicki Ziemer (American Midwife)**

*Vicki Ziemer spent 15 years as an RN in Labor & Delivery. She didn't know that there were still midwives until one of the nurses brought a copy of Spiritual Midwifery to work. After reading it she decided that she wanted to be a midwife. After four years, she was accepted to University of Medicine and Dentistry of New Jersey. Vicki worked as a midwife for 20, years until retirement at age 69.*

*Article taken from Midwifery Today Magazine*



# Healthy Postpartum Food To Have Ready In The Fridge

## Quinoa Breakfast Pudding

Quinoa is a high-protein grain native to South America. You can find it in most health food and grocery stores. This is a simple, delicious vegan recipe full of plump raisins, and sweetened with apple juice. Serve with berries, sliced bananas and maple syrup.

Prep Time: 5 mins  
Cook Time: 35 mins  
Total Time: 40 mins  
Servings: 6  
Yield: 6 servings

If you are too busy with your newborn ask a friend or relative to cook this for you and keep it in your fridge for healthy snacking. Friends and family love to have a defined task so they know how to support you.

### Ingredients

- 1 cup quinoa
- 2 cups water
- 2 cups apple juice
- 1 cup raisins
- 2 tablespoons lemon juice
- 1 teaspoon ground cinnamon, or to taste
- salt to taste
- 2 teaspoons vanilla extract

### Directions

Place quinoa in a sieve and rinse thoroughly. Allow to drain, then place quinoa in a medium saucepan with water. Bring to a boil over high heat. Cover pan with lid, lower heat, and allow to simmer until all water is absorbed and quinoa is tender, about 15 minutes.

Mix in apple juice, raisins, lemon juice, cinnamon, and salt. Cover pan and allow to

simmer for 15 minutes longer. Stir in vanilla extract. Eat warm or leave to cool in the fridge and eat as needed. Dress with your favourite fruits, coconut, yogurt, whatever takes your fancy.

### Nutrition Facts (per serving)

202 Calories  
2g Fat  
43g Carbs  
4g Protein

*Bon Appetit !*



# Dana's Local Darwin Birth Story

Birth was epic!

She was born at 11:30 PM on a Friday.

The day before I was experiencing what I would describe as mild period cramps, which gradually increased over the day. I laboured at home during the night, and we went to hospital at 9:30am. We were in a lovely big birthing suite for most of the labour, and at around 9pm we got moved upstairs to receive oxytocin and an epidural (at the Midwives and doctors insistence) because bubs heart rate wasn't recovering well from the contractions.

She was occiput posterior which means she was facing my abdomen, with the back of her skull against my pelvis. Most babies start in this position at the beginning of labour but they spin toward the end and come out facing the pelvis. For reasons unknown sometimes the baby doesn't spin all the way and when this happens there is an uneven pressure applied to the cervix which prevents it from opening up all the way.

Eventually this resulted in the baby's heart rate not recovering well from contractions towards the end and also me being exhausted from a very long labour. So I was given the epidural and oxytocin and Dana arrived at 11:30pm with forceps and an episiotomy. I feel there were 3 parts to my labour: Home, Downstairs (the lovely birth centre at the public hospital) and Upstairs (the delivery suite/maternity ward at the hospital).

## HOME

All day on Thursday I felt a bit crabby much like when you have your period. I had lower back pain and what I would describe as cramps that gradually increased over the day but were still very mild. By 8 PM on Thursday night I was definitely experiencing "waves" of this period pain however it was so mild that I almost didn't mention it to Ben. I told Ben about these "waves" and we went to bed not really expecting that I was in labour. They grew in intensity over the night to a point where I was pacing the house during contractions and getting myself hot towels for my back. I didn't wake Ben up because I wanted him to have his energy for the next day. In the early hours of the morning I was no longer able to get the hot towels myself so I tried to wake up Ben who told me to go back to sleep and try

and get some rest. He doesn't remember this! I was unable to verbally explain that I had been labouring all night and so I took the path of least resistance which was to wake up mum in the spare room. I was desperate for those hot towels but could barely walk let alone talk!

I walked into mums room, naked, and tapped her until she woke up. From here its a bit of a blur but Mum rubbed my back for me and before long Ben heard us and woke up and took over. Mum and Ben arranged one hot towel after another while I paced around 'in the zone' for a few hours. My waters hadn't broken and there was no blood. At one point Ben told me there was some blood and got me some knickers and a pad - it was bloody show. I was lying down between contractions and then up and waking during contractions. I was still "trying to get some rest" as I hadn't slept. Ben held me (or rather I held Ben!) and we rocked during contractions while I made a low vibrating grumble sound that helped to relax my jaw and my body.

We called the hospital a few times to keep them updated. At around 9am mum talked us into going to the hospital based on intensity and frequency of my contractions. I was putting it off as long as possible because I didn't want to be sent home for going in too early! When we got to the hospital they checked me and said I was 4 cm dilated and that I was in active labour and could stay. I was relieved to hear that (I still don't really understand the different stages of labour but I was relieved to hear I was in the real deal!).

The journey from the car to the maternity ward would have been quite comical to watch as I was in a short pink dress with no bra, showing my knickers, having to stop every 5 meters for a contraction during which time I was rocking back and forth making animal-like noises. I remember a lady stopped us to kindly let me know my undies were showing! I so didn't care. Up the elevator full of people we went...

## DOWNSTAIRS

It's hard to believe we spent almost 12 hours in the birthing suite because really it's one big blur of a day! There are 2 birthing suits on the ground level of Darwin hospital. They are huge rooms with cozy finishes like pictures on the wall, nice bed spread ect. There's a little kitchenette, bathroom, spa for water birth, access



little kitchenette, bathroom, spa for water birth, access to a private patio garden shared only with the other suite. We were very lucky that one was available as most people go upstairs to the maternity ward which features 6 smaller rooms full of medical machines ect.

I remember that all day it was quiet, calm and peaceful, and that Ben never left my side. We spent a lot of time in the hot shower kissing (full on making out) and holding one another and rocking.

The midwives more or less kept out of our way, except for their checks. We had a few shift changes but I barely remember them, they just politely said farewell and the next one would quietly come and introduce themselves. I had a couple of fairly brief lie downs on the bed which made the contractions more painful but I needed the rest. I also needed to lie down on my back every so often so they could check the progress, and it always made the contractions much more painful.

I was on the gas most of the time, had a little trolley thing I dragged around. I had intended to have a quick suck of the gas to allow myself a short rest but then I was hooked! It only took the edge off, nothing more, but I found it too hard to go back without. I walked a lot. Ben forgot my pants at home so I was in a long sleeve shirt and undies (again, I didn't care, but he was mortified at himself lol). Sometimes I was hot and sometimes I was cold, so I stripped down or put socks on accordingly. I tried to eat but could only manage a little bit of juice and a few small food mouthfuls of food over the whole day. I also couldn't pee, so they had to put a catheter in to drain my bladder a couple of times!

After four hours I was 8cm dilated which was good progress and very promising. However after another four hours I was still 8cm.

The baby's heart rate was no longer recovering quickly after contractions and they started to get worried and talk about interventions. We persevered for another couple of hours but eventually it came to a point where we needed to get the baby out. We made our way upstairs to

the maternity ward and our experience up there couldn't have been more different!

## UPSTAIRS

The walk upstairs had done me good and I was 9cm. I expressed my wish to be able to walk around and use the shower but after checking the baby's heart rate the mean midwife said "no shower for you". I remember a moment where I thought to myself "this is the end of my natural birth".

I mentally handed over my care to the hospital staff and did what they said. I was a little sad but more than anything I was very, very tired. From that point on I was on my back, there were lots of people in the room coming in and out, very bright lights, and Ben was kind of shoved out of the way.

It was a small room with machinery everywhere but what I really remember is the lights and the people talking loudly. Our student midwife had been present the whole time but she had to leave because she'd been there more than 12 hours and wasn't allowed to stay any longer. The head doctor was nice, he came over and talked to me about the epidural, made his opinion clear (that I should have it) but also made sure I was comfortable.

By the time we were preparing for the epidural (and oxytocin to follow) I welcomed the epidural and was happy to have it. Ben broke down in tears at one point. Poor thing - I had birthing hormones to keep me going but he hadn't eaten or rested all day! Later, he said that he felt helpless at that point. All day long he'd been caring for me, getting me whatever I needed. Now, I had said I was cold several times and he kept asking for blankets but they never came. I never wanted to be on my back but I was now stuck there. People kept talking to me even while I was experiencing a contraction.

After the epidural, everyone left and it was just Ben and I and a new midwife. As soon as the epidural kicked in the new midwife got me a piece of much needed toast. With dimmed lights, Ben and I were able to get some sleep. Then the crazy part: they (a gaggle of doctors and midwives)

arrived and I was told to push towards my bum like I'm doing a big poo, and as I was doing it I'm asking "am I doing it right? Is that what you mean?" - because I couldn't feel a thing!

When Dana did come out I felt a big pressure plunge but that's all, no pain. Ben was at my head end, he chose not to be at the business end. When she came out she had poo'd in the womb so they took her to a little side table quickly to suck her lungs clear, and then she came to me.

The room was calm at that point, no one seemed worried any more. If they were, I was completely oblivious! The doctor who delivered her used forceps and an episiotomy but again, I couldn't feel anything so I didn't even really understand that that had happened. It was some time before we thought to check if she was a boy or a girl! It seemed so unimportant in the moment.

A tiny little baby is just most fascinating thing and she had the cutest little squeak of a cry. We were then left alone for a few hours before showering and moving to the post baby rooms. I honestly can't remember a thing from those next few hours so I can't tell you what we got up to! Probably just staring at our precious baby.

***Thanks to Penny Frost for sharing her, Ben and Dana's birth story.***









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 Homebirth 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  
[dhoginfo@gmail.com](mailto:dhoginfo@gmail.com)  
 0438 888 755

[www.darwinhomebirthgroup.wordpress.com](http://www.darwinhomebirthgroup.wordpress.com)



darwin  
 homebirth  
 group

*birth choices matter*

Find us on





## Birth Pool Hire - All Set Up & Ready Now Just To Wait ...





# Your Birth Matters

## WORKSHOP

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Join us for an evening to explore choices around pregnancy, birth and postpartum care in Darwin. Get up to date information about current available services, unpack birth choices, delve into why birth matters and find the support you dream of, for you, your baby and family.

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Tuesday 29th of August, 6pm-8:30,  
The Wellness Hub

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*Grab Tickets here*

[HTTPS://YOUREMPOWEREDBIRTH.ORG](https://yourempoweredbirth.org)



*This event has been created and organised by Monika from Nebula & Claire from Midwives in Darwin*



Childbirth Education Association  
knowledge • confidence • choice

# 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 ..... \$17  
5 Class Pass ..... \$75  
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](http://www.ceadarwin.asn.au)  
[info@ceadarwin.asn.au](mailto:info@ceadarwin.asn.au)

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Association Darwin



# New Support For Parents In Darwin & Palmerston

An introduction to the Possums approach

By Susan Kamiko, Registered Psychologist, Possums practitioner, Circle of Security facilitator and founder of Nurturing New Families based in Palmerston.

Possums (also known as Neuroprotective Developmental Care) has a collection of programs and information for common concerns for parents, in babies first years of life. It is based on the newest research in areas of lactation, neurobiology, social sciences, anthropology, mental health and more.

Possums has programs and support for people in the areas of infant, sleep, unsettled behaviour, mental health and breastfeeding.

Possums does not follow or encourage cry-it-out, following wake-windows, feed-play-sleep routines or any of the other typical strategies people have often heard about. There is no evidence that any of these interventions have improved outcomes for baby sleep – and they will often have a detrimental effect on maternal mental health by increasing stress and anxiety. This is because they are not aligned with infant biology and often have unrealistic expectations of what normal infant sleep and behaviour looks like.

The Possums approach is based on evidence that there are two main biological factors that drive sleep. The first is the circadian rhythm, which is our body's internal clock, letting us know when to be awake and when to sleep. The second is our sleep/wake homeostat which regulates how tired we feel. If these are out of sync we will experience behaviour such as nighttime 'parties' and high number of wakes during the night (waking more than every two hours). It is important to note that, as waking at night is completely normal and developmentally appropriate (healthy), for the first few years of life, Possums techniques will not aim to get a baby to sleep through the night but rather aim to reduce obstacles to establishing circadian rhythms that favour night time sleep. Feeding to sleep, responding to your baby and safely co-sleeping are normalised and supported.

Possums focuses on the simple concept that daytime is for living and night time is for sleeping. This helps mums to get out and about while optimising baby's

sleepiness for night time. It recognises that sleep needs differ between individual babies, often between 10 and 16 hours a day in the first year of life. This amount also drops significantly throughout the first few years. Possums encourages trusting that your child will take the sleep they need when they need it. Cat napping on the go is considered normal and many parents might be relieved to hear that there is no evidence that short naps are non-restorative or have any impact on development.

A key aspect that is often missed in other approaches is a baby's innate need for sensory stimulation straight from birth. We are not talking flashing lights and loud toys, but often the simple act of changing the environment, having a feed or a bath, or stepping outside, will act to calm down a baby. This sensory need often increases in the evening when we have a tendency to start decreasing stimulation which can lead to an extra fussy baby. This in turn is often mistakenly interpreted as an overtired baby and so more effort is put into getting baby to sleep, which may dial up baby even more. Possums would encourage gentle sensory input instead – for example taking baby for a stroll outside which will 'dial down' their stress levels. At this point they may or may not fall asleep, depending on their sleep pressure.

The concept of 'cued care' is used in Possums and supports parents to tune in to their baby. Improving parental ability to read and respond appropriately to a baby's cues has been shown to improve breastfeeding duration, mental health, and decrease the hours a day an infant will be unsettled. Mainstream advice to feed and sleep on schedules often disrupts this responsiveness by having parents watch the clock instead of what their baby is telling them.

Possums supports each family to build awareness of the evidence base and understand how responding to your baby's cues and meeting their needs leads to a more settled and calm baby.

A little about me and my practice Nurturing New Families;

I was inspired to become a Possums accredited practitioner after I had my son. Despite having worked with families for many years as a psychologist,



I realised after having my son that I did not know what I was meant to do with an infant that woke every hour at night. When I reached out for support I was told that teaching him to 'self-settle' was the only way we would get sleep. I knew I did not want to let him cry and I did not want to break our beautiful bond of feeding to sleep. So I stopped asking for help and struggled along on my bonded but sleep-deprived path. When I found Possums I felt like I finally found the answers I was looking for as to why my baby didn't sleep at night – I was spending so much time trying to get him to sleep during the day that he was simply not tired come night-time! Possums gave me the knowledge to help improve this without compromising my breastfeeding journey or my connective parenting.

Since then I've been passionate about supporting other parents on their journey. I want to make sure that more people become aware of the options and support available. In my practice I focus on integrating mental health treatment with Possums due to the correlation between postnatal mental health issues and unsettled infant behaviour, including sleep and breastfeeding. Addressing these issues is one of

the key ways we can modify the risk for developing postnatal depression.

There are great free resources on the Possums Website and I also regularly post information on my Facebook page. If you need more tailored support or mental health treatment I am available for home visits across Darwin/Palmerston/Humpty Doo, telehealth, or at my office at the GP Super Clinic in Farrar. I provide support for postnatal depression and anxiety, parental burnout and education, and infant sleep/unsettled behaviours. It is a judgement free and safe space for all. You will be able to use a Mental Health Care Plan from your GP to reduce costs.

[www.possumsonline.com](http://www.possumsonline.com)

[www.nurturingnewfamilies.com.au](http://www.nurturingnewfamilies.com.au)

Facebook: Nurturing New Families



# This Article Is Written By A Psychologist For Adults Who Had A Tricky Childhood It Helps To Understand Why Parenting Mindfully Is So Important

**Learning to Parent Yourself as an Adult:  
If parental guidance was missing in action  
in childhood, you can teach yourself to  
thrive.**

Most people come to therapy to heal from childhood wounds. Parents and caretakers are discussed, analyzed, demonized, disdained, and too seldom, praised. You could say we psychotherapists are stand-in parents for our clients. The gig comes with a huge amount of responsibility, and is complicated by little things like transference (when you get mad because we impose boundaries on our relationship, which reminds you of the time your mom couldn't spell "where I end and you begin" to save her life), or projection, dependency, abandonment anxiety, and on and on.

No other profession or relationship exists that helps people recover from the habitual pull to recreate their past (repetition compulsion) or allows for a new leash on life (pun intended, because boundaries).

Without proper parenting models, the world can be a scary place. As adults, it is up to us to re-parent ourselves, or to learn from someone else.

Head case in point: I owe my emotional stability (on most days) to the few psychotherapists I've had the privilege of working with over the years. If I ever won an Oscar, I wouldn't thank God, I would thank them.

"The child is brought up to know its social duties by means of a system of love-rewards and punishments, and in this way it is taught that its security in life depends on its parents (and,

subsequently, other people) loving it and being able to believe in its love for them." —Sigmund Freud

I'm always wary when clients don't want to discuss childhood. This omission tells me a lot about their pain and psychological insight. Here's the thing: If you're stuck in a cycle of abusive relationships, or you struggle with intimacy, there's a good chance you learned about love, affection and intimacy from defective models.

Caveat: In the majority of cases, we must assume we were not privy to our parents' experiences back then. Sure, we had an idea as to what was going on because we were there, but we don't know the whole story. If you witnessed a dysfunctional relationship between Mom and Dad, chances are they were emotionally abused or neglected by their parents.

"Unexpressed emotions will never die. They are buried alive and will come forth later in uglier ways." - Sigmund Freud

Feelings are meant to be felt. If it seems like your feelings control you, and not the other way around, some help to work through this situation would be useful.

By allowing discomfort or fear to prevail, you are truncating the truth and your path toward healthy, loving relationships. The therapy room is a microcosm for the outside world. If you can talk openly and honestly about your truth with your counselor, you'll be on your way to doing the same with others. Not for the faint of heart, but well worth the sacrifice. Start slowly and allow yourself the space to come to terms with those parts you'd prefer to keep hidden.

“Trying to be completely sincere with yourself is a good exercise.” —Sigmund Freud

As children we are vulnerable, dependent and in the dark about most everything. If we could figure out a way to gain our parents' unconditional love or trust in them to soothe our distressing emotions, we would. But if adults were not taught how to love, to cope with dependency, or to practice vulnerability, how could they possibly know how to pass along these lessons? Again, this is not to excuse inexcusable behavior, but to ask you to suspend disbelief that your parents intentionally screwed you up. If it helps, think of learning to drive with your eyes closed—you can only get so far until you crash. The blind leading the blind.

Here's where things get complicated. People who didn't win the parent lottery have two choices: Go through life playing catch-up and let life teach you the ropes, or take the bull by its horns and power on despite your unhappy childhood.

If we assume that school teaches us more than just math and language arts, we recognize the role that social skills, frustration tolerance, delayed gratification, praise, consequences, and conflict resolution plays on our psychological development. Sure a dysfunctional home life slows the process, but considering school is our second home (and ideally models a structured environment), there's a lot of learning to be had.

In reality, “mistakes” are often unconscious acting out behaviors. If you didn't experience unconditional love growing up, you may not feel comfortable expressing your emotions to loved ones. The fear of rejection is strong, and unfortunately, so is tolerance for abusive behavior. It's not that you enjoy the abuse, but you probably don't know how to stop it, either.

This frustration about not getting needs met, or feeling like your love object invalidates you, often translates to passive-aggressive behavior.

“Sorry, I forgot to pick you up at the airport,” or, “Oh, no, I didn't make that doctor's appointment ... again,” can be signs of misplaced anger.

Or, a defense against confrontation. Fearing the loss of a primary relationship can be overwhelming. A coping mechanism for avoiding rejection can be conflict-avoidance.

But anger only stays buried for so long. Eventually, the pent-up emotions manifest as unhealthy communication/lashing out/verbal abuse. Sadly, this pattern perpetuates the cycle of rejecting and abusive behavior from others.

“It is that we are never so defenseless against suffering as when we love, never so helplessly unhappy as when we have lost our loved object or its love.” —Sigmund Freud

When clients say they fear abandonment more than anything, I remind them there are two options: Do not get close to anyone, which guarantees their fears of rejection are never realized, or step into the ring and risk getting their heart broken like the rest of us. The great equalizer in the human race is nobody is immune to heartbreak.

“Experience teaches us that the world is not a nursery.”

To hide from feelings, pain, and rejection is to be perpetually stuck. Playing safe is always an option, but the only way out is through. Frustration tolerance will only increase when you practice the art of living life.

### Helpful Self-Parenting Tips

—Fall in love with boundaries. In its most basic form, this means defining what is OK and what is not OK.

—Take care of yourself. Like your mama probably didn't used to say, “You are what you eat.” Stress takes a physical toll, so be mindful of what you put in your body, your heart and your mind. Refrain from hitting the pipe or the bottle to relax. Green food is good, ramen is bad.

—Practice mindfulness to help you stay in the here and now. Therapy clients often struggle with

residual anger over MIA parenting. At the end of the stressed-out day, it's about acceptance. This is not to imply resignation or agreement on your end, but to bring awareness about your thinking states so you don't get caught rehashing the past or fearing the future.

—Work your calm plan and your relaxation routine each and every day. Your central nervous system will thank you.

—Allow yourself to experience vulnerability, dependency and other emotional states that are challenging for you. A common tendency is to reject help from others. While self-reliance may have helped you get through childhood, being overly independent is not a healthy coping skill in adulthood. Humans are wired to connect and isolation and rebuffing others won't help you recover emotionally. It will, however, earn you the moniker Withholding Will or Rejecting Regina, eating your lunch all alone in the staff lounge.

—Keep the adult tantrums to a minimum by observing your behaviors and how they influence negative interactions. We all project our crap onto others. It takes reflection and self-awareness to analyze how thoughts, feelings, and unresolved issues play out.

—Never underestimate the healing powers of a good night's rest, a daytime nap, yoga, lots of water, healthy eats and quality chocolate.

—Learn to self-soothe. Practice deep breathing, relaxation, positive visualization, and thought awareness to ease your anxious mind.

—Try and see the world as an inherently safe place where most people possess goodwill. This will help you trust in the order and structure of life, and to trust yourself. A most critical adult skill indeed, because having faith in your ability to overcome problems means seeing yourself as a capable, active participant in life, worthy of success, happiness and love.

Even if your parents never taught you how to do this ...

Article By Linda Esposito - Psychotherapist





# 7 Benefits of Pregnancy Yoga

From your physical body to your emotional state, prenatal yoga can be a key ingredient to a healthy, happy pregnancy.

Read on for seven important ways yoga can make a positive difference in your pregnancy..

## **Supports Your Changing Body**

Our bodies are always changing, But in pregnancy, the body experiences “an accelerated pace of change.. Prenatal yoga can help with adjusting and compensating. Prenatal yoga practice is designed to support the changes that happen in a pregnant body, by offering women healthy, safe ways to stretch their muscles and strengthen their bodies – their lower bodies in particular – to ease the process of supporting a growing belly.

## **Tones Important Muscle Groups**

Prenatal yoga tones the physical body, especially the pelvic floor, hip, and abdominal core muscles, in preparation for the birthing process, A properly toned muscle has the right balance between length and strength – it is neither too lax nor too tight. Building and maintaining muscle tone during pregnancy, with yoga poses like lunges and gentle backbends, can help minimize the aches and pains of those nine months, and are key in bringing your body back to a toned condition after delivery.

## **Prepares for Labor and Delivery**

A top priority in prenatal yoga classes is teaching women “they can trust that their bodies will open” up to labor and birth. When we’re afraid, leads to what is called a fear-tension-pain cycle. This can sabotage a woman’s efforts to remain present and calm in labor, especially if she hopes to experience childbirth with minimal or no pain medication. Working to connect with yogic methods of deep, mindful breathing can help the body loosen and relax, and help women get to a “mammalian place,” where a woman can let their bodies do what they instinctively already know how to do: give birth.

## **Promotes Connection With Your Baby**

Even the act of going to a prenatal yoga class once (or more) each week is a gentle reminder to take the time out of a busy work and home life to care for and bond with your growing baby. As your pregnancy progresses, your body’s different responses to yoga poses will be a reminder of other physical changes happening in your body. Certain poses, such as Hero pose, in which you sit back on your heels and then sit up straight to lengthen your spine, can become

meaningful if you breathe deeply while in it.

## **Provides Relief From Common Pregnancy Complaints**

Prenatal yoga may be the cure for what ails you if you’re suffering from common pregnancy discomforts such as lower back pain, nausea, insomnia, headaches, shortness of breath, and carpal tunnel syndrome.

By stretching and toning muscles, you can help blood circulate throughout the body in a healthy way. Also, deep breathing can bring much-needed oxygen to your baby and to your own muscles. A 2012 University of Michigan study showed that mindfulness yoga, which combines physical poses with meditation practices, can bring measurable relief to the depression that can accompany the emotional journey of pregnancy.

Of course, not all symptoms are guaranteed to disappear altogether, but the multidimensional approach of yoga to both physical and emotional health can help your body take the uncomfortable aspects of pregnancy in stride

## **Gives You a Healthier Pregnancy**

It’s probably not surprising that research has confirmed a healthy mama is more likely to have a healthy baby. In fact, a 2012 study found that women who regularly practiced yoga during pregnancy were less likely to have preterm labor or to deliver a low-birthweight baby.

## **Encourages You to Make Friends With Like-Minded Mamas**

One of the greatest benefits of prenatal yoga may be joining a community with other expectant moms.

The class becomes a pregnancy support group of sorts, where women connect with other women who are making the same choices and lifestyles changes, Sharing the pregnancy journey with new friends can help ease your anxiety about impending motherhood while also easing your back pain and calming your body.

Article by Liz Owen (author) using information provided by Yoga Teacher Holly Lebowitz Rossi





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