KEYNOTE SPEAKERS
Alison Barrett, Hannah Dahlen, Sara Wickham
AND another 30 speakers including Rhea Dempsey, Paula Dillon, Carolyn Hastie and Sarah George.

PLUS
• Pre-Conference Workshops on 9 & 10 May with Sara Wickham (UK), Ginny Phang (Singapore), Rhea Dempsey (Aus) and Christina Smillie (USA)
• Post-Conference Spinning Babies (repeat) Workshop with Ginny Phang on 13 May
• Evening consumer forum with Melissa Fox, Rebecca Jenkinson and Jessie Johnson-Cash
• Conference Dinner at The Pullman King George Square Hotel
• Film previews and Red Tent space

PLUS
• Breastfeeding Seminars with Christina Smillie in Sydney, Melbourne and Canberra (and Brisbane Pre-Conference). (See separate flyer for tour details)
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Sarah & Jan Cornfoot

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A woman-centred obstetrician: The Challenges

What influences obstetricians’ practice – medical education, culture, fear of litigation, peer pressure? Is motherhood valued? What will it take to change many obstetricians’ approach to normal physiological birth.

Alison Barrett  BSc MD FRCS (Can) FRANZCOG is a Canadian trained consultant obstetrician and gynaecologist working in New Zealand. She is a training supervisor for the RANZCOG, a trustee for Home Birth Aotearoa Trust, an active La Leche League leader and serves on the LLNZN professional advisory group.

Responding to risk

Our culture’s focus on risk affects both the providers and recipients of maternity care. The experience of pregnancy, birth and maternity care has changed significantly for women and families in just a few decades. Childbearing is no longer seen as a normal, health-focused family journey but instead one which is fraught with risk and danger. Those caring for and working with pregnant and birthing women and their babies are increasingly expected to spend the majority of their time undertaking activities which measure and monitor risk in a standardised way. This all takes place within the wider context of a culture which has come to use the notions of risk and danger to scare and sell. I am going to look at what women, midwives and birth workers have to say about their experience of this. I will propose that these things may be affecting us on a personal level far more than we realise, and that they serve to reduce our sense of power and control over our own lives and decisions. I will consider and discuss some of the strategies that we might consider using in order to reduce its influence upon us and restore our personal power. These strategies include tools such as mindfulness, being present and avoiding risk-focused stimuli as well as many simple, everyday choices and activities which people have found to be helpful in restoring balance in their own lives and helping the women with whom they work.

Sara Wickham  RM BA (Hons) PGCert MA PhD is a midwife, educator, writer and researcher. Sara’s career includes 20 years of experience as a midwife, lecturer and researcher. She is the author/editor of 15 books, has been the editor of three midwifery journals and lectured in more than 20 countries.

References

The Amazing Female Body

Pregnancy

Helping women in labour and birth
• Lindgren et al (2011) Fear causes tears - Perineal characteristics affect discrepancies between pregnancy- dating methods. AOGS DOI: 10.1111/aogs.13034
• The Undercover Midwife (2015). undercovermidwife.blogspot.co.uk/2015/03/paracetamol-and-labour.html

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The Passage to Motherhood Conference 2017 Abstracts

1100-1230 CONCURRENT SESSIONS

Session 101
Rounding up the Evidence

It can be hard for busy practitioners to stay afloat on the tide of new maternity care research. Thousands of maternity-related articles are published each month and yet many practitioners seem to have less and less time to spend scanning the multitude of journals and sources and reading the articles that are relevant to them. This session offers a solution in the form of a round-up of recent birth-related research, evidence and thinking from pregnancy to the postpartum period, with the aim of helping practitioners to identify papers and topics that they may like to look at in more depth. Notable issues that have emerged over the past year or two and which we will be discussing in this session add to the ever-growing debates about dating pregnancy and induction of labour in various groups of women. I will also share and discuss medical and midwifery research and thinking which asks (among many other things) whether gestational diabetes can be reduced through nutritional factors, whether the age-old advice about taking a bath and two paracetamol in early labour is universally helpful and whether we should reconsider how we define postpartum haemorrhage.

Sara Wickham
RM BA (Hons) PGCert MA PhD is a midwife, educator, writer and researcher. Sara’s career includes 20 years of experience as a midwife, lecturer and researcher. She is the author/editor of 15 books, has been the editor of three midwifery journals and lectured in more than 20 countries.

Session 102
Calmbirth vs other programs: Revealing the Results

In 2011, the Royal Hospital for Women became the first hospital in Australia to offer Calmbirth as an antenatal educational program available to expectant couples. Calmbirth became one of a range of programs offered: one item on our ‘menu’ of programs, the menu being an outcome of my doctoral research (Svensson, 2005). It was a natural progression to offer another option. To satisfy the ‘sceptics’, it was agreed to undertake a comprehensive evaluation of the program with an extensive questionnaire being sent to couples approximately 8 weeks after the birth of their baby.

Being curious, and with it being 10 years after the data collection for my doctorate, I made the decision to undertake ‘serious’, comprehensive research and to evaluate the outcomes from four of our program types – Calmbirth, Having a Baby evening, Having a Baby weekend, and Birth and Baby Intensive. Now, with more than 400 x 15 page questionnaires, the results are presented here. As one of the most comprehensive evaluations undertaken in Australia, this paper will be of interest to educators and midwives alike.

Reference

Jane Svensson
RM MPH PhD is Clinical Midwifery Consultant Health Education at the Royal Hospital for Women in Sydney. Jane has designed, facilitated and evaluated a wide range of educational programs and strategies, including pre-puberty, school-based health forums, preconception programs, labour, birth and parenting and other women’s health programs. She has been training antenatal and parenting educators for 25 years and is a past president of the Childbirth And Parenting Educators of Australia (CAPEA). In 2005 Jane completed her doctorate entitled Antenatal Education: Meeting Consumer Needs. A Study in Health Services Development.

Wild Cards: Impact on Birth

When we understand birth as a holistic bio-psycho-social event we become aware that a birthing woman’s life story and present life circumstance may impact on her birthing potential and experience. Wild cards—emotional, psychological or social wounds—carried by some women, can manifest as fears and deep resistance, which can disturb the hormonal physiology of birth and so impact optimal mind-body integration for normal birth. In this presentation we will explore key wild cards and their possible impact on birth. We will also gain insight into the ways we can support birthing women through the challenges presented by any wild cards in their situation.

References
• R.Dempsey (2013). Birth with Confidence: Savvy choices for normal birth

Rhea Dempsey
TPTC DipCBE GradDipCouns&HumServ CertGestTherapy is an educator, trainer, doula, counsellor, speaker and birth activist. She is the author of ‘Birth with Confidence: savvy choices for normal birth’. Her understanding and experience of birth has been gained over almost forty years of birth work, supporting birthing women, their partners and families at over one thousand births in home and hospital settings.
Session 103

Building on strengths: Young mothers’ successful stories of breastfeeding

Exclusive breastfeeding for the first six months of an infant’s life is a universally acknowledged public health goal (WHO, 2016). The benefits of breastfeeding transcend the physical, to include psychological, social and economic benefits that extend across infants, mothers, the family unit and the wider economy (Victora et al., 2016). Despite this, New Zealand’s breastfeeding rates (exclusive + full) drop steeply from 79% at two weeks of age, to around 25% at six months (MoH, 2015). Younger mothers (under 25 years) in New Zealand have lower exclusive breastfeeding rates, around 59% at discharge from their lead maternity carer (around 4 – 6 weeks), and form a Ministry target group (MoH, 2015; Royal NZ Plunket Society). This project will explore the experiences and resilience of young mothers that have breastfed exclusively to six months. We adopt a strengths-based approach investigating the determinants of successful breastfeeding to six months amongst young mothers. Through qualitative methods, the research will identify the services, strategies and support systems across multiple levels that act as enablers of breastfeeding survival in young mothers. This information is critical for informing the development of breastfeeding promotion strategies required to increase breastfeeding rates.*

*This project is currently underway, thus results are yet to be analysed, but will be completed by the time of the conference.

References
- Neely, E., Severinsen, C., Conlon, C. & Hughes, R., School of Public Health, Massey University, Wellington, New Zealand.Eve Neely BHSc PhD is a lecturer in the School of Public Health, Massey University.

Maternal Time Use and Nurturing: Analysis of the association between breastfeeding practice and time spent interacting with baby.

Breastfeeding supports child development through complex mechanisms which are not well understood. Numerous studies have compared how well breastfeeding and non-breastfeeding mothers interact with their child, but few examine how much interaction occurs. Our study of weekly time use among 156 mothers of infants aged 3-9 months investigated whether lactating mothers spend more time providing emotional support or cognitive stimulation of their infants than non-breastfeeding mothers, and whether the amount of such interactive time is associated with breastfeeding intensity. Mothers were recruited via mother’s and baby groups, infant health clinics and childcare services, and used an electronic device to record their 24-hour time use for 7 days. Socio-demographic and feeding status data was collected by questionnaire. Repeated-measures statistical analysis compared maternal time use for those giving ‘some breastfeeding’ and those ‘not breastfeeding’. Analysis was also conducted for more detailed feeding subgroups. Breastfeeding and non-breastfeeding mothers had broadly similar socio-economic and demographic characteristics. Breastfeeding was found to be associated with more mother-child interaction time, a difference only partially explained by weekly maternal employment hours or other interactive care activities such as play or reading.

References
Dr Smith has published over thirty articles in health and economics journals, as well as two books and several book chapters. Her current ARC Future Fellowship research focuses on the economics and regulation of markets in mothers' milk. She has led Australian Research Council 'Discovery' and 'Linkage' research projects, including on economic and market aspects of breastfeeding, and best practice breastfeeding support in workplaces and childcare.

Julie Smith BEC (Hons)/BA (Asian Studies), PhD and Bob Forrester Dip MSc.

Dr Smith is an ARC Future Fellow and Professor (Associate), School of Regulation and Global Governance (RegNet), ANU College of Asia and the Pacific and ANU College of Medicine, Biology and Environment. Her experience includes as technical expert advisor to the World Health Organisation (WHO) in 2007, the US Department of Health and Human Services (2009), UNICEF UK (2012), International Baby Food Action Network (2014), and the World Alliance for Breastfeeding Action (2015). She led a 2015 consultancy for WHO on marketing of commercial complementary foods for infants and young children.

Dr Smith has published over thirty articles in health and economics journals, as well as two books and several book chapters. Her current ARC Future Fellowship research focuses on the economics and regulation of markets in mothers' milk. She has led Australian Research Council 'Discovery' and 'Linkage' research projects, including on economic and market aspects of breastfeeding, and best practice breastfeeding support in workplaces and childcare.

Pushing boundaries: maternal identity work and body practices at the intersection of breastfeeding, milk insufficiency, and milk sharing

In this presentation I discuss findings and applications of my anthropological research, focused on women’s experiences and body practices at the intersection of breastfeeding, ongoing milk insufficiency, and milk sharing. My research explores the interconnectedness of maternal identity work with maternal body work; and how intercorporeal (between-body) practices – particularly those of milk sharing and the use of at-breast supplementing devices – are implicated in women’s responses to milk insufficiency. I draw on the ideas of corporeal and postconstructionist feminism (Bartlett 2006; Grosz 1994; Lam 2016), and concepts based on Deleuze and Guattari’s (1987) work, to challenge predominant conceptualisations of “what (female, maternal, lactating) bodies can do”; and to better understand how women view and use their bodies in the formation of their maternal identities and in their approaches to infant feeding and parenting. In particular, I discuss the implications of this research for those involved in birth and breastfeeding support, and in other health professional roles focused on the perinatal period.
The Passage to Motherhood Conference 2017 Abstracts

1330-1500 CONCURRENT SESSIONS

Session 201

Decreased fetal movements during pregnancy: How can we best educate women about getting to know their baby?

Most women will report feeling fetal movements sometime between 18 and 20 weeks (or earlier in multiparous women). Fetal movements are an indication of fetal wellbeing, and are reassuring to both women and maternity health care providers. Conversely, a reduction in fetal movements is cause for concern. Decreased or absent fetal movements have been associated with poor perinatal outcomes, including stillbirth, IUGR and preterm birth. The myth that babies slow their movements towards the end of pregnancy remains a common-held belief. This presentation will attempt to dispel those myths, supported by contemporary research. Variations in clinical practice and information provided to women antenatally about fetal movements will be discussed.

Paula Dillon RN RM BN GradDipMid MMid is a Registered Midwife, Childbirth and Perinatal Loss Educator. She is a member of PSANZ Stillbirth and Neonatal Death Alliance, and CAPEA Further Education Committee. She works as a midwife at Greenslopes Private Hospital and is a sessional lecturer at the Australian Catholic University in Brisbane.

Express Delivery: First-time Mothers’ Experiences of Induction

A 2015 survey of 100 Australian women captures the good, the bad and the ugly of induction experiences for first-time mothers.* This qualitative data offers an important snapshot regarding the inconsistencies of induction protocols, the deficiencies of prenatal counselling and the ultimate long-term effects for women following induced labours which fail to progress. During this presentation, quotes, stories and images offered by women will be used to highlight the (often forgotten) human impact of standardised care – a single size which often doesn’t fit all. Against the backdrop of national data, this presentation will summarise the main issues and proposes simple and practical ideas for improving women’s induction experiences.

* This information was presented at the 2016 Women’s Healthcare Australasia Quality and Safety forum in Melbourne.

References

• Australia’s Mothers and Babies Report 2012.
• Pregnancy Outcome in South Australia 2012.

Tessa Kowaliw BA GradDipEd is a consumer advocate with several organisations including Women’s and Children’s Health Network (Adelaide) and the International Consortium for Health Outcome Measurement (Boston).

We’ll keep a close eye on you. The risk / monitoring relationship.

The concept of “risk” features prominently in discussions in maternity care (Dahlen, 2016). One of the metanarratives of modern health care is that screening allows for the detection of risk factors, so that timely intervention can be applied, and outcomes improved. One commonly recommended intervention is more intense monitoring. In maternity care this can be expressed as more frequent assessments, the use of more advanced forms of monitoring technology, or relocation of women or baby to an environment that facilitates health professionals access to the woman or her baby.

The evidence around selected examples of the risk / monitoring relationship will be explored through a post-structuralist lens, questioning who stands to gain the most from this approach to maternity care. The Foucauldian concept of “medical gaze” (Foucault, 1973) will be explained to help make sense of the ongoing evolution of monitoring in maternity care.

References


Kirsten Small BMedSc MBBS MReproMed GradDiplHlthRes is a lecturer at Griffith University.
Routine weighing of newborns at Logan Hospital: A review of current practice and evidence.

Midwives at Logan Hospital initiated discussion around contemporary care and the local practice of routine weighing of all newborns on Day 3, 5 and 7. Review of the policies and guidelines in our service revealed that there is no document in place that compelled routine weights. Review of Queensland Health documents could not identify any requirement for routine weighing for all neonates. Midwives were concerned that health professionals and new parents were focusing on weight as a determinant of infant wellbeing in isolation from other factors. This is significant in an increasingly obese youth population, and also impacts upon exclusive breastfeeding rates.

This presentation will be a discussion of how we reviewed newborn weighing practices in our service utilising benchmarking, scoping, research and data review.

Margaret Wendt RN RM BHSc IBCLC, Wendy Huntley RM BMid DipHSc and Penny Estillore RN RM MMid are clinical midwives at Logan Hospital.

Optimal Cord Clamping

Early or immediate cord clamping is a practice introduced with little research. It seems to have become popular with the introduction of oxytocins in 3rd stage of labour to prevent the oxytocic passing to the baby. More recently, aeternity providers and women have started to question this practice. It is now evident that, without cord clamping, the blood that would transfer from the placenta is useful for the baby both at birth, and in the long term.

Delayed cord clamping has become a bit of a catch phrase of late, but do maternity care providers understand why it is important? This presentation will discuss why babies need optimal cord clamping as well as some of the practicalities around cord clamping. Research shows that the baby's transition to life is smoother if the cord is not clamped before the baby establishes respiration. Neurological development over the first six months of life requires iron stores.

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Anne Barnes RN RM GradDipMid is a midwifery educator at Werribee Mercy Hospital, Melbourne.

The joys and challenges of looking after women with high BMI

Obesity is a major epidemiologic issue that impacts care provision and funding[1-3]. Women with a high BMI experience more perinatal complications, poorer perinatal outcomes and have limited care choices[1, 4, 5]. Midwives find caring for obese women challenging and their care seems to focus on the management of associated risks and issues[6-8]. However, midwives can have a major impact on improving pregnancy and birth experiences and outcomes by adopting a more positive, proactive approach when caring for women with a high BMI[6, 9, 10].

This will be a case-based presentation exploring issues related to the care of women with a high BMI. The presentation will use an example of one primipara to showcase effective strategies promoting a positive care experience. It will focus on highlighting specific differences that need to be considered when providing pregnancy, labour and postnatal care for women who are overweight or obese in the context of existing evidence.

References
Session 203

Binji and Boori
Linda and Jaime work in an exciting service in regional NSW caring for women whose babies will identify as Aboriginal or Torres Strait Islander. At “Binji and Boori”, the AMICHS midwife team cares for women from early pregnancy booking through to post-natal care in a case load model. Labour support is currently limited but ideas are being developed to hopefully include this in the future. The families are then transitioned to the Child and Family Health nursing team. Women of all risk are supported, referring to services both within AMICHS, such as social work and perinatal mental health, and externally for obstetric and medical management. The families are often challenging but the model uniquely serves their overall care in a woman-centred approach. Most visits are in the family home, often providing challenges not faced by the hospital midwife. Relationships and trust built with the women are integral to the success of the culturally safe programme. They offer belly casting in pregnancy and follow this with painting groups after birth - a place for women to meet and yarn about their birth and early parenting experiences. The AMICHS premises are a safe place where women continue to seek support beyond pregnancy and early childhood, to yarn and connect.

Linda Deys
CMS IBCLC works in a job share role of midwife for the Aboriginal Maternal Infant Child Health Service (AMICHS), Binji and Boori, Nowra NSW. She is currently undertaking Master of Primary Maternity Care at Griffith University. Jaime Key PGCertSocHlth is a Darug woman who has worked in Aboriginal Health field for the last 20 years. She has also trained as a doula. Jaime has worked at Binji and Boori for the last 3 years.

Salt water midwifery: Caring for women and family – Challenges for care on country
Background: East Arnhem Land, Northern Territory, caters to a unique people servicing islands and homeland communities covering 41,000 square kilometres (Australian Bureau of Statistics, 2010). The local hospital provides maternity care to “town” women along with ‘sit down’ antenatal care for women low-medium risk from approximately 37 weeks gestation (Steenkamp et al., 2012). The challenge to meet women’s physiological, emotional and educational needs in a woman centred and culturally appropriate way is often great. Difficulties often pertain to trust and cultural understanding in a transient, remote clinical context (Bar-Zeev, Barclay, Kruiske, & Kildea, 2014). Method: A collection of anonymised reflections have been generated from varying remote midwives. Several key themes have been developed for presentation and collective forum discussion by passionate long-term and senior midwifery staff (Strauss & Corbin, 1990). Key themes include; getting to know women, getting to know language; distance from home to hospital, the great divide; what is important to me, what is important to you? Conclusion: Based on key themes generated by midwifery reflections, presenters shall address the theme drawing on their own experiences using the art of storytelling. Question time will be an invitation to extend themes, adding to and identifying in the story.

References

Victoria Elborough RM BSc(Hons), Louise Paul RN RM and Meaghan Kennedy RN RM BN GradDipMid IBCLC are midwives at Gove Hospital. Kath Brundell RN RM MMid is a lecturer at the Australian Catholic University, Melbourne.

1530-1700 PLENARY SESSION

Mothers Matter
In balancing risk, baby’s health is often prioritised over that of the mother. What does this say about how we value mothers and women, and how do we move forward ? Birth film by Gregarious Peach.

Belinda Costello RN is a mother of 4 children, 3 of whom were born at home. She is an active consumer advocate.

Birth Matters
Birth experiences are important in shaping the wellbeing of the mother baby dyad. At the same time as we are discovering more about the significance of these experiences, we have constructed a maternity system where the unfolding of normal hormonal physiology is increasingly impaired. Every mother and baby can benefit from a knowledge of, and support for, physiological birth practices.

Alison Barrett BSc MD FRCS(Can) FRANZCOG is a Canadian trained consultant obstetrician and gynaecologist working in New Zealand. She is a training supervisor for the RANZCOG, a trustee for Home Birth Aotearoa Trust, an active La Leche League leader and serves on the LLNZNZ professional advisory group.
FRIDAY 12 MAY

0900-1030 PLENARY SESSION

Keeping the first birth normal

Having the first baby is associated with immense physical and psychological change for women and brings with it the challenges of dealing with “the unknown”. Women having their first baby experience more intervention during labour and birth and morbidity as a result. The implications of this intervention ripple on into motherhood and impact the lives of women and children. This presentation will explore the common interventions impacting on these first time mothers and babies and the subsequent impact of these, both short and long-term. Models of care and skills to enhance the experience of these women will also be discussed.

Hannah Dahlen RN RM BN(Hons) MCommN PhD FACM s Professor of Midwifery, and Higher Degree Research Director in the School of Nursing and Midwifery at Western Sydney University. She is a former National President of the Australian College of Midwives. Hannah has researched women’s birth experiences at home and in hospital and published extensively in this area.

Can midwives help stop the tidal wave of a traumatic birth?

For 15 years we’ve witnessed the impact of a traumatic birth on women, men and families, and supported so many on their healing journey. When a woman comes to our Healing From Birth meetings, often this is the first time she’s expressed how it felt to be in the midst of an emotional maelstrom during that birth. Often, it’s the first place where women share the struggles induced by the tidal wave of guilt, shame, self-doubt, sadness, isolation and helplessness that can follow such a birth. For health professionals, knowing that the impact is so enormous may be confronting and overwhelming. However, midwives are in a unique position to be able to identify the beginnings of this emotional storm. If midwives identify the ripples that potentially can turn into that tidal wave, they can halt its path, or at least lessen the impact. Midwives are also perfectly placed to reduce the feelings of isolation a woman may experience after that storm has passed, and to support her journey to healing. Midwives can make a difference, turn the tide, and smooth the passage to motherhood.

Since 2002, Melissa Bruijn BA and Debby Gould BN GradDipMid have been managing Birthtalk, an Australian support and education organisation whose focus is planning a positive birth (no matter how you are birthing), plus birth-after-caesarean support, and birth trauma/birth grief support for those who find Birthtalk.org after a previous traumatic or disappointing experience. Debby originally trained and worked as a midwife. She is now a childbirth educator and doula. Melissa experienced a traumatic birth ending in caesarean, an empowering VBAC, and a beautiful waterbirth. Together, they are the authors of new book "How to Heal a Bad Birth : Making sense, making peace and moving on", where they share their experiences from 15 years facilitating their free ‘Healing From Birth’ meetings.

1100-1230 CONCURRENT SESSIONS

Session 301
Humane Caesareans

The increase in caesareans has not been accompanied by significant changes in the environment nor in the emotional experience for women. We review the known physiological differences between vaginal and caesarean birth, and outline practical ways for health professionals and families to create a better experience for mothers and their surgically born babies.

Alison Barrett BSc MD FRCS(Can) FRANZCOG is a Canadian trained consultant obstetrician and gynaecologist working in New Zealand. She is a training supervisor for the RANZCOG, a trustee for Home Birth Aotearoa Trust, an active La Leche League leader and serves on the LLLNZ professional advisory group.

Increasing vaginal birth after caesarean section (VBAC): The OptiBIRTH Trial

Background: Vaginal birth after previous caesarean (VBAC) is preferred by many women as a safe alternative to another caesarean section (CS). VBAC rates vary in Europe, however, from 9% to 55%. To test an intervention to increase VBAC rates, “OptiBIRTH” was funded by a European FP7 Grant, Agreement No:305208. Methods: A cluster randomised trial with 15 maternity units across three countries (Germany, Ireland and Italy), each recruiting 120 consenting women, was required to detect a 15% difference in VBAC rates (from 25% to 40%), using an ICC of 0.05, with power of >80% and an alpha of 0.05. The trial ran from April 2014 to October 2015 and tested an evidence-based intervention. A total of 2002 women were recruited. Results: The development of the intervention from systematic reviews and focus group interviews, and its acceptability to key staff and pregnant women, will be presented. Discussion: If the OptiBIRTH intervention is acceptable to clinicians and women, and increases VBAC rates safely, its introduction across Europe could prevent 160,000 unnecessary CSs annually.

References
Using the master’s tools to dismantle the master’s house: Refusal of recommended maternity care in a tertiary hospital

All competent adults have the right to refuse medical treatment, and most (if not all) maternity care providers espouse respect for pregnant women’s autonomy. However, news and social media accounts of pregnant women being required to accept recommended care, or punished for not doing so, are numerous, and respectful maternity care is increasingly viewed as a human rights issue.

This presentation will report on a mixed methods study of refusal of recommended maternity care, through the lens of a process, adopted by one Australian tertiary hospital, for documentation and communication amongst clinicians when pregnant women declined recommended care. The study involved a retrospective review of 52 cases where women had refused recommended maternity care, as well as in-depth, semi-structured interviews (n=30) with women, midwives and obstetricians. Although the structured documentation and communication process appeared to reassure clinicians, and therefore facilitated women’s access to care, the greater forces of power, paternalism and medical hegemony were left largely unchallenged. The process might thus be viewed as one of “the master’s tools”; recommendations for policy, practice, education, activism and further research will be discussed, with a focus on reappropriating the master’s tools for woman-centred ends.

References

Bec Jenkinson is a PhD Candidate, Midwifery Research Unit, at the Mater Research Institute, University of Queensland (MRI-UQ), School of Nursing, Midwifery and Social Work, University of Queensland.

Session 302
The Complementary Therapies for Labour & Birth Study: A randomised controlled trial of antenatal integrative medicine for pain management in labour and economic evaluation

Objective: To evaluate the effect of an antenatal integrative medicine education program, in addition to usual care, for nulliparous women on intrapartum epidural use. To conduct an economic analysis of its implementation. Design: Open label, assessor blind, randomised controlled trial (RCT). Cost analysis. Setting: Two public hospitals in Sydney, Australia. Population: 176 nulliparous women with low-risk pregnancies, attending hospital-based antenatal clinics. Methods and Intervention: The Complementary Therapies for Labour & Birth (CTLB) antenatal education program, based on the She Births® and Acupressure for labour and birth courses, incorporated six evidence-based complementary medicine (CM) techniques; acupressure, relaxation, massage and yoga techniques. Randomisation occurred at 24-36 weeks’ gestation, and participants attended a two-day weekend workshop style antenatal education program, plus standard care, compared with standard care alone. An economic evaluation assessed its implementation based on a decision tree analysis of outcomes. Main outcome measures: Rate of analgesic epidural use. Secondary: onset of labour, augmentation, mode of birth, newborn outcomes. Results: There was a significant difference in epidural use between the two groups: study group (23.9%) standard care (68.7%) (risk ratio (RR): 0.37 [95% C.I.: 0.25, 0.55], p=<0.001). The study group participants reported a reduced rate of augmentation (RR=0.54 [95% C.I.: 0.38-0.77], p=<0.001); caesarean section (RR=0.52, [95% C.I.:0.31-0.87], p=0.017); length of second stage (MD= -0.32, [95% C.I.: -0.64, 0.002] p=0.05); any perineal trauma (0.88 [0.78-0.98] P=0.02); and resuscitation of the newborn (RR=0.47 [95% C.I.:0.25-0.87] p=<0.015). There were no statistically significant differences found in spontaneous onset of labour, pethidine use, rate of post-partum haemorrhage (PPH), major perineal trauma (3rd and 4th degree tears/episiotomy), or admission to special care nursery/neonatal intensive care unit (SCN/NICU) (p=0.25). Economic evaluation provides a rationale for implementation with cost savings coming mainly from CS avoided in this cohort of women. Conclusion: The CLTB antenatal education program, which incorporates evidence-based complementary medicine (CM) techniques, acupressure, relaxation, massage and yoga techniques, significantly reduced epidural use and caesarean section, and provided a cost saving mechanism relevant for implementation. This study provides evidence for integrative medicine as an effective adjunct to antenatal education and contributes to the body of best practice evidence.

Trial registry: Australian New Zealand Clinical Trials Registry (ANZCTR) on 27th October 2011 (Trial ID: ACTRN12611001126909).
Chinese Medicine and Acupressure for Pregnancy and Birth

Chinese medicine has been providing care for pregnant women for around 2000 years. Increasingly, women are seeking acupuncture and acupressure to support their midwifery care.

Chinese medicine and acupressure offer women a range of benefits in the pre and post-natal periods including pain relief, relaxation and supportive care, with a low risk of adverse events. Acupuncture and acupressure is often used for pelvic pain, breech presentation, pre-birth care and acupuncturc labour induction.

This presentation will explore these traditional treatments with current research findings including a practical session on acupuncture for pain relief in birth.

Sarah J. George

Belinda Flanagan is the Program Coordinator of the Bachelor of Paramedic Science at the University of the Sunshine Coast. She has worked as a Registered Nurse/Midwife and Paramedic in Queensland and New South Wales since 1993. Belinda completed a Masters in Midwifery in 2010 her main areas of interest are now focused on Obstetrics in Paramedic Practice. Belinda frequently collaborates with the Queensland Ambulance Service in guideline development and education in the area of obstetrics and neonatal resuscitation. Belinda is undertaking a PhD researching the paramedic response to obstetric emergencies. This will provide recommendations for the management of emergency obstetric cases.

Authors

Belinda Flanagan (presenter and primary contact), Professor Margaret Barnes, Associate Professor Bill Lord, Dr Rachel Reed.

The needs and experiences of women who choose homebirth in Australia: a national survey

Background: There have been increased regulatory changes for privately practicing midwives in Australia, including strong moves restricting midwives to only attending low-risk women meeting strict criteria at home. It is unknown how these changes are affecting women who choose homebirth in Australia. This study aims to discover how current maternity system practices, recent regulatory changes and political, legislative, insurance and funding issues are influencing the choices of women who plan a homebirth in Australia.

Methods: A mixed-methods population-based survey was distributed online in early 2016 and any woman who had planned a homebirth in Australia was eligible to participate (Western Sydney University Human Ethics Approval No.H11518).

Results and Conclusion: The results for this survey have recently been collated and will be presented.

Heather Sassine

FRIDAY 12 MAY
Why do women choose an unregulated birth worker to birth at home in Australia: A qualitative study

In Australia few women (0.4%) choose to birth at home. Regulations are restrictive and no insurer covers private midwives for intrapartum care at home. Freebirth with an unregulated birthworker (UBW) and not a registered midwife has increased. This research explored the reasons why women choose this option.

Methods: Nine participants (five women and four UBWs) who experienced a UBW supported homebirth were interviewed in depth and data thematically analysed. Findings: Themes found included: ‘A traumatising system’; ‘An inflexible system’; ‘Getting the best of both worlds’ and ‘Treated with love and respect versus the mechanical arm on the car assembly line’. Women with prior experience of mainstream care found it traumatising and were unable to access their preferred birth choices. Women perceived this as an inflexible system providing no choice, when choice was important to them. This motivated women to seek alternative options of care to avoid a repeated trauma through mainstream care. Conclusion: Women viewed UBWs as providing the best of both worlds –homebirth with a knowledgeable person unconstrained by regulations and who respect and support woman’s philosophical view of birth.

Reference

Presenter
Elizabeth Rigg RN RM BLM MMid has practised as a midwife both overseas and in Australia for over thirty years. More recently she has devoted her time to research and academia. She is currently a senior lecturer and midwifery program leader at the University of Southern Queensland.

Authors
Elizabeth Rigg, Professor Virginia Schmied, Associate Professor Kath Peters, Professor Hannah Dahlen, Western Sydney University.

Session 304
Sterile Water Injections

SWI can provide a seemingly ‘magic’ relief for women with severe back pain in labour. This session will provide an overview of the science and a ‘hands on’ experience of the technique, to give you another powerful tool in your birth ‘toolkit’.

Carolyn Hastie RN RN IBCLC MPhil PhD candidate is currently AMIHS midwife at Kyogle, NSW and most recently senior midwifery lecturer in tertiary education. Carolyn has been at the leading edge of midwifery practice and education for four decades. Among Carolyn’s achievements are, with her colleague, Professor Maralyn Foureur, gaining visiting rights to public hospitals in 1984, a first for Australia and starting the first public hospital midwives’ clinic in 1987. Carolyn commissioned and managed a quality award-winning stand-alone midwifery service which included the option to birth at home. She has researched and written extensively on midwifery related subjects. A core interest of Carolyn’s work is finding ways to manage horizontal violence and bullying in midwifery after Jodie, a young new graduate midwife she met at a workshop committed suicide in response to workplace bullying in 1996. Jodie’s suicide led Carolyn to seek ways to teach midwifery students and midwives the necessary skills to manage themselves and their relationships with colleagues in the workplace.

1330-1500 CONCURRENT SESSIONS

Session 401
Defining professional practice identity: The impact that separate registration has had on dual registrants.

Annual registration is a professional requirement that regulates the practice of nurses and midwives (Australian Health Practitioner Agency, 2016). Since 2010, dual registration practitioners have had the option of registering as a single registrant midwife, a nurse, or both (NMBA, 2010). This presentation will report on the findings of research which examined midwives’ responses to the changed registration conditions, and explain the interpretations of practice based on where and how individuals practise. Confusion was found related to the recency of practice standard, and the ‘practice’ definition (NMBA, 2016). Practitioners expressed uncertainty around how they should show competence for registration on the national register, due to the vagueness of the recency of practice standard (Gray et al., 2015). In the absence of a definitive professional definition of practice, midwives felt it was necessary to define what it meant to them to ‘practise’ nursing and what it meant to them to ‘practise’ midwifery, and how they would demonstrate recency of practice for registration renewal. The impact of these interpretations will be considered and the consequences on the number of nurses and midwives registered for practice on the national registers today.

References

Michelle Gray RGN RM BSc(Hons) MProfLearn PhD is a midwifery academic interested in professional regulation, particularly midwifery registration. Her PhD thesis, completed in September 2016, led to three publications that outline the findings of her research.
Safe practice environment including ratios in midwifery
A recent survey of Queensland Nurses' and Midwives’ Union (QNU) members clearly indicated that unsafe workloads are a predominant feature of midwives’ practice environment. This presentation will consider elements that contribute to unsafe environment, its effect on the workforce and outcomes for women and their families and strategies to rectify the problems will be identified.

Sandra Eales RM MMid has been a midwife for 30 years and active in birth reform. She has been Assistant Secretary of the QNU since early 2015.

Session 402
Midwives, post-traumatic stress and burnout: Exploring solutions
Recent studies have highlighted abysmally high rates of post-traumatic stress disorder (PTSD) symptoms amongst midwives,1,2 with potentially severe impacts on the care provided to women. In fact, one of the cornerstones of midwifery care – empathy - is diminished with exposure to trauma.3 Trauma and PTSD may also contribute to burnout and to midwives leaving the profession.4

While the key strategy for prevention of PTSD in midwives is through reducing the prevalence of traumatic childbirth, midwives still need skills and tools to cope with post-traumatic stress symptoms when they arise. Accessible and effective tools such as heart-centred breathing5 and energy psychology modalities6-8 may give midwives access to pathways that can help clear traumas and rediscover present moment awareness. This workshop educates midwives on PTSD and the importance of finding ways to address post-traumatic stress symptoms. It also offers practical group exercises to give participants some take-home tools to manage the cumulative stressors and traumas that lead to PTSD.

References

Lianne Schwartz RM MHlthRes has worked as a midwifery lecturer at Griffith University since 2009. Lianne lives and practises in Bali, Indonesia and she also facilitates advanced skills workshops for midwives. GeorGina Kelly RM BSc(Hons) works in the homebirth community and as a midwifery educator at Griffith University.

Session 403
Breastfeeding, birth trauma and mental health
Shedding light on how trauma and abuse affects the mother baby dyad.

Jessica Offer is a freelance writer, currently studying journalism. She lives on the Sunshine Coast and is active in maternity consumer advocacy.

The perfect storm of trauma: A qualitative study into the experiences of women who have experienced birth trauma and subsequently accessed residential parenting services

Introduction: There appears to be a chasm between idealised motherhood and reality; for women who experience birth trauma this can be more extreme. Australia is unique in providing residential parenting services (RPS) to support women with parenting needs such as sleep or feeding difficulties. Women who attend RPS have higher rates of intervention in birth and poor perinatal mental health but it is unknown how birth trauma may impact on early parenting. Aims and Objectives: This study aims to explore the early parenting experiences of women who have accessed RPS in Australia and consider their birth was traumatic. Methods: In-depth interviews were conducted with eight women across Australia who had experienced birth trauma and accessed RPS in the early parenting period. Results: One overarching theme was identified: “The Perfect Storm of Trauma” which identified that women who access RPS are more likely to have entered pregnancy with pre-existing vulnerabilities, and experienced a culmination of traumatic events during labour, birth, and in the early parenting period. Conclusions: How women are cared for during their labour, birth and postnatal period impacts on how they manage early parenthood. Support is crucial for women, including practical parenting support, and emotional support by health professionals and peers.
References


Presenter

Holly Priddis RM BN(Hons) PhD is a midwife and lecturer in midwifery at Western Sydney University. She has a particular interest in birth related trauma and associated morbidities, and how these may impact on a woman’s idea of self, sexuality, and the early parenting experience. Holly is a mother of four children, an advocate for Autism awareness, and a practicing birth photographer.

Authors

Dr Holly Priddis, Professor Hannah Dahlen and Professor Virginia Schmied (Western Sydney University).

Mothers, Milk and Mental Health: Supporting breastfeeding mothers with mental health concerns in the perinatal period

In new mothers, breastfeeding and mental health concerns are both common: with 96% of mothers initiating breastfeeding¹, and one in five Australian mothers experiencing mental health difficulties². This means that if you work with one of these populations, you are working with the other. In spite of this, information about lactation in the context of mental health concerns is still overlooked or only superficially covered in a lot of medical training. As a result, mothers with mental health concerns are often encouraged to wean unnecessarily.

This presentation will explore some common myths and misconceptions about breastfeeding and mental health and outline how we can better support mothers with mental illness through the challenges of breastfeeding. It will discuss how to develop individually tailored feeding plans that take into account the practical demands of feeding, as well as the biological, psychological and emotional needs of both mother and baby.

References


Amanda Donnet BPsych BSc(Hons) MClinPsych MAPS is a registered psychologist and the owner and director of Mothers, Milk and Mental Health, where she shares her passion about breastfeeding, mental health and supporting mothers and their families through the challenges of early parenting. In her private practice work, Amanda predominantly works with women and their families experiencing depression, anxiety, or adjustment difficulties during pregnancy and the postnatal period. Amanda also assists mothers and/or fathers experiencing parenting difficulties, including sleep difficulties, bonding or attachment issues. She has also completed additional training in managing unsettled and distressed babies.

The aftermath of interpersonal birth trauma

Presentation of findings from a study examining women’s descriptions of childbirth trauma relating to care provider actions and interactions.

Presenter

Rachel Reed RM BSc(Hons) PhD is a senior lecturer in midwifery at the University of the Sunshine Coast and the author of the popular blog Midwife Thinking.

Authors

Christian Inglis BPsych(Hons), Dr Rachel Reed, Dr Rachael Sharman, University of the Sunshine Coast.
Supporting midwives – especially the next generation

New graduate midwives are juggling: parenting; relationships; HECs debt; job interviews; mismatch between evidence-informed practice and workplace realities; excitement and trepidation and much more. This creates a context ripe for distress if the work environment is not welcoming and supportive. This presentation will suggest some measures for managers and experienced midwives to make the new graduate feel ‘at home’.

Carolyn Hastie RM RN IBCLC MPhil PhD candidate is currently AMIHS midwife at Kyogle, NSW and most recently senior midwifery lecturer in tertiary education. Carolyn has been at the leading edge of midwifery practice and education for four decades. Among Carolyn’s achievements are, with her colleague, Professor Maralyn Foureur, gaining visiting rights to public hospitals in 1984, a first for Australia and starting the first public hospital midwives’ clinic in 1987. Carolyn commissioned and managed a quality award-winning stand-alone midwifery service which included the option to birth at home. She has researched and written extensively on midwifery related subjects. A core interest of Carolyn’s work is finding ways to manage horizontal violence and bullying in midwifery after Jodie, a young new graduate midwife she met at a workshop committed suicide in response to workplace bullying in 1996. Jodie’s suicide led Carolyn to seek ways to teach midwifery students and midwives the necessary skills to manage themselves and their relationships with colleagues in the workplace.

Birth politics and the future of midwifery

Midwives are increasingly challenged in all areas of practice. Work environments are more and more acute and complex with increasing surveillance of women and midwives. Midwives in certain models, such as private midwives, are increasingly being reported to regulatory authorities and this is often vexatious. Midwives are not instinctually political but this is increasingly required in the current environment. The media can both sanctify and crucify midwives and dealing with the media can seem confusing and mysterious. This presentation will address these issues and discuss skills that midwives can develop to be able to cope and thrive in a difficult environment.

Hannah Dahlen RN RM BN(Hons) MCommN PhD FACM s Professor of Midwifery, and Higher Degree Research Director in the School of Nursing and Midwifery at Western Sydney University. She is a former National President of the Australian College of Midwives. Hannah has researched women’s birth experiences at home and in hospital and published extensively in this area.

POSTER PRESENTATIONS

Midwives Supporting Breastfeeding Mothers

When an intrapartum epidural can evidence a convenient marker to midwives to deliver additional breastfeeding support

Michelle Bishop and Ruth Byrne, University of the Sunshine Coast.

Stages of Labour: A Systematic Review

Jessie Johnson-Cash PhD Candidate, Dr Rachel Reed, Dr Lauren Kearney, Professor Jeanine Young