Childbirth and Parenting Educators of Australia Inc (CAPEA)
National Biennial Conference

Hotel Grand Chancellor, Hobart Tasmania
Wednesday 24 - Friday 26 September 2014

Taming the Tiger 2014
Perfection like never before deserves protection like never before.

NEW revolutionary nappy that actually absorbs runny bowel movements

To help keep precious skin perfect, HUGGIES® Nappies have created the first-ever newborn nappy with a unique 3D UltraAbsorb® layer that absorbs and contains runny bowel movements, leaving newborn skin noticeably cleaner and more protected.

Also available in Infant size.

huggies.com.au

HUGGIES® Nappies proudly supports Midwives and Australian & New Zealand Maternity Hospitals.
Welcome to Hobart in Spring

The members of the conference committee are pleased to welcome you to the first national biennial conference for the newly named Childbirth And Parenting Educators of Australia. This follows 13 conferences as the National Association of Childbirth Educators.

I hope Hobart will put on her best manners and provide you with a friendly, warm and spring coloured welcome. I hope the speakers we have chosen and the speakers who have offered to present all provide you with ideas and information to further enhance your practice, invigorate your teaching and expand your knowledge.

If you have planned a few extra days in our beautiful state please do not hesitate to ask about opportunities to explore the many aspects that make Tasmania unique. Our conference planning group, Conference Design, are here to help in any way they can, as are the committee members. It might be a Saturday wandering Salamanca Market, a visit to the Female Factory or the Tahune Airwalk, a chance to explore the ruins of Port Arthur or the architectural quaintness of Battery Point — all will offer insight into our history and heritage. Even the local shopping will satisfy that urge that needs to be met.

There are many restaurants and eateries within walking distance of this hotel, so do not hesitate to ask for a suggestion. The city centre is only a block away and offers all basic needs for newsagency, clothing, pharmacy and food requirements.

If you have any questions about the social or educational program, please ask at the registration desk. The papers and handouts that have been provided to us by speakers will be available on the CAPEA website via delegate only access (more information elsewhere in this booklet).

Welcome and I hope you enjoy this as much as we did in preparing it for you.

Dianne Haworth
Conference Convenor, 2014

Committee
Susie Bennett
Sally Gregor
Dianne Haworth  0419 314 225
Athlene Petterwood
Maree Reedman
Marilyn Steers
CAPEA gratefully acknowledges the generous support of the conference sponsors.

Platinum Sponsor

Kimberly-Clark  
HUGGIES

Silver Sponsor

Department of Environment  
and Primary Industries

Supporting Sponsors

iLactation  
tens australia  
IN ESSENCE

CAPEA also thanks the companies who have provided satchel inserts, advertisements and prizes.
Nicky Beamish

Nicky Beamish is a child and adolescent psychiatrist with an interest in perinatal and infant psychiatry with family therapy training. She is currently working part-time in private practice including working in a mother baby unit. Nicky has worked in a mixture of public and private sectors over many years and enjoys working collaboratively with other clinicians/services. She is interested in working in ways that improve the accessibility of psychiatrists to other practitioners. Nicky has undertaken some research into early intervention programs in youth and parenting programs. The focus of her perinatal work is on improving maternal mental health, as well as assessing infant mental health, and working on the relationship between mothers and babies.

Sue Cox

Sue Cox, AM, BM, IBCLC, FILCA has worked with mothers and babies for more than thirty-five years as a breastfeeding counsellor with the Australian Breastfeeding Association (ABA), as a midwife, and as a hospital and private practice lactation consultant. Sue was a member of the initial board of the International Board of Lactation Consultant Examiners and has served as a board member and President of the International Lactation Consultant Association. She combines her private practice lactation consultancy with writing and making DVDs both for new parents and health professionals. Her latest books are *Baby Magic* and *Altering Hospital Breastfeeding Culture: Current Evidence for the Ten Steps to Successful Breastfeeding*. Her latest DVDs are: *Breastfeeding: Mom and I Can Do That* and *Mother and Baby... Baby Can Breastfeed Easily When Positioned Well*. 
Mark Kirkland

Mark Kirkland is Associate Professor at the Institute of Technology, Research and Innovation at Deakin University. He is a specialist haematologist with more than 25 years research experience in the field of haemopoietic stem cell biology and 15 years’ experience as a clinical and laboratory haematologist.

He is the Chief Scientific Officer of Cytomatrix Pty Ltd, a biotechnology company specialising in novel technologies for the growth and expansion of human adult stem cells. Prof. Kirkland has been instrumental in the design and development of Cell Care’s Clinical Trial program, and in particular has instigated the proposed Australia-wide trial in the use of cord blood to prevent the progression of type 1 diabetes.

Pinky McKay

Pinky McKay is a best-selling author with four titles published by Penguin including Sleeping Like a Baby, 100 Ways to Calm the Crying, Toddler Tactics and Parenting By Heart. The Australian Breastfeeding Association, La Leche League International and The Australian Association of Infant Mental Health endorse her books.

An expert quoted in national publications, Pinky is a frequent guest on major TV shows including the Today Show, Today Tonight, A Current Affair, Mornings, Sunrise and The Project. A sought after guest and keynote speaker at seminars for Health professionals, and parents, Pinky has spoken and exhibited at baby expos across Australia and New Zealand and was keynote ambassador for the program launch of the Australian Government’s National Paid Parental Leave Scheme.

An International Board certified Lactation Consultant (IBCLC), she runs a private practice in Melbourne. Pinky’s reach extends worldwide with support for parents via teleseminars and webcasts to provide tips on gentle, responsive baby care. Resources such as Pinky McKay’s books, Baby Massage DVD and her eBook and audio program, Breastfeeding Simply, as well as her free newsletter Gentle Beginnings are available through her website at www.pinkymckay.com. To contact Pinky call +61 (0)3 8678 3928 or email pinky@pinkymckay.com.au.
Lynne Staff

Lynne Staff has been a midwife since 1983, practicing in both public and private sectors. She also worked as a community midwife for 14 years, providing support for women birthing at home. In 1997, she helped to establish the Nambour Selangor Private Hospital Maternity Unit, where she continued to work until her move with her husband, David, to Tasmania in 2008. She shares her current home with a dog, some chickens, resident platypus, Tassie Devils, echidnas and 30-odd alpaca.

As a manager, professional development and ‘hands-on’ midwife, Lynne has developed policies, procedure, practice guidelines, education programs and learning packages for midwives. She has undertaken research and completed an Honors Thesis which focused on the reasons for women’s choice for a Caesarean section in a normal healthy first pregnancy. Passionate about the sociological influences on pregnancy, birth and breastfeeding, she is about to commence a PhD.

She currently lectures in the Midwifery Program at the University of Tasmania and combines this with her work at the Mersey Community Hospital in Latrobe, Tasmania, with Birth International (Australia), and is a co-founder of Betterbirth Workshops ®.

Simon Thiessen

Simon Thiessen is the founder and CEO of The Real Learning Experience. His vision and leadership have transformed the company into a national leader in corporate training. During his corporate training career, Simon has facilitated learning in hundreds of organisations and with thousands of individuals.

Today, Simon works on selected learning programs he is passionate about, allowing him to dedicate time to building and supporting a growing franchise network. The most challenging and rewarding aspect of his role as CEO is that he leads a team of people, each of whom are accustomed to being senior leaders themselves. This requires Simon to set and maintain a consistent high standard in his personal leadership.

Simon works very hard to maintain balance in his life – while he is passionate about his work, his wife, Jane, and his four children are his cornerstone. Training for triathlon and multisport are critical in maintaining a healthy physical and mental focus.
John Xintavelonis (also known as John X)

John X, Tasmanian actor and comedian, is well-known in Australia for his performance as Pumbaa in *The Lion King*. He has worked for many production companies in Tasmania including 10 Days on the Island. These days John shares centre stage with his wife Cassie and baby daughter Calliope. John will be the opening speaker on Thursday.

Biographies are excerpts from the website

Pre-Conference Workshops

Ballrooms 1, 2 and 3 are located on the Mezzanine Level

**Ballroom 1**

*Fear Not the Tiger: Instilling confidence to follow birthing instincts*

Lynne Staff, Midwife and Educator

**Ballroom 2**

*Practical Antenatal Sessions: The key to breastfeeding success*

Sue Cox, AM,BM,IBCLC,FLCA

**Ballroom 3**

*Milk, Sleep and Love: The effects of baby sleep training*

Pinky McKay, Author
**Program Overview**

### Wednesday 24 September 2014

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>1200</td>
<td>Registration Open</td>
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<td><strong>Practical Workshops</strong></td>
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<td><strong>Ballroom 3</strong></td>
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<tr>
<td>1300</td>
<td>Fear not the tiger: Instilling confidence to follow birthing instincts</td>
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<td>Lynne Staff, Midwife and Educator</td>
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<tr>
<td>1330</td>
<td>Practical antenatal sessions: The key to breastfeeding success</td>
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<td>Sue Cox, AM,BM,IBCLC,FLCA</td>
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<td><strong>Ballroom 2</strong></td>
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<td>Milk, sleep and Love: The effects of baby sleep training</td>
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<td>Pinky McKay, Author</td>
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<tr>
<td>1400</td>
<td>Afternoon Tea</td>
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<td>1430</td>
<td>Practical Workshops continued</td>
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<tr>
<td>1530</td>
<td>Workshops close</td>
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<tr>
<td>1620</td>
<td>Ferry to MONA (Museum of New and Old Art) commences boarding</td>
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<td>1630</td>
<td>Ferry departs for MONA</td>
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<td>1700</td>
<td>Private viewing of MONA</td>
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<td>1800</td>
<td>Conference Dinner: Ethos/Thanatos at MONA</td>
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<tr>
<td>2215</td>
<td>Return ferry transport from MONA to Hobart</td>
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### Thursday 25 September 2014

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>0800</td>
<td>Registration and Exhibition</td>
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<tr>
<td>0830</td>
<td>Official Opening</td>
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<td></td>
<td>Lieutenant Governor, His Excellency the Honourable Chief Justice</td>
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<td></td>
<td>Alan Blow AM</td>
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<td></td>
<td><strong>Welcome to Delegates</strong></td>
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<td></td>
<td>CAPEA 2014 Conference Convenor, Dianne Haworth and CAPEA President</td>
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<td>0910</td>
<td>Opening Address</td>
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<td></td>
<td>Having your own poo machine</td>
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<td></td>
<td>John Xintavelonis (known as John X)</td>
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<tr>
<td>0930</td>
<td>The critical importance of Vitamin T - for touch</td>
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<td></td>
<td>Pinky McKay</td>
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<tr>
<td>1015</td>
<td>Morning Tea in Exhibition Area</td>
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<tr>
<td>1045</td>
<td>The importance of mental health for our children: An attachment framework</td>
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<td></td>
<td>Nicky Beamish, Child &amp; Adolescent Psychiatrist</td>
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<td>1130</td>
<td>The engaging educator</td>
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<td>Simon Thiessen, The Real Learning Experience</td>
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<td>1245</td>
<td>Lunch in Exhibition Area</td>
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<td>Time</td>
<td>Ballroom 3</td>
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<tr>
<td>1330</td>
<td>Managing mental health in mothers: When to refer and what you need to know</td>
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<td></td>
<td>Nicky Beamish</td>
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<td>1400</td>
<td>One stop shop: Antenatal care and education model</td>
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<td></td>
<td>Jacqueline Myers and Karin Birkner, RPA Hospital, NSW</td>
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<tr>
<td>1430</td>
<td>Antenatal classes with a psychological focus: What’s on offer at the major</td>
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<td>hospitals around Australia</td>
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<tr>
<td></td>
<td>Kelly Madden, Psychologist and Childbirth Educator</td>
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<tr>
<td>1500</td>
<td>Afternoon Tea in Exhibition Area</td>
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<tr>
<td>1530</td>
<td>Keys to improving baby sleep: Respecting individuality to promote infant</td>
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<td>sleep</td>
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<td></td>
<td>Helen Stevens, Safe Sleep Space, Author</td>
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<tr>
<td>1600</td>
<td>Developing a virtual village</td>
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</tbody>
</table>
1630  |  Sessions close
1745  |  Coaches depart to Government House
1800  |  Government House Reception
1900  |  Coaches depart from Government House

Free evening

**Friday 26 September 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tbody>
<tr>
<td>0800</td>
<td>Registration and Exhibition</td>
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<tr>
<td>0830</td>
<td><em>Family cord banking: Current status and future prospects</em></td>
<td>Ballroom 3</td>
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<td>Mark Kirkland, Cell Care, Victoria</td>
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<tr>
<td>0900</td>
<td><em>Knowing the tiger</em></td>
<td>Ballroom 3</td>
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<td></td>
<td>Lynne Staff, Midwife and Educator</td>
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<tr>
<td>0945</td>
<td>CAPEA AGM (Annual General Meeting)</td>
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<tr>
<td>1030</td>
<td><strong>Morning Tea in Exhibition Area</strong></td>
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**Concurrent Sessions**

<table>
<thead>
<tr>
<th>Ballroom 3</th>
<th>Ballroom 2</th>
<th>Ballroom 1</th>
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<tbody>
<tr>
<td>1100</td>
<td><em>Using Circle of Security® Concepts to promote ‘good enough’ parenting</em></td>
<td><em>Interactive Workshop</em></td>
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<td></td>
<td>when addressing infant sleep problems</td>
<td><em>Childbirth education is not extinct, especially if it’s taught right</em></td>
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<td></td>
<td>Helen Stevens, Safe Sleep Space, Author</td>
<td><em>Samantha Dunne, St Vincent’s Private Hospital</em></td>
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<tr>
<td>1130</td>
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<td><em>Lonelier than the Tasmanian Tiger: Going out on your own in childbirth</em></td>
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<td><em>education</em></td>
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<td><em>Nicole Carver, Independent Childbirth and Parenting Educator, Victoria</em></td>
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<td><em>Not extinct - just evolving: Childbirth education in the mobile digital</em></td>
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<td>1200</td>
<td><em>Lunch: Like-minded groups to gather: eg. CAPEA state groups</em></td>
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<td>Time</td>
<td>Ballroom 3</td>
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<tr>
<td>1300</td>
<td><em>Breastfeeding: Not rocket science but just as powerful</em></td>
<td>Evaluation of cultural antenatal education, birth outcomes, birth experience and maternity care</td>
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<td></td>
<td>Sue Cox</td>
<td>Nelma Galas, Women’s Health Clinic, Westmead</td>
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<tr>
<td>1330</td>
<td><em>Sea shells: A natural aid for cracked and painful nipples</em></td>
<td>Caesarian and VBAC preparation education</td>
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<td></td>
<td>Janice Deocampo</td>
<td>Lynne Staff</td>
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<tr>
<td>1400</td>
<td><strong>Antenatal Breastfeeding Education: Who’s doing it and is it beneficial?</strong></td>
<td>Could self-care be a way forward for prenatal education?</td>
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<td></td>
<td>A client satisfaction survey</td>
<td>Felicity Finn, Centenary Hospital for Women and Children, ACT</td>
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<td></td>
<td>Ros McDonough, Women’s and Children’s Hospital, SA</td>
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<tr>
<td>1430</td>
<td><strong>Afternoon Tea in Exhibition Area</strong></td>
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<td>1500</td>
<td><em>Infant sleep and settling: Get it right from the start</em></td>
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<td></td>
<td>Helen Stevens, Safe Sleep Space, Author</td>
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<tr>
<td>1545</td>
<td><em>Supporting each other to decrease conflicting advice</em></td>
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<td>Sue Cox, ANM,BM,IBCLC,FLCA</td>
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<tr>
<td>1630</td>
<td>Farewell and CAPEA 2016 promotion from South Australia</td>
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<tr>
<td>1700</td>
<td>Conference closes</td>
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**Social Program**

**Wednesday 24 September**

**Conference Dinner – 1815-2200**
(for those who have pre-booked)

The MONA ferry will depart from Murray Street Pier.

1620 – Arrive at the ferry
1630 sharp – Ferry departs

1700-1800 Exclusive viewing of MONA (Museum of Old and New Art)

1815 - After viewing the Museum, wander up to the Ethos/Thanatos restaurant for dinner. Pre-dinner drinks will be served and then guests will be seated at 1845. A shared table menu has been chosen and red and white wine and beer and soft drinks are included until 2145.

Dance and enjoy the music of DJ Peter Yost and his daughter Elizabeth.

2215 – Make your way to the ferry.
2230 – Ferry departs to the Murray Street Pier.

Note: There is a long, steep flight of steps from the ferry to the Museum entrance. Please advise the registration desk if you are not able to use these steps.

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**Thursday 25 September**

**Government House Reception 1800-1900**

Please ensure you take your invitation with you to Government House.

A Reception at Government House will be hosted by the Administrator, the Honourable Justice Shan Tennant.

1745 – The red double decker coaches will depart the Hotel Grand Chancellor and Old Woolstore.

1900 – Return transport at will take you to the two conference hotels or to Salamanca Place.
Babes in Arms’ passion for ‘gentle parenting’ has led us to specialise in products that promote child/parent bonding and holistic child health.

We are the exclusive distributors of Ergobaby - an internationally awarded brand recommended by parents and professionals alike for creating smart ergonomic parenting solutions that align with health professional recommendations.

As a nationally recognised babywearing advocate and industry leader, Babes in Arms offers resources for Health Professionals with a paediatric and maternal focus - including babywearing information and product samples.

Together we can promote the benefits of babywearing, demonstrate safe practice and encourage strong parent/baby bonds - the best start to life.
National Continence Helpline

Free service staffed by nurses providing confidential advice, referrals and resources.

1800 33 00 66
General Information

**Special diets**
If you have advised a special diet at the conference venue please check with the waiting staff.

**Taxis**
Taxis Combined  132 227
Yellow Cab Co  131 924
There is a taxi rank outside the Hotel Grand Chancellor.

**Salamanca Fresh Supermarket**
41 Salamanca Place,  Open 7 days a week from 7.00am to 7.00pm

**Certificates**
A certificate showing CPD points for day and full-time delegates will be emailed to you following the conference.

**Speaker's Audiovisual**
The presentation rooms for all sessions and workshops will be equipped with a computer, lectern and microphone. Multimedia clips should be embedded in your slides. Whiteboards or flip charts will be provided for workshop presentations.

A technician will be available in each of the presentation rooms at the time of the conference. Please bring your presentation with you on a USB. The technician will load your presentation on to the computer. If you have a complex presentation, which includes multiple media files, we suggest you bring your own laptop as a backup in case of difficulties loading it on to the conference computer.

Please go to your presentation room and load your AV during the catering breaks. Make sure this is done in plenty of time and definitely no later than the beginning of the catering break prior to your session.
We Are Family
A guide to nurturing the child and pet relationship from pregnancy to kindergarten.

NSW Office of Local Government is proud to announce
We Are Family is coming to NSW in 2014.
Currently operating in Victoria and South Australia.
Available to hospitals with maternity services and child health centres free of charge.
Enquiries wearefamily.program@depi.vic.gov.au
Telephone (03) 9217 4321

Department of Environment and Primary Industries
ABSTRACTS
Fear not the tiger ... Instilling confidence to follow birthing instincts

Lynne Staff
Midwife and Educator

Instinct (innate behaviour) has been defined as an intrinsic, typically fixed pattern of behaviour in response to certain stimuli. Any behaviour is instinctive if it is performed automatically without being based upon prior experience: in other words, instincts are inborn. Instinct may be ascribed as ‘animalistic’ (what I like to call ‘the Tigress Within’), and more ‘civilised’ responses may be used to replace instinctive behaviours. These replacement responses however are learned. Mammalian behaviours are strongly influenced by social learning and the more complex mammalian neural system — in particular the neocortex, or new brain, which is the area responsible for thinking, reasoning and rationalising — has the capacity to override instinct. What does this mean for human birthing instinct and for women in birth? In this workshop, we examine instinctive birthing behaviours of women, the influence on these of ‘birthing in captivity’ and how instinct, or the ‘Tigress within’, underpins normalcy in birth.

NOTES
Practical antenatal sessions: The key to breastfeeding success

Sue Cox AM BM IBCLC, Tasmania

Antenatal education empowers parents to care for their infants in Uninterrupted Naked Body Contact (Skin-To-Skin Contact). This constancy of contact between the infant and the parent leads to the parent’s early understanding of feeding cues that in turn leads to less crying in the baby.

Historically education about breastfeeding has been given in the last of a set of six evening antenatal classes when women are 32-34 weeks pregnant. With women staying in the paid workforce longer during pregnancy, different timing, content, and ways of educating need to be considered. It is vital to involve the extended family and support people in understanding current care, milk production and frequency of feeds to expand their knowledge and increase support that will enhance parenthood.

The session will include input from mothers and their breastfed babies.

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Milk, sleep and love: The effects of baby sleep training

Pinky McKay, IBCLC

Unrealistic expectations around infant sleep are both increased and perpetuated by media headlines and marketing of infant sleep training.

Parents feel increasingly inadequate because they don’t have a baby who sleeps ‘Twelve Hours by Twelve Weeks’ or if they are unable to ‘Teach your baby to sleep ALL night – from TONIGHT!’

Many popular sleep management programs include rigid, parent-directed feeding regimes enforced according to clocks, rather than infant feeding cues; advice to never allow babies to fall asleep on the breast or sleep ‘in arms’; and ‘cry it out’ or ‘controlled crying’ / ‘controlled comforting’ programs — there are various other names for practices that recommend ignoring babies’ cues and leaving them to cry for various amounts of time in order to ‘teach’ infants to ‘self-settle’ and sleep ‘all night’.

These ‘baby training’ regimes and many so-called ‘settling techniques’ undermine mothers’ instincts to maintain proximity with infants and offer comfort at the breast – both practices are integral to successful management of breastfeeding. Thus, baby sleep training may have adverse effects on the establishment and continuation of breastfeeding; mother-infant bonding, including the chemistry of attachment; and infant brain and emotional development.

This session will look at understanding infant sleep; the relationship between infant sleep training and breastfeeding outcomes; the science and wisdom of gentle options for soothing and supporting both baby and parents whilst also encouraging breastfeeding, secure parent-infant attachment and optimum infant mental health and how this has lifelong effects.

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The critical importance of vitamin T – for touch

Pinky McKay, IBCLC

Skin to skin contact between mother and baby is critical to: bonding and attachment, normal infant brain maturation, regulation of physiology and initiation and facilitation of breastfeeding.

Despite research supporting the critical importance of skin to skin between mother and baby after birth, hospital protocol such as weighing babies, dressing, mother-infant separation may significantly disrupt early mother-infant interactions and have unintended negative effects on bonding and attachment as well as initiation of breastfeeding.

This session will explore the evidence and what this means for early parenting and those who care for babies and parents, in normal and adverse circumstances (eg prematurity/early separation for medical reasons):

• how skin to skin facilitates the chemistry of attachment
• the critical importance to mother and baby/father and baby bonding; infant brain development and maternal brain maturation
• early skin to skin and initiation of breastfeeding
• skin to skin as an antidote to low milk supply
• what if skin to skin is delayed?
• why skin to skin is important beyond birth – loving respectful touch, massage, body awareness and benefits for babies and parents.

NOTES
The importance of mental health for our children: An attachment framework

Dr Nicky Beamish
Perinatal, infant, child and adolescent psychiatrist, Tasmania

Early attachment relationships shape a baby’s view of the world and affect all aspects of how a child moves through life into adulthood.

This presentation will focus on what attachment relationships are; how they look when they are secure or insecure; how they affect mental health throughout life and how those caring for parents in the antenatal and postnatal period can strengthen secure attachment relationships.

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The engaging educator

Simon Thiessen

The Real Learning Experience, Tasmania

Whether you are working with an individual or speaking to a group, the goal is to finish talking before they stop listening. Given some people’s concentration spans, that can be a challenge! If you have information that they need, ‘talking shorter’ may not be an option – so the key is to engage them in a way that they listen longer. In this session we will cover some key principles used by leading presenters to keep their audience awake, engaged and listening.

Simon is the CEO of The Real Learning Experience, a company he founded in 1993. He has worked with participants as a learning facilitator and keynote speaker through many parts of the world. Today, he leads a national team of learning facilitators working with corporate and government clients throughout Australia. As the father of four children aged 4-28 he may even be asking the audience for help as well!

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Managing mental health in mothers: When to refer and what you need to know

Dr Nicky Beamish

Perinatal, infant, child and adolescent psychiatrist, Hobart

Mental illness is common in the perinatal period. However most parents-to-be or parents will not need or necessarily want referral to speciality mental health services. They will be cared for by clinicians and educators who assist them through their pregnancy, labour, birth and beyond.

This workshop is designed to meet the needs of those attending so bring your questions! Or you can email questions to the conference organisers on mail@conferencedesign.com.au beforehand if you prefer.

Questions I am commonly asked and we will likely cover are:

• use of antidepressants in pregnancy and breast feeding
• when to refer a parent on to psychiatric services
• how to manage anxiety in the antenatal period
• management of psychotic illness in the antenatal period
• how mental illness affects pregnancy, birth outcomes and babies in the post-partum.

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Antenatal classes with a psychological focus – What’s on offer at the major hospitals around Australia?

Kelly Madden

Psychologist and childbirth educator

Several hospitals now offer programs with a psychological focus as part of their childbirth education programs. Some of these are specifically targeted at women who have a clinical diagnosis while others are designed for any pregnant women wishing to focus on psychological preparation for birth and parenting. This paper will present the results of semi-structured interviews with staff involved in these programs at some of Australia’s major hospitals. This will include information about the general focus of the programs, client target groups, staffing, funding, number/duration of sessions and key topics covered.

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One stop shop: Antenatal care and education model

Jacquie Myers, Karin Birkner

Royal Prince Alfred Hospital, Women & Babies/Parent Education, Missenden Rd Camperdown NSW 2050

The “THE ONE STOP SHOP” concept for antenatal care and education for ‘young parents’ or teenagers was developed due to very reduced numbers of teenagers engaging in antenatal education throughout their pregnancy. The concept of allocating two midwives/parent educators to the ‘Young Parents’ clinic held on the Monday afternoon was to increase this group’s engagement with the health professional responsible for their care, give the girls some education on the whole spectrum of birth and parenting, and make the experience social, thus increasing the network amongst this vulnerable group of young women.

Already established at RPA, the ‘Young Parents Group’ (i.e. any pregnant woman presenting to RPA under the age of 20 yrs), attends an antenatal clinic visit on Monday afternoon from 1330hrs-1600hrs. During this time they were seen by a midwife, a GP (with an interest in obstetrics and adolescent health), a social worker and a dietician. The non-chargeable antenatal education sessions were scheduled for Wednesday morning from 1000hrs-1200md and food provided as an insensitive...however the attendance was appalling. The outcomes in delivery ward during the postnatal period and breastfeeding were poor, also poor parenting skills and increase DOCS involvement and resumption of care of the babies.

With the involvement of the Parent Education Department a classroom became available for the clients to sit, talk, and have something to eat and have privacy from “prying judgemental eyes”. The clients were engaged and asked what they wanted to be informed/learn about, how they wanted to be informed/learn, and they decided when they are ready to engage in learning specific topics regarding birth and parenting.

This has been a great success for the clients as well as the ‘Young Parents’ team. We were involved in the YAP Program ‘ivebeenthere’ by NSW Health. We have learnt so much from them and never stop being surprised at their resilience. The outcomes in most areas of their care have improved, less resumptions of care, higher breastfeeding rates, active births and more going back to school or TAFE to finish their education. The team development has also been greatly enriched, great networking and supporting each other so that our clients get the best care....it is a great experience, working in this model.

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Group facilitation – An assessment tool

Deb Galloway

Midwife, John Hunter Hospital, NSW

This assessment tool aligns well with the CAPEA Competency Standards for Childbirth and Early Parenting Educators. (NACE, 2011). These standards provide a nationally consistent approach towards competent practice for childbirth and early parenting educators from diverse backgrounds. Linking the Group Facilitation Assessment Tool with the competency standards provides documented evidence of our accountability in our practice regardless of our professional background.

Designed initially to meet the needs of a Graduate Certificate in Parenting Education some years ago, the assessment tool has now evolved to support the Competency Standards for Childbirth and Early Parenting Educators. It is a useful tool either for self-assessment for individual educators, or it can be used as a framework for mentoring relationships or for more traditional assessment purposes.

This workshop will explore the use of the assessment tool as a systematic guide to assessing practice and clarifying why, how and when it could be used in various contexts to support professional and personal development.

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Tackle the terrors – Antenatal parenting education program

Karen Burr, Monica Hughes

Karitane, PO Box 241 Villawood, NSW

‘Tackle the Terrors’ is a program funded by Communities for Children (C4C); 2012-2014, an initiative of the Australian Government funded by Department of Families, Community Services and Indigenous Affairs, to provide prevention and early intervention initiatives for children birth to 12 years, and their families. The program provides pregnant mums, dads and support people who live in the Bankstown LGA with information about parenting in the early months and years including tips and useful parenting hints and aims to connect parents with their local communities to build capacity and enhance outcomes for children. Karitane is an affiliated health organisation that provides child and family health services to families in NSW was engaged under C4C to deliver this program.

Tackle the Terrors is a unique parenting education program where an experienced child & family health nurse provides 4 weekly sessions to deliver evidence-based parenting education to parents prior to the birth of their baby. This model enhances the establishment of support networks within the Bankstown LGA linking families with health and other services if further intervention and support was warranted.

Feedback from parents who attend is that the knowledge gained during the program has enhanced their parenting confidence, giving them some practical parenting skills and thus enhancing the outcomes for children from these vulnerable groups.

This presentation will provide an overview of the program highlighting how Karitane has worked with service providers, local council and the community to deliver the ‘Tackle the Terrors’ program. A case study outlining the experience of one family who has attended the program will be provided.

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Taming the tiger during homebirth transfer: Can we prepare?

Deborah Fox, Athena Sheehan, Caroline Homer

Centre for Midwifery, Child and Family Health, University of Technology Sydney, Broadway, NSW

Recent evidence supports the safety of planned home birth for low risk women when professional midwifery care and adequate collaborative arrangements for referral and transfer are in place. A number of international studies demonstrate a trend for larger proportions of primiparous women to be transferred than multiparous women, and report that the majority of transfers occur for non-urgent indications, such as delayed progress in labour, the woman's request for pharmacological pain management or the unavailability of her midwife. Small numbers of women are transferred due to emergencies such as postpartum haemorrhage or neonatal respiratory distress.

This presentation will discuss the childbirth education needs of women planning a homebirth, focussing on how to prepare for the possibility of transfer. This stems from a larger qualitative study, as part of the Birthplace in Australia project, exploring the views and experiences of women and caregivers on transfer from planned homebirth to hospital. Quality and clarity of information during pregnancy, keeping an open mind to variations of normal, asking the right questions at the time of transfer, feeling familiar with the back-up hospital and seeking continuity of care are aspects that may ease the transition to hospital if transfer is required.

Childbirth education, for women considering a planned homebirth needs to include information on how best to be prepared for the possibility of transfer, especially for first time mothers. Aspects of preparation during pregnancy that have been shown to be most helpful will be presented, in order to assist childbirth educators and midwives facilitate informed decision making for women and their families.

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Normal physiological birth – An endangered human activity

Rhea Dempsey, Birthing Wisdom, Victoria

Due to the cultural, lifestyle and other factors that influence how we birth, high levels of intervention are now considered normal. However whilst being ‘socially normal’ they are far from physiologically normal.

Normal physiological birth — what do I mean? A birth that is initiated by the hormonal interplay stimulated by the baby’s readiness to be born and the mother’s readiness to release her; a birth driven by surging birth hormones that drive the contractions that open the mother’s body; hormones that support her capacity to work with the intensity of the contractions. Hormones that stimulate bearing down urges to bring the baby onto the perineum, setting off a further surge of hormones that peak with an ‘oxytocin high’ at the moments of birth — a multitasking ‘love bombing’ that awakens bonding behaviours, attunes the mother’s senses to her baby and stimulates breastfeeding. Hormones that separate the placenta and contract the uterus marking the completion of the birth.

Well any reading of the Australian birth statistics would confirm that normal physiological birth is an endangered activity. In fact environmentalists would have it on an endangered ‘red list’!

Why?

• cultural and lifestyle factors
• structural issues and expansion of medical parameters
• social choice versus medical need
• pain dynamics.

What supports normal physiological birth?

• care-givers
• birth place
• birth preparation.

As childbirth and parenting educators, what is our responsibility?

Do we explain to women that it’s not that the birth process doesn’t work or that their bodies fail them, rather it’s what is offered and done to them that robs them of their birthing potential and is sending normal physiological birth to the edge of extinction?

Do we need to become activists for the conservation of normal physiological birth?

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Keys to improving baby sleep: Respecting individuality to promote infant sleep

Helen Stevens
Director Safe Sleep Space, Author

Each individual baby will respond differently to their world. How then do we support babies in finding sleep while respecting their nature, genetics and their internal and external environments? The key is creation of an emotionally safe place where babies can find sleep. This presentation will focus on individuality of family members (parents and babies) and offer insight into strengthening bonds while helping baby at sleep time. Bed sharing and SIDS recommendations will also be discussed.

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Antenatal education programs: An evaluation of the four different program models

Dr Jane L Svensson
Clinical Midwifery Consultant, Royal Hospital for Women, Randwick, NSW

In 2011 the Royal Hospital for Women became the first hospital in Australia to offer Calmbirth as an antenatal educational program available to our expectant couples. Calmbirth became one of a range of programs offered to couples, one item on our ‘menu’ of programs, the menu being an outcome of my doctoral research, so in reality it was a natural progression to offer another option. To satisfy the ‘sceptics’ though, it was agreed to undertake a comprehensive evaluation of the program with an extensive questionnaire being sent to couples at 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 in excess of 400 x 15-page questionnaires I provide the results. Being one of the most comprehensive evaluations undertaken in Australia this paper will be of interest to educators and midwives alike.

The objectives of this research being:

• to significantly and comprehensively identify and document the attributes and characteristics, the childbearing outcomes and the reaction to every facet of the educational program they attended, of the women, and partners, within each program model, to then greatly enhance the ongoing development-evaluative cycle from which each of the programs will be further developed and modified.

• to compare the results from each convenience sample (4 x 100 couples) to guide future expectant couples to a program that will meet their specific characteristics ad their educational and skills development needs.

Total sample is 415 couples. Data analysis in progress, with exciting results, especially for Calmbirth couples. Full report at the conference. Theme: A village is still needed to raise a child.

NOTES
Developing a virtual village

Lisa J. Robertson
Clinical Midwife Specialist Parenting Education, Maternity Services, John Hunter Hospital, New Lambton Heights

A virtual village is needed to support Australian childbirth and parenting educators, a widespread group from diverse backgrounds, as they provide education to expectant and new parents. Smartphones and tablets have revolutionised the way we connect with each other and seek information and upgrade skills. The national organisation, Childbirth And Parenting Educators of Australia Inc. has embraced the newer technologies by redeveloping its website. The outcome is a mobile responsive website that is the virtual shopfront of the organisation. It provides information, links to other sites relevant to educators, and an opportunity to share with other educators via social media. Calming the tiger within was essential to steadily and collaboratively bring the new website www.capea.com.au to life.
The Amazing Race: Unleashing the knowledge within

Melinda Eales, Childbirth Educator, Maternity Craft

Educators come in all shapes and sizes – including their length and breadth of experience.

This interactive session is loosely based on the TV series “The Amazing Race”.

The activity begins with all participants beginning from the one area. Each team is given a clue to their next location. At that location the team must complete an educator style activity. Once completed satisfactorily they will be given a clue to their next location.

The first team to complete all activities and arrive at the final destination is the winner.

However, more than winning, the aim of this activity is to renew and refresh the basic concepts of facilitating learning. Being done in a “team environment”, may assist those who are beginners in this field and it may also show the tired educators new ideas from the fresh perspective of others.

This activity was trialed in Melbourne in 2011 with great success and received great feedback from the Sydney conference in 2012.

The success of the activity will however be dependent upon gaining the assistance of about six (6) CAPEA members to be “judges” – one at each location and providing sufficient time to participate in the event.

This interactive workshop will involve active participation and sharing of ideas at each station about several key areas, such as:

- new and relevant information
- various ways of conducting topics
- adult learning activities and ways to incorporate these into sessions.

The activity for each of these can be designed around the themes of the conference

A complete set of guidelines can be made available upon request

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Friday 26 September 2014

Family cord banking: Current status and future prospects

Mark Kirkland
Cell Care, Victoria

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Knowing the tiger

Lynne Staff

Midwife and Educator

A tiger is a tiger is a tiger… or is it? When is a tiger not a tiger? In keeping with the context of the conference theme of Taming the Tiger, we explore the following: what exactly is the Tiger? Is it one Tiger or is there more than one? Through whose eyes is the Tiger seen and what makes it a Tiger to some but not to others?

Further, does the Tiger need taming? Asking these questions enables us to come to know the Tiger from a number of different perspectives: of women, of childbirth educators and of maternity health care providers. Knowing the Tiger also enables us to understand the meanings that are attached to the Tiger, depending on whose Tiger it is. An awareness of the shape-shifting quality the Tiger possesses is essential for us to know the Tiger. After all, according to an old Cambodian proverb… The tiger depends on the forest; the forest depends on the tiger.

NOTES
Using Circle of Security® concepts to promote ‘good enough’ parenting when addressing infant sleep problems

Helen Stevens

Director Safe Sleep Space, Author

When overwhelmed by any situation, it is often difficult to see our own behaviours clearly. Sleep deprivation can cloud a parent’s ability to trust intuition. This is often the time parents become confused by advice and opinions of others. How does a parent overcome self doubt? Using the parent-infant interaction behaviours at baby sleep time, parents can begin to see trust in their own parenting abilities and gut feelings. Derived from Attachment Theory and Attachment Research, this session provides clinicians with thought provoking language from the Circle of Security® model to share with parents, to help each parent reach their potential.

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Childbirth education is not extinct, especially if it is taught right

Samantha Dunne, St Vincent’s Private Hospital, Victoria

CBE Consultant

All CBEs face barriers and blockers. This team successfully introduced CBE into Mongolia in 2014 and it is now taught in three large maternity hospitals. This country had never taught CBE before and was dubious about its critical importance and relevance. The team bridged cultural, language and resource barriers to demonstrate and embed modern, relevant, engaging teaching in CBE that was also globally applicable. We would like to share how we brought CBE to life in a country that wanted it extinct and how we keep it alive in our own teaching settings.

We would like to share the modern information, research and understandings that inform us in our daily practices in major maternity hospitals teaching CBE that breathe life into our classes, ensure they are sought after, well attended and will never become extinct.


Participants will see video and PowerPoint presentations, watch role plays and participate in ice breaker activities. The presentation will be an interactive, engaging session and participants will be encouraged to use any of the successful ideas, many new in their own CBE education.

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Lonelier than the Tasmanian Tiger: Going out on your own in childbirth education

Nicole Carver

Independent Childbirth and Parenting Educator, Victoria

There are many wonderful Childbirth and Parenting Education professionals working extremely hard to provide a high quality and inclusive service, and they do. However, sometimes they may be left wondering if they addressed the needs of the quiet couple in the corner, or the woman who approaches them at the end of the class with many questions, obviously still very anxious about the upcoming birth or early parenting period.

Have you ever thought, “It would be lovely just to have more time with them on their own”? Or perhaps you have your own ideas about what to teach or how the information should be delivered, and it just doesn’t fit into a large, generic program. Independent practice may be for you!

This presentation will follow the journey of a childbirth educator who felt this way and wanted to have a go on her own. She will describe the challenges, the joys and the pitfalls of private practice. It will include tips on setting up and running your own small business, such as getting your ABN, marketing, how to handle the finances, finding an insurance provider and managing with few resources. Some case studies will also be shared.

By the end of the session you may decide that private practice is not for you. Others may feel that they have the information to go out and have a go for themselves, if not now, then perhaps when the time is right.

NOTES
Cord blood and tissue stem cell storage  
Antenatal education for expectant parents & clinical collection update

Lynn E. Evans
Midwife & Clinical Educator, Cell Care Australia
Lynn.evans@cellcare.com.au

Introduction: The collection and storage of umbilical cord blood (UCB) has now been standard practice for 25 years now. More than 30,000 cord blood units have been used in transplants globally in the treatment of over 80 diseases.

A recent Australian survey of 1873 expectant mothers conducted by the University of Sydney revealed that the 93.1 % believe “pregnant women should be informed about cord blood banking during pregnancy”.

The survey also showed that the understanding of cord blood banking is very low, especially the difference between public and private banking. Overall the results suggest that cord blood should be part on antenatal education and a small amount of information can make a difference to women’s decisions about cord blood banking.

It is important that expectant parents have access to the most current and accurate information when making the important decision to store their baby’s stem cells. The objective of this presentation is to update midwives and childbirth educators in both the scientific and clinical advances in cord blood banking.

Part 1 – Cord Blood and Tissue Stem Cell Storage – Antenatal Education

Aim: This presentation provides childbirth educators information to confidently deliver cord blood banking information to expectant parents at antenatal classes. It covers stem cell basics, uses of cord blood now and in the future, sibling match and options for public donation and private banking. Attendees will be provided with a memory stick containing the slides to include in their own antenatal presentations.

Part 2 – Cord Blood and Tissue Collection – Clinical Update

Aim: This presentation provides childbirth educators with a clinical update on cord blood and tissue collection. Educators will learn up to date techniques including how to maximise cord blood volumes for the best possible stem cell retrieval. Packaging, transport and post collection follow up and support for families is also covered.

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Not extinct—just evolving: Childbirth education in the mobile digital era

Rebecca McQueen

Childbirth Educator, Birth Sense Australia, Victoria

The vast majority of childbirth education classes happen in a classroom-based environment; however, in modern society, expectant parents are accessing additional information and are increasingly spending more time researching and educating themselves online.

The aim of the Birth Sense Australia “Birth Basics” program is to form a complementary and collaborative approach with hospital-based antenatal classes and online education.

Research shows the education community is moving to a “blended” learning approach combining face-to-face classes with online content. Studies show the ability to access learning on mobile devices increases motivation to complete the learning as users have more flexibility to access information from both a location and time perspective.

The Birth Basics program has been built with the latest adult learning principles and accessibility considerations. It has been created with current Australian hospital advice and protocols in mind. To allow maximum flexibility, participants are able to view either the entire program or simply download the topics they believe to be most relevant to them.

While the internet is a valuable resource for parents, its unrestricted nature can lend itself to incorrect or misleading information being given by often unqualified people.

Many parents express that they like and want to do face-to-face hospital-based classes. They place high value on midwifery-lead education.

While current methods of teaching remain important to parents, the explosive growth of mobile learning will be with us for the long term and it is essential that we adjust and advance our teaching philosophies and methods accordingly (Kinash, Shelly; Kordyban, Ron; Hives, Lauren. “What mobile learning looks like” (2012). Learning and Teaching papers. Paper 38. Http://epublications.bond.edu.au/tls/38.)

The combination of face-to-face classes and online learning led to higher parent satisfaction and information exchange and may reduce birth related anxiety. We conclude that the rise of internet-based education will lead to a greater percentage of the population demanding responsible online learning experiences from credible Health care professionals.

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Breastfeeding: Not rocket science but just as powerful!
Sue Cox AM, BM, IBCLC, Tasmania

Like a rocket, the baby needs a constant ‘fuel’ source during development. He receives his priming fuel via the umbilical cord blood with booster hormones for growth and development and from drinking the amniotic fluid he is floating in for proteins and growth factors. It is fascinating that a newborn, with a brain that is only about thirty percent of its final size, has innate neuro-behaviours of senses to show the way to the next fuel source, the breast, because that’s where there will be warmth, love and the best food in the world to boost physical and psychological development.

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Sea shells: A natural aid for cracked and painful nipples

Janice Deocampo

It is believed that sea shells have been used for thousands of years by Scandinavian breastfeeding mothers to soothe, protect and promote the healing of sore and cracked nipples.

Approximately 10 years ago this localised practice became more widespread and now the shells are available and their use promoted by midwives in all the maternity facilities across Norway, Sweden, Denmark and Finland.

Two small studies in Denmark and Sweden confirm that the use of the shells can promote healing.

Anecdotal evidence from use in Australia will be shared in my talk on the use and possible healing action of the sea shells.

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Antenatal breastfeeding education – Who’s doing it and is it beneficial?
A client satisfaction survey

Ros McDonough, Julie Lewis

Womens’ and Childrens’ Hospital, SA

In March 2011 the Womens’ and Childrens’ Hospital, Adelaide, implemented a new education initiative to help meet the Baby Friendly Hospital Initiative criteria ‘Step Three: Provide antenatal information—inform all pregnant women about the benefits and management of breastfeeding.’

This education initiative targeted women at their 28 week gestation appointment and provided them with opportunistic individual breastfeeding education as well as already established breastfeeding education opportunities.

A client satisfaction survey was undertaken to determine:

• where women were accessing antenatal breastfeeding education
• if the new education initiative complemented or increased education accessibility
• if the woman’s antenatal breastfeeding education fulfilled postnatal breastfeeding information expectations.

Of the 77 women who returned surveys the majority indicated they were satisfied or very satisfied during their antenatal appointments. Twice as many respondents were seen by doctors than midwives, however, a larger proportion of breastfeeding discussions occurred during antenatal appointments with midwives.

Around 30 per cent of respondents indicated receiving the new education initiative. Women who saw midwives accessed the initiative in greater proportions than women who saw doctors. Individual comments by women regarding breastfeeding education satisfaction are yet to be categorised and analysed.

Antenatal breastfeeding education is offered in a variety of formats and women engage with these services in different ways. Medical staff directing women to individual breastfeeding education services would improve access to services. The majority of women surveyed were satisfied to very satisfied with antenatal breastfeeding education.

NOTES
Evaluation of cultural antenatal education, birth outcomes, birth experience and maternity care

Nelma Galas

Women’s Health Clinic, Westmead

In some parts of the world, antenatal preparation is less of a formality and knowledge of the birth experience is passed from mothers to daughters or from the traditional birth attendant to those in their care. The existence of structured education preparation for childbirth and parenthood has come about as traditional methods of information sharing.

Antenatal education has been provided to Culturally and Linguistically Diverse Background women (CALD) who experience one or more of the following barriers such as low socio economic status, newly arrived migrants and refugees, women with special needs, young mums, overseas students, those with low English skills, illiterate in their own language, isolated/ limited family support and women who are multipara but the first baby in Australia.

The aims of the project to evaluate the outcomes of the antenatal classes by measuring the effectiveness of education in improving the birth outcomes, lowering unnecessary medical intervention, enhance women’s experience and satisfaction of the services provided during their pregnancy, labour and birth.

Evaluation was conducted by Maternity Liaison Officer and Perinatal Care Worker (Community Migrant Resource Centre) in Westmead hospital of 130 CALD women during 6 weeks antenatal program. Postnatal survey during class reunion and phone survey after giving birth for women who did not attend class reunion. During the period of July 2012- June 2013, 130 antenatal and postnatal surveys were conducted.

Results of antenatal evaluation, 98% CALD women express antenatal classes were of great significance and essential for preparation for labour and birth.

In summary, the antenatal education program has been validated to be a useful, inexpensive tool for improving CALD women’s knowledge of labour, birth and maternity services, consequently improving birth outcomes and the quality of experience had by women and their families utilising Westmead Maternity Services.

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Caesarian and VBAC preparation education

Lynne Staff

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Could self-care be a way forward for prenatal education?

Felicity Finn

Centenary Hospital for Women and Children, ACT

In a world facing escalating illness and disease rates, it’s very important to consider how our lifestyles impact. It’s also very important to consider what checkpoints in life offer us the ‘stop’ we need in order to evaluate this. Often it’s an adverse event, such as an accident, death, a diagnosis or a crisis, which forces or frightens the person in to considering change. However, with the natural wonder and delight of a pregnancy, this is an ideal natural catalyst for change, and presents a unique opportunity for pregnant women and their partners to deeply consider how they are living.

Although the greater motivator is often the perceived benefits for the unborn child, the mother’s health and wellbeing is greatly enhanced by her increased self care. The more self caring the mother is, the more potentially other family members can consider self care too. This can manifest in very simple things such as more awareness with food choices, reduction or no alcohol, and early nights.

On a broader scale, self care is being spoken about in conferences to address burnout in hospital workers. Self care is being taught in yoga schools and swim school and singing schools, where participants frequently marvel at how much they enjoy being self caring. Pregnancy provides a natural and wonderful opportunity for lifestyle review, in terms of inner development, diet, work, exercise and the inclination to make oneself the priority. If we don’t bring this awareness and celebration of what they have already done to care for themselves, it is a fabulous chance being missed to really take hold and maintain healthy lifestyles long term, when the pregnancy is long over, and lifelong patterns establish.

Could prenatal education be just about to evolve to include a whole-of-life health promotion focus? Could we as prenatal educators step up to the forefront of change for the next generation and generate new growth in the area of self care? Worthy questions indeed, when we consider the health statistics today’s babies are being born into.

NOTES
Helping mums move towards normal birth with acupressure

Rebecca Mar Young

Rebecca Mar Young (Co-Director of Acubirth and Red Tent Health Centre, Acupuncturist, Herbalist, Yoga Teacher and Mother of two)

It is widely known that touch during birth is not only helpful but can be incredibly supportive and encouraging of the natural birth process. With “Towards Normal Birth” now being firmly on the agenda of NSW health, it is an exciting time to be a birth worker. Now more than ever before, natural tools to assist women are being encouraged, as more and more evidence suggests that having a natural and normal birth – where the woman feels supported and cared for – provides optimal outcomes for her and her baby.

Acupressure is an ancient system of touch, dating back more than 2500 years. It involves using pressure to a specific part of the body to induce a specific action. It is quite different to massage for that reason. And for that reason, it is important to learn. Acupressure to certain spots during birth can assist contractions to become regular again, help posterior babies to turn around, reduce pain, stop vomiting, calm the mother and get her back in her body again and much more. There are no side effects to the techniques, so if the birthing mother is keen, they are always worth a try.

Through teaching hundreds of midwives, Rebecca and Naomi have found through birth workers’ feedback that these points work really well. They’re simple to learn, they easily integrate with conventional medicine, and the partner has something helpful to do.

NOTES
Carry me close to your heart: Safe babywearing practices for maternal and infant wellbeing

Anita Lincolne-Lomax, Director, Irina E. Gibson, Die Trageschule Consultant, ABA Breastfeeding Counsellor

Babes In Arms, 6 Knocklofty Terrace, West Hobart, TAS, 7000

Babywearing enables parents to continue their daily routine while providing a safe and enriching environment for their child. It is an instinctive parenting style where a baby is held close to the parent or caregiver in a sling or baby carrier, offering both functional and emotional benefits. Carried in this way the mother's body defines the baby's sensory world and the baby benefits from stimulation of their autonomic and nervous systems. Touch is essential to children's physical growth and development and studies have shown that children who experience high physical contact have better physiological and cognitive outcomes. Babywearing facilitates the bond between caregiver and infant, helping mothers respond to their baby's cues, and decreases the risk of postnatal depression.

While babywearing is not a new concept in many parts of the world, it has recently gained popularity in western cultures. And in the absence of a cultural tradition of babywearing, or safety standards, there is a need for education. In well-designed products, and following safe positioning guidelines, babywearing is not only safe but protects infants when they are at their most vulnerable.

Safe babywearing practices include understanding the range of products and how to use them: positioning the baby for optimal hip and spine development and reducing the risk of asphyxia and responding to the developmental ages and stages of the baby.

As babywearing advocates and industry leaders, Babes in Arms wants to help equip health professionals with educational resources to support new mums in their safe babywearing journeys. It still takes a village to raise a child. We invite you to share the safe babywearing message with the women and families in your care.

NOTES
Parenting is instinctive ... or is it?

Melinda Eales

Maternity Craft, Victoria

In today's western society most woman are exposed to babies at three stages in their lives: as siblings, as mothers and as grandmothers. Apart from those whose occupations also bring them into contact with babies, it can be fair to say that most expectant parents of the 21st Century have little practical or theoretical involvement with newborns.

Unlike several generations ago when women were constantly exposed to pregnancy, birth and the raising of children from a young age, most women today only become interested when they themselves are pregnant.

With parenting being such an important role, expectations so high, and postnatal depression on the increase, educators are in the ideal situation to enhance the knowledge of expectant parents and assist them, at least in part, to understand their baby.

Many parenting preparation programs, however, currently consist of approximately 1-3 hours of parenting information. This, at times, includes a lot of information on things such as what to buy, home safety and practical aspects of bathing and nappy changing.

Although interesting and important, educators could perhaps better utilise that time providing expectant parents with more useful information about newborns, such as their ability to communicate at birth and how they experience their world.

This session would be designed to provide information about a baby's sensory capacity at birth, as well as how that knowledge can assist parents in their new role.

By better understanding what a baby actually is and by encouraging new parents to respond to their own innate feelings about how to respond to their baby, both parent and baby would have a more positive bonding experience and a richer engagement with each other.

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Infant sleep and settling: Get it right from the start

Helen Stevens
Director Safe Sleep Space, Author

What will ensure a baby is given every opportunity to establish healthy sleep patterns? A caregiver who can meet their baby’s needs. By promoting understanding of the workings of the infant brain, both ante and postnatally, parents are equipped to provide caregiving that matches the neurological functioning of their baby. Understanding allows parents to be considerate of the capacity of their baby when making decisions around the commonly discussed issues such as: baby sleep needs and abilities, getting into a routine early, fostering independence from an early age, moving to formula so baby will sleep longer and spoiling a baby by responding when they cry.

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Supporting each other to decrease conflicting advice

Sue Cox AM, BM, IBCLC, Tasmania

Mothers are unable to ‘take-in’ information during the first few days after the birth (Attrill, 2002). During the short hospital stay many suggestions are given to mothers who are having breastfeeding difficulties and the mothers often are discharged from hospital not knowing which suggestion is the best to follow.

Many mothers talk of the conflicting advice they receive as midwives, in their busy work days, try to keep up with ever changing suggestions relating to breastfeeding. How do mothers sift through all this information? Simple advice is important but explaining current understandings of breastfeeding and milk production in easily understood language is more important.

If mothers are well educated antenatally then they will only seek advice in unusual circumstances. It is vital that we support each other by only giving information that is scientifically and qualitatively known to be helpful to mothers. When these things are universally understood and practiced then breastfeeding will just happen.

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Tarburton Krystelle Jessie McPherson Private Hospital VIC
Turnham Kayla Armidale Hospital NSW
Ward Rebecca Campbelltown hospital NSW
Warnock Sarah Royal Womens Hospital VIC
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Correct at the time of printing
### Exhibition Booths

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**Floor plan of trade**

**Exhibition Booths**

- **Chancellor 1**
- **Chancellor 2**
- **Chancellor 3**
- **Chancellor 4**

- **Ballroom 1**
- **Ballroom 2**
- **Ballroom 3**

- **Harbour View 1**
- **Harbour View 2**

**Mezzanine floor – Hotel Grand Chancellor**

Exhibitor Exhibition and daily catering