

ANNUAL REPORT 19-20





This Annual Report has been prepared by:

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Acknowledgement of Country

The ABTA acknowledges the traditional custodians whose lands we are fortunate to live and work on, and we pay our respects to their Elders, past, present and emerging.

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Australasian Birth Trauma Association

Vision

To prepare every family and health professional with the tools, knowledge and power to have a trauma free birth and improve the quality of life for those affected.

Mission

To reduce the instances and impact of birth trauma whilst supporting affected women, families and health professionals.

Objectives

1. To advocate for birthing women in Australia and New Zealand with an emphasis on pre & postnatal psychological and physical well-being.
2. To expand partnerships with health professionals and government bodies that will increase awareness of birth-related trauma and better coordinate prevention and treatment.
3. To support and promote research that is focused on proven approaches to identifying and handling birth trauma for the continued education of healthcare professionals.
4. To improve the long-term well-being of the mother and families of those affected by birth-related trauma.

Underpinning ABTA's work is its commitment to the following values:

1
To promote acknowledgement and understanding of birth trauma through advocacy, education and research

2
To engage in active collaboration with health care providers, other perinatal service providers and consumers

3
To lead with empathy, compassion and without judgement

4
To contribute to better health outcomes for mothers, babies, families and health care providers



Foreword

It continues to be an utmost pleasure, privilege and honour to be ambassadors for the Australasian Birth Trauma Association (ABTA). The education, support and advocacy that ABTA so greatly provide and do with unwavering passion is felt by so many families just like us.

Our traumatic delivery of our second child in June 2019 was sudden, dangerous and overwhelmingly all-consuming. What happened during our premature birth changed us. It changed us as people, as husband and wife and it changed us as a family. As the physical scars healed, the emotional scars on all who were present that day have taken their toll a lot longer. And such feelings had most certainly infiltrated into other facets of our life.

We made it a priority to process and accept every part of our birthing journey no matter how raw, hard and heavy that felt. Birth trauma doesn't discriminate, it also presents itself with many faces unique to all who face it.

We're incredibly proud ambassadors of an organisation that does so much to support those consumed by birth trauma and help parents and families process and accept their experience so they can move on too. We know this support also continues to be so readily available with thanks to contributors, donations and volunteers. Thank you for supporting the organisation, creating a safe space to start non-judgemental conversations and having complete understanding that birth trauma looks different for everyone, what can look and seem uneventful to one can be deeply traumatising for another and thus it is paramount that we continue to encourage these very conversations so that families can seek the help and support that they need and deserve.

Thank you to the ABTA for leading and lighting the way with so much empathy, compassion and understanding and for contributing towards better outcomes not just for birthing mothers, birthing partners, their babies and wider families but also collaboratively with health providers too.

Many would agree that giving birth is a defining and transformative event. And with the right support, a safe place, and tools to help along the way I truly believe good can even come about from the most traumatic of births.

Almost two years on, we approach our second born child's birthday with a mixture of utmost excitement and also trepidation because of the memories and emotional reactions it will undoubtedly initiate. But it is a date that is also a celebration of how far we have come in our healing since that day and why as proud ambassadors we will continue to advocate so proudly and passionately in this space.

'...there are people who have been through hell walking out of the flames carrying buckets of water for those still consumed by the fire.' - Stephanie Sparkles.

No-one has to walk the birth trauma paths alone.

Nadine & Dane Muller

Ambassadors



Acknowledgements

Firstly we'd like to acknowledge co-founders, Prof Hans Peter Dietz and Dr Elizabeth Skinner. Whilst they no longer have any regular involvement with the organisation, the ABTA would not have begun without their support. We are sure that many women across the globe are grateful for their influence in shifting the conversation around birth trauma.

We are also grateful for the support, and generosity of spirit, of our many donors, volunteers, partner organisations and supporters. In particular, the individuals listed below have made a substantial contribution to our work in the 2019-2020 financial year. We thank all of you.

Adele Pope
Alice McClintock
Amanda Smith
Amy Dominey
Andre Khoury
Angela James
Anna-Lee Ura
Antony Lo
Associate Professor Clara Shek
Belinda Piper
Brendan Cook
Briony O'Connor
Bronwyn Ford
Bronwyn Leigh
Catherine Willis
Cathie Knox
Christine Percy
Christine Pistone
Claire Boffey
Claire Foord
Clementine Ford
Courtney Beattie
Dan Miles
Dana Cross
Dr Ajay Rane
Dr Alka Kothari
Dr Jenny Kruger
Dr Jessica Caldwell Hall
Dr Maya Linden

Dr Oliver Daly
Dr Sascha Callaghan
Dr Vijay Roach
Eliza Pike
Elizabeth Bennett
Em Jensen
Emily Billiau
Emma Bowen
Esmé Sloan
Fiona Rogers
George Newhouse
Guy Downes
Hayley Wills Art
Helen Clare
Helen Funk
Janine Oostenbroek
Jason Armstrong
Jessica Humble
Joyce Vanderham
Kate Draper
Kate Toon
Katherine Feeney
Kim Thomas
Kristy-Lee Powell
Lachlan Cramey
Lana Sussman
Larry & Felice Fingleson
Laura Harnett
Laurelle Curtis
Lori Forner
Marika Hart
Matthew Graham
Michelle Wright
Mirjana Jovetic
Nadine and Dane Muller
Naomi Blount
Natalie Kaplan
Nicole Lamb
Nikki Boyd
Pamela Bishop
Paul Armstrong
Pauline D'Costa
Phoebe Bennett
Prof Sue Walker
Professor Bryanne Barnett AM
Rachel Haywood
Racquel Vman

Reka Upward
Rhyannon Spring
Rob Siberstein
Roberto Pietrobon
Robyn Brennen
Robyn Wilcox
Rowan Cockerall
Sally Ely
Sam Chadwick
Sarah Etherington
Sarah Tindall
Shevonne Hunt
Stephanie Thompson
Sue Croft
Suganya Ganesan
Suzanne Rhimes
Suzi Rees
Tamara Bluhm
Taryn O'Brien
Terri Barettt
Terry McCormick
Tracey Mackle
Vanessa Collins
Vicki Zhang
Vivianne Kissane
William Teng

Partners

Birth Trauma Association UK
Brain Injury Foundation
BrandUnity
Care to Compare
Centre for Perinatal Psychology
Debi Brett Photography
Hayley Wills Art
Make Birth Better
McInnes Wilson
Parent Zone
Peach Tree Wellness
Sydney Pelvic Clinic
The Parents Village
Western Sydney MRC



Chair Address

To all our valued members and supporters

It is a pleasure and honour to present to you my first chair's report for the Australasian Birth Trauma Association. I hope that it is the first of many.

2020 has disrupted and challenged the world, and all of the communities, families and people living in it. We at the ABTA have been hearing from many people, particularly those who have been pregnant or caring for young children in 2020, that the COVID19 pandemic has introduced considerable new stresses into their lives. Health systems and practitioners have been under pressure; Telehealth appointments have replaced many face-to-face consultations; and some of society's usual support systems for new mothers and babies have fallen away. The ABTA's work and support is more needed than ever.

And yet, for the ABTA, 2020 has been a year of growth, ideas, collaboration and impact. Despite not being able to meet up in person to run some of the events and courses we had looked forward to, we have built deeper and broader community connections. Our social media groups have grown, and we have continued delivering peer support services, listening to the women and families for whose benefit we work. We have collaborated with new partners and continued to strengthen relationships with existing ones. We have substantially increased our income through a major conference and donations, which will open up still more possibilities for the future.

The ABTA has also been getting out its message everywhere. Amy Dawes and other ABTA representatives have appeared in podcasts, webinars, newspapers, conferences and online media throughout the year, and published articles bringing attention to the issue of birth-related trauma. Birth trauma is being talked about more and more in national and regional media.

We are proud to have launched our first education module under the THINKNATAL brand, designed to equip birthing families for conversations with their care providers about perineal tears. The Presidents of RANZCOG and the Australian College of Midwives spoke at our launch, and we are working on opportunities for future collaboration with them. We expect to launch further education modules in early 2021.

The ABTA has upgraded its website, and continued to develop

resources for women, families and health professionals. We are now officially recognised by the Commonwealth as a trusted source of quality health information and advice, with "HealthDirect" accreditation.

Internally, we have continued building a dynamic, skilled board. Our directors are highly passionate and committed, with a range of professional backgrounds and interests. We have been working to strengthen the ABTA's governance and risk management backbone, to ensure sustainable long-term impact. We can boast of recruiting a host of talented volunteers on our two new committees: the Fundraising & Grants Committee, which brings in funds to pay for the ABTA's important work; and the Clinical Governance Committee, which brings together health practitioners and health law experts, ensuring that the ABTA's work is research-driven. In the next financial year, we expect to launch a third committee, a community ThinkTank which will focus on better supporting consumers.

2020 has taught us all that our relationships with our friends, families and communities are to be treasured, and that it is always worthwhile doing our bit to share hope and love with those around us, especially in times of darkness. At its core, the work of ABTA is about lifting people up from suffering and solitude. It is about starting conversations: between health professionals and their patients; within families; and with strangers who understand what it feels like to walk down a path we are walking on. Those human connections will never diminish in importance, even if we need to find new ways to make them happen (with a lot of videoconference fatigue along the way).

I congratulate our core staff team for these achievements, and also take this opportunity to thank our many supporters and volunteers for their generosity in 2020. We are humbled by the willingness of so many people to share their time and other resources to help us do all that we do. The ABTA has big dreams and many ideas for achieving its vision, and we will continue to be grateful for your support on that journey.

I also take this opportunity to thank my dear board colleague and friend, Professor Bryanne Barnett AM, for her many contributions as director of the ABTA since its establishment. She will be sorely missed. Bryanne is deeply wise and fiercely intelligent; both strong and incredibly gentle; and always utterly committed to the wellbeing of mothers, partners and families. The ABTA would not be the agent of change and hope it is today without her years of service. We all bid our farewells to Bryanne with gratitude and best wishes.

Regards

Kate Waterford

CEO Address

To all our members and supporters,

It is only a few short years since I established the ABTA with my co-founders, but it feels like a lifetime. We had a dream to create better awareness of birth-related trauma, and to provide support for those affected by it. I am so proud to say that the ABTA has already come a long way towards realising that dream. I can hardly believe myself quite how much we have managed to do in such a short time.

There are a few reasons we have been able to achieve so much so quickly. The first is that we are all propelled by a sense that our work is important and urgent. Every day, we talk to more people who have been affected by birth-related trauma, and understand a little better how much our community needs us. We want to be able to support more families, engage with more health professionals, and start the conversation about birth trauma in more places.

The second reason that we have been able to do this is that wherever we go, we find incredible people who want to join us, and fight with us, in making a difference in our important cause. Our ranks of supporters have grown stronger; and we have recruited wonderful people to our board, committees, staff and volunteer circles. Many individuals and organisations have entrusted us with their time, donations or other support, enabling us to grow and to do more and more.

This year, some of our major highlights have been:

- The inaugural Birth Trauma Conference in August 2019;
- Our first trauma-informed workshop for health professionals
- Partnering with Peach Tree Perinatal Wellness and Parent Zone;
- Preparing to launch our first ThinkNatal education module;

There are many people who have contributed to ABTA's mission in small or large ways this year, and we are deeply grateful to all of them. The acknowledgments page of this report contains a long list of people who have made special contributions to us this year alone. I will mention only a few of them again here.

I'm incredibly grateful to all the amazing volunteers and supporters who have not only ensured that the ABTA has survived this pandemic, but that I have too.

The ABTA's core team has grown, with the welcome addition of Christine Pistone, who approached me with a fire in her belly that couldn't be ignored. As well as being a meticulous company secretary, she is also a well-measured and purposeful project manager.

One of our founding directors, Professor Bryanne Barnett AM, will be retiring at the end of 2020. For those of you that haven't had the pleasure of meeting Bryanne, she is world-renowned as one of the most distinguished and leading perinatal psychiatrists. Everyone at the ABTA is incredibly grateful for the time, effort, care, and expertise that she has contributed over the past few years. Bryanne has helped to ensure that we have psychological birth trauma represented, by providing content and information for our website; helping to train our peer mentors; and speaking at our trauma informed workshops and our conference. She has also given great personal support and friendship to me. Thank you Bryanne for your commitment and passion to ensure the wellbeing of families all over the world. It is an honour to know you.

I'd like to take this opportunity to mention other NFP Leaders that have provided support and advice over the last year, particularly in these challenging and uncertain times, including Vivianne Kissane, Rowan Cockerall and Claire Foord.

Thank you to the ABTA community for inspiring us every day. Our engaged community provides us ongoing insight and feedback as we've adapted to change. We are truly an organisation that is consumer- and community-centred. I'm thrilled to announce that we are starting a Community ThinkTank, to ensure that we are representing all the voices of birthing families.

I have also been grateful for all the organisational leadership skills and personal growth I have gained through participating in an intensive program called The Growth Project. This program brings together charity and business leaders in an environment of shared learning. The program has left me with the confidence to continue driving our organisation forward with a strong sense of purpose and clarity. Thank you to Lachlan Cramey of CBA, for your support as we've embarked on this life-affirming experience together.

Lastly a special thanks to everyone that continues this journey with us. We continue to need more partnerships, funding and resources. I implore you to reach out and make a connection, to help us to continue improving the lives of families that have previously suffered in silence.

Last but not least, I am deeply grateful to my incredibly patient and generous partner, Ron, for without his support, we wouldn't be where we are today.

One of the challenges about writing an annual report in November that ends with July, is having to leave out all the further achievements of the last four or five months.

I look forward to reporting back to you next year about all of those..

Amy Dawes



About The Australasian Birth Trauma Association

The ABTA is a not for profit dedicated to supporting families impacted by birth-related trauma. With its headquarters based in Brisbane, Queensland, the ABTA provides online and in-person support services that reach families across Australia and New Zealand, including much needed support in rural and remote areas.

The ABTA provides information to any person who is affected by psychological/and or physical birth trauma, including partners and extended family members, and to any person who wants more information about these conditions. This includes conducting professional development and training for health care providers.

1/3

women identify their birth as traumatic

1/10

mothers are being diagnosed with postpartum PTSD within the first year

1/4

women suffer major physical trauma from childbirth, and is often hidden and not fully understood.

Partners can also experience birth-related trauma.
Health professionals can experience vicarious trauma.



Our programs include



PEER2PEERCHAT

Support Program

This program harnesses the power of shared experience to deliver non-judgmental, peer-led support, via an online live messaging service through the website



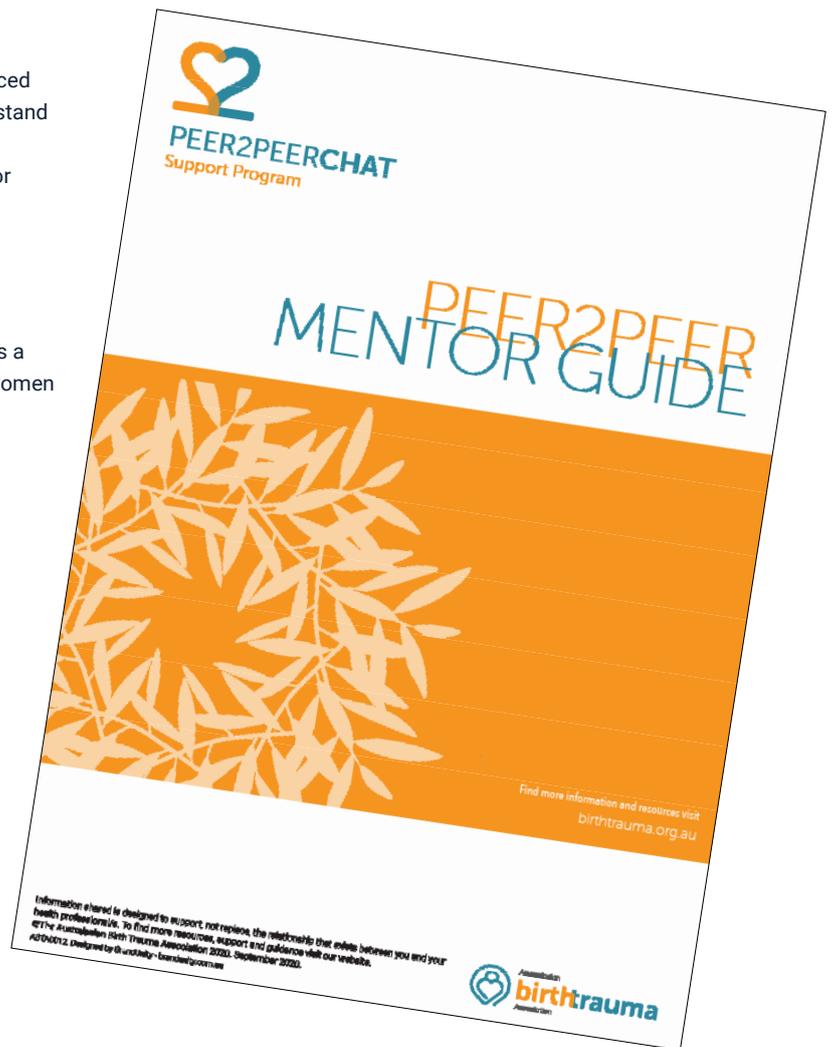
PEER2PEERMEETS

Support Program

Peer2Peer Meets is a trauma-informed, peer-led program that provides parents who have experienced birth-related trauma with the opportunity to understand and explore their trauma in a supported way and importantly to help them develop their own plan for moving forward on their trauma journey.

Private Online Support Groups

The ABTA Birth Trauma & Injuries Support Group is a safe, judgment-free space connecting impacted women with ABTA and each other.



The Core ABTA Team



AMY DAWES

CEO and Co-Founder

In 2017, Amy launched the Australasian Birth Trauma Association (ABTA), she has established a not-for-profit organisation focused on the recognition and understanding of birth-related trauma.

With a multi-disciplinary advisory group of midwives, physiotherapists, obstetricians, gynaecologists, mental health clinicians and clinical researchers, she is working to develop the resources and strategies to prevent and effectively manage birth-related trauma.

Amy's understanding of the issues many birthing families face, has come from her own experience, and the many people she has listened to and helped to find support. Amy's vision is to break down the stigma attached to birth trauma, and empower people to feel comfortable speaking out, so to continue driving change in current maternity practices in Australia and New Zealand.

Amy is a proud mother of two young girls.



CHRISTINE PISTONE

Company Secretary & Projects Manger

Christine is mum to her boisterous son who was born in 2014. As a result of her birth injuries, she discovered the ABTA and joined the team in 2019 as a volunteer supporting project development. She has recently completed the AICD Company Directors course and was appointed as Company Secretary in 2020. Christine holds a Diploma of Financial Services with over 20 years-experience in insurance and management. Christine is passionate about the prevention of birth trauma and her vision is to use her experience to help drive change on how information is delivered to women pre, during and post-childbirth.



CHRISTINE PERCY

Peer Facilitator

Christine joined the ABTA team in 2018. She is a proud mum of two, whose interest in maternity services reform was sparked after her own experience of physical birth trauma. Her desire to support women through their motherhood journey is evidenced by her past volunteer work with Friends of the Birth Centre Queensland and her training as a pelvic floor and diastasis recti friendly postnatal trainer. Christine holds a Master of Business Administration (MBA), a Bachelor of Leisure Management and a Cert IV in Fitness along with a number of courses related to pregnancy and postnatal exercise. Christine's focus is to combine her knowledge and experience to create positive change for birthing women. Christine supports ABTA by facilitating the P2P Meets program.

The ABTA Board



KATE WATERFORD

Chairperson

Kate is a mother to two young children. Kate is a lawyer overseeing the medical negligence law practice at Maliganis Edwards Johnson in Canberra. She has served as a non-executive director on the Physiotherapy Board of Australia (AHPRA); as Board Vice President and in other roles for Amnesty International Australia; and as AICD ACT Division Councillor. Kate is completing a PhD at the ANU College of Law in human rights and constitutional law. She is passionate about the importance of support for women and families who have lived through birth-related trauma.



PROFESSOR (CONJOINT UNSW) BRYANNE BARNETT AM MBCHB, FRANZCP, MD

Founding Director, Board Member

Bryanne is a Foundation Board Member of both ABTA and the Gidget Foundation. She is a child and family psychiatrist with a particular interest in prevention and early intervention in mental health. Her doctoral thesis concerned anxiety and its effects on mothers and their infants. Those studies included the first Attachment research in Australia. In subsequent research she has focused on translating research findings into relevant mental health initiatives, including in primary care.

Currently she holds a conjoint professorial appointment with the School of Psychiatry at the UNSW, where she previously held the first Chair of Perinatal and Infant Psychiatry, establishing services in Sydney's South West and with Karitane and then with St John of God Health Care, in Blacktown and Perth.

Bryanne is a foundation member and past President of the Australian Association for Infant Mental Health, the Australian Society for Psychosocial Obstetrics and Gynaecology, and both the International and Australasian Marce Societies.

In 2007, Bryanne was awarded Membership in the Order of Australia in recognition of her service to families and the profession. In 2016, she received a Citation from the Royal Australian and New Zealand College of Psychiatrists, and in 2018 she was awarded the John Cox medal by the International Marce Society.



SAM CHADWICK

Board Member

Sam Chadwick is a senior sports executive and commercial lawyer, and father to two beautiful boys. He has expertise across strategic planning, project management, business development, law, governance, operations, media/ communications and organisational development and has held a number of high profile roles and Directorships in the sporting and mental health spaces.

The births of both of Sam's boys were traumatic. Sam's children both spent time in the neonatal intensive care ward – which was something he was unprepared for and uneducated about. Sam's vision is for parents – both mothers and fathers – to receive empathetic, transparent and objective health care education and support – both before and after birth – and for a society which is informed and compassionate with respect to the birthing experience.



DR JUSTIN OLIVER DALY

Board Member

Oliver joined the ABTA board in March 2018. He is a RANZCOG-certified Urogynaecologist and Obstetrician, and clinical lead for Urogynaecology at Western Health in Melbourne. Through his training and ongoing care of women at the Royal Womens Hospital, Monash Medical Centre, Royal Prince Alfred, Gold Coast University Hospital, and now Western Health, he has continued to passionately raise the important issue of preventable obstetric pelvic floor trauma to improve the care of women.



AMY DAWES

CEO and Co-Founder

Clinical Advisory Committee



FIONA REID

Fiona is a practising Midwife with over 34 years experience. She has worked in all areas of midwifery practice in New Guinea, India and Australia; in remote, rural, regional and urban settings. In low risk, all risk, high risk and continuity programmes. She is committed to Public Health and believes that care will be appropriate and best when individualised, provided by the right carer in the right setting and at the right time by people who place the woman at the centre of all care.



DR JENNIFER KRUGER

Dr Jennifer is based in New Zealand, she played a vital role in establishing the ABTA in 2016. Dr Jennifer graduated with a BSc (Nursing & Midwifery) from University of Witwatersrand, Johannesburg. She developed an interest in Sport and Exercise, being a recreational runner for many years and completing a few half and full marathons.

She completed her PhD in 2009 which investigated pelvic floor function in elite nulliparous athletes. Jennifer is now a Senior Research Fellow at the Auckland Bioengineering Institute, University of Auckland, where she leads a multi-disciplinary research team, the Pelvic floor Research group.

Her research is focused on pelvic floor muscle function and dysfunction in women; in particular how this relates to childbirth, urinary incontinence and pelvic organ prolapse. The primary focus of her research is the development of a pressure sensor array (FemFit) in an effort to improve women's engagement with their pelvic floor health.

Jennifer enjoys the challenges of bringing 'clinician and engineer' together, realising the possibilities that bioengineering can add to clinical decision making and what clinicians really need from the bioengineer.



ANGELA JAMES

Angela James is the founder of Sydney Pelvic Clinic and is a pioneer in the treatment of patients with pelvic issues using an evidence-based and patient-centred approach. Angela is a passionate Pelvic Health Physiotherapist and has developed a team of like-minded, highly trained professionals at Sydney Pelvic Clinic. Her number one goal is to achieve successful outcomes for her patients and improve the profile of pelvic health physiotherapy. In addition to her clinical work, Angela teaches locally and internationally, striving to improve the quality of physiotherapy services beyond her own borders.

She is an active member of the Australian Physiotherapy Association (APA), Continence Women's Health Group, Continence Foundation of Australia and she sits on the New South Wales APA Education Sub Advisory Committee. Angela is mum to two boys and understands firsthand the changes a woman's pelvis undergoes during pregnancy, birth and post birth.



ROBYN BRENNEN

Robyn is an experienced physiotherapist and midwife who has been working in the field of women's health and continence for 15 years. A passionate advocate for access to high quality health care for all women, she has worked in public health services in South Australia and Victoria, as well as at a UNHCR-supported refugee clinic in Egypt in 2012-2013. She currently works at Monash Health Community Continence Service and the Digestive Health Centre and is undertaking her PhD in 'Pelvic floor dysfunction after gynaecological cancer' at Monash University.



SASCHA CALLAGHAN

Sascha Callaghan is a lawyer and bioethicist, and Senior Lecturer in health and technology law and ethics at the University of Sydney. Her research covers a variety of issues in health and technology regulation. She is a specialist in health care decision-making, women's health and mental health. Sascha is the lawyer member of the Ethics of Clinical Practice Committee for Sydney Local Health District, the Human Research Ethics Committee at the University of Sydney, and a member of a number of research collaboration networks including the Sydney Health Policy Network.



ELIZA PIKE

Eliza is a Clinical Social Worker, Owner of Blackbird House and Blackbird Counselling. Blackbird Counselling is a perinatal counselling service that assists new parents with the adjustment to pregnancy, birth and the postnatal period.

Eliza has worked across the mental health sector for the past 20 years.

Eliza provides supervision and training to health professionals around Social Work Practice, Perinatal and Infant Mental Health and Master & Bachelor of Social Work students at The University of the Sunshine Coast. She provides a training facility for students to provide free counselling to clients through the Counselling, Social Work and Perinatal Peer Support student placement programs.

Eliza has worked with the Gidget Foundation's 'Start Talking Program' and Mindstar's partnership with the Queensland Ballet. She is a Member of the Australian Marcé Society.



DR AMY DALY

Amy has an Advanced Diploma of Obstetrics and Gynaecology, is a GP obstetrics registrar, medical researcher and mother to two young children. It was during medical school, after the birth of her first child, that she realised her calling to continue her medical career into GP obstetrics. She continued on to win the Obstetrics Award, as well as other academic awards including a Deans Medal. She has presented her research work both domestically and internationally and published in peer reviewed journals.

Amy currently works in regional NSW in both private practice and a hospital setting. She enjoys providing whole person care to women and their families and is passionate about supporting and empowering women during their pregnancy and beyond.



CAITLIN DAVIS

Caitlin is a law graduate of the Australian National University and working as Associate to Justice Elkaim of the ACT Supreme Court. Caitlin has an interest in issues concerning health law and bioethics. Her Honours thesis focussed on birth trauma litigation and judicial attitudes towards enhancing patient choice. In 2019, she presented her paper on informed consent in obstetrics at the Australasian Association of Bioethics and Health Law Conference in New Zealand. Caitlin is passionate about supporting women who have experienced a traumatic birth, and empowering women to be proactive in the decisions concerning their own care.

The ABTA Mentors



MICHAELA MCKENNA

Michaela is a business owner and student Midwife, originally from Liverpool, England, I now call beautiful Melbourne my home. I live here with my husband and two children Indiana (3) and River (11 months). I suffered Birth Trauma and PTSD as a result from my first birth with my daughter. After dreaming of a zero intervention water birth, I ended up with the opposite and felt shame and guilt. I felt my mind and body were not respected. I found that through ABTA I was able to talk about what happened, which really helped.



KRISTY-LEE POWELL

Hi I am Kristy-Lee, wife & mum of BOYS (aged 3, 7 and 9). My older two boys are from my husband's first marriage and we have them 50% of the time. With our youngest I suffered psychological trauma after a C-section at 37 weeks 4 days. Our son had complications due to issues outside of my control however; comments made by the pediatrician lead me to blame myself for not keeping him safe and along with a stint in NICU. I developed Post-Traumatic Stress Disorder (or PTSD). Now 3 years and 4 months later, I still struggle when he gets sick and have the symptoms of PTSD but I am learning to live with them and address them in a healthy way.



REKA UPWARD

Hi, my name is Reka. My daughter was born in 2015 after a long and difficult labour. After planning a home birth, I ended up being transferred to hospital and delivering 15 minutes later. Unfortunately, I needed a ventouse extraction and episiotomy. An extended second stage led to a stage 3 cystocele (bladder prolapse), as well as nerve damage to one of my feet. As well as physical trauma, the birth led to PTSD and PND. I have used medications and therapy to process the pregnancy, birth and early motherhood, and while I still struggle (especially with the physical symptoms), I am passionate about helping other women get the help they need.



CLAIRE BOFFEY

Claire has two children, aged 8 and 5. After facing physical trauma from the birth of her first baby, she experienced PTSD, before choosing an elective Caesarean for her second. Eventually she was diagnosed with having a bilateral levator avulsion, a condition that has impacted her life dramatically. With daily chronic pain and discomfort Claire needed to modify her lifestyle to minimise the impact of her injury. After working closely with women's health physios and specialists she was advised to have reconstructive surgery and hysterectomy. Following her recovery from surgery in 2017 Claire is living pain free and excited about the future. Through her own experiences Claire sees how valuable it would have been to have support from others in a similar position and looks forward to being able to be there for someone else.



PAMELA BISHOP

Pamela is a mum to a baby boy, a wife, and a career woman. Following a long induction and a prolonged second stage of labour, she needed a ventouse extraction. Her son was admitted to special care due to hypoglycaemia that was caused from stress during the labour. Pamela was rushed to theatre for an operation to manually remove her retained placenta. She lost a lot of blood in the process and suffered a second degree tear. The operation was an extremely traumatic experience, which resulted in PTSD. Pamela found the communication regarding her problematic birth and the aftercare she received while in hospital to be poor, which led to feelings of failure, guilt and isolation. Pamela has undergone therapy for her PTSD, and she is passionate about supporting others who have suffered birth trauma.

The ABTA Ambassadors



NADINE MULLER

Mother of 2 young boys, an Emergency Registered Nurse serving for the Australian Military for the past 13 years. She delivered her first son in 2015 and her second where she experienced birth trauma in 2019. Passionate about raising awareness of birth trauma in all its varied forms, not to mention its long term consequences and how it can debilitate women and their families, Nadine who was soon after diagnosed with PTSD knows first-hand that recovering from a traumatic birth can take time, is nonlinear and thus is on a mission to help other women to seek practical support early as well as accept emotional support, acknowledge their journey in order to rehabilitate and recover. Nadine firmly believes that a difficult beginning doesn't need to be the blueprint for the rest of a mother's journey.



DANE MULLER

Dane knows all too well the importance of having open conversations and starting those raw conversations even if a father feels so exposed so that no-one ever feels they have to walk this journey alone particularly for partners. Dane very openly talks about his personal struggles post witnessing the traumatic birth experience of his second child as his wife's birth partner to their second child in 2019 and struggled for many months later to really unpack and process it, he knows first hand that by seeking professional help and guidance including undergoing professional debriefs was vital to him and his wife's healing journey and particularly coming to terms with and recovering from a traumatic experience as a father.

Marketing and Fundraising Volunteers



RACHEL HAYWOOD

Rachel has been working with ABTA since January 2018, she has worked in marketing for over 22 years, 14 of those in healthcare communications, and 4 in the Not for profit sector. She has been involved in producing support materials for healthcare professionals and patients across multiple therapy areas and takes huge pride in her work. Her passion lies in health and well-being strategy and communications and she aims to create concrete and meaningful connections between doctors and patients. She understands the intersectionality of working with CALD communities and advocates for all communications methods to meet the needs of the individual.



DANA CROSS

Dana found the ABTA in 2019 following the birth of her daughter when she was seeking advice and support to engage effectively with the health profession to obtain the specialist support she needed. Dana's birth had resulted in a 3B tear and subsequent diagnosis of a perianal fistula. Dana's struggles to obtain timely and accurate diagnosis fuel her desire to support the work of ATBA. Dana is an Associate Director at Grosvenor Performance Group. Dana is a public sector expert, possessing over a decade of deep experience advising Government organisations on program evaluation, organisational review, optimisation and procurement projects. She supports the sustainability of ATBA through contributions to our fundraising efforts



Mentor Spotlight Meet Amanda

My son's journey into this world was a tough one from conception onwards. He fought through many hurdles to be here and arrived via emergency c-section. Birth didn't quite go to plan, he had some breathing issues and I had an undiagnosed life threatening condition called placenta accreta and ended up in ICU and required an emergency hysterectomy

As each day goes by, I am truly grateful to be here to tell my story and share the journey with my son. He has an infectious smile, the cutest giggle and is one determined little man. He constantly astounds me on a daily basis as he overcomes obstacles that most of us take for granted. He has low muscle tone, so simple acts like balancing and walking unassisted are challenging for him, but armed with his zippy gold walker, he can speed around the house!

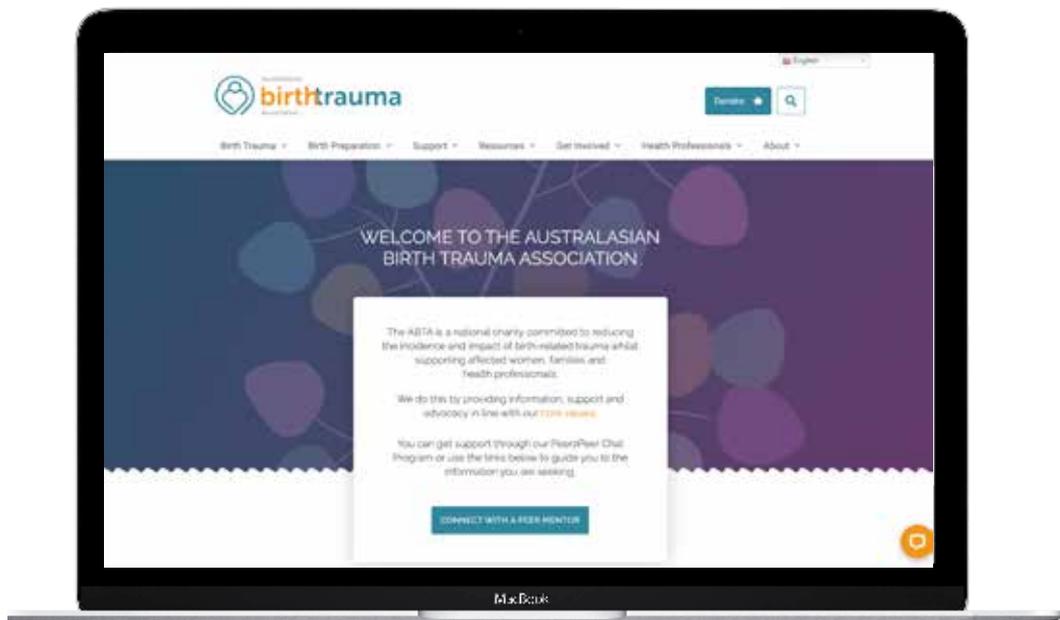
There is a huge team in our lives that help both of us to be the best we can. We can count on family, friends, doctors, mental health professionals, therapists and communities such as ABTA for support when we need, they are our village. I have always been an outgoing person, who loves talking and helping others. I came across ABTA about 6 months after my son was born, and immediately felt at ease with people who understood, who had empathy for my situation and could offer an ear to listen.

In 2018, I trained and soon began volunteering as peer2peer mentor for ABTA. Being able to volunteer and give back to the ABTA community has been a very healing journey for me. I can be that listening ear for someone else, help them to talk through what they are feeling and provide them with information about services available to them, to help them to find and build their village. Along the way, I have met some very strong, brave, talented and beautiful women and have made some lifelong friends from this journey.

2020 has been the year of unknown for everyone, with huge things happening world wide. Earlier this year I was formally diagnosed with PTSD from the birth of my son and I have been fortunate to be able to devote a lot of time to my healing this year. I have taken a huge leap this year, to go back to uni to study Occupational Therapy. I can honestly say that I have found my dream career, this is what I am meant to do with my life.

Early in my birth trauma journey, I hated the saying "everything happens for a reason". I used to think why me? What good can ever come from such horror? I still hate the saying, but I do have a different perspective on where I am now in my life. I wish I didn't have to go through the trauma to get here, but now I truly do appreciate what I have in life and am grateful to be able to share my story.

New brand New Website



The ABTA Programs



Pree, Christine, Elizabeth, Raquel, Kathii, Amy and Sarah

The Australasian Birth Trauma Association is proud to offer a range of free programs to our community.

The ABTA has responded to the exponential increase in the demand in support and service delivery. Whilst we still have significant resource and budget constraints, we have developed and launched our in-person support program, Peer2Peer Meets and diversified our Peer2Peer Chat program. We remain optimistic, in that we know the impact of our services and support are much in need.

We endeavour to seek out new opportunities for funding and financial contribution to ensure that, in our services delivered, we remain focused on the needs of birthing families.

The ABTA places great importance on providing peer support mentors with training that prepares them adequately for the service they will be providing. The ABTA is cognisant of the responsibility it has to ensure these volunteers are not further traumatised through their volunteering duties.

The purpose of the training is to provide mentors with knowledge of the various types of physical trauma, the psychological impacts of birth trauma, how mentors can care for themselves while supporting others and also counselling skills.

This year we trained peer mentors across three states, VIC, NSW and QLD.



We would like to give special thanks to the professionals that donated their time and expertise to contribute to the design and delivery of the training program:

Prof Bryanne Barnett AM

Adele Pope

Eliza Jones

Lori Forner

Candice Lamb

Angela James

Vicki Zhang



PEER2PEERCHAT

Support Program

The ABTA's flagship support service, the Peer2Peer (P2P) Support Program, launched in August 2018. This program harnesses the power of shared experience to deliver non-judgmental, peer-led support, via an online live messaging service through the website. Peer support is so effective because it allows clients to connect with an empathetic ear and without the fear of judgement, enabling women and families to feel supported and validated.

100% of users would recommend the P2P Support Program to their friends and colleagues

"To give you a bit of context, when my baby was born he was immediately taken to the nursery as he needed extra care. I was denied the opportunity to see him for more than 24 hours and that has had a lasting impact. Yesterday I had a peer2peer mentoring session which gave me the confidence to reach out to the hospital to better understand why I wasn't able to see my baby. Well, this morning they called me to apologise and to say that they are looking into my files and will call me on Monday to discuss how they will support me from here. It feels so good to be heard." *Sarah*



PEER2PEERMEETS

Support Program

Based on feedback from the ABTA community, in February 2020 we proudly launched our in-person support program. We would like to express our gratitude to our friends at Peach Tree Perinatal Wellness, for providing us a beautiful space to facilitate the delivery of this program.

Unfortunately, after a couple of sessions, we were hit by a global pandemic and went into lockdown. However, we continued delivering the course online. In early 2021 we expect to start in-person support again.

ThinkNatal

ANTENATAL EDUCATION & SUPPORT



With thanks to Professor Sue Walker and Dr. Oliver Daly

When the ABTA was founded in 2016, one of our key objectives included reducing the rate of birth-related trauma in Australia and New Zealand.

Over this time, we have seen an increasing number of first-time parents seeking advice and guidance on birth preparation and we are frequently asked 'How can we best prepare for our next pregnancy and birth?' by families who have previously experienced birth-related trauma.

In July 2019 we ran a birth preparation survey. This survey was designed to gain a greater understanding of what women were learning in preparation for childbirth, how they felt about the information and what they wish they were told.

We had over 400 women participate in the survey, the mean age was 30 years old and through this we were able to identify the common birth trauma triggers, and establish the need for this information to be delivered to birthing parents in a non-confrontational, yet informative way.

In response to this need, and in line with our founding objective, we have developed THINKNATAL™, a series of educational resources aimed at providing support and information on a variety of topics that are often excluded or underrepresented in existing antenatal education.

This is in collaboration with consumers and a range of clinicians involved in maternity care, such as midwives, obstetricians, pelvic health physiotherapists and mental health clinicians.

Our philosophy is to encourage a collaborative, multi-disciplinary and individualised approach to pregnancy, birth and postpartum care that recognises each person's life experiences, values, wants, needs and physical health requirements and we encourage our health professionals to do the same.

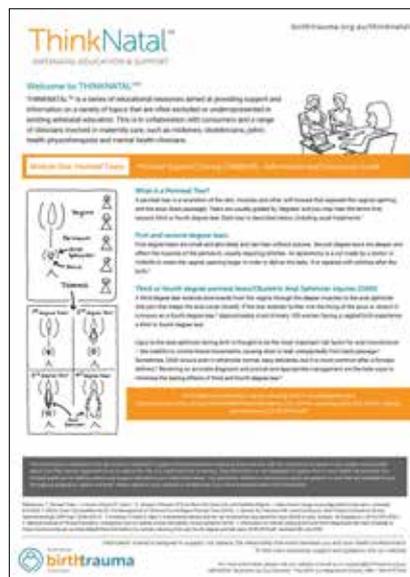
Whilst THINKNATAL™ officially launched in August 2020, most of the work in developing the modules took place in early 2020. With ABTA CEO, Amy Dawes, meeting with a team of clinical experts; Dr Oliver Daly, Angela James, Robyn Brennen to create scripts for the first modules. From there we engaged our animation team, Guy Downes, Illustrator and our scriptwriter, Paul Armstrong who bought our idea to life by creating a 2 minute video.

The video forms part of a module of information on Perineal tears for both birthing families and health professionals.

We were so proud to have the support of Dr Vijay Roach, who spoke on behalf of RANZCOG and Terri Barrett the president of the Australian College of Midwives, who co-launched the first module.

Alongside our core team, we would like to thank Professor Sue Walker for lending her voice to this project. Rachel Haywood from BrandUnity who pulled all the pieces together and created assets for parents and health professionals.

A huge thank you also to Dr Vijay Roach and Terri Barrett for supporting the launch.





About Peer2Peer Meets

Peer2Peer Meets is a trauma-informed, peer-led program that provides parents who have experienced birth-related trauma with the opportunity to understand and explore their trauma in a supported way and importantly to help them develop their own plan for moving forward on their trauma journey.

Key objectives of the program are:

To provide recognition to participants they are not alone (sense of belonging)

To validate felt trauma: whatever that trauma looks like (feeling understood)

Create new social supports

Provide access to care pathways

Assist participants to develop a path forward.



“I am a mother of one who realised 2yrs postpartum that I had unresolved trauma as a result of my birth and post birth experience, this trauma was causing major anxiety and the inability to decide if I wanted to have a second child given my previous experience.

The development of this program has been informed by the collection of extensive anecdotal evidence from families who have experienced birth-related trauma, the input of health professionals and learnings from academic research. A peer-led approach to support has been selected for the delivery of this support program, due to its evidence-based effectiveness and low cost.

Peer support is an established intervention in which those with a condition or lived experience are supported by someone who has also had a similar condition or lived experience. Peer support is effective due to its focus on person-centred outcomes, social inclusion and empowerment.

Our program facilitators have a lived experience of birth-related trauma and undertake the ABTA’s two-day peer mentor training program as well as a half day P2P Meets training workshop. The mentor training is facilitated by the ABTA staff, with relevant sections presented by health professionals.



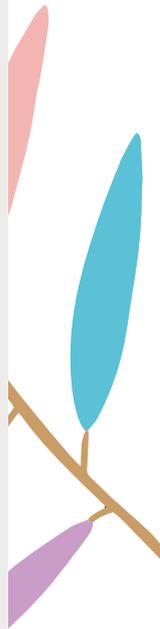
Testimonials

I started seeing a Perinatal Psychologist who recommended I check out the ABTA website for additional resources. I joined the ABTA Facebook group and learnt of the P2P Support group which I joined. Working through my trauma alongside a number of other mothers who have experienced trauma from/post birth helped normalise my experience and know that help and support is available. I valued hearing their stories which gave perspective as well as advice.

I am so grateful this type of program is available and at no cost. I feel there is a lot of value in the P2P support group and I wish it could be easily accessible and provided within the first few weeks/months postpartum, this will allow future mothers (and partners) to feel like they are not alone and may even prevented/eased anxiety, depression, sense of isolation and unnecessary prolonged physical injuries by seeking help early post birth.

I feel I am now able to view my experience in a different way that has helped me decide that I can have a second child without my past experience holding me back. Thank you to everyone involved who facilitates the support groups.”- Kerry

Last but certainly not least, the ABTA is extremely grateful to the women and families who donate their time to support others on their birth trauma journey. The compassion and commitment of our volunteers is remarkable. Thank you!



P2P Meets Faciliator Spotlight



My first pregnancy was difficult. I was diagnosed with hyperemesis gravidarum, a severe form of morning sickness and lost 10kgs within the first trimester. I was unable to enjoy pregnancy given the constant vomiting and reflux. In addition to this, I was diagnosed with severe placenta previa and was told that it was likely I would need to have a caesarean section. As a result of the placenta previa, I also had to limit my physical activity as anything which strained my body may have caused a haemorrhage.

I was shocked and unprepared when the Doctor assured me it was now safe for a vaginal birth. After 12 hours of being induced I wasn't progressing. On two occasions I had to have my waters broken manually, it was painful as well as anxiety provoking, with one of Doctor's proclaiming, 'your baby has brown hair, I pulled some' and me, a first time Mum worrying the Doctor had cut my babies head with the nasty looking contraption. Throughout my labour I had 7 midwives, none I had met before and none seemed to know my birth plan or my placenta previa history. Eventually, after 14 hours of labour I was told I would be having an emergency caesarean. I remember feeling exhausted, deflated but also accepting of this as the safest option, wanting to finally meet my baby. However, moments later that midwife who had broken the news was called to another room, and the next midwife came in and said 'let's get this show on the road' increasing the oxytocin to the highest amount. What followed was the most traumatic event of my life. The baby was stuck and after 2 hours of pushing, I required an extended episiotomy, forceps delivery, manual placental removal and had a post-partum haemorrhage of 2 litres, requiring a blood transfusion. I had to be rushed to surgery, and my husband was left with our newborn, a pool of blood and no communication about my state for 2 hours. The impacts of the traumatic birth

continued when I then required a night in ICU, separate to my baby and my husband.

4 months into my parenting journey, I was feeling disappointed, angry and resentful of my birth experience. I felt alone, like no one understood what it was I had been through, and like it wasn't safe to talk about for fear of sounding ungrateful for my healthy baby, or scaring other pregnant women yet to experience their own birthing journey.

My search for support quickly led me to the Australasian Birth Trauma Association, where I quickly joined their Facebook support group and felt like I had found a community who understood me and what I had been through. After a year, I felt like I had healed in some ways from my own difficult birth and that I wanted to use my experience to help others in a similar situation. I started volunteering for ABTA in November 2019 and have supported many women like myself through their Peer2Peer chat. Recently, I was also involved in co-facilitating ABTA's Peer support group for women who have experienced birth trauma, Peer2Peer Meets.

This group was offered online due to covid and created a safe space for women to share their feelings about their birth, receive educational information to support their healing and meet other mother's whom were all connected through their trauma. I wish there had been a group like this for me as a new mother, as traditional mother's groups can leave women who have experienced trauma feeling even more isolated and alone.



PEER2PEERMEETS
Support Program

EDUCATION AND UNDERSTANDING AFTER BIRTH TRAUMA

Mothers who have a lived experience of birth trauma have a unique set of needs that are often not met by traditional mother's/parenting groups. The purpose of this program is to provide education, understanding and a safe space for these mothers to explore their birth trauma in a supportive way and develop a plan moving forward for their trauma journey.

The group will facilitate time for group discussion on the joys and challenges of motherhood as well as providing information and activities on the following topics:

- What is birth trauma?
- Exploring a Birth Debrief
- Friends, Family and Trauma
- Riding the Birth Trauma Rollercoaster
- Creating your collaborative care team
- Developing a plan forward

Pilot program for mums with bubs who are 12 months or younger.
Further programs coming soon for mothers with older children.

Venue: Peach Tree Perinatal Wellness, 293 Ellison Road, Geebung
When: 9:30am - 11:30am, Every Tuesday, starting 25 February for six weeks
Cost: Free. Please register by emailing volunteer@birthtrauma.org.au

Information shared is designed to support, not replace, the relationship that exists between you and your healthcare professional/s.



Australasian
birthtrauma
Association

Information provided to ABTA is maintained and stored according to our privacy policy and data storage policies. For more information please visit our website or email us on support@birthtrauma.org.au. ABTA0023. ABTA is a Registered Charity. ABN: 14614751343.

Participant feedback

Some of the feedback we received from mother's whom participated in the Melbourne version of this group was:

'As a first time mum, I wanted to say this group has been the best thing for my mental health. The weekly check ins have really helped during the COVID lockdown so I wanted to say thank you'.

'This has been better than any mothers group or support I have received so far as a first time mum'

'I've learnt that my feelings (and my experience of trauma) are valid'

My experience volunteering for ABTA has not only been a positive and gratifying experience, but it has also supported my own healing journey. Thanks to the stories I have heard from many brave women, the training provided by ABTA and wealth of knowledge from ABTA's staff and volunteers, I feel empowered to advocate for myself in my next birth to hopefully increase my chances for a more positive birth experience. I have noticed that I am less anxious during this, my second pregnancy and that with the knowledge of what can go wrong, but also what supports there are to help me along the way, I feel more in control of my body and my birth. Despite the difficulties I faced in my traumatic birth experience, I am so grateful it has given me understanding and empathy to enable me to support other parents who have experienced birth trauma and connected me with ABTA.

Campaigns

Birth Trauma Awareness Week 2019

Awareness week July 7-14 2019

This year we focused on Birth Preparation. We created a survey to find out more about what birthing families learnt during the antenatal period, how they felt about the information delivered and what they wish they'd been told. We had 402 women respond from a wide demographic and a mean age of 30. This results of our survey has helped to inform many of the projects we have since been working on.

Media Coverage

Why we need to talk about birth trauma
by Elise Cooper

FREE PLAY LOVE

Amy Dawes founded the Australasian Birth Trauma Association after going through a difficult and painful labour.

When she looked for the right information, none could be found. For a long time, she suffered in silence.

She's on a mission to get women talking about their difficult birth experiences, so that they can get the help and support they need.

babyology.com.au/podcasts/feedplaylove/amy-dawes-australasian-birth-trauma-association/

PREGNANCY
"After I gave birth to my daughter, I was put back together with 150 stitches."

JESS FITZPATRICK
JULY 18, 2019

I still remember the day clearly. I was almost 42 weeks pregnant and presented to the hospital with reduced movements. As I was already so far overdue, they did not hesitate to induce me straight away and get labour started.

I was excited to meet my first baby, my beautiful daughter. I was also incredibly naive and uneducated when it came to birth of everything that was to come in the following hours and the life-long effects it was going to have on me.

Within four hours I was in the most pain I have ever experienced. I had a 10cm cervical dilation and I was just given me...

Birth Trauma: are men as not done? | The Courier Mail

Read the Paper | Subscribe | Login

20/07/2019
Why the pelvic floor should be a priority in postnatal health - Kidspot

kidspot

The first sign something was wrong was a 'bulging' in her vagina
by Nicola Heath | July 08, 2019

Many women suffer debilitating pelvic floor injuries after childbirth that go undiagnosed.

Four years ago, Corinne Garrad endured a 29-hour labour and baby-both-fight-for-their-lives-after-a-complicated-labour/news-and-baby-both-fight-for-their-lives-after-a-complicated-labour/news-2784515ef1754525f9c5985e91e48 is left with a pelvic floor injury (https://www.kidspot.com.au/birth/pregnancy/pregnancy-health/pelvic-floor-injury/news-2784515ef1754525f9c5985e91e48) that is being up-are-giving-old-fashioned-advice/news-story/f198d1cea239cb0317499869

At Corinne's six-week postnatal check, there was no mention of pelvic floor health almost one in two women who have a forceps delivery (https://www.kidspot.com.au/birth/pregnancy/pregnancy-health/pelvic-floor-injury/news-2784515ef1754525f9c5985e91e48) is left with a pelvic floor injury (https://www.kidspot.com.au/birth/pregnancy/pregnancy-health/pelvic-floor-injury/news-2784515ef1754525f9c5985e91e48) that is being up-are-giving-old-fashioned-advice/news-story/f198d1cea239cb0317499869

It wasn't until nine weeks after the birth of her daughter that Corinne realised her pelvic floor when she felt a "bulging" into her vagina. Concerned, she went to see a physiotherapist who referred her to a women's pelvic physio. "I had no idea they even existed before."

Botax (https://www.kidspot.com.au/lifestyle/fitness-and-wellbeing/i-got-botax/news-story/2784515ef1754525f9c5985e91e48) is being up-are-giving-old-fashioned-advice/news-story/f198d1cea239cb0317499869

five ways to reverse pelvic floor prolapse (https://www.kidspot.com.au/health/fitness/news-story/2784515ef1754525f9c5985e91e48) is being up-are-giving-old-fashioned-advice/news-story/f198d1cea239cb0317499869

SBS
sbs.com.au

12 JUL 2019 - 2:45PM

We need to change the way we deal with informed consent during childbirth

Forces: which are like tongs? | Childbirth, writes Nicola Heath. (Getty Images)

12 Jul 2019 - 8:04 AM UPDATED 12 Jul 2019 - 2:45 PM

A green man using all his might to wrench something out with force is how Melbourne mother Suganya remembers the moment her eldest son was born.

Nearly nine years after her son's birth, she is still recovering from the psychological and physical trauma caused by his delivery.

Concerned that Suganya's labour was progressing so slowly, a midwife administered her with induction drugs to speed up contractions. When her baby remained stuck in her birth canal, it was later discovered that his shoulder was caught on Suganya's pelvic bone, a condition called shoulder dystocia. An obstetrician later arrived to perform an instrumental delivery.

"He told me he was going to cut me up, and that was pretty standard, and he was going to use forceps, which are like tongs," says Suganya. "That's all I heard."

"I didn't know that something like a pair of tongs could do so much damage to me."

Her baby son was born with injuries to his eyelid and cheek from the forceps, a broken clavicle and partial Erb's palsy, an injury that causes paralysis of the arm. His Apgar score - which doctors use to assess the health of newborns - was low. He soon developed jaundice, croup and meningitis (https://www.nbc.nlm.nih.gov/biomedical/PM33391802/) and a neurological disorder (https://www.nbc.nlm.nih.gov/biomedical/PM33391802/) - conditions associated with his instrumental delivery (https://www.rogmagazine.org.au/184-185/intended-harm-pelvic-floor-trauma/).

Her son was soon moved the special care nursery, and Suganya was unable to breastfeed him.

After his birth, Suganya struggled to care for her son. "I couldn't look at my child for close to a month," she says. His injuries were a constant reminder of her trauma. "We had to go through a lot of therapy for him, a lot of physio, and he had to get a special hearing aid."

Suganya initially suffered depression after the birth and later, when she became pregnant in 2013, experienced nightmares and PTSD symptoms. She also suffered serious physical injuries. A third-degree perineal tear that remained untreated until her second pregnancy left her with facial and urinary incontinence. Nine years later, she still experiences stress incontinence.

At no point does Suganya recall being warned that the use of forceps could harm her or her baby, even though between 40 and 45 per cent of women undergo an instrumental delivery suffer pelvic floor trauma (https://www.abc.net.au/news/2016-05-15/concern-over-maternal-injuries-caused-by-forceps/7268888/). The figure is one in 10 for suction and unassisted vaginal births.

"We treat women and their partners like children. We keep them in the dark over risks... because that might frighten them."

https://www.abc.com.au/news/2019-07-11/we-need-change-way-we-deal-informed-consent-during-childbirth/10828484/1

The Courier Mail
NEWS BREAKING LOCAL QUEENSLAND OPINION CRIME & C

QLD NEWS
Birth trauma leaves thousands of women ashamed, alone
...of a first child should be the happiest time in a woman's life, but thousands are suffering in silence.

The Sunday Mail (Qld) | Subscriber only | July 14, 2019 3:54pm

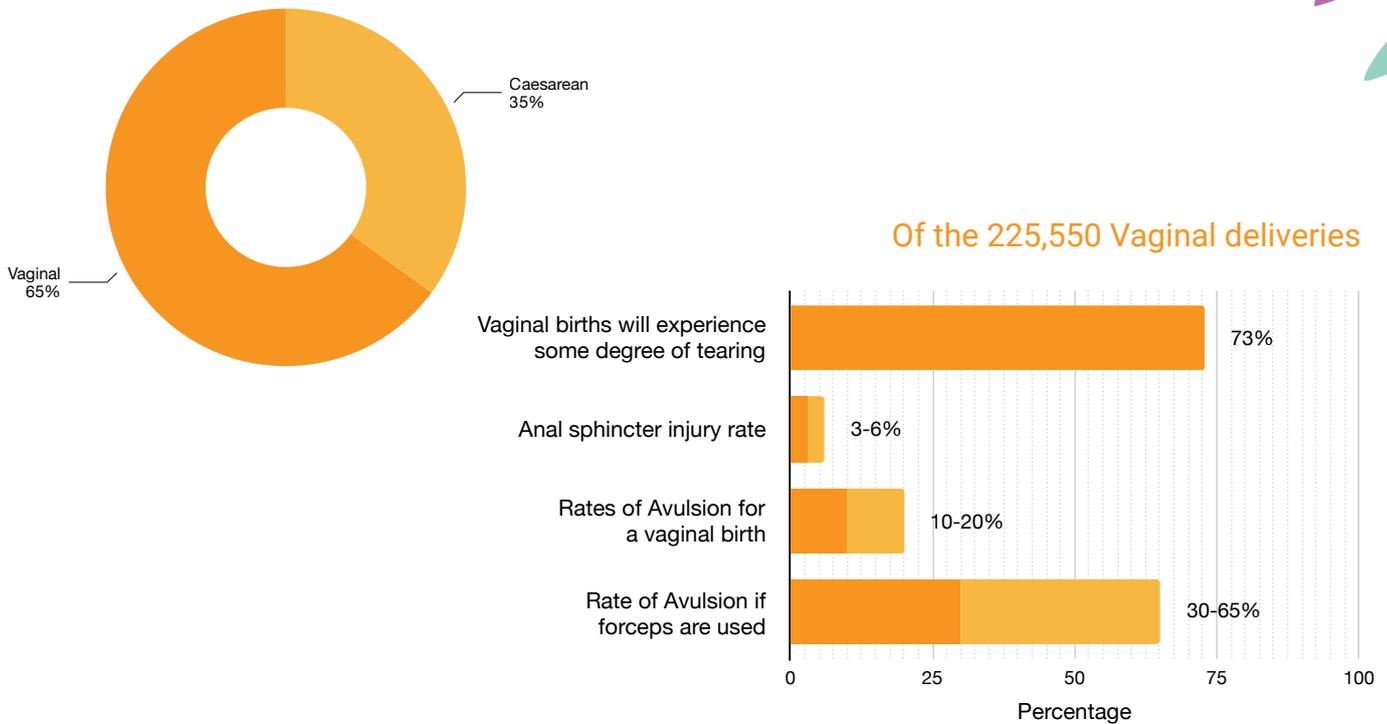
...have gathered across Australia to mark international Midwives day and voice their frustration at the lack of th...



Pelvic Organ Prolapse (POP) Awareness Month

June 2020

In Australia, there are 347,000 births per year



When an avulsion is present, there is increased likelihood of a more severe stage of prolapse developing.

What is a levator ani avulsion?

Partial or complete detachment or 'avulsion' of the puborectalis muscle from its insertion on the pelvic sidewall.

Prolapse - Childbirth is the main cause of prolapse. 10 -20% of women will need surgery due to prolapse. 30% will require a repeat surgery. One main symptom of prolapse is urinary incontinence which affects 1/3 of Australian women. The impacts of urinary incontinence extend well beyond leaking. 91% of women who present for urinary incontinence testing report that the incontinence affects at least three of the following: physical health, mental health, domestic chores, social life, relationships, career, clothes, restriction of activities. (Norton 1982)

What is prolapse?

A prolapse is a hernia of pelvic organs through the opening in the pelvic floor muscle. A prolapse in itself is not harmful to physical health if left untreated, however the frustrating symptoms can impact the enjoyment of daily life and adversely impact mental health. Put simply, it is when an organ (or organs) such as the bladder, uterus or bowel loses some of its support and moves downwards through the vagina. Organs that may be affected by prolapse include:

- Bladder
- Uterus
- Small bowel
- Large bowel, most commonly the rectum.

POP Awareness Month saw a massive upswing in traffic to our website, generating over 5 times the average traffic from prior months. Our blog attracts a high readership; storytelling, and representing the voice of birthing families is what makes our organisation unique. 'One day you will tell your story of how you overcame what you went through and it will be someone else's survival guide' - Brene Brown

From the support we provide we recognise the need for parents to validate their own birth trauma experiences through reading

the experiences of others. This is how we feel sure, feel seen and understood... in the hope that we are not alone, and that whilst not hoping someone has walked the path before you, that someone is going to understand where you are at physically and psychologically.

We would like to take the opportunity to thank the mums in our community for sharing their stories to help raise awareness and ultimately enable more women to seek the support that they deserve.

This is why the ABTA is committed to reducing the stigma associated with pelvic floor muscle dysfunction.

[U²⁰₁₉] UNITING PROFESSIONALS IN BIRTH TRAUMA CARE

Uniting Professionals in Birth Trauma Care Conference

08-10 August 2019

In early August 2019, our inaugural Birth Trauma Conference took place in Brisbane. Uniting Professionals in Birth Trauma Care. It was a pleasure to co-host this event with Bronwyn Leigh from the Centre for Perinatal Psychology.

The aim of our conference was to unite providers from diverse disciplines involved in the care of families during the perinatal period. Guest speakers addressed a range of topics related to both physical and psychological trauma that can be experienced after birth.



The deep and often long-lasting psychological impact of a birth trauma was discussed from a number of different perspectives, the mother, the father and the health professionals. I can't thank our ABTA support group members, TJ Tirzah Jaanai Ryan and Clayton Schmidt, enough for sharing their deeply moving stories with us. We are so grateful to each and every speaker for donating their time and knowledge, enabling us to bring our vision to life.





Proudly in partnership with

Centre for Perinatal Psychology
Helping you towards parenthood

Each presentation reflected our theme of uniting professionals in birth trauma care, and it was important to us to ensure that we recognised fathers/partners need for acknowledgement and support – and that birth trauma reaches families right through to clinicians as Leonie Calloway highlighted in her incredible presentation.

A few key take-away messages included:

- birth-related trauma can negatively impact multiple relationships: with oneself, with one's partner, with one's baby;
- fathers/partners can be affected by birth experience; it is important to recognise the family as a unit and aim to treat/support in a timely manner and that birth experiences can negatively impact the couple relationship
- relationship difficulties can be repaired – we can be hopeful about this, but psychological intervention often required to assist
- birth injuries need to be better diagnosed and early intervention is crucial, women's health physiotherapists have a key role in recovery
- Informed choice vs Informed consent – Communicating the risk and benefits of birth options
- The four pillars of safe maternity care and the importance of debrief to launch the healing process

There were many others. I personally found Dr Jenny Kruger's of the University of Auckland's computational modelling of the muscles of the pelvic region and pelvic floor fascinating, and hopefully it provided the room with a thorough understanding of the mechanics of childbirth and how preparation is key.

[U²⁰₁₉]
UNITING PROFESSIONALS IN BIRTH TRAUMA CARE CONFERENCE
08-10 AUGUST
SPEAKERS INCLUDE

DR OLIVER DALY
Urogynaecologist and Obstetrician

PROF. LEONIE CALLAWAY
Obstetric Physician

JULIE KING
Parent-infant Psychologist

ELLY TAYLOR
Relationship Counsellor

PROF. DEBRA CREEDY
Professor of Perinatal Mental Health

ANGELA JAMES
APA Titled Pelvic Physiotherapist

CONFERENCE SYNOPSIS
 Our conference is held across 3 days. The 2019 program provides unique opportunity to hear from leading clinicians across disciplines on a variety of topics in a single stream. We aim to unite professionals, learning and approach. Pre and post conference deep dive into support and pelvic floor education, whilst main conference covers the spectrum of birth trauma care and support.

Day 1
 Our pre-conference workshop caters for counselling professionals from diverse backgrounds such as psychology, social work, child health, midwifery, general practice, and obstetrics, who would like to improve the way they mould supportive conversations with new parents.

Day 2
 The main program covers impacts of physical and psychological birth trauma on multiple relationships: to one's body and sense of self, the mother-infant relationship and the couple relationship. Practical approaches to prevention and healing will be an applied focus of the day.

Day 3
 Our post-conference workshop offers doctors, midwives and pelvic physiotherapists an opportunity to gain a greater understanding of pelvic floor muscle trauma and its impact on pelvic floor symptoms. Participants will also get a better understanding for use of pelvic floor ultrasound to assist with clinical assessment of patients with pelvic floor dysfunction.

To find our more or to purchase tickets visit our website birthtrauma.org.au/uniting2019/

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Centre for Perinatal Psychology
Helping you towards parenthood

Australasian BIRTH TRAUMA Association

Our main conference day was supported by a pre-conference workshop on counselling skills for birth trauma recovery, facilitated by Amanda Donnet and Dr Rachel Bushing.

It was wonderful to hear such positive feedback from all of the attendees, many of which had travelled from interstate.

We are hugely grateful to all involved in making it happen, and especially to Emily Billiau and McInnes Wilson Lawyers for sponsoring this event, and making sure the day ran smoothly.



“ It was one of the best conferences I have been to....and I’ve been to quite a few over the years!! The selection of speakers was also very comprehensive.”

Helen, Project Nurse Manager

"I have been to MANY conferences in my career and this conference definitely exceeded my expectations. Well done. I’ve left inspired, touched and motivated to make change"

Lyz Evans, Women’s Health Physiotherapist

"I found every speaker’s content interesting, relative and informative."

Kate O’Sullivan, Clinical Midwife Liaison

To all that joined us from far and wide, we had midwives, obstetricians, psychologists, doctors, clinical nurses, physiotherapists, researchers and educators - I can honestly say that reflecting on all of this - it is one of the proudest moments of my career.

The word of the day was ‘validation’ – it was a common theme that occurred in presentations and conversations throughout the 2 day event. Birth trauma is real, feelings are valid, words matter, women (and men) want to be heard.

Once again thanks again to our presenters;

Angela James
Clayton Schmidt
Danielle Natoli
Debby Gould
Elly Taylor
Dr Elizabeth Skinner
Dr Jenny Kruger
Dr Leone Callaway
Dr Oliver Daly
Julie King
Professor Bryanne Barnett AM
TJ Tirzah Jaanai Ryan

and Rachel Haywood who supported us with the marketing of the event.

We look forward to seeing you in Melbourne, 2021 for our 2nd biennial Australasian Birth Trauma Conference!



Trauma-Informed Care Workshop

November 2019

Our first official training for 'Trauma Informed Birth'. Over 50 health professionals, including midwives, doctors, physiotherapists, child health nurses and mental health practitioners.

Topics included;

- How birth trauma affects present functioning
- The impacts of birth trauma
- Trauma in birth & available support
- Understanding birth trauma: impacts & how we can help
- Recognising and responding to birth trauma

Thank you to Brendan Cook from Southern NSW Local Health District for recognising the need for trauma-informed care. And to the ABTA committee members, Prof Bryanne Barnett, Sascha Callaghan, Eliza Pike and Fiona Reid, as well as local women's health physiotherapist, Emma Bowen. Thanks again to Rachel Haywood who supported us with designing the flyer.

You're invited

TRAUMA INFORMED BIRTHING

Optimum Maternity care by supporting Women and Clinicians

This free event is co-hosted by the Australasian Birth Trauma Association (ABTA) and Southern NSW Local Health District. The workshop will bring together clinicians from a variety of disciplines caring for families during the perinatal period (midwives, obstetricians, General Practitioners, child and family health nurses, mental health clinicians, allied health). The workshop aims to provide education and professional development, as well as opportunities for local integration of care in the prevention and management of birth trauma.

WHAT IS BIRTH TRAUMA?
Trauma means a wound, serious injury or damage; it can be physical or psychological (deeply disturbing and distressing). The delivery of a baby can be a positive experience for some women, but for others it can be very negative, resulting in physical and/or psychological injuries (trauma). The psychological trauma may be the result of an extreme disconnect between a woman's expectations of what would happen and the shock of what actually occurred. It may also relate to feelings of loss of control and a sense of not having a 'voice' in the face of authority, and unexplained interventions, as well as to the physical damage.

EVENT DETAILS
When: Wednesday 20 November
Location: Queenbeyan, venue TBC
Time: 9.30am - 4.30pm

RSVP
This is a free event, to secure your place RSVP by 4th November to Brendan.Cook@health.nsw.gov.au

You're invited

TRAUMA INFORMED BIRTHING

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Wednesday 20 November

Location: Queenbeyan, venue TBC
Time: 9.30am - 4.30pm

RSVP
This is a free event, to secure your place RSVP by 4th November to: Brendan.Cook@health.nsw.gov.au

AGENDA HIGHLIGHTS
Prof. Bryanne Barnett AM - Psychological Birth Trauma
Dr. Sascha Callaghan, The University Of Sydney - "Consent to 'normal birth?'"
Emma Bowen, Vibe Rehab - Birth Injuries
Amy Dawes, Australasian Birth Trauma Association, Lived Experience and what women want
Eliza Pike, Blackbird Counselling - Active listening, communication skills and self care
Birth Trauma Q & A - panel discussion

This event has been kindly organised by Southern NSW Local Health District in support of the Australasian Birth Trauma Association (ABTA). ABTA would like to thank SWSLHD for their ongoing support and contributions. www.birthtrauma.org.au

Australasian BIRTH TRAUMA Association
NSW Health Southern NSW Local Health District



“I just found all the presenters to be fantastic!”

“The content was incredibly valuable. The presenters were fantastic and the sharing of the presenters own lived experience was very effective.”



Advocacy

Our expertise has been sought by researchers, health bodies and policy makers. The ABTA has represented the consumer voice in a wide range of conferences, workshops and forums.

We consulted on the 'My Maternity Decisions' website for Queensland Clinical Excellence, and continue to provide ongoing support for Queensland Clinical Guidelines.

Our CEO has spoken at the following conferences

Oct 19 - Australian College of Mental Health Nurses

Oct 19 - Bachelor of Midwifery Program at USQ Ipswich Campus

Nov 19 - AGES Pelvic Floor Symposium 2019

Amy had the honour co-presenting with Dr Jessica Caudwell-Hall at the Australasian Gynaecological Endoscopy & Surgery Pelvic Floor Symposium.

The theme was 'Dare to be Different'.

Training Maternity Staff

Sept - On behalf of the Metro North Hospital and Health Service Project. Presented on Birth Trauma at their Twilight Education Program @ The Royal Brisbane Women's Hospital

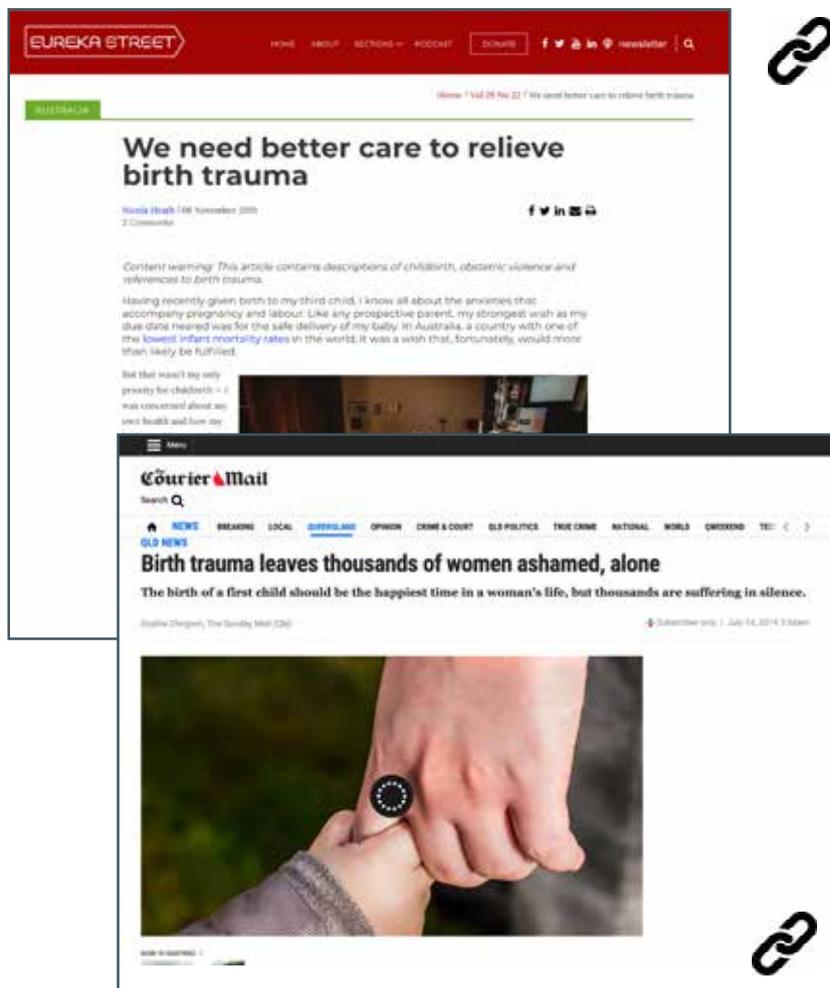
Sept - Midwifery Guest Lecture - UQ, Brisbane- BMid students from Bachelor of Midwifery Program at USQ Ipswich Campus

Kenmore General practice, met with the doctors and the nurses to discuss the impact of birth trauma

October - USQ Lecture - A group of registered nurses in the second year or a two year post-graduate Bachelor of Midwifery program. The students are just a couple of months away from graduating and becoming registered midwives.



The ABTA in the Media



The piece was also syndicated nationally online and was published in:

- Adelaide Now
- Daily Telegraph
- Townsville Bulletin
- Geelong Advertiser
- Tasmania Mercury
- West Australian
- Gold Coast Bulletin
- Northern Territory News
- Herald Sun
- Cairns Post

TJ, thank you so much again for being a part of this.

Podcast



Babyology

Why we need to talk about birth trauma

by Elise Cooper.

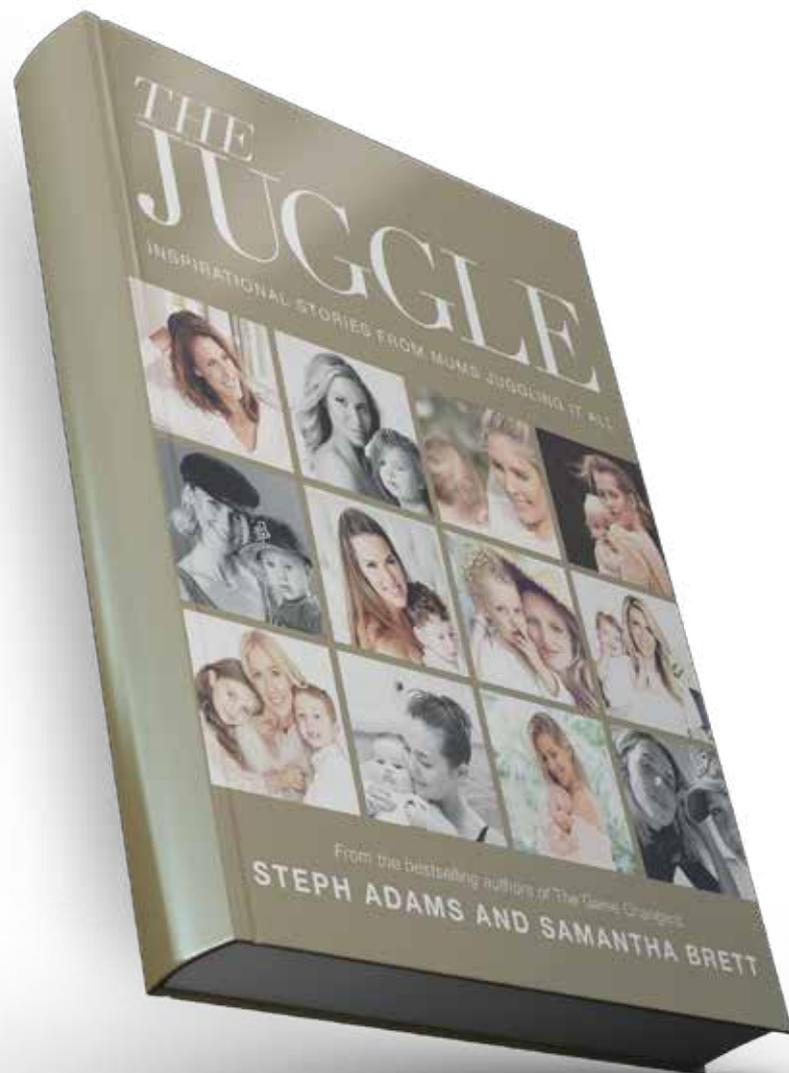
<https://bit.ly/2VAY6lt>



In print

Amy featured alongside an inspiring line-up of mothers including; Megan Gale, Pip Edwards, Lisa Wilkinson and Teresa Palmer in a book called, "The Juggle".

Authors Samantha Brett and Steph Adams bring to attention that the modern expectation of mothers is demanding and unrelenting. Many are juggling children, partners, careers, families and their own businesses, all at the same time. Whether a woman is staying at home or working full time, raising one child or five, the juggle struggle is real. So many mums – no matter their age or background – are navigating the same dilemmas, posing the same question to themselves: 'Am I doing enough?'



Partnerships & Fundraising

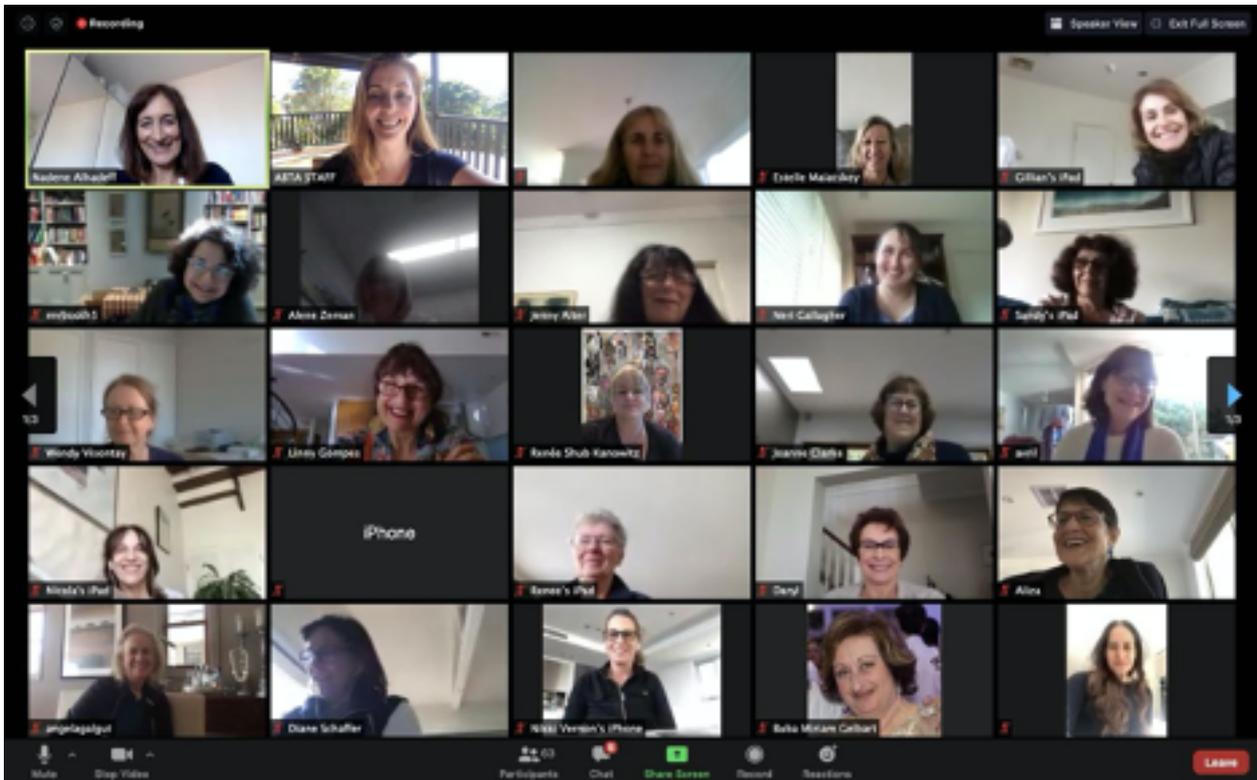
Collaboration

The ABTA believes that a collaborative effort with not for profits is the best way to support birthing families and over the year we've connected with a number of wonderful organisations.

Amy had the opportunity to present to the 65 volunteers involved with this amazing cause.

MUM FOR MUM is a home visiting volunteer program, in which trained and supervised volunteers who are mothers themselves visit mothers in their homes on a weekly basis for the last trimester of pregnancy and for the first year of the baby's life in order to provide emotional support.

As we are increasingly distanced from our family (even pre-COVID), we know so many women benefit from this wonderful service and we're certain that the women in the ABTA community will be grateful to access this kind of emotional and practical support.



Our moments

There are many people we want to acknowledge, a few special people mentioned here. We also want to share some of our favourite moments - whether that was for advocacy, funding, awareness, support or training, they are all moments we are grateful for.





Western Sydney MRC

In collaboration with Western Sydney MRC, we ran a focus group aimed at identifying barriers that our culturally and linguistically diverse community face when seeking support in pregnancy and early motherhood. We are incredibly grateful to the women who bravely shared their experiences with us. year we've connected with a number of wonderful organisations.



Partnerships

The Australasian Birth Trauma Association would like to thank the following organisations who share our values and commitment to support birthing families.



PARENTZONE

We have teamed with Parentzone to deliver Peer2Peer Meets VIC. Parentzone is a Regional Parenting Service, which works across the Eastern, Southern, Northern and Gippsland Region of Victoria to promote the independence and healthy development of families with children aged 0-18 years through the provision of support, information, education, advice and resources to parents and professionals who work with them.



A sincere thank you to the Brain Injury Foundation for the continued sponsorship of ABTA's Volunteer Manager, Christine Percy. This role is vital to the provision and future growth of ABTA's support services, allowing us to help more families impacted by birth trauma.



We are extremely grateful to be taken on as a Care To Compare partner. Care To Compare is Australia's only socially responsible health insurance comparison service. They believe that every choice can make a difference. When you compare and buy health insurance with Care To Compare, they donate 100% of profits to Australian health charities like the ABTA.



We are excited to announce a new Information Partnership with Health direct Australia. Health direct Australia's purpose is to provide valued and trusted Australian health information and services through multiple channels to all Australians. Their online services operate as gateways to health information on Information Partners' websites (like us), giving users assurance that resources are from a trusted source. Prior to becoming an Information Partner, we were assessed for the clinical quality and technical attributes of our online resources.

Grants and Fundraising

The Australasian Birth Trauma Association would like to thank the following organisations who share our values and commitment to supporting birthing families.



In October 2019, we received our first government grant from the Gambling Community Benefit Fund. Both Christine and Amy had the pleasure of meeting Nikki Boyd MP, who came to meet us and find out about the work we're doing to support families in Queensland. This funding enabled us to update our resources, purchase marketing materials and completely overhaul our website. Thank you to Rachel Haywood and Jason Armstrong from BrandUnity for your dedication to this project and for going above and beyond to deliver. We would also like to thank our ABTA community for helping us with copywriting and referencing.

The Brain Foundation's Charity Golf Day raised a huge \$6396.37, thanks again to the wonderful team for your continued support. An extra special mention to our peer mentor, Clayton Schmidt who came and shared his story of PTSD.

Sponsors and donors for all ABTA events include;

Pear & Exercise Physiology
 Body & Birth Physiotherapy
 Genesis Pilates LTD
 Be in Blossom
 Kanga Training Australia
 Kate Toon
 Dr Oliver Daly
 Pauline D'Souza



Strength in Motherhood Art Show

created by ABTA member Amy Dominey.



The Strength In Motherhood exhibition and fundraising event was aimed at bringing awareness to the incidence of birth trauma and raising money for the Australasian Birth Trauma Association.

This Brisbane-based event provided an opportunity for the ABTA community a chance to bravely share their own strength after trauma.

“Art expression is a powerful way to safely contain and create separation from the terrifying experience of trauma” writes board-certified art therapist Gretchen Miller for the National Institute for Trauma and Loss in Children. “Art safely gives voice to and makes a survivor’s experience of emotions, thoughts, and memories visible when words are insufficient.”

A special mention to all the featured artists who donated their incredible work including;

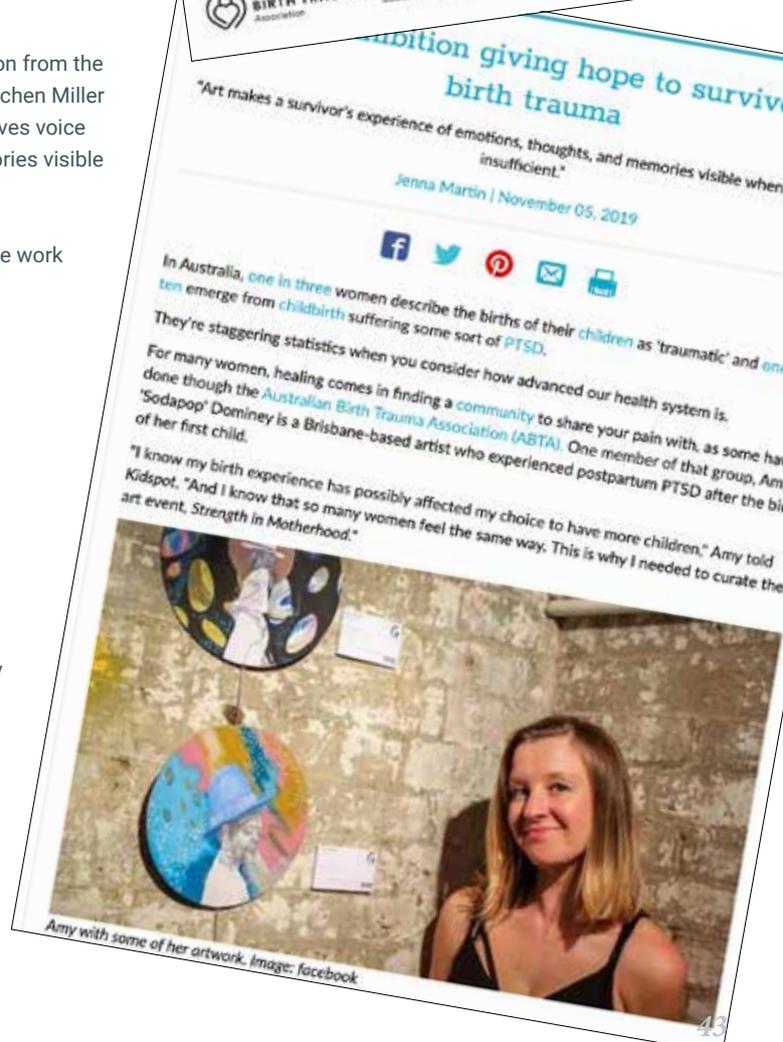
- | | |
|----------------------|------------------|
| Elana Mullalay | Tiffany Atkin |
| Katherine Jane | Anne Johnson |
| Hayley Wills | Stephanie Graue |
| René Danika | Nicole Fearfield |
| Jessica Truthspeaker | Rebecca Elson |
| Brydie Gordon | Cherl Windahl |
| Lel Baxter | Joanne Dunne |
| Ellie May | Ann Roworth |

And Natasha Foote who bravely shared her powerful story at the event. We are so grateful. From the ticket sales, sold artwork and auction, Amy Dominey raised,

Thanks to the team from Open House West end and So Rosie Photography

And our prize donors;

ModiBodi, Amy Taylor Kabbaz, Kylianne Farrell, Shannon Stokes naturopath, Bianca Chloe Humphries Hair, Amanda Mae



Amy with some of her artwork. Image: facebook





Financial Report

The ABTA remains solvent and has grown its income and activities in 2019-2020. The ABTA has more than tripled its income compared to the previous two financial years, with strong fundraising income as well as income from conferences.

The ABTA Board has worked on a new risk management framework for improved financial and risk management in coming financial years.

Statement of Comprehensive Income For the year ended 30 June 2020

	Note	2020 \$	2019 \$
Income			
Donations		51,509	28,784
Conferences		33,936	-
Grants		3,500	-
Training Courses		420	-
Fundraising		-	80
Interest		18	11
Other Income – ATO Cash Flow Boost		10,000	-
Total Income		99,383	28,875
Expenses			
Accounting and Audit	6	880	880
Advertising and Promotion		4,022	-
Bank Fees		1	-
Computer & Web Hosting		8,639	508
Conferences & Training		23,019	1,972
Depreciation Expense		1,018	627
Filing Fees		-	378
Insurance		1,482	1,423
Legal Fees		-	47
Office Supplies		87	-
Postage & Courier		461	484
Printing & Stationery		1,659	304
Rent		-	-
Subscriptions & Memberships		3,379	598
Sundry		-	30
Superannuation Expense		2,766	1,543
Travel & Accommodation		9,744	6,567
Wages & Salaries		29,120	16,240
Work Cover Insurance		199	201
Total Expenses		86,476	31,802
Net Profit / (Loss)		12,907	(2,927)

Statement of Financial Position

As at 30 June 2020

	Note	2020 \$	2019 \$
Current Assets			
Cash and Cash Equivalents		15,193	13,592
Trade and Other Receivables	4	10,339	429
Total Current Assets		25,532	14,021
Non-Current Assets - Fixed Assets			
Property, Plant & Equipment	5	2,082	1,221
Total Non-Current Assets		2,082	1,221
Total Assets		27,614	15,242
Current Liabilities			
Trade and Other Payables		353	833
Total Current Liabilities		353	833
Non-Current Liabilities			
Total Non-Current Liabilities		-	-
Total Liabilities		353	833
Net Assets		27,261	14,409
Equity			
Current Year Earnings		12,907	(2,927)
Prior Year Adjustments		(55)	-
Retained Earnings		14,409	17,336
Total Equity		27,261	14,409

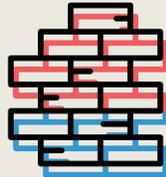
Strategy And Communications

Our strategy provided an overall direction to the management of ABTA. The ABTA Board has been working hard on plans for our 2021-2023 organisational strategy. The strategy, expected to be finalised in late 2020, will focus on community support, awareness, education and sustainability.



WELLNESS & SUPPORT

- Position ABTA as the leading organisation in Birth Trauma support
- Pitch a 'prevention better than cure' positioning
- Establish a diversity in support for minority and hard to reach communities



ORGANISATION STABILITY

- Invest in implementation of fundraising initiatives
- Establish a funding / grant strategy
- Diversify funding streams



INFLUENCE & EXCELLENCE THROUGH EDUCATION

- Collaborative based Healthcare Professional education
- Strengthen community engagement



ADVOCACY & REPUTATION

- Build bridges with key institutions to increase partnership and cooperation
- Establish a clear line of organisation support opportunities
- Media and public affairs

Community ThinkTank

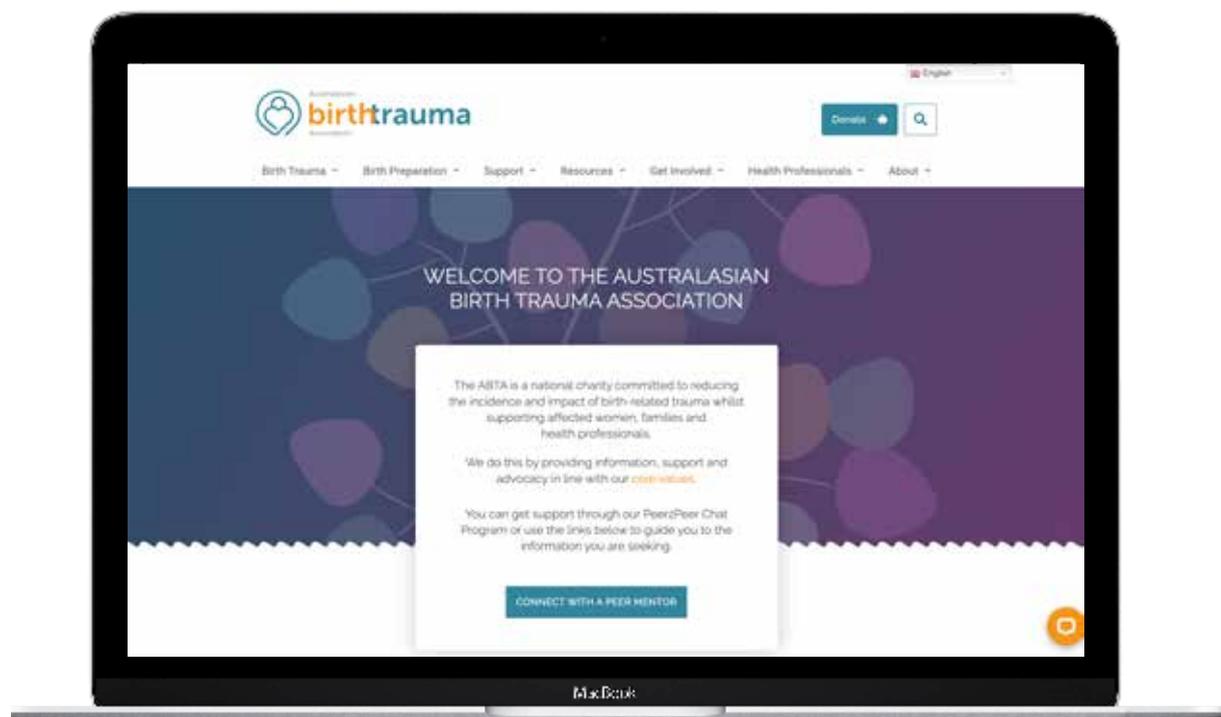
As Australia's only provider of specialist birth trauma education and support. The ABTA is well regarded as the national expert in the lived-experience of birth-related trauma as we have provided dedicated support to thousands of birthing families and health professionals.

The ABTA plays a crucial role in representing the diverse experiences of those impacted by birth-related trauma. With the fast-changing, multi-cultural and diverse nation reflected in the make-up of Australian families, we know that families from minority communities face additional barriers to accessing safe and appropriate services. To ensure that we can continue with a balanced representation of the community, we are in the early stages of developing our Community ThinkTank.

Get Involved

If you would like to get involved with the ABTA, be it volunteering, advocacy, partnerships or sponsorship we'd love to hear from you.

We are always looking for new opportunities to expand our reach and meet the needs of our growing community. Visit our website, drop us an email or contact us via our social media.



birthtrauma.org.au

Facebook [https: birthtrauma.org.au](https://birthtrauma.org.au)

Instagram [https: @birthtrauma.org.au/](https://www.instagram.com/birthtrauma.org.au/)

Linkedin [australasian-birth-trauma-association](https://www.linkedin.com/company/australasian-birth-trauma-association)

YouTube <https://www.youtube.com/channel/UCCJO9s5tvumMsEGd5J40muw>

Address: PO Box 55, Arana Hills, QLD 4054

Email: Support@birthtrauma.org.au

Appendix

The History of ABTA

ABTA was founded in 2016, when Liz Skinner, a midwife, registered nurse, child and family clinician, lecturer and researcher with over 25 years' experience working with mothers, babies and their families, was interviewing affected women for her PHD thesis on the psychological impact of somatic trauma. Amy Dawes discovered Liz's work during the journey to process her own experience after a traumatic forceps delivery. Amy reached out to Liz and a friendship was formed.

Shortly after meeting Amy, Liz visited the UK and met with the UK Birth Trauma Association. It was during this trip that Liz recognised the great need for women and their families to have support in Australia and NZ. Upon her return, she made the suggestion to Amy, and so, with initial funds donated by Professor Dietz, the Australasian Birth Trauma Association was founded.

In 2017 a Board was formed and in that same year ABTA became an incorporated association. ABTA is reliant upon our board of advisors and also on the women who had a lived-experience of birth trauma to train and commit to voluntary service facilitating our weekday live chat support service from their homes.

As the need for support and awareness has grown it has become apparent that face to face connection is also invaluable to women and their families impacted by a traumatic birth, so in 2018 we launched our face-to-face support group in Brisbane. We look forward to expanding these face-to-face opportunities into other states.

THE AUSTRALASIAN
BIRTH TRAUMA
ASSOCIATION

*We would like to thank
Hayley Wills Art for the
use of her stunning
artwork to bring our
brand colour, hope and
purpose that reflects
us and the work we
undertake.*

hayleywillsart.com.au

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birthtrauma.org.au

