Alola Australia Melbourne MILK morning tea 4 August 2018

Talk by Jacky Mandelbaum, Alola Australia Board member - reflections on her recent experience giving birth in Australia and comparisons to that of women in Timor-Leste

Having just given birth twelve weeks ago, maternal and child health is a topic very close to home.

But, I am extremely lucky that it is not something that I have had to think too much about. Living here in Australia, for me it was a given that I would have access to prenatal care given by a team of obstetricians and mid-wives, that I would give birth in a maternity hospital with an obstetrician and midwife in attendance, that there would be operating theatres and an anesthetist on hand, and access to a neonatal intensive care unit, should anything happen. I also have access to adequate nutrition to support the pregnancy as well as producing milk to breastfeed, and a network of family and health professionals to turn to should anything not go to plan.

In the lead up to giving birth, I gave thought to packing a hospital bag – looking online at the lists of all the clothes and other things one may need to make the time in hospital as comfortable as possible, as well as magazines and snacks for the labour, and all the clothes the baby would need when they arrive. I even read about companies selling elegant robes you might want to wear during labour instead of the ordinary hospital gown (which I didn't). Birth plans are also something that people think about; I didn't have one, but they can cover the type of pain relief you might want, as well as the music you listen to and how you get to the hospital. All of this was enjoyable for me, with the anticipation of the baby arriving.

Growing a child and giving birth is the most amazing thing I've done. The experience is something shared by women all over the world. But, it is alarming how many women don't experience it in the way that I had the opportunity to. For something so natural and essential to survival, it is not necessarily a straightforward thing.

The maternal mortality rate in Australia (death caused or aggravated by pregnancy, including deaths during childbirth or pregnancy) is six deaths per 100,000 live births (2015) – one of the lowest in the world.

The maternal mortality rate in Timor-Leste is 215 deaths per 100,000 live births (2015) – more than 30 times higher than the rate in Australia. This is already hugely improved; less than half of what it was more than ten years ago immediately post conflict. This is a big improvement in a short time, with a lot of thanks to the work done by Alola. But there is still a long way to go.

In Timor-Leste, a birth plan needs to be shared with a community so that a woman may even have the opportunity to have access to transport to be able to get to a hospital or a centre with skilled birthing attendants. Women are scared-off because they don't have the essential things necessary to give birth – that we take for granted – like a simple wrap for the baby or something to wear while giving birth and sanitary items for after. I've heard of a birthing centre that asked women attending to bring a garbage bag to provide a clean surface to lie on and a candle for when the power goes out. Giving birth without power, to candlelight, is just not something that we need to think about here in Australia (unless we choose to).

As we know, the majority of maternal deaths are preventable and many of the risk factors are there way before delivery – linked to where you live, socioeconomic status and health system infrastructure.

Indeed, I was struck recently looking around my new mother's group at how many of us could have either died or lost our baby, had we not had access to the healthcare that we do here in Australia. It was more than half of us, in a group of thirteen. With my daughter Lila, I had to go to theatre after the birth for a procedure to remove the placenta which wouldn't deliver – this is a major cause of maternal mortality globally but was made very straightforward in the hospital setting I was at here in Melbourne and was without stress to me. It was only when I googled it afterwards that I realised what a potentially serious condition it is. There was also amongst my mother's group pre-eclampsia and internal and external tears, all of which could lead to death of the mother without appropriate interventions. There were also procedures we regard as routine, such as emergency caesarean, forceps and vacuum deliveries in circumstances where the baby was potentially in distress. Also, babies delivered early where they showed signs of not growing in utero. All of this we consider to be fairly routine and, while unpleasant, wouldn't consider the potential of mother or baby not surviving. But in a different setting, outside of a hospital and without trained attendees, may well have different outcomes.

Similarly, after the baby is born, our general expectation here in Australia is that it will survive. I was lucky not to need any intervention with either of my children. There was a chance with Lila that she would have had to be delivered at thirty-five weeks, five weeks early, if she hadn't kept growing properly in utero – likely needing some time in a special care nursery and some additional drugs that I would have had to take. And while that was not something that was in my plan – I wanted some additional time off work before having her – I didn't doubt at any time that she would be ok, despite being early and small. Indeed, this has just happened to a good friend and her baby is doing fine.

In Australia our infant mortality rate is 3.2 deaths per 1000 live births, in the first year of life. In Timor-Leste it is 45 babies out of 1000 that fail to reach their first birthday – about 15 times higher than Australia. Again, this is markedly improved having nearly halved in ten years. But it is still way too high.

While we know that according to the WHO, breastfeeding gives the best chance of survival to a baby, providing nourishment as well as reducing disease and benefits to the mother in reducing the chance of post-partum hemorrhage. It is also less costly than using formula and doesn't have the related dangers of contamination.

It isn't always easy even though it is natural. My son showed very little interest in feeding when he was a baby and consequently it took a lot of work to get him to feed and to grow. I had a heap of support with this – from the midwives in the hospital who strongly promoted breastfeeding and showed me how to do it, to the maternal and child health network that we have here in Australia, to a lactation consultant and then the family around me. There was lots of information available about how to properly feed an infant. Again, I always had the option of switching to formula, in an environment where water is clean and bottles would be sterile, with support on what exactly would provide the best nutrition for the baby.

I first found out about the wonderful work of Alola after the birth of my first child, five years ago. My obstetrician's group (Women's Obstetric and Gynaecology Specialists - WOGS) supports Alola and sent out information after he was born. The timing was perfect – having just been so amazed and grateful to have given birth to a healthy child, it made me think of all the women who don't have the same opportunities. It also highlighted the great need for the amazing work that Alola does in maternal and child health. As I mentioned above, the statistics in Timor-Leste

are vastly improved, over a period of about ten years. Alola has played a massive part in achieving these improvements, through the programs directed at maternal and child health that it has developed, and supported the Ministry of Health in Timor-Leste to develop and run.

Alola's maternal and child health programs impact each of the areas I've mentioned above. Through delivery of maternity packs to provide necessary supplies for mothers and thereby encourage them to attend hospital for delivery – we probably couldn't here conceive of not having appropriate supplies to take to hospital for ourselves and also for the child, and not wanting to go for that reason. Alola's safe birthing program supports pregnant women in communities to develop birth plans and gather community support to get to a hospital when labour begins.

It also organises mother support groups and the 'village loves mothers and children' programs to support women through pregnancy and after childbirth and provide important counselling to mothers. Also recognising signs of malnutrition, so that it can be addressed both in mothers and in children.

And one of Alola's first areas of focus was on promoting exclusive breastfeeding to help reduce infant mortality. It has rolled out programs nationally to encourage immediate and ongoing exclusive breastfeeding in hospitals in Timor-Leste as well as in communities.

Of course these programs fit into the themes of World Breastfeeding Week, Nutrition, Food Security and Poverty Reduction, helping women to have healthy pregnancies and deliveries, and to be able to provide babies with the best chance at avoiding malnutrition, through breastfeeding immediately.

So World Breastfeeding Week, with its important themes, is a good time to reflect on how lucky I have been, and we are here in Australia – generally to be able to have babies in the joyous way that we do and to think about the amazing work the people at Alola in Timor-Leste are doing to try and bridge that gap so that women in Timor-Leste have at least the opportunity to give birth in a safe environment and give their babies access to the best chance of thriving.