

Maternity Coalition's activities and initiatives

- A national network of Branches and local groups in all States
- Consumer information on choices in childbirth
- Lobbying governments and health care providers
- Providing consumer members for key professional and government policy committees and working parties
- Participating organizations such as Midwives in Private Practice

Benefits of membership include:

- *Birth Matters*, our quarterly Journal
- Being linked to a network of national and local people supportive of birth reform and women's rights to best practice maternity care
- Discounts at Maternity Coalition events
- Birth Matters* presents current, critical reviews of maternity issues in Australia, as well as reports and news of activities of members nationally. *Birth Matters* includes articles written by consumers, academics, and professionals who share an interest in achieving our goals.

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Please see website for up-to-date information, or contact your nearest Branch.

Local contact information:

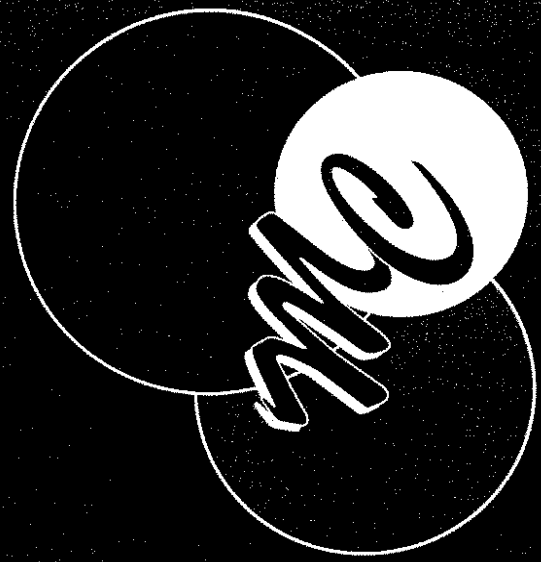
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Email: inquiries@maternitycoalition.org.au

www.maternitycoalition.org.au



Maternity Coalition

mothers and midwives
working together for
better maternity care



Who are we?

The Maternity Coalition is a national, non-profit, umbrella organization. It is made up of groups and individuals committed to better maternity care for all Australian women.

Members of Maternity Coalition include mothers, fathers, midwives, doctors, educators and researchers, as well as a wide range of birth support and advocacy groups.

The three key strategies of the Maternity Coalition are:

1. To promote women's control over decision-making about their care through improved access to information, resources and support.
2. To lobby governments and health care providers for changes to the public health system, to give all women the choice of having one-to-one care, from early in pregnancy till after the baby is born, from her own midwife. This has been proven to be safe and beneficial care for all women.
3. To create and maintain effective networks within Australia between all groups and individuals committed to achieving better birthing experiences for women and their families.

Maternity Coalition supports consumer and midwife participation at all levels of maternity policy planning, decision making and service delivery. We promote informed choice and strongly encourage community debate about maternity care.

Our aims

Maternity Coalition advocates for Australian maternity services to:

- Provide care during pregnancy and labour/birth that is sensitive to women's varied cultural and physical needs
- Understand that pregnancy, labour and birth are influenced by social, cultural and physiological factors
- Recognize and respect each woman's intuitive knowledge about her needs and those of her baby
- Support women's right to make informed choices about their care (including tests and procedures), caregiver and place of birth
- Support women to address issues that are important to them
- Provide women with access to continuity of care on a one-to-one basis from a known midwife throughout the episode of care
- Provide seamless medical backup to women in the care of a midwife if a complication arises
- Use technologies available for maternity care in ways that are consistent with the best research evidence on their safety and efficacy
- Treat pregnancy and birth as a natural process rather than as an illness
- Provide appropriate postnatal support services.

A copy of the *Maternity Coalition Constitution* is available upon request.

To join Maternity Coalition:

Member's details: individual group

(Are you joining as an individual member or a group? Please circle one)

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

GROUP WEB ADDRESS: _____

NOTE: Annual subscription renewal due in July each year

Payment:

Credit card, Cheque or Money Order (circle one)

Individual member \$35

Group member \$50

Overseas member (airmail postage) AUD\$60

CREDIT CARD: VISA M/CARD BANKCARD

Card Number: _____ / _____ / _____

Exp. Date: ____ / ____ / ____

Name on card: _____

Amount: \$ _____

Signature: _____

Maternity Coalition

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Please complete this form, and send by mail or fax to: