

**BIRTH FOR
HUMANKIND**

ANNUAL REPORT
FY 2021-2022

ACKNOWLEDGEMENTS

We work on Aboriginal land. We pay our respects to the elders of the community, past and present, who have cared for this land for generations. Sovereignty was never ceded and this dispossession remains largely uncompensated and unreconciled. With our acknowledgment comes a commitment to using our work and our platforms to help end this injustice.



We recognise that trans, non-binary and gender diverse birthing people face unique barriers and experiences of disadvantage when accessing maternal health support. We are committed to providing safe, compassionate support to all people who are pregnant and birthing.



*To protect confidentiality and privacy, client and volunteer names and identifying features may have been changed.

Design: Max Peate - maxpeate.com

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CHAIR'S REPORT



It has been a busy year as Birth for Humankind continues to work towards achieving our purpose of equitable maternal health and wellbeing for all. We have much to celebrate and we hope you enjoy reading our annual report.

The past 12 months have continued to be a time of great challenge and uncertainty due to the continuing COVID-19 pandemic. With increased referrals and need, the Birth for Humankind team has continued to provide invaluable birth support services to women and gender diverse people in Victoria.

On behalf of the Board and myself, I would like to take this opportunity to extend our immense gratitude to Birth for Humankind's CEO Ruth Dearnley for their dedication and leadership. Ruth has shown great determination to navigate this year's obstacles and support our team. We are also immensely grateful to and recognise the brilliant staff members and volunteers that makes Birth for Humankind the caring, respectful and impactful organisation that it is.

I would also like to sincerely thank the Board members for your ongoing work and commitment to Birth for Humankind. With gratitude and deep thanks, we wish to acknowledge and thank Mei Lai Swan, Birth for Humankind's co-founder, who stepped off of the Board this year to take on an advisory role for the organisation. Without Mei Lai, Birth for Humankind would not exist. Over the past eight years she has been an invaluable part of the creation, vision and heart of this organisation as a volunteer doula, past CEO and board member. We look forward to continuing to have you in our team in your new role. Thank you, Mei Lai.

Lastly to our wonderful supporters and funders. On behalf of the Board and myself, we extend our heartfelt thanks to you for your continued support and for being part of the broader Birth for Humankind family.

It is important to us to build lasting relationships and a shared culture of support with our supporters – and we are doing this through deep conversations and dialogue about mutual needs. We look forward to continuing these conversations in the years to come, as we expand our support to pregnant women and gender diverse people experiencing disadvantage, as they embark on their birthing and parenting journeys.

With gratitude,

Joanne Kirk (she/her)
Chair

CEO'S REPORT



I intended to write about all the ways our volunteers and staff have determinedly persisted over the last year. How they have shown up for our clients, day in day out, through some of the most fatiguing and challenging times we have ever faced. How they have simultaneously embraced the change process as we explored new ways of working, recognising that temporary uncertainty could lead to strengthened future operations.

All this is true and more. I continually admire their courage and unwavering passion.

But to focus on their achievements and not comment on the broader landscape in which they're operating, would undermine these accomplishments.

I can't think of a time in recent history, where the health and wellbeing of women and gender diverse people has felt more threatened.

The overturn of Roe vs Wade was a terrifying reminder of the fragility of equal rights for women and people with uterus of other genders. Whilst abortion is legal in Australia, it is still not as accessible or affordable as it should be. In August 2022 the Victorian Government overturned a proposed bill to expand abortion access across all public hospitals. Whilst sexual reproductive health providers report increasing demand, rising inequality and social isolation make abortions less accessible for those experiencing hardship.

We have also seen an increasing push for bans on life-saving gender affirmation surgery, and more broadly gender-affirming care is still not available to many trans and gender diverse people. This is true for many birthing people. Advancing medical care, research and understanding of the unique sexed differences of the biologically female body is essential. But this can be combined with differentiating between biological sex and gender. It must be combined with a person-centred approach that gives people who are not women the respect and dignity of not misgendering them.

Pervasive systemic racism, ableism, ageism, sexism, homophobia and transphobia continue to intersect and further inequitable health outcomes – and this

is worsened by growing financial inequity and social isolation. Meanwhile, it is well accepted that our economy and societies are continuously supported by the persistent unpaid labour of women and gender diverse people. Whether through 'hidden' work in the home, volunteering in the community or delivering low paid, undervalued, but essential services. It is unfair and it is unsustainable.

In these times, showing up for others to provide respectful and appropriate care, is like an act of defiance. Building workforce diversity and paying people for their labour, is building the foundations for survival and liberation.

That is why, this year we have been working hard to develop a model of group practice that would pay our doulas for their work. It is also why we have invested in growing our doula training program, with an emphasis on trauma-informed care for people from culturally diverse backgrounds. We have continued to offer free scholarship placements to people from bicultural backgrounds.

We still have a long way to go. But we are taking small steps towards demonstrating a way operating that embraces and values diversity and prioritises equity – whilst still delivering our core support services to clients.

I am grateful for the continued support of our funders, staff and volunteers. Your vision and understanding of how this small, but mighty organisation can complement and enhance the mainstream public maternity system, is helping us move towards our goal of ensuring everyone can benefit from improved health and wellbeing outcomes.

I look forward to continuing to work with you in the year to come.

A handwritten signature in black ink, which appears to read 'Ruth Dearnley'.

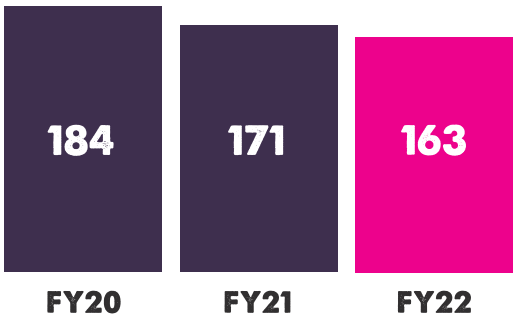
Ruth Dearnley (they/them)
Chief Executive Officer

OUR HIGHLIGHTS THIS YEAR

GOAL 1:

We will increase access to respectful, tailored support, education and connection for women, gender diverse birthing people and their babies experiencing socioeconomic disadvantage.

TOTAL SERVICES DELIVERED (COMBINED BIRTH AND EXTENDED POSTNATAL SUPPORT)



CLIENTS RECEIVING BIRTH SUPPORT



We delivered 105 birth support services this year, despite volunteer workforce challenges, due largely to the impacts of COVID-19. We recognise that our doula support program is approaching capacity and for the first time have needed to limit referrals via our website.

We continue to prioritise increasing organisational capacity and implementing revised delivery models, which will increase our ability to provide high quality services and support our workforce.

CLIENTS RECEIVING EXTENDED POSTNATAL SUPPORT



Since 2018, we have delivered extended postnatal support (EPS) to our clients – and demand continues to grow. The service includes 12 additional hours of personalised support from a trusted doula, up to eight weeks after birth. Clients may access EPS alongside birth support or as a standalone service.

CLIENTS RECEIVING ABORTION SUPPORT

FY21 - 3
FY22 - 2

We continue to provide abortion doula support for clients referred through the Royal Women's Hospital's Birth Choices program.

Recognising the need for skilled, complementary social-emotional support within abortion care, in FY23 we aim to expand this model to provide care to more people accessing medical and surgical abortions in Victoria.



VALUING THE CARE ECONOMY

This year we designed and developed an alternative model of delivering doula support. The model provides opportunities for doulas to work in a supportive group practice model, based on the gold-standard World Health Organisation (WHO) recommended caseload midwifery model.

It allows small teams of Birth for Humankind doulas to co-support a group of clients, whilst still retaining a primary one-to-one continuity of care relationship with specific clients.

This approach can be used for both existing volunteers and a small group of paid doulas, graduating through our bicultural doula scholarship training program.

Implementing this model would not only help us meet increasing service demand, but also ensure organisational sustainability and better position us to expand services across Victoria.

This model also addresses the sustainability challenge of running a volunteer-led program and demonstrates the importance of providing compensation for the 'care economy'. International evidence shows that the presence of a doula significantly decreases the chance of medical interventions at birth and the associated costs to the public health system. This program - if delivered as a complementary service to clinical care - would sustain positive benefits for birthing families, babies, doulas and the maternity system.

We are currently raising funds to pilot the program over a minimum of two years. We will continue to work towards implementing this in FY23 and FY24.

DOULA TRAINING AND RECRUITMENT

GOAL 2:

We will build the capacity for maternal health workers to provide respectful maternity care for all women and gender diverse birthing people, and increase awareness of this need with the wider community.

We recruited or trained **23** new doulas, including:

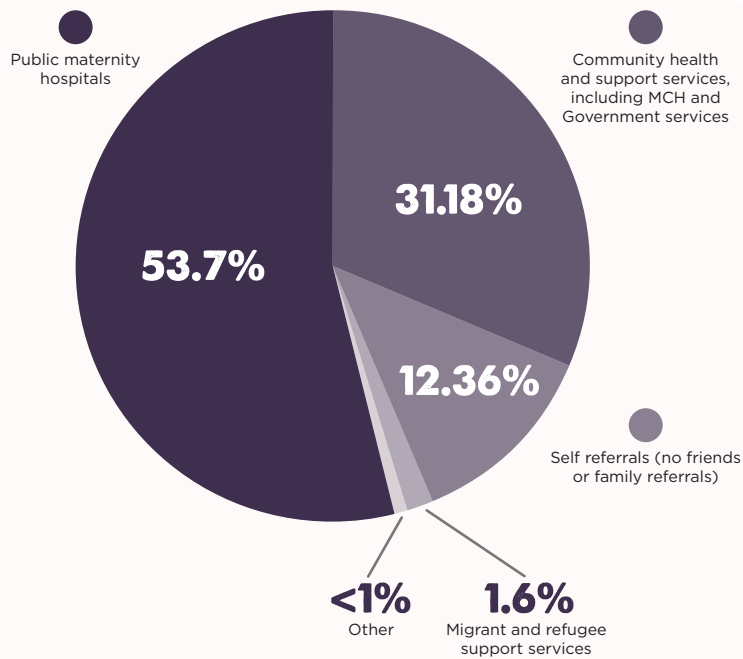
- 6** from bicultural backgrounds through our doula training scholarship program
- 6** trainees in our fee-for-service doula training program
- 11** existing birth support professionals who were inducted into our volunteer program



REFERRALS

In 2022, 187 clients were referred to our service for birth support, postnatal support or both services. Our total referrals were 11 per cent less than the previous year. It is important to recognise that this does not indicate decreased demand for doula support.

Between March and June 2022, we requested referrers stop submitting referrals for clients with less than a month until their due date, as we had exceeded our service capacity. This is the only time this has occurred since our establishment. We know how strong demand from public maternity services continues to be and are working to increase our service capacity for 2023 through a range of programs outlined below.



CONTRIBUTING TO ACADEMIC RESEARCH ON DOULA PROGRAMS

PhD Candidate Kerry O'Rourke has now published four papers (two in FY22), evaluating our doula support program. The research examines how, why and when doula support is most impactful. It is informing our program design and advocacy on improved public maternity support. The PhD has been funded and supported by Birth for Humankind, with funds generously donated by the Flannery Foundation.

MEDIA COVERAGE

We have continued to raise public awareness of how respectful, continuity of support during pregnancy, birth and early parenting improves outcomes and experiences for parents and babies.

This has included:

- **6** Victorian and national media stories – including syndicated stories across **30** ABC outlets.
- Estimated media reach: **37** million people reached.

WEBINARS AND EVENTS

We hosted three informative public webinars to educate and engage professionals and public supporters on maternal health equity issues.

These were viewed by **390** people.

Topics included the importance of making education and birth support resources accessible, with Bernadette Lack of Core and Floor Restore; and Unpacking Beyond the Birth Plan, with Rhea Dempsey.

Georgia Hall-Cook, our Operations and Programs Officer, was invited to present at the Mama Rising Conference, for those professionally trained in supporting the transition into motherhood. Her presentation raised awareness of the support needs of clients who are experiencing systemic disadvantage.



ADVOCATING FOR EQUITY

We have continued to advocate for systemic change that will improve pregnancy outcomes and maternal health equity. This included:

- Presenting a submission to the National Summit on Women's Safety, highlighting the intersectional psychosocial safety concerns that need to be addressed by the public maternity system and would be improved with continuity of care.
- As part of a collective effort with GenVIC, contributing to a Victorian Government budget submission, calling for funding of integrated non-clinical continuity of birth support for the 10 per cent of people experiencing the most systemic disadvantage, during pregnancy and early parenting.
- Co-signing a sector wide statement on the importance of maintaining access to abortions in Australia, in response to the overturning of Roe vs Wade in the USA. The statement and related advocacy engagement work clearly stated that there is no place for misinformation and stigma in healthcare.
- Participating in the Pregnancy and Homelessness Working Group, which brings together key homelessness and pregnancy support providers across Melbourne and Victoria who are working collaboratively to tackle this challenging issue.
- Continuing to use our relationships with public maternity hospitals to collaborate to provide greater continuity of support advocate for clients experiencing social and financial hardship.



GOAL 3:

We will continue to strengthen our governance and operations, whilst growing and diversifying our funding to secure our sustainability.



INCREASING TRANSPARENCY AND ACCOUNTABILITY

This year we have continued to implement bi-annual impact reporting – a summary of our progress against our Strategic Plan. We have streamlined the process to improve efficiency. Our impact reports aim to increase transparency to funders and supporters, and to hold us accountable to our Strategic Plan. We are continuing to refine this process to improve visibility and the ability to identify and report trends.

INTERSECTIONAL INCLUSION

Doula work is person-centred at its core, meaning that it puts the individual and all their lived experiences first. We want to ensure that as an organisation we were fully centering this philosophy and recognising and responding to the intersectional barriers that prevent people from accessing respectful and equitable maternity care. As a step in this process, we conducted a review of all our operations, for opportunities to address systemic marginalisation and exclusion.

Some of the outcomes of this have included:

- Increasing our focus on growing diversity within our doula workforce and prioritising building employment pathways for doulas from bicultural backgrounds.
- Updating our brand and communications guidelines to better reflect gender diversity amongst birthing parents and that they are representative of the diverse clients we support.



CELEBRATING BIRTH

Birthdays, baby showers, Mother's Day... There are many occasions when we celebrate birth. Plus, celebration is one of our core values. This year we launched a new peer-to-peer fundraising campaign to harness supporter celebrations of birth.

By raising funds for Birth for Humankind in lieu of receiving gifts, we can ensure more families receive the support they need as they welcome new additions to their family. This ongoing, and personalised approach to fundraising, helps reduce our investment into fundraising, whilst still providing opportunities for the public to support our work – as we are 100 per cent reliant on public, philanthropic giving.

OUR CLIENTS



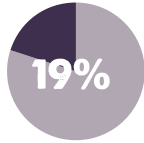
70 clients

At risk of perinatal mental health issues



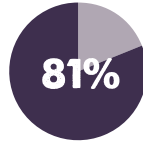
70 clients

Experience of family violence, trauma or abuse



21 clients

Under 25 years of age



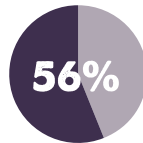
91 clients

Lacking a birth support person



23 clients

Experiencing homelessness



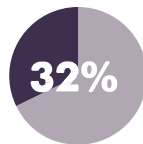
63 clients

Primary language other than English



32 clients

Newly arrived migrants



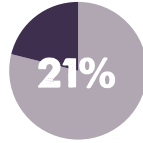
36 clients

Require an interpreter



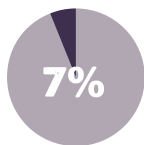
29 clients

Refugee background or seeking asylum



23 clients

Current or historical substance misuse



8 clients

Aboriginal and/or Torres Strait Islanders



63 clients

History or current mental health issues

In 2022 our clients spoke **27** languages

"I want to thank you for sending me such a compassionate doula. She was kind, caring, supportive throughout...and extremely helpful in such a difficult situation. [I was] blessed to have her."

- Leila*

ZAHRA'S STORY

CULTIVATING CONFIDENCE FOR PARENTING

At 20 years old and 30 weeks pregnant, Zahra's* (she/her) parents told her to leave the family home. But with a doula by her side, she was able to find the confidence to take control of her pregnancy and prepare for parenting.

After Zahra left home, she stayed on a friend's couch but as there was not much room, they asked Zahra to leave before her baby was born.

Zahra's family was culturally conservative and did not speak to her after leaving. She missed them terribly and was anxious about how she was going to get through each day.

Zahra's boyfriend was emotionally supportive but lived a long way away with his parents. They didn't know that she is pregnant and he feared they would react the same way as Zahra's parents, so he was unable to contribute financially.

Zahra was on a waiting list for housing and youth counselling when she was referred to Birth for Humankind. She cried often because she felt so alone, missed the support of her family and worried what would happen to her and her baby. She had no idea if, or when, housing and counselling services would be available to her.

Birth for Humankind matched Zahra with a doula, Jamie* (she/they). At first, Zahra was anxious about answering phone calls from people she didn't know, so her hospital social worker arranged to introduce Jamie and Zahra at the hospital.

At first Zahra was very shy. But after their first meeting she began to understand the support Jamie could provide and felt more comfortable getting in touch. Jamie then provided personalised antenatal education sessions, which helped Zahra prepare for labour and birth. Over time, Zahra built the strength to take control of her own journey through pregnancy and to parenthood.

Zahra was relieved she wouldn't have to give birth alone and hopeful that Jamie could teach her how to prepare for a baby, like her mother would if they were still in contact.

Zahra went on to birth a healthy baby with Jamie by her side for the labour and birth. She also moved into secure housing shortly after the baby was born. Jamie visited her for six weeks after birth, helping her with feeding and settling in to being a mum.

Jamie also helped Zahra to become familiar with public transport in her new area and how to travel with her baby. Zahra's time with Jamie was very positive, and when it was time to say goodbye, Zahra felt confident in her skills as a new mum and excited about her future with her baby.



OUR PEOPLE

OUR BOARD



Joanne Kirk
(she/her)
Chair



Lauren King
(she/her)
Company Secretary



Jeanette Royce
(she/her)
Treasurer



Jo Askham
(she/her)
Director



Grant Fenton
(he/him)
Director



Raj Gopiraj
(he/him)
Director



Mei Lai Swan
(she/her)
Founder and
Director, until 14
February 2022

OUR TEAM

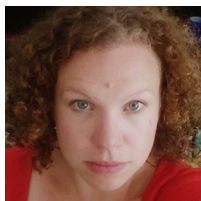
In FY22 we averaged eight part-time staff, 4.6 equivalent full time.



Ruth Dearnley
(they/them)
Chief Executive
Officer



Annabel Davies
(she/her)
Chief Operations
Officer



Natalie Kondzic
(she/her)
Programs Manager



Kristine Balfour
(she/her)
Doula Program
Supervisor



Cath Wright
(she/her)
Doula Program
Supervisor



Maison Levot
(she/her)
Programs Officer,
until 31 December
2021



Georgia Hall-Cook
(she/her)
Programs Officer,
since 18 January
2022



Cressida Blumson
(she/her)
Partnerships Lead,
until 12 May 2022



Jess Sartori
(she/her)
Communications &
Fundraising Lead

L-R: Carly Lord; Kirstan Flannery,
and Mei Lai Swan.



This year, our courageous and compassionate co-founder, Mei Lai, stepped down from the Board into an ambassadorial role. Mei Lai conceptualised and brought the organisation to life in 2014 (together with Kirstan Flannery, former Director and ongoing ambassador and philanthropic donor, and Carly Lord, Birth for Humankind's first client and a former Director). Since then she has served as a volunteer doula, CEO and - since 2017 - a Director.

After eight years leading Birth for Humankind, Mei Lai remains a close friend and supporter of the organisation, whilst applying her knowledge and skills in trauma-informed practice to new professional projects.

Thank you, Mei Lai, for all you have done and continue to do!

OUR VOLUNTEERS

Our volunteers continue to go above and beyond to support their clients and our organisation. Thank you for all you do.

VOLUNTEER DOULAS

Abbey Creamer	Hawalul Abdisamed	Mariam Abdelkrim
Abby Holmes	Ingrid Fitzgerald	Marion Anrys
Alex King	Isabella Berrell	Molly Rayniak
Amelia Fuller	Jade Leak	Nikki Baxter
Aviv Gazit	Jenna Webb	Nisa Raihan
Betsy Prieto	Jessica Garwood	Paulette D'argent
Bridie Ryan	Julie Huf	Rahel Negash
Bubbles Segall	Julie Kelleher-Byrne	Rebecca Castles
Cathe Ross	Julie Spargo	Ronii Forster
Claire Youren	Julie-Anne Isaacson	Saffa Dawelbait
Emma Rogers	Karly O'Malley	Shana Liem
Erika Munton	Kath Cooney	Shelby Johnson-Boe
Farzana Parwizi	Kristine Balfour	Sitar Regev
Fiona Allen	Laura Biggs	Zo Adams
Fyonna Wilson	Laura Lee Berlingieri	Zubeyda Ahmed
Gemma Daniel	Liz Varney	
Giorgia Hall-Cook	Louisa Gibson	
Grace O'Neill Paterson	Maison Levot	
Habiba Ahmed	Maria Venegas	

OPERATIONAL VOLUNTEERS

Anna O'Halloran - Partnerships and programs
Chrissy Keenan - Evaluation and story collection
Fiona Lau - Data analyst
Naomi Von Dinklage - Evaluation

FOUNDATIONAL DOULA TRAINING PROGRAM - TRAINEES

Beth Tynan
Emily Weekes
Emily Wyatt
Emma Lean
Neisie Murrell
Rhiannon Pintos Bright
Stella Rutsito
Tessa Jungling

OUR DOULAS



Are private practice doulas,
midwifery students and
registered midwives



Collectively speak **19**
different languages



Provided **1973** hours of
support to clients in FY22

“As a doula with Birth for Humankind, I meet so many amazing people and bear witness to their strength and character. I am honoured to be trusted to support them at such an impactful and important time in their lives.”

- Mia*

“I loved having the company and support of so many other passionate women and enjoyed the thought provoking discussions that came about during our time together. I’ve had the opportunity to meet some really wonderful people through the program and in my time as a volunteer doula, and it’s an experience I’ll cherish forever.”

- Samira*



OUR SUPPORTERS

Our achievements are enabled by the generosity of our supporters. Thank you for standing beside us. Your contributions make a lasting difference.

Special thanks to:

OUR MAJOR DONORS AND GRANT MAKERS



Amit Singh, Georgina Kelly, Jacqueline Moth, Jenna Ward, Jenkins Foundation, Julie-Anne Isaacson, Kate Evans, Kirstan Flannery, Maria Lui

OUR IN-KIND SUPPORTERS



OUR CORPORATE AND COMMUNITY PARTNERS

BIRTHMOTHER.



birthing wisdom
rhea dempsey



Core & Floor
restore



ethical investment
services



SCHOOL of
EMBODIED ARTS



Reconnected
Parenting



She Births®

OUR AMBASSADORS AND PATRONS

Clare Bowditch

Clare has continued to promote our work through her platforms, including chairing an open-house fundraiser event and panel discussion on building homes and families in uncertain times.

Kirstan Flannery

Co-Founder and ongoing philanthropic donor, Kirstan continues to support and help shape the future of Birth for Humankind.

Mei Lai Swan

Co-Founder and Director until this year, Mei Lai has transitioned into an ambassadorial role where she will continue to raise awareness of our work.

OUR FINANCES

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE, 2022

	2022 (\$)	2021 (\$)
Current assets		
Cash and cash equivalents	257,524	239,538
Term deposits	324,907	448,443
Trade & other receivables	12,316	7,882
Total current assets	594,747	695,863
Non current assets		
Security deposit	1,287	3,000
Total non current assets	1,287	3,000
Total assets	596,034	698,863
Current liabilities		
Trade & other payables	10,081	28,356
Employee provisions	24,926	30,906
Total current liabilities	35,007	59,262
Non current liabilities		
Employee provisions	-	4,807
Total non current liabilities	-	4,807
Total liabilities	35,007	64,069
Net assets	561,027	634,794
Accumulated funds		
Reserves	561,027	634,794
Total accumulated funds	561,027	634,794

**STATEMENT OF PROFIT AND LOSS & OTHER
COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30 JUNE, 2022**

	2022 (\$)	2021 (\$)
Classification of expenses by nature		
Revenue	515,167	759,241
Program costs		
Doula support	202,397	187,862
Education	97,700	111,207
Research	164	31,666
Personnel and operations	206,417	233,904
Communications and fundraising	82,256	88,785
Surplus before income tax expense	(73,767)	105,817
Income tax expense	-	-
Net (deficit)/surplus for the year	(73,767)	105,817

OUR YEAR AHEAD

IN THE NEXT FINANCIAL YEAR WE WILL:

PROGRAMS AND ADVOCACY

- Continue to work towards implementing a pilot of a new model of service delivery. This paid group practice model will pay doulas for their work, and will continue to complement the public maternity system's clinical service provision. It contributes to building recognition that this is an essential support service that should be funded for all birthing parents experiencing disadvantage, whilst addressing the unpaid burden of the volunteer-led, care economy. Providing a paid employment pathway for our volunteer doulas is critical to service sustainability and expansion.
- Continue to deliver volunteer-based support for clients during pregnancy, birth, and postnatally during early parenting.
- Seek partnerships and funding support for the design and expansion of an abortion doula support program for medical and surgical abortions. This will build on existing evidence of the impact of social isolation on people seeking abortions, as well as our existing expertise in providing abortion support to clients in the Royal Women's Hospital Birth Choices program.
- Identify and actively seek out partnership and engagement opportunities, with other care providers, government and funders, to help leverage our expertise and advance our goals.

FINANCIAL SUSTAINABILITY AND INCOME GENERATION

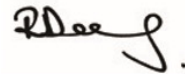
- Continue to explore co-funded partnership models of service delivery.
- Invest into growing our income from grants, trusts and foundations, including securing a higher proportion of multi-year funding commitments.
- Continue to grow our fee-for-service doula training program, to generate income and grow the availability of qualified doulas to support our programs.

GOVERNANCE AND OPERATIONS

- Consolidate our operations, structure and resourcing to support our core goals: maintaining service delivery, implementing a pilot of the paid group practice model and working towards an increasing budget surplus each year, for the next three years.
- Continue to implement CEO and leadership succession planning to mitigate the risks of turnover in a small team and best position us for scalable growth.
- Implement a revised Performance Measurement Framework, to track and monitor progress and trends, and to better assess and increase our impact.
- Conduct a review of our Strategic Plan FY21-23 and develop a new Strategic Plan to guide the future direction of the organisation.



Jo Kirk
Chair, on behalf of
the Board



Ruth Dearnley
Chief Executive
Officer





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