No. 20, Autumn 2009 *priceless*

childbearing

The newsletter of the Lower Mainland Childbearing Society

A Stroll Down Memory Lane

The Childbearing Society celebrated its 35th birthday this year!

We have been going strong since we became a registered non-profit society in early 1974, consistently featuring the same kind of high quality prenatal and postpartum classes that we continue to offer today.

As I read this issue that explores birth over the years — what has changed, and what has remained the same — I think about how the Childbearing Society has had to be flexible: ever shifting to accommodate changes in the birthing world, incorporating new information, adjusting to policy changes, and expanding or shrinking according to the needs of the day. This kind of endurance based on openness reminds me of the nature of labour. It is the capacity to surrender to the process, to yield to the unpredictable powers, that is often germane to coping, to finding the strength of endurance.

This kind of steadfastness and flexibility has enabled the Childbearing Society to remain true to the vision espoused by our founders. What began as a grassroots initiative — a small group of mothers and nurses who wanted to help pregnant women understand their choices, improve the birth experience for babies, and advocate for family-centred maternity care — remains essentially unchanged to this day. We are still a non-profit society, we still operate as a democratic collective, and we continue to represent the leading edge in perinatal education. We are the local group, the Canadian group, the alternative to the mainstream group. We strive to be information oriented, fact-based, and eternally supportive of all of the mothers, babies, and families who come our way. I think our founding mothers would be quite proud if they could see the path that The Childbearing Society has faithfully maintained over the last few decades, a path I think we will continue to pave equally far into the future. ***Stephanie Ondrack**, Editor*

In This Issue:

Next Issue:

Infant Health

Welcome George!

The Childbearing Society extends warm congratulations to our very own **Molly Eitzen**, dad Keva, and big brother Kale, on the birth of brand new baby **George Cohen Moskowitz**. Little George was born at home on July 9th, weighing a healthy 9 pounds 10 ounces. Read the full story on page 8.

childbearing news

How Acupressure & Massage can Help with Labour

Pain relief, labour augmentation, calming nerves, relieving nausea, relaxing, encouraging baby to rotate … just a few of the things pressure points & massage can help accomplish during pregnancy.

Mel Engelder, RMT

We are delighted to announce a special workshop on **Monday October 26, 7pm – 9pm**. Please join us as **Dr Jeda Boughton**, acupuncturist and Doctor of Traditional Chinese Medicine with **Mel Engleder**, Registered Massage Therapist, teach us how to use a variety of acupressure points and massage techniques to help women through labour. Dr. Boughton and Mel Engleder practice at **BodaHealth** in Vancouver, www.bodahealth.ca, www.mytcm.ca. This workshop is excellent for expecting couples, doulas, midwives, and anyone else interested in learning more about how acupressure and massage can be helpful during birth.

The cost is $20. Childbearing Society clients, current and past, get a 50% discount ($10). Space is limited, so please e-mail us at registration@childbearing.org to register.

Bellies to Babies Celebration

Once again we will be at the Bellies to Babies Celebration on **Sunday 27th September** from 11am - 4pm at the **Croatian Cultural Centre**, 3250 Commercial Drive in Vancouver. For more information on the event see www.belliestobabiescelebration.com.

bellies to babies celebration™
a place for moms to be

Farm Fresh

Keep an eye out for us this summer when you visit your local farmers' markets. The Childbearing Society will be hosting the community table at each Vancouver market, one time per market location.

Heads Up, Breech Babies!

The Society of Obstetricians and Gynecologists of Canada has reconsidered a ten year moratorium on vaginal breech births. Vaginal breech births virtually disappeared in BC following the infamous 'Term Breech Trial', an international study conducted about a decade ago in which BC Women's hospital participated. However, a follow-up study found that there were no long term differences in outcome between the assigned Caesarean group and the assigned vaginal group. New evidence ascertains that vaginal breech births are just as safe — and in some ways safer — than surgical deliveries if certain criteria are met. The SOGC is now recommending that all women carrying breech babies who meet these criteria be offered a trial of labour. Breech presentations occur in about 4% of deliveries. This shift in policy is great news for breech babies everywhere!

Home as Safe as Hospital for Birth

Yet another study, this one conducted by UBC, has shown that birth at home is equal in safety to birth in hospital. Furthermore , according to the study's authors "**Women who planned a home birth were at reduced risk of all obstetric interventions** assessed and were at similar or reduced risk of adverse maternal outcomes compared with women who planned to give birth in hospital accompanied by a midwife or physician." The complete study is published in the *Canadian Medical Association Journal*.

Mia Kalef Workshops

"***Clear the Path: Six Steps to Empowered Labour***" and "***Still Mind — Quiet Heart: Holding Presence During Birth, Interventions, and Attachment***" are two upcoming workshops presented by Dr Mia Kalef, author of "The Secret Life of Babies". Aimed at birth professionals, but probably fascinating for anyone, these workshops are intended to lower the risk of mother/newborn health challenges. For more information, see www.emergingfamiles.com.

Dr Mia Kalef

Focus on: *Birth through the Decades*

Trends in Childbirth

by Susan Woodhouse

Statistics help us see trends and analyse changes. They give us information and insights about what has happened and in what directions we might be heading. This knowledge can help us decide whether or not we want to stay on course or take action to change direction. At Childbearing, we too keep statistics on the types of births and outcomes our clients experience, and every year our teachers gather to have a look at the report.

But numbers alone don't give the heart of, and I was curious about what our teachers' thoughts were on the changes in childbirth trends they have witnessed. What impressions have been made on their collective wisdom and experience?

Combined, we have more than 100 years of experience in the childbirth field, covering a span of 4 decades. We've worked as doulas, childbirth educators, teachers of childbirth educators, breastfeeding counsellors, midwifery apprentices, postpartum doulas, labour and delivery nurses, and we've given birth to our own babies. We've witnessed hundreds and hundreds of births. Most of our experience is right here in Canada, but we have some knowledge of other countries, too.

I asked the teachers to tell me about the biggest changes they've seen in childbirth over the years of their involvement in the field. Some mentioned very specific changes, such as in routine use of suctioning for newborns, and in timing of cord clamping and cutting. Others talked about the disappointing increase in caesarean section rates. (Despite this, Childbearing's own statistics indicate a trend toward a lower caesarean rate amongst our clients: down from 25% in 2005 to 16% in 2007).

The most frequent comments on change centred around the fact midwifery care has become a reality. "Midwifery care has blossomed," said Stephanie, and Jennifer applauded the increasing number of midwives now available in BC. Aleksandra has observed changes in the medical community now that midwives practice alongside GPs, obstetricians and nurses. In my own experience, people thought it was "weird" when I gave birth to my first baby at home (that was 23 years ago) but now I hear clients telling their birth stories and mentioning their homebirth and nobody bats an eyelash!

There is no doubt the social and cultural shift over the last few centuries, which saw the practice of attending birthing women move from midwives to doctors has been a significant trend in the history of childbirth. With that shift, of course, came the accompanying effect of the medicalization of childbirth. I found it quite fascinating, as I compared the responses to my informal questionnaire, to discover that all of my interviewees mentioned midwifery. It seems that the pendulum is indeed swinging back.

Since the 1960s and '70s, we have seen a remarkable movement in the childbirth field towards a rebirth and resurgence of midwifery, as well as to an awakening in birthing women about the choices they can make for birth. Almost all our teachers spoke of a shift in attitudes around choices, and about becoming more aware of the need to support childbearing families to make their own choices. Molly talked of being more open to approaches that she previously did not consider, and remarked that she was now more accepting of alternatives for improving care. Melina said she is more aware of giving people the information they need and then supporting them in their choices. Both Aleksandra and Stephanie mentioned that their teaching practices have evolved over the years due to increased knowledge but also because of the influence of their own and clients' experiences.

What has really changed about childbirth? If we look at childbirth from strictly an evolutionary and biological sense, there hasn't been any significant change in birth since the time many millennia ago when we began to walk upright. With the need to have our legs closer together for bipedal locomotion, the shape and tilt of our pelvises changed, resulting in longer and more difficult birth. However, that was about 5 million years ago. Profound, then, to think that childbirth hasn't changed in all the time since. Only the practices and beliefs we've constructed, instituted, and perpetuated have altered. The more I've read about and reflected upon childbirth trends, how they've changed over the years, the more I realize the importance of the word "trends" . The trends have changed, not the process!

So a rising caesarean rate doesn't mean we've lost the ability to birth, it means we're doing something (consciously or not, collectively or not) to make that reality more prevalent. And the alarming number of new mothers having great difficulties with breastfeeding says nothing about the ability of

our breasts to manufacture milk, which is the same today as it was a generation ago, as it was a century ago, and so on back to the beginning of time. It means there's something else going on, something cultural or social, but not biological.

Dr. Mia Kalef, a frequent guest speaker at the postpartum circles, often tells our circle of new mothers that science owes a great debt to mothers and babies, for without them we wouldn't have the information and knowledge we have today. "Without the courage you've had to open your bodies and souls to the unravelling mystery of co-creating life, and by turning your lives and bodies inside out, the world would have neither knowledge nor life itself!" (*The Secret Life of Babies,* Dr Mia Kalef, p 16). It is not science that gives us our experience; it is because of mothers and babies that science has something to study.

Moreover, all of us talked of supporting the process of birth itself. I often think that when it comes to trusting our instincts, trusting that nature knows what to do, we don't need to think so much about building the baby (thank goodness!) so it's high time we stopped interfering so much with how the baby gets out, or how the milk gets to the baby. It's not that we don't need to learn about childbirth and educate ourselves about options, but we do need to learn that we can trust ourselves. Molly said we can make every right choice but birth still does what birth does. Birth has a path, she says, and we need to learn as much as we can but then, ultimately, relax into it. Stephanie, speaking of her observations over the years, had these wise words: "my fundamental beliefs, my faith in mothers, babies, women's bodies, nature, and the ever-miraculous, transformative journey into parenthood, has never changed. If anything it has grown stronger over the years".

Susan Woodhouse *facilitates our post-partum circles. She is the mother of two (ages 23 and 11), one born at home and one in hospital. Although well into her third decade of mothering, Susan still delights in unravelling its mysteries.*

Left: styles change, birth doesn't ...

That was Then and This is Now

by Diane Donaldson

After forty years of preoccupation with all things around birth, it would be a daunting task for me to list all of the many positive and negative changes that have taken place over the years. Rather, I will compare some of the worst and best aspects of the standard practices of the sixties, seventies and the present decade.

I observed the practices around birth as a nursing student in the sixties and then again as I gave birth to our sons in 1969 and 1973. I feared many things that I thought might be done to me while birthing our first child in 1969. I was as comfortable as a person could be in a large hospital, Vancouver General Hospital, given that I knew every inch of it having trained there as a student nurse and worked there as a graduate nurse for eight years. Despite this familiarity, I was aware that it was not in the vanguard of change, and that the facility was old, stark and operated under a system of rigid rules uninfluenced by the community. Women laboured in tiny, bare rooms with a fan attached to the wall above the foot of the bed as the only amenity. Even though it was November, the hospital was stuffy, I was hot from the work of labour and the little fan proved to be a huge help. I have since wished that modern "birthing rooms" had such a simple comfort measure. But let me take you through the process of admission while in labour, to the actual birth itself, and to the early postpartum that was accepted practice so long ago.

Upon arrival at the hospital women were subjected to having their pubic hair shaved. This practice was in the process

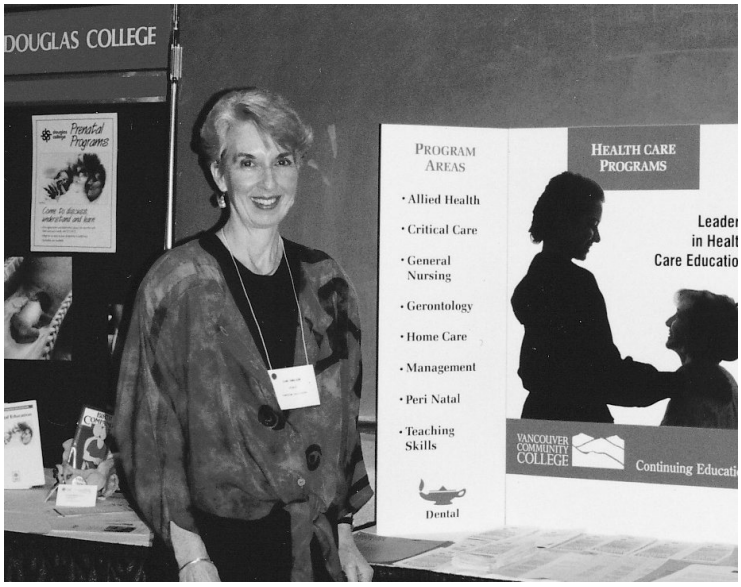
of being modified in 1969 to one half of the hair shaved. This was thought, erroneously, to decrease the incidence of infections in the episiotomy that was certain to be done just before the baby's birth. Quite the opposite: any nick from the razor left the previously intact skin now open to infection. Women were also given a large enema whether they had stool present in their bowel or not. This was justified by saying that it prevented the indignity of passing stool during the pushing of second stage. Another claim was that it would speed up labour, but in some cases it sent a very active labour into a precipitous birth in the admitting area or en route to the delivery room. For my part, trying to expel the contents of my bowel while sitting on a bedpan, atop a stretcher, without its brakes on and within earshot of the waiting room was infinitely more undignified.

Once settled in the delivery room, the labouring mum was virtually alone. Husbands were told to stay in the waiting room, and the nurses checked the labouring mother and her baby once every thirty minutes to listen to the baby's heart. They assessed cervical dilation about every four hours (or more often if progress demanded it) by an uncomfortable rectal exam. Only physicians were allowed to assess the cervix via the vagina directly. Husbands paced the floor of the waiting rooms unable to support their wives. No same sex partners, friends, mothers or other relatives were allowed near the labouring woman either. Because VGH had the most progressive doctors and a few nurses who would break the rules, a few of my contemporaries did have their husbands by their sides. Fortunately, my husband was with me, but he was an exception.

Women gave birth in the "Case Room", which was similar to an OR. It had an operating room table with stirrups and the bottom half that rolled under the top to allow the physician to sit on a stool between the mother's legs in order to perform an episiotomy, to direct her to push, to catch the baby and to suture the episiotomy following the birth. The modern birth bed is often used in a similar manner to enable the birth assistant/ doctor to be comfortable, with little consideration for the mother's comfort. With my doctor I negotiated many modifications for our second birth. He wrote an order to allow my husband to be present at each step of the labour. I made sure that I arrived at the hospital in good labour to reduce the actual time that I would be under their control. During the birth in the Case Room, I did not use stirrups and the bottom of the was bed was in place but a little lower than the top half so that the doctor had a little room to manoeuvre the baby's body during the birth if it was necessary. The top half of the table was raised to a 45-degree angle so that I could push more effectively and watch the birth of our baby. I did not feel that I was pushing my baby out into an open, unsafe space. I asked if I could lean my legs on my doctor's belly and to this day I can remember that feeling of being surrounded by breathing, warm, caring people. Those moments at the birth were precious to me.

above: Diane (bottom right) with a class of Childbearing Grads from the early '90s

below: Diane was involved in designing both the VCC and Douglas College Childbirth Educator programmes



The one intervention that was standard practice was the episiotomy. I requested that my doctor let me tear rather than do an episiotomy but at the last moment he lost his nerve and asked my permission to do one. It wouldn't be until the early 90's that the first research studies proved that a cut in intact tissue increases the probability of an extensive tear rather than a tear, if it happens, along natural cleavage lines. I had a

painful perineum for months following both births and I often wondered if a tear's healing would have left me more comfortable. This same obstetrician worked with me as a colleague for many years and after irrefutable evidence from research he and most other physicians changed their practice during the nineties. In later years, this doctor claimed that I taught him about warm compresses and slowing the birth to allow the tissue to stretch and prevent a large tear. Although that may not be true, I was one of the first people he knew to question the conventional practice of episiotomies leading to fast births and large tears. The weight of evidence from modern studies has proved what midwives have always known.

Not all women had a goal to have none or very little medication in labour in those days. Many drugs were often used in labour starting with sedatives in early labour, and narcotics and gas at the second stage. Epidurals were heavy and frequently left women incapable of moving in the bed or pushing their baby out. Forceps were used often because caesareans were considered to put women and babies at greater risk. Doctors used forceps to reposition babies and then pull them down from a high position relative to the mother's pelvis. Only after research showed that it was safer to do a caesarean rather than use high forceps when the baby had not descended well into the pelvis, did the frequency of the use of forceps go down. This type of intervention has not really diminished over the intervening years because low forceps and vacuum extraction of babies is widely done when women are unable to push their babies out following an epidural. Today, the majority of women having their first babies have an intravenous line in place, an epidural and many have an oxytocin augmentation of labour and are assisted with a vacuum extractor at the time of the birth. Second babies deliver much faster on average so women who have prepared for a birth without interventions sometimes get to experience this with second and subsequent babies.

In the sixties and seventies, directly after the birth, and while still in the Case Room, the baby was bathed in tepid water and Phisohex, a lotion-type antiseptic soap that was later proven to be harmful to babies, but was done because we had the misguided notion that babies were somehow contaminated during their journey through their mother's birth passage. Little did we know that even full term babies are stressed by exposing them to the cooling effects of the water directly after birth. Bathing a newborn is still a contentious practice. Some believe that babies are better left alone and allowed to derive the benefits of their own flora and protective barrier that the amniotic fluid provides. Others think that, when the baby's temperature has been stable for six successive hours, and if the bath is warm and of a short duration and they are placed skin to skin immediately following, parents benefit from learning to handle and care for their newborn. Most parents still want to be shown how to bathe their babies and find doing it with the nurse helpful.

Postpartum in the hospital was dictated by old hospital routines based on years of stultifying practices never put to the test of studies. With our first baby I went along with the practice of four-hourly feeds with the baby being kept in the nursery for the first day. I did get our baby at my bedside on the second to fourth day because I was in a four-bed ward, for which I paid extra. Had I been in the open ward with twenty or more mothers, I would not have had him near by and would have had to endure the smoking and disruption caused by the other patients and their visitors. Prior to my second postpartum I had read about "rooming-in" and requested that I have our baby with me at all times. The hospital staff was caught a little off guard but decided that after their one hour of observation of our son that I could have him only if I paid for a private room and accepted their requirement to be put on isolation. We now know our baby was much safer from infections when isolated with me than taking his chances with the handling from staff members in the central nursery.

In the seventies, breastfeeding education was inconsistent and mostly based on old tradition. Most caregivers were not aware of the process of how the mother's milk supply matches the demand from the baby, or how to help a mother latch her baby or how to solve the many little issues that can crop up in

Question of the Quarter:

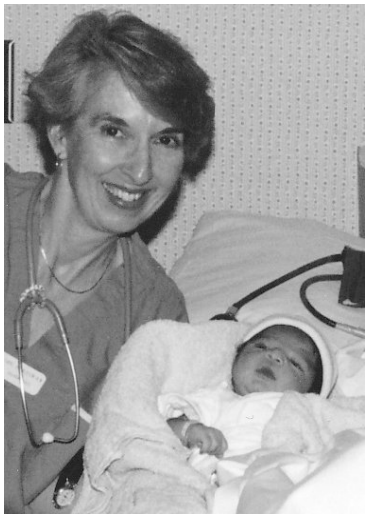
Q: When I was born, my mother tells me she wasn't allowed to feed me until after 24 hours. When my baby was born, my midwife wanted me to try breastfeeding him right away. Why is this? What has changed?

A: What has changed is our perception of newborns and their needs. It did indeed used to be common practice for babies to be "NPO" for the first 24 hours. These were the days when all babies were kept separate from their mother in a nursery, fed on a strict schedule that had nothing to do with their hunger, and most often fed formula (which was deemed to be more "scientific") instead of mother's milk. They were also mostly under the influence of the medications mothers were given during labour. With all these influences contributing towards neonatal indigestion, it comes as little surprise that babies often did not tolerate their measured feedings well within the first 24 hours, so it became standard protocol to wait until later.

Now we understand that unmedicated babies that have not suffered any separation from their mothers are usually alert, ready and eager to try nursing within the first hour of being born. All they need is unrestricted access to mother's chest, and they usually know just how to do the rest. Fifty years ago, no one would have believed that brand new babies were capable of the self-directed efforts they make to find the breast and, their amazing ability to start feeding, their mobility, awareness, and the sense of purpose they possess. Who knew that newborns were so 'human'!

It is interesting though, that while newborns were once deprived of all food for their first full day, we now weigh them several times with focused concern, during that same period. While we have learned to appreciate a newborn's immediate capability and motivation to nurse, we now impose an opposite restriction when we routinely intervene with supplements if baby loses "too much" weight within those same first 24 hours. Funny how the times change.

Stephanie Ondrack



Diane and one of the many babies she welcomed into the world at BC Women's Hospital

the first days and weeks. I was fortunate to have read a lot and was in close touch with the La Leche League, a group of breastfeeding mums who had lots of experience solving common problems and who had a willingness to listen and even to make home visits. My colleagues in Childbearing were also a big help and my partner also believed that it was the best way to feed our babies and supported me in many ways. Women who did not have this support usually introduced formula (that the hospital or doctor gave to them) early on which began the process of weaning their babies. Today, lactation consultants are available in most cities to help women who are experiencing difficulties.

Let us take a critical look at the present. In some hospitals we now have beautiful birthing rooms that women can use without moving to another room for the labour, birth or postpartum. The system has come a long way to give families the facilities that they deserve and to educate families and staff about the unique possibilities for every woman. Women still have to seek out caregivers who have a non-interventionist approach but many are willing to support their goals. If women are motivated, educated, and luck is on their side they can have drug-free labours, and they can birth with midwives or physicians, nurses, doulas, partners or whatever other support people they choose. All are these caregivers are prepared to give ample labour support to help mothers have the best births possible. Women need to probe the culture of the hospital they plan to use so there will be few surprises during their stay. They need to be even better educated if they are planning home births with midwives so they and their families can handle the additional responsibilities. In either case, as it was in the past, women need to surround themselves with supporters who will advocate for them, help them discover their strengths, remain open to unforeseen circumstances, help them make adjustments as needed, and help them trust and listen to their bodies.

Some of the changes that were needed forty and more years ago are still needed. When a hasty vacuum extraction of a baby is required during labour because of foetal distress women are not usually given adequate analgesia. The concern is that the baby is still receiving the mother's blood supply and can receive too much intravenous medication. This situation needs to be studied and the pain-reliever that affects the baby the least should be tried. Following labour when the placenta does not deliver normally, the mother needs to be given adequate analgesia before the removal is done, preferably in the operating room. This is not always done at present. Normal babies are often separated from their mums and examined on the baby warmer directly after the birth, rather than being kept on the mum's warm belly where the parents can be involved and learn about their baby. Babies are often tightly swaddled rather than placed on the mother's or father's chest or belly, skin to skin, with warm blankets over them both. Mums may not be encouraged to breastfeed within the first hour. Unnecessarily, some hospitals still give the Vitamin K injection and the erythromycin cream to the baby's eyes directly after the birth. Erythromycin cream could safely be delayed until the end of the first hour so as not to interrupt the baby's and parent's bonding. Vitamin K can be done safely within six hours after birth and should be done when the baby is suckling well at the breast so as to reduce the pain of the injection for the newborn. Breastfeeding at the time of any injections or heel pricks has been proven in many studies to be an effective pain reliever. Some nurses are committed to latching the baby first, but many are not. The lab staff are particularly rigid about their methods and, unless reminded, do not initiate breastfeeding prior to their blood draws. Parents need to speak up on behalf of their babies and ask for the laboratory staff's patience while they latch their babies.

As always, parents need to be their own advocates to ensure that they have satisfying, well-informed and positive birth experiences. It all begins with comprehensive childbirth classes, reading widely, watching informative videos or talking with health professionals, family or friends. Having a baby is one of life's most significant experiences and leaves us with memories that will last a lifetime.

Diane Donaldson *is one of the founding members of The Childbearing Society. A retired Childbirth Educator and Peri-natal Nurse, mother of two, and an inspiration to us all.*

Acupuncture in the Birthing Room

by Jeda Boughton

In Canada, as our knowledge has grown, opinions about the use of acupuncture have changed dramatically. Today, midwives are calling on acupuncturists to assist with difficult pregnancies; acupuncturists are working next to obstetricians in hospitals helping women through labour; and family physicians refer to acupuncturists to help with post partum care.

Today's reality reminds me of one story shared by an instructor at a seminar on pregnancy and acupuncture. Years ago when he first started practising, doctors and nurses were not sure how to integrate his work with theirs. One day, he was called into the delivery room to help with a difficult labour — both mother and baby were in distress. Their heart rates were up and the labour was not progressing. My instructor used a few well-known acupuncture points and instantly the monitors showed both the baby and mother's heart rates return normal. The medical team was amazed. It has been instances like this that have helped legitimize acupuncture to the Western medical establishment. Today, Jean Levesque works with a team of over 20 acupuncturists who specialize in pregnancy in the province of Quebec. His team has helped hundreds of women through the birthing process.

For me, it has been a great opportunity to learn from sage healers like Jean Levesque, Bob Flaws, Debra Betts, and Raven Lang who have been treating labour and pregnancy with acupuncture and Chinese medicine for decades. It was not easy for them—pioneers of Traditional Chinese Medicine (TCM) and acupuncture in the West—to pave the way for practitioners such as me. It used to be that for someone to learn acupuncture and TCM, and to learn it well, they first had to learn how to speak and read Chinese. This is not the case today. These doctors have translated information and also made it possible for the next generation to become talented doctors of Tradtional Chinese Medicine.

I have been practising TCM for six years and have observed an incredible increase in interest in acupuncture. Working with women before, during, and after pregnancy is a large and growing part of my practice. Fewer are the days when I am asked, "Once I am pregnant, is it safe for me to continue with the acupuncture?" My answer remains, "Absolutely, and your body would prefer if you did."

By no means has acupuncture and Chinese medicine become "mainstream". However, with family physicians and reproductive specialists referring patients for acupuncture, I am confident that medicine is moving in that direction.

Dr Jeda Boughton *is a doctor of acupuncture and Traditional Chinese Medicine. You can see her at the upcoming seminar, "How Acupressure and Massage can Help with Labour" on* ***October 26th*** *at Mount Pleasant Neighbourhood House. See*

Birth Stories

Welcome George!

by Molly Eitzen

Throughout this pregnancy I thought about what we could do during labour so that I would have a successful home VBAC (vaginal birth after caesarean).

I knew that I had a lot of emotions to work through so that I would be confident letting go and letting the labour happen. I took a VBAC class in which we spent time exploring our experiences and emotions surrounding past caesareans, and discussing the variables we could control in our upcoming labours and the variables we to which we needed to surrender. I took the word 'surrender' as my mantra and imagined letting labour happen. I also spent time visualizing the baby's head exiting my body since that was the only part of labour I hadn't experienced the first time. As the end of pregnancy approached I wasn't incredibly confident that I would be able to birth my baby, so I just stopped thinking about it and waited for labour to happen. I was convinced that this baby would come two weeks late just as his brother had. Two days before the due date I was sleep deprived and joked to a friend that I would go into labour that night. Imagine my surprise when early labour contractions started that morning (just hours after my last night of teaching). I had had seven hours of sleep over two nights and was a bit nervous about starting labour that tired. At 4:30 AM I decided I needed to get up to finish work emails, accounting, and clean

the linen closet. Keva tried to send me to bed but I wouldn't listen.

At our routine midwife appointment that morning I was ordered to go home and take a nap. With some homeopathic remedies it was successful and I woke up feeling like I could handle labour if it started. I spent the afternoon at the park and running errands--having contractions along the way--and then came home and took a nap. The contractions never slowed, sped up or increased in intensity

After dinner I had a break from contractions and thought I was going to get some nice solid sleep. I took some more homeopathics and chamomile tea, had a hot bath, and curled up in bed. Labour immediately resumed and began to get more intense. I snuck out of bed and began working on contractions on my own. By 1:15 I was ready for a little support and woke Keva. He thought I had been off cleaning more cupboards and was surprised to see labour progressing. By 2am he was ready to call the doula and she came over immediately. I asked Keva if he was tired of me already. I was still quite chatty and cognizant between contractions and felt like it must be early in labour.

Our doula Lolli was a bit concerned that my contractions were so short (apparently they were only 30 to 40 seconds long) and wanted me to do lunges. I was wary of hours of lunges so I said I would after I went pee. She talked me into doing three or four on the stairs on the way up. I sat on the toilet backwards for several contractions and by the time I made it back downstairs something had changed.

I felt like I had lost the ability to cope with contractions. I felt my body was failing me again and that I couldn't do it. I tried to communicate this to Keva but I wasn't very coherent. What was actually happening was contractions had significantly stepped up in intensity, and I needed to learn to cope with them again. Within a few contractions I had figured it out. Around 4 AM my water burst all over pillows and floor with a giant pop and labour increased in intensity again. Keva and my doula were getting a bit nervous that babe was going to make its arrival before the midwife arrived. By the time she got there I was completely dilated.

I started pushing around 5:30 and our little boy emerged from me at 7:49 AM on July 9: his due date. Pushing was hard; I didn't enjoy it and truly wanted it to be over. Contractions hurt, pushing hurt and there was no way to get out of it. For all the irritation the results were pretty amazing. Our three year old, Kale, woke up just after seven and with the help of a friend got dressed and came to watch his brother being born. I grinned all day (well in between the after pains).

George & Big Brother Kale

Baby George weighed in at 9lbs 10oz with a giant head (37 cm) and linebacker shoulders. My perineum is intact but I had skin tears upwards that necessitated stitches. I was sore in the days after birth but was amazed how mobile and active I was compared to recovering from a caesarean.

Six weeks later we are all doing well and have even managed to go camping with my boys.

Molly Eitzen

Centre of the World: Rowan's Birth

by Jennifer Gow

Our baby was due to be born on 16th December 2008. Knowing that many first babies arrive at some point after their estimated due date, I had been making a concerted effort not to get too hung up on the date itself, despite feeling very heavy and tired for the preceding two weeks. I firmly believed the baby would arrive when it was good and ready and my biggest fear (aside from a medical emergency, of course) was of being induced.

I had a final meeting scheduled at work on 10th December, at which I was also planning to tie up the admin for my maternity leave. During this time, I had felt a growing urge not to stray far from home so it was with great reluctance that I headed into work that day. Those final work chores completed though, I joked with a couple of colleagues about how I could have a babe in my arms by tomorrow. Little did I know that this would be true.

That night I went to pee before hitting the sack and felt a very subtle pop – my waters had broken. Since I had tested positive for group B strep, I had hoped to avoid precisely this scenario of my waters breaking before contractions started.

The recommended protocol in this situation is to get an IV antibiotic drip every 4 hours, the first dose administered in hospital. Once active labour has started, subsequent doses can be given at home (where I had hoped to give birth) but protocol dictates that you should return to hospital every 4 hours until that point. I was nervous about this latter scenario leading to exhaustion and that this could in turn lead to a cascade of interventions. But if there's one thing that labour taught me, it's that you can't control every turn of events. So I did my best to set my fears aside as Dom drove us to the hospital. It was midnight when we arrived and all was quiet aside from a woman in active labour groaning from one of the cubicles. She sounded like she was in another world and it was strange to think that some time soon that would be me.

It took more than an hour to complete the process, reinforcing my apprehension about this procedure; we would get little chance to rest at home before we would need to head back in. With nothing to be done, however, I tried to let my fear go and accept the situation. As soon as my head hit the pillow, that's indeed what happened: an intense aching

sensation filled my pelvis as my labour began. I knew that this stage could last a long time, however, and so it was important for me to get some rest. I curled up under the duvet and tried to doze off, although this was hard since I was so excited about meeting my child after nine months of waiting!

During the next three hours I entered the world of the labouring woman that I had overheard in the hospital. The contractions continued with surprising regularity, and it wasn't long before I could no longer remain lying down. In the darkness and solitude, I focused on welcoming them in my body, each one bringing me closer to meeting my baby. At first I'd get onto my knees during the waves and keep my pelvis moving. After a while though, I had to be more active and paced around the room, and it was shortly after 5am when I woke Dom. While I think that quiet time alone really helped me to focus on willing labour on, at that point I really needed his support. Contractions were now only a couple of minutes apart and between 30 and 60 seconds long. Dom was excited to hear that labour had started but wasn't quite prepared for the stage I was at – he had to ramp up from zero to sixty pretty quickly!

We had planned at around this time to head back to the hospital for my second dose of antibiotics, although it was also now time to call the midwives since the contractions were coming on so strong. Dom spoke to Andrea, our midwife, to find out what we should do next, but I was yelling that there was no way I was leaving the house now, regardless of what she said. Labour was obviously in full swing! Fortunately, Andrea agreed that it was time for her to come. I couldn't believe my luck; labour had progressed so quickly that I wouldn't have to return to the hospital. Dom then also called our doula, Rheja, who was able to come over straight away too.

Once our midwife Andrea arrived she set me up for the second dose of antibiotics in our bathroom. I sat on the toilet for this stage and couldn't wait for it to be over, since I felt like a caged animal. I must have been tensing my arms a lot because the IV fluid was going in very slowly and at one stage even started to run backwards. The contractions were incredibly intense now but the idea of my labour making progress was helping me from becoming overwhelmed. Andrea checked my cervix and she told me that I was I was 5cm dilated and progressing well. I actually felt a little deflated by this news, since I was under the impression that the cervix dilates about 1cm every hour (as it had so far), which would mean another 5 hours of this before I was fully dilated. I found myself focusing on time rather than on my contractions and I was worried that I would run out of steam, acutely aware of having entered labour with little rest. Rheja reassured me, however, that time can take on a more fluid nature in labour, contracting and expanding in your mind as with the labouring process. Her advice was a great help in distracting me from the ticking clock and in refocusing me on the job at hand.

Over the next couple of hours, Rheja showed Dom ways to support me through my contractions as my desires changed, from rocking on my knees on the floor, to sitting on the toilet, to gently swaying my hips on the bed, to standing in the shower. Between contractions, I was either sitting on the toilet, pacing the floor or lying on the bed – and at times practically asleep. Andrea, Rheja and Dom were all a great support to me during this time with their words of encouragement that both the baby and I were doing well, and Dom did an excellent job of keeping me drinking hot sweet drinks to help keep my energy up, as I really didn't want to eat anything.

After being in the shower for a while, it was time for me decide if I wanted to try the birthing pool (a child's paddling pool that we had borrowed from friend), as we needed to conserve hot water for it. Andrea and Rheja both encouraged me to at least try it, even though I was reluctant at that point to leave the shower. Rheja's words were pretty convincing though: 'It's the morphine for home births!' While that was getting set up in the living room, I experienced a very sudden change from the first to the second phase of labour at around 10am. I didn't have the 'rest and be thankful' transition phase that I'd expected between the dilation contractions and the pushing ones so I was quite taken by surprise. All of a sudden it felt like my insides were trying to come out! A quick check confirmed what my body was telling me – I was now fully dilated and ready to deliver the baby. The pushing sensations were very powerful, and I had no control over them, so that I found them quite frightening at first. But Rheja talked me through each one, telling me how to work with them with my breath, actively pushing up to a cresting point before holding off and resting for the next wave.

With the pool ready, I ran down stairs between the waves of pushing. The contractions were incredibly intense but the relief I felt on getting in the pool was immediate – I knew instantly that they'd have trouble getting me out again. The support midwife, Julia, had arrived by this time and both she and Andrea were a great encouragement with their words and smiles, reassuring me that our baby was strong and calm, and would soon be here. Rheja was on one side of me, and Dom was on the other – it meant so much to have him there beside me, I wouldn't loosen my grip on him one little bit.Rheja was right about the fluid nature of time in labour. While some parts of the first stage passed in a hazy blur, with the exact order of events difficult for me to recount, I vividly remember all of the pushing stage. I was soon able to feel the baby's head crowning. Once the head was out, Andrea told me that the heart rate had dropped a little and that it would be good for the baby to be delivered as quickly as possible. So on the next wave, Rheja encouraged me to push harder and longer than before, taking it over the crest. Just as I took a breath of recovery, my eyes fell to my beautiful baby being placed on my chest at exactly 11.11am. The tears flooded from me, not only with the joy of holding my precious bundle at last, but also out of relief at my baby girl's safe arrival.

Rowan and Jennifer

Born a little early, Rowan was covered in vernix (I'm so glad I saw the video of a vernix-covered baby in the prenatal class, else I would have got quite a shock) and had a good set of lungs on her. After Dom cut the cord, he held her as I was helped out of the pool to deliver the placenta. Dom and I were very proud parents as we held her, and she took her first feed under the direction of the midwives and Rheja. Eating cake and drinking tea in front of the fire on this beautifully sunny winter's morning, we couldn't have been happier.

I'd like to say a final few words to commend the ladies who supported me throughout my labour and made me feel that I was the centre of the world. Only later did I find out that they had all been in contact with other women in earlier stages of labour during 'my time'. Their skills and talents meant the world to me that day. I would also like to praise Ina May Gaskin on her book 'Guide to childbirth'. This book helped me to look on my pregnancy and childbirth as an empowering experience, and I carried her words with me throughout my labour. As a mentor I have never met, she was the fifth, unseen supporter to my baby's safe birth.

Jennifer Gow

Business Directory

Baby, Child & Maternity Gear

Birthing Buddies Childbirth Services
604-928-2334
www.birthingbuddies.com

Little Earth
778-737-7004
www.littleearthvancouver.com

New & Green Baby Company
604-323-4145
www.newandgreen.com

Room For Two Baby & Maternity
1409 Commercial Drive, Vancouver
604-255-0508

Wee Ones Reruns
604-708-0956
weeonesreruns@shaw.ca

You Pillows, Mother/Baby Support
604-808-6945
info@youpillows.com

Fitness

Peltz, Stephanie, ND, Yoga Instructor
778-991-2084
www.drpeltz.com

Yoga on 7th
156 East 7th Avenue
604-879-YOGA

Yoga West of Vancouver
2662 W 4th Ave
604-732-9642

Health Care

Abrams, Carolyne, Family Osteopath
604-730-5950
info@vancouverosteopathy.net

Peltz, Dr Stephanie, ND, Doula
778-991-2084
www.drpeltz.com

Aurora Massage Therapy
210 – 2233 Burrard, Vancouver
604 734 4030

Lalande, Linda RMT
3623 W 4th Ave, Vancouver
604 562 0612

Kalef, Dr Mia, Craniosacral Therapist
604-908-1214
www.emergingfamilies.com

Soma Studio Massage
213 / 303, 1529 W 6th Ave, Vancouver
604-738-1502

Yaletown Chiropractic
604-688-5437
www.bonnchiropractic.com

Parenting

Mamaspeak
604.266.8124
meralon@mamaspeak.com

Community Resources

Information and Counselling

BCW Breastfeeding Clinic	604-875-2424
BCW Lactation Consultants	604-875-2282
Breast Milk Bank	604-875-2345 Ext 7607
Dial-a-Dietician	604-732-9191
Family Place (Westside)	604-738-2819
Family Place (Eastside)	604-255-9841
	www.eastsidefamilyplace.org
Family Services of Vancouver	
1616 West 7th Ave	604-731-4951
202-1193 Kingsway	604-874-2938
Infant and Child Seat Information	
BCAA Consumer Service	604-298-2122
	604-298-2755
Safe Start Programme	604-875-3458
ICAN Vancouver	604-734-4226
Post Caesarean Birth Support	604-433-5827
La Leche League	604-520-4623
	www.LLLC.ca
Newborn Hotline	604-737-3737
Pacific Postpartum Support	604-255-7999
Parents in Crisis Line	604-669-1616
Support for Grieving Parents	
Rob & Jill Mullen	604-986-5012
BC Children's Social Work	604-875-2345 Ext 7358
BC Women's Social Work	604-875-2424 Ext 6161
Twins and More Club	
	www.vancouvertwins.com
Volunteer Grandparents Assn.	604-736-8271
Westcoast Family Resource	604-255-9568

Prenatal Classes

Lower Mainland Childbearing	604-878-1031

Doula Referrals

Doula Services Association	604-515-5588

Vancouver Coastal Health

Vancouver Health Department	604-875-6381
Evergreen Health Centre	604-872-2511
North Community Health Office	604-253-3575
Pacific Spirit Health Centre	604-261-6366
Raven Song Health Centre	604-709-6400
South Health Office	604-321-6151
Three Bridges Health Centre	604-736-9844

Note: Your Community Health Nurse has further information on local resource

Prenatal Class Schedule (updated September 2009)

Healthy Pregnancy Classes **Content:** *Mums only class.* Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies	**2 sessions** 2 hours each **Cost:** $75* **Included free of charge with weekly series or weekend workshops.* **Time:** 7:00pm – 9:00pm	**Location:** *Mount Pleasant Neighbourhood House* 800 East Broadway **November W 18 & 25 Nov** **January F 15 & 22 Jan** **March W 3 & 10 Mar**
Weekly Series **Content:** Normal labour & birth; relaxation, positions & coping skills for labour; medical pain relief, interventions & procedures; postpartum; breastfeeding; early parenthood; newborn care. Includes handbook and CD.	**14 sessions:** **7** Evening classes (2hrs ea) **2** Healthy Pregnancy sessions **1** Postpartum Reunion **4** Postpartum Classes *(option: **8** additional postpartum classes for $60 more)* **Cost:** $240 ($300 includes full PP series)	**Time:** 7:00pm – 9:00pm **Location:** *Mount Pleasant Neighbourhood House* 800 East Broadway **Late Autumn T 3 Nov - 15 Dec** **Winter M & W 4 -27 Jan** **(no class 11 Jan)** **Late Winter T & Th 5 - 26 Jan** **Early Spring T 2 Mar - 13 Apr** **Spring Th 11 Mar - 22 Apr**
Weekend Workshops **Content:** Same as for weekly series; slightly condensed format: breastfeeding not covered, but cost includes Friday or Monday night breastfeeding class. Handbook & CD included.	**10 sessions:** **2** Weekend days (5hrs ea) **1** Breastfeeding Night **2** Healthy Pregnancy sessions **1** Postpartum Reunion **4** Postpartum Classes *(option: **8** additional postpartum classes for $60 more)* **Cost: $240** **($300 includes full PP series)**	**Time:** Sat & Sun 9am - 2pm **OR** 3-8pm **Monday 7-9pm** **Location:** *3285 Victoria (at 16th)* **October 3-5 Oct** **December 5-7 Dec** **January 9-11 Jan** **Late January 30 Jan - 1 Feb** **March 6-8 Mar** **April 10-12 Apr**
Breastfeeding only **Content:** Covers breastfeeding basics; troubleshooting; breast pumps & returning to work; special needs; colic	**1 session:** Friday Night 2 hours **Cost:** $40* **Included free of charge with weekend workshop*	**Time:** Monday 7-9pm **Location:** *Mount Pleasant Neighbourhood House* As above, Monday nights only
Another Birth: refresher class **Content:** finding ways to honour this pregnancy and celebrate its distinctness; what worked last time… and what didn't; recalling old birthing techniques and learning new ones; how to prepare your first baby for sibling-hood; connecting with your new baby while maintaining the bond with your 1st.	**1 session:** Saturday Afternoon 4 hours **Cost:** $75* *$65 for Childbearing Grads* **Time:** noon – 4pm	**Location:** *3285 Victoria (at 16th)* **October 10 Oct** **December 19 Dec** **January 23 Jan** **March 27 Mar**
Breastfeeding Clinics: **Content:** one-on-one help for those who are experiencing breastfeeding difficulties any time in the first few months after birth.	**1 session:** Saturday or Sunday 2 hours **Cost:** 1 session included free with registration. Additional sessions $40.	**Time:** 3-5pm **Location:** *3285 Victoria (at 16th)* **19 Sep 17 Oct** **21 Nov 12 Dec** **16 Jan 13 Mar**
Postpartum Classes **Content:** *For parents with babies who are not yet walking.* Covers infant feeding, sleep, safety, colic & crying, attachment, and infant development, and many other topics.	**12 sessions:** 1 ½ hours each **Cost:** $150* **Free for expectant parents enrolled in prenatal classes; 4 sessions included free with prenatal class series.* **Time:** 12:30 - 2 pm	**Location:** *Mount Pleasant Neighbourhood House* 800 East Broadway 800 East Broadway **Sep W 9-30 Sep** **Oct W 7 - 28 Oct** **Nov W 4-25 Nov** **Jan W 6-17 Jan**
Private Classes **Cost:** $20 + $50/hour Minimum 2 hours. Does not include materials (optional: $25)	To register, or for more information: **(604) 878-1031** **www.childbearing.org** Low income rates available.	**Our Instructors,** all health professionals and parents, add their extensive training and reading on subjects related to pregnancy, birth and parenting to their personal experience. All instructors hold Childbirth Education Certificates from VCC / Douglas College, and are members of ICEA, the International Childbirth Education Association. All have a love and passion for the childbearing year.

We regret we are unable to offer classes in February of 2010 due to transportation and parking restrictions caused by the Winter Olympics