

childbearing

The newsletter of the Lower Mainland Childbearing Society

Heads up !

... or what to do when baby won't turn.

Although fewer than 5% of babies remain in a bottom-down position until birth, that is small consolation to the mothers of those that do.

In North America today, the diagnosis of a breech baby at term almost always means a caesarean, thanks in large part to the controversial *Term Breech Trial*. In this issue we talk about the TBT and its implications, and the options available for breech deliveries. We also discuss some of the various methods used to turn breech babies in our Question of the Quarter as well as in articles by chiropractor Dr Stephanie Bonn and Craniosacral Therapist Dr Mia Kalef.

While this may not seem an important issue to those of you whose babies' are happily head down, the manner in which breech birth is treated in the 21st century provides a lens through which we can look at attitudes to childbirth in North America in general. What we see may not always be comforting, but it is nonetheless worth thinking about. ☞ JL

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the childbearing society presents

Another Birth ...

A refresher prenatal class, perfect for second (or more) time parents



- ☞ *Finding ways to honour this pregnancy and celebrate its distinctness*
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- ☞ *What worked last time ... and what didn't*
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- ☞ *How to prepare your first baby for sibling-hood*
- ☞ *Connecting with your new baby while maintaining the bond with your first*
- ☞ *And much, much more*

Join us for this fun and informative workshop.
Treat yourself. Register today!

For schedules and prices, please visit us at:

www.childbearing.org
604.878.1031

Lower Mainland Childbearing is: Aleksandra Henderson, *President, Doula Rep.*; Jennifer Landels, *Registrar, Treasurer, Newsletter Editor*; Stephanie Ondrack, *Assistant Registrar, Secretary, Marketing Director*; Mary Coll, *Teacher-at-large, Volunteer Coordinator*; Susan Woodhouse, *Packages*; Diane Donaldson, *Past President*
Instructors: Mary Coll, Aleksandra Henderson, Jennifer Landels, Stephanie Ondrack.

childbearing news

Welcome Babies!

These are some of the new faces we met at postpartum classes this Spring and Summer, and their birthdates:

Akira	22-Jun-06
Amelia	27-May-06
Aubrey	27-May-06
Cayden	11-Jan-06
Charlie	?
Connor	22-Mar-06
Dylan	2-Feb-06
Eamon	12-Mar-06
Etta Mae	28-May-06
Griffin	27-Apr-06
Hudson	10-Jul-06
Isabella	22-Jun-06
Isabelle	20-Mar-06
James	17-Apr-06
Jasper	29-May-06
Kayna	8-Jun-06
Luca	2-Mar-06
Marcus	25-Apr-06
Martina	?
Nathan	8-Mar-06
Olive	21-Jul-06
Otis	23-Mar-06
Parker	10-Mar-06
Patrick	20-Apr-06
Rachel	9-Jun-06
Ruby	?
Samson	13-May-06
Silas	26-Mar-06
Skylar	?
Youssef	9-Apr-06
Zach	?
Zofia	1-May-06

If you attended postpartum classes between May and August and your babies are not here we apologize. Just send us their names and birthdays and we'll add them next issue. (And please forgive us if we've got the spelling or date wrong!)

New Refresher Workshops!

For those of you who have been asking for refresher classes geared to your own specific needs as second-time parents, wait no longer. We now have a class made just for you! This four-hour workshop will give you an opportunity to focus on the differences between this pregnancy and the last one, to discuss your prior birth experiences and what aspects you may want to change this time around, and to prepare for the challenges and joys of siblings. See our schedule on the back page for times and locations.

Volunteer Opportunities

Childbearing is looking for volunteers. If you have a few hours a month you can donate to the Society we can use your help in a number of areas, including: classroom assistance; newsletter / brochure distribution; marketing; graphics; newsletter advertising; articles for the newsletter; statistical analysis; and focus groups / pilot projects.

If you're interested in a career around birth and babies this is a fabulous place to start. And, if you're looking for a way to give back to the community in a family-friendly environment, this is the place for you. To find out more, contact our Volunteer Coordinator Mary Coll at 604-728-7287 or mary@childbearing.org.

"The Almighty Bottle"

Check out the Jul/Aug issue of *Mothering* magazine for our own **Stephanie Ondrack's** article 'Taking Down the Almighty Bottle'. Within weeks of its publication the article stirred up a storm of discussion and garnered plenty of praise in the local and online parenting communities. See www.mothering.com/newsletter/pressreleasejuly06.html or pick up the issue at a newsstand to read more!

Changing Faces

Mary Coll has just finished her last set of classes before her maternity leave – we all look forward to meeting her new baby in October! In the meantime expect to see **Anne Demers** who is finishing her Lamaze certificate, doing some co-teaching as she learns the ropes at Childbearing. We also welcome back **Susan Woodhouse** to an active teaching role at our postpartum classes.

✧ Letters & Announcements ✧

We love to hear from you! Keep sending your comments on our newsletter, our classes, our doulas, your birth and parenting experiences, and anything else related to the childbearing year that you'd like to get off your chest to: registrar@childbearing.org or 8540 Elsmore Road, Richmond BC, V7C 2A1

You have a great website and I have enjoyed receiving your newsletter.

Regarding the CBE program ...

I have attached the clarification we sent to the Perinatal Nurses newsletter as I see some of the same misinformation is included in your newsletter.

We appreciate you clarifying this for us and your readers too.

Thanks!

Kathie

Douglas College Childbirth Educator Program

When it became evident that the CBE program could no longer be offered in the way it had been in the past, we explored other options rather than discontinue

training childbirth educators. Continuing education is not run by a philosophy of revenue generation but we are mandated to fully recover all costs of our program offerings.

After exploring many options, the decision was made to partner with Lamaze International (www.lamaze.org). Visiting the website will help you to know a bit more about the organization and some of the reasons we have chosen this path.

The program is very local. Students register through us, are sent the Lamaze Study guide by us and we register them with Lamaze. That is all Lamaze has to do with the student until they are prepared to write the certification exam. They have two years to complete. In that two years, they work with our program as they



**The graduating
class of Spring
2006**

complete the Goals in the study guide, have access to program support, an on-line support and information network based out of Douglas College and assistance in organizing birth and prenatal class observations, curriculum design and student teaching opportunities. We provide full support and guidance for all students as well as a workshop to help them prepare for the certification exam.

The Teaching Skills workshop is offered at Douglas College by Douglas College, not Lamaze, twice a year. It is a workshop that had to be approved by Lamaze but is offered by Douglas College. The workshop was developed by Sharron Gibbs, Do Stier and myself. Between the three of us, we have 45 years of teaching experience and that combined with the outstanding materials that existed from Diane Donaldson's work, we are very excited about the workshop.

The content reflects local practices and information and has been very well received by new and experienced educators.

We are the only Lamaze accredited program in Canada and we look forward to continuing to provide educational opportunities, not just in BC but all across Canada.

Childbirth Educator training is alive and well and thriving through Douglas College. If you would like any additional information or clarification, please do not hesitate to contact me.

Thank you.

Kathie Lindstrom
Douglas College Perinatal Program
Manager
604-527-5045
lindstromk@douglas.bc.ca

*And we look forward to welcoming
some of your future grads into our ranks,
Kathie! – JL*

Hey there LMCS,

I finally have a moment to sit down and write a long overdue thank you letter. (Sasha is passed out at the moment, I'm guessing too many afternoon cocktails in the sun.)

I won't bore or horrify you with the sordid details of my birth (...not that I forget. Contrary to what they all told me, I will NEVER forget.) Let's just say that our little muffin had to be forced out of the oven two full weeks overdue, and that I don't recommend the oxytocin drip to anyone, even my worst enemy. Thirteen lovely hours of contractions later it got even better (hard to believe, I know) and I pushed for an hour in every position imaginable except on my head - which I'm going to try next time. She was refusing to come out (we found out later she was kind of stuck, the cord was wrapped around her neck twice and was seriously short), and there was a small meconium issue, so they were threatening me with a C. Forty-five people were hovered around me with IV's, papers to sign, and a bed on wheels bound for 'across the hall'. I thought, no WAY did I go through 14 hours of this to have them hack me open at the last minute. So I pushed like heck, and with a little help from Dr. Ross, her vacuum, and the cutest nurse in world screaming 'Meet your baby!!!', Sasha finally popped out. Whew!

So I'll get to my point. The courses Jennifer & Aleksandra gave were fantastic and invaluable, but as they made clear during those weeks, nothing really can prepare you for what will happen. Everyone is different and god only knows how it will all turn out (kind of like when you take an 8 hour first aid course and pass out at the sight of a paper cut - you never know how you're going to react). That being said, where they really stepped up was AFTER it was all said and done.

If it's not already obvious, I'm a bit of an extremist. A real 'worst-case-scenario' type of gal. Sasha is the easiest baby in the world, always smiling, barely ever cries,

and yet I still find things to worry about, especially in those first few weeks. So I would immediately ring up Aleksandra or Jennifer (whichever poor soul was home at the time) with an arsenal of questions and panics. I think even one time I called to ask if it was normal that she was smiling so much and how come she never cries what's wrong with her?!? They took every question (no matter how inane) in stride and answered them all skillfully and professionally as best they could. I kept waiting for them to brush me off (I mean, they cashed my cheque for the classes AGES ago!) but they never did.

All this to say I could not have asked for a better support system and friends than I got at the Lower Mainland Chilbearing Society. Aleksandra and Jennifer, you went above and beyond the call of duty over and over again...and I thank you both from the bottom of my uterus.

Love,
Cora (and Chris & Sashie)

Hi Stephanie,

I thought you may want to know how positively the classes affected our birthing experience.

Kerry's waters broke on Tuesday afternoon and regular contractions started soon afterwards. Kerry laboured at home until the next morning.

We headed to the hospital at 10 am on Wednesday, as Kerry thought she was an hour or so away from transition. It turned out that active labour had only just begun! Rookie mistake so we didn't beat ourselves up too much.

Kerry was just 1 cm dilated when we arrived and our doc wanted to induce, since it had been 24 hours since her membranes ruptured.

Then the amazing happened; the contractions instantly increased in frequency from around 4 mins apart to almost 1 every minute. The doc agreed that we should continue naturally.



“Bean”

Kerry heeded the advice on accepting pain very literally. In under four hours she was 7cm dilated and felt the urge to push. A fully natural birth was just around the corner.

However she couldn't fight the urge to push until ready and her cervix was swelling as a result. The nurses offered

NOx which helped and in no time she was ready to push.

The delivery itself went very well, The doc was keen on episiotomy (she'd been concerned for weeks that the baby was very big). She heeded to our wishes that we'd prefer to risk natural tearing, which thankfully ended up being less complicated.

We couldn't avoid the suctioning of nasal and oral passages after the birth, or a quick check-up as there was a little green fouling in the birth fluids, but we got a decent 50 mins of the magic hour.

Minimising interventions has proven to be a real saviour postpartum. Bean's breastfeeding like a trooper and Kerry's taken to motherhood like a duck to water.

We cannot begin to tell you how grateful we are for making our birthing dreams come true. Before coming to your classes we knew we wanted a natural birth. By empowering us with the knowledge you got us more than contently close to that.

The advice and extra personal touch you gave us in the classes proved invaluable ... and we love you for it!

Kam and Kerry

Hello everyone,

Just wanted to let you know that Lucas Seth Kosa was born at 3:36 am on Sunday, September 3rd. He weighed 8 lbs 2 oz and measured 21 inches. He's very healthy & Sage is doing well too.

Love,
Lee & Sage



Lucas

Focus on:

Breech Babies

The Term Breech Trial and its Effects

In March of this year Vancouver was the gathering place for an incredible collection of doctors, midwives, researchers and other birth professionals from all corners of the globe, who had come together to talk about breech birth. Why would there be an entire conference dedicated to what amounts to 5% of births? Because in the year 2000 the Term Breech Trial radically changed the way breech babies and their mothers are treated, and there are many in the birthing community who are concerned.

The Term Breech Trial

The Term Breech trial by Mary Hannah et al, published as “Planned cesarean section versus planned vaginal birth for breech presentations at term,” (Lancet 2000. 21:1375-83), was an attempt to determine the safest way to birth a breech baby: vaginally or by caesarean. The trial was terminated early and the published results indicated the latter. The effect was dramatic. Within a year worldwide vaginal breech birth rates declined dramatically, and practitioners willing to deliver breech babies vaginally become as scarce as the tooth fairy in countries like Canada and the US. In general change tends to happen slowly in obstetrics, and the speed at which this particular change happened was strange indeed.

The trial has been widely criticized for a number of reasons, including selection criteria, methodology and adequate follow-up. Perhaps the most interesting criticism is one that came up several times in the course the conference:

by Jennifer Landels

Because the participating birth facilities were asked to randomize the pregnant mothers into two equal sized groups, centres that had high success rates with vaginal breech birth (VBB) refused to participate. After all, why would mothers who had a good chance of a vaginal birth consent to a scheduled caesarean? This means the centres that did participate were the ones that already had low rates of successful VBB. In other words, **the vaginal deliveries attempted during the trial were done in centres with little practice delivering breeches, and by practitioners who were not as skilled in VBB** as their colleagues in non-participating centres. Is it any wonder they turned out better results in the planned caesarean cohort than in the trial-of-labour cohort?

And yet, despite this glaring logical hole in the premise of the trial, its recommendations became the bandwagon that obstetrical societies world-wide scrambled to jump upon. What gives?

The Two Year Follow-up

The two year follow-up study of all the babies born in the trial showed no difference in the rates of serious illness between the vaginally and caesarean born children. In fact, there were slightly higher rates of abnormal neurological development amongst those born by scheduled caesarean. Given that this trial shows your

chance of having a normal two year old is the same whether you have a vaginal or caesarean birth, has there been any backpedalling on the positions taken after the TBT? No, there hasn't. In fact the follow-up trial has received very little publicity and has had no effect on obstetrical practice.

What can we conclude?


There seems to be a bias amongst obstetric practioners toward caesarean over vaginal birth for breeches. I can only speculate as to the reasons for this bias: fear of litigation, lack of comfort with and practise at breech births, the convenience of scheduling a planned caesarean versus showing up in the middle of the night to deliver a baby, and a general mistrust of women's bodies coupled with faith in technology. Since none of our local obstetricians attended the conference as far as I am aware, nor anyone from the SOGC, there was no one on hand to explain this bias. I welcome input on the matter. What is clear is that as fewer and fewer vaginal breech births occur, fewer and fewer obstetricians will develop the skills to deliver breeches, and the bias will increase.

What's the problem?

If caesarean birth seems as safe as vaginal birth, what difference does it make? Who should care?

- Mothers who want the opportunity to birth naturally
- Babies, whose respiratory, circulatory and nervous systems need the stimulous of labour to respond optimally to life outside the womb.
- Mothers and babies who want to preserve the magical hour after birth to facilitate breastfeeding, promote bonding, and prevent postpartum depression
- The health care system, since caesareans cost much more than vaginal births
- Birth practioners who don't want to lose the skills for delivering breech babies
- Society, which doesn't want to see age-old birth knowledge lost and replaced in the name of questionable evidence.

In short, while the issue of breech birth may not seem to affect the majority of us who have vertex babies, the speed at which the culture of breech birth has changed should be a warning to us all. After all, who knows what changes the next trial could bring?



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Question of the Quarter:

Q: I'm 32 weeks and my baby is still breech. Is there anything I can do to encourage her to turn head down?

A: There are dozens of strange and varied techniques people have tried to encourage breech babies to turn. Very few have been studied to any extent, but here are a few of the most common:

What doesn't seem to work?

Maternal Positioning: The Breech Tilt, in which you lie on a tilted surface with your head lower than your hips, and the Knee-Chest position, in which you are on your hands and knees, again with the hips higher than the head, have both been suggested for many years. However, the collection of trials in the Cochrane database seem to show that engaging in these positions has little effect on the position of the baby.

What seems to work?

Moxibustion: This Traditional Chinese Medicine technique involves **acupressure** or **acupuncture** along with the burning of certain herbs. There is evidence moxibustion increases rates of spontaneous version, as well as improving the success rates of external version (below).

Chiropractic Manipulation: If the mother's pelvis is out of alignment, chiropractic adjustment can sometimes correct this and allow the baby room to turn head down. (See sidebars next page).

What does work?

External Cephalic Version (ECV): This is done by an obstetrician, who will use his or her hands on the surface of your abdomen to manually turn the baby around. Most mothers report the procedue as being highly uncomfortable, but still preferable to a scheduled caesarean. This can be attempted with or without an epidural in place, and tends to be most successful at 35 weeks when the amniotic fluid levels are at their highest.

Waiting: Up to 25% of babies who are still breech at 34 weeks turn spontaneously before term. However, after 37 weeks there is only about a 10% rate of spontaneous version.

Completely anecdotal but doesn't hurt to try:

All these methods have been reported to have some anecdotal success, but it is nearly impossible to tell whether the babies would have turned on their own:

- placing headphones on the lower part of the abdomen
- having the father or another familiar person talk to the baby near the bottom of the belly
- shining a flashlight on the lower belly
- ice packs near the top of the abdomen
- spending time in the pool, submersed to the neck
- stroking your baby in the direction you want her to turn

Remember that some babies simply cannot turn due to short cords, low fluids, placement of the placenta or other irregular conditions, and that others who turn sometimes revert to breech. There is also no point in trying to turn a breech twin – there is often no room, and if it is the second twin, the position will likely change after the birth of the first twin.

QR JL

Breech Baby – what to do?

If you've tried all the tricks in the book (see our "Question of the Quarter") and baby is still breech, what comes next?

The caesarean option

Caesarean may be the best choice for you and your baby if there are complicating factors other than breech presentation (such as large fibroids, low-lying placenta, medical conditions etc). If you do choose a caesarean consider the following:

- Consult your caregiver about allowing labour to begin on its own, and then proceeding to caesarean. This helps ensure the baby is ready to be born, and allows both you and the baby to benefit from the hormones of labour.
- Ask for an ultrasound or manual check immediately before surgery: some babies do turn at the very last minute.

The vaginal option

The difficulty here is finding a caregiver who is skilled at performing vaginal breech birth. There are some doctors in the Lower Mainland who do still perform breech deliveries.

continued next page

Craniosacral Therapy and Breech Presentation

By Mia Kalef

Craniosacral therapy can be a gentle, hands-on alternative to ECV (external cephalic version) when breech presentation is diagnosed.

Many babies, if breech, naturally turn on their own, even at the last minute. It may be that the baby will choose to stay in the breech position, as if it were 'normal' to him or her. In that event, careful consultation with your midwife or obstetrician will determine whether vaginal delivery is recommended.

Physical factors like fibroids, placenta praevia, prematurity or bicornuate uterus may predispose the baby to this position. Emotional factors such as the mother's readiness to deliver the baby may also play a strong role.

Once contraindications for version are ruled out, craniosacral therapy can help reduce tension in the mother's uterus and pelvis and may help the baby re-position. If emotional overlays are affecting pregnancy, birth or the year after birth, an experienced practitioner is able to sit with the family while they gently work to resolve them.

In the event that caesarean is the chosen option for a breech delivery, it is strongly recommended for mother and baby to be treated in preparation for the birth and for recovery after. This can strengthen their immune systems, enhance alignment and reduce the anaesthetic effect on the baby, providing an optimal climate for bonding and attachment.

Dr Mia Kalef is a craniosacral therapist and chiropractor. She will be holding a seminar 'The Secret Life of Babies' with the film screening of 'What Babies Want' on Friday Nov. 3rd, 7-10pm and Seminar Sat., Nov 4th 10-3pm at Ayurveda, 3636 W. 4th Ave. Please call 604-908-1214 to reserve.

What is the Webster Technique?

By Stephanie Bonn

The Webster Technique is a chiropractic adjustment to encourage the baby to turn into the head down occiput anterior position prior to labour. Dr. Larry Webster of the International Chiropractic Pediatric Association founded the technique which has been proven to be 82% successful in clinical studies (JMPT 2002 Jul-Aug 25(6)) for breech and posterior-positioned babies. It is a gentle, non-invasive procedure that restores balance to your spine and pelvis to release any tension that may be preventing the baby from moving into the ideal position.

Even a mild spinal and pelvic misalignment may cause tension in the uterus (called intrauterine constraint) which makes it uncomfortable for the baby to turn into the proper position. It is very safe as the technique does not force the baby to turn if the baby shouldn't (eg. cord or placenta problem). As well, if the baby is already in the proper position, it will help the baby stay there and not move the baby out of place. The number of adjustments required vary, depending on the individual and her health history. The Webster Technique may also assist in a more successful external version. As well, your chiropractor can recommend exercises and positional modifications to decrease the chance of any intrauterine constraint.

If you are 32 weeks pregnant and your baby is not head down or is in a posterior position, have a chiropractor check your alignment for a natural birth experience.

Dr Stephanie Bonn is a chiropractor at Yaletown Chiropractic, 604.688.1500, www.bonnchiropractic.com. For more information on the Webster Technique, contact Dr. Bonn and/or refer to the ICPA's website, www.icpa4kids.org.

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If your current caregiver can't provide you with their names, ask another midwife or doctor.

The breech dilemma is this: as a slightly riskier birth (due to the possibility of an entrapped head or prolapsed cord) the tendency is to use a high level of monitoring and have an epidural in place "just in case". However, breech births happen best when left alone. The old adage "hands of the breech" is as true as ever, in all senses of the word. The best position for birthing a breech baby and for preventing an entrapped head – is on your hands and knees or in a "prayer" position. You can't do this very easily if you're strapped to monitors or have an epidural in place. Plan with your caregiver for as 'low-tech' a birth as possible as long as labour is progressing smoothly.

Emergency unattended breech birth

Not many babies are born in elevators or taxi cabs these days, but it still does happen, and it still can happen with a breech baby. If you find yourself giving birth far from a hospital or medical help, here's what to do:

- Assume a kneeling position
- Do not actively push unless you cannot stop yourself –

allow your uterus and the baby's weight to do the work

- **Do not touch the baby** until her head is born. This prevents the "startle" reflex which causes her to throw her head back, risking entrapping it behind the pubic bone.

Remember, breech birth is normal variation in presentation, and babies' and mothers' bodies have evolved over centuries to respond safely to it. Don't panic; trust your body and your baby.

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Caroline Abrams DO DPO (UK)

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Isabella's Birth

by Kevin Chung

We are proud to announce the birth of our daughter, Isabella Chung, 7.95lbs, on June 22nd at 10pm. Isabella was due to arrive on June 23rd (Australian time as we did our ultrasound there) so it turned out she's more punctual than her dad.

Carina's contractions started off small at 7am on June 22nd, and we weren't even sure it was really happening. We called our doula, Aleksandra, at around 11am when the contractions didn't stop, and started our timing. Going for a walk that day really helped, even though Carina didn't feel up to it at first. In fact, after Carina started walking, the pain of the contractions became more bearable.

By 4pm, on the advice of our doula, we put Carina in a bathtub of warm water and she laboured there for a few hours. The contractions didn't slow and we knew we were on our way. Water therapy and vocal toning was a welcome relief. We left for Women's Hospital at 7pm and found many other women in the admissions area who were nowhere near our stage of labour (be careful about going too early as it really is a priority system)! As Aleksandra pointed out, one lady was even carrying her own suitcase and so stood at the back of the line :) Carina was in no state to talk or carry anything at this stage, just rocking from side to side with eyes closed – that put us in the front of the line. Just before the nurse did the assessment Carina's water broke. Turns out Carina was 9+cm dilated! We were all in shock as Carina handled the pain much better than the women in the class videos we had watched. Thanks to our doula Aleksandra for the emotional support and perfect timing!

It took less than an hour for the rest of Carina's



Isabella

cervix to fully dilate. All Carina used was the gas and vocal toning. We weren't sure when to start pushing and kept asking our doula and OB. It's true, you'll know, those last contractions are unmistakable! About 30min after the OB arrived and Carina started pushing, out came little Isabella.

The doctor put Isabella on Carina's tummy right away and started clamping the umbilical cord. I noticed that and was going to say something about letting the pulsing finish first but forgot as I was so overwhelmed.

Words of advice for the support partners: if you're delivering using an OB, remind them to take their time to avoid tearing as the OBs are really in a rush to get the baby out. Carina required stitches for 2nd degree tearing which we're told isn't a big deal. I had reminded the OB during the pushing about my concerns regarding tearing but I don't think I was emphatic enough. The baby's heart rate was fine so there wasn't a need to rush. Make sure you have your birth

plan etc with you since when the time comes, it's amazing how much info you forget.

We had requested the preferred accomodation option (\$150/night) at Women's Hospital, but the next morning when the nurse came to check on us, she told us it's not necessary right now as everyone is getting a private room. That nurse was Diane Donaldson of Lower Mainland Childbearing! If she's working, ask for her and make sure you tell her you're from Lower Mainland Childbearing and you'll get the special treatment! (Ed. note: Diane treats all her labouring and postpartum families with extra special care and support – even if they haven't taken our classes! JL) The Cedar ward was great, you get a pullout bed for support partners so labouring and delivery all happen in the same location. The funniest thing we heard that night was another women in labour yelling at her husband "put that baby back in, I've had it, I'm outta here!"

We spent two nights in the hospital, almost had to do a 3rd as the pediatrician who visited (for total of 5 min) thought Isabella had severe jaundice and ordered a blood test. Turned out test was negative and we were

discharged. Most of the nurses were great, a wealth of information. If you have questions, push the call button, don't go to the front desk as we found the message didn't always get to the postpartum nurses in time and the postpartum nurses were more than happy to come to our aid – as they joked, it beats playing solitaire on the computer all night.

The last few days (Isabella is now 6 days old) have been tough because Carina experienced a lot of breastfeeding pain. The doctors, nurses, and lactation consultant focused on the latch but after speaking to numerous people now we found that some women will experience pain even with a good latch. Isabella has an unusually strong suck we were told – the positive is that she has no problems feeding. We found our doula and La Leche Vancouver to be the best source of advice. In an ideal world, you have no pain with a good latch, but if it happens to you, there are temporary options like a nipple shield or even a pump. Get lots of advice from nurses, lactation consultants, doulas, doctors, La Leche as we've done and decide what works best for you. We've become overnight experts as I'm sure you will be!

✉ Kevin, Carina & Isabella

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bellybonding@telus.net
Birthing Buddies TENS & Pool Rental
604-928-2334
www.birthingbuddies.com

Health Care

Abrams, Caroline, Family Osteopath
604-730-5950
info@carolineabrams-osteopathy.com

Acubalance Wellness Centre
604-678-8600
www.acubalance.ca

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
604-688-1500
www.yaletownchiropractic.com

Photography

Michael Ford Photography
604-730-6170
www.michaelfordphotography.com

Yoga

Balance Healing Yoga Studio
390 Howard Ave. Burnaby BC
604 298-0600

Lyne Lantaigne Yoga
604-767-6242
ekayoga@creativite.com

Urban Yoga, Janice Clarfield
604-739-6664
urbanyoga@uniserve.com

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

**Laurinla & Kirk with 1
year old Felicity & 3
year old Trinity; Class of
Late Summer 2003**

Community Resources

Information and Counselling

BCW Breastfeeding Clinic 604-875-2424
BCWLactation 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) 604-872-6757
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 604-736-3244
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
Vancouver Breastfeeding Clinic 604-738-1912
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
Lower Mainland Childbearing 604-878-1031

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

Parent-to-Parent

Our **Parent-to-Parent** notices are posted free of charge. If you have a notice, need or request please send it to: registrar@childbearing.org or **8540 Elsmore Road Richmond BC V7C 2A1**. We reserve the right to limit the number of notices printed, and to edit for space and clarity.

✂

BABY GEAR FOR SALE

Some items like new, everything else in decent condition: Stork Craft crib and mattress \$125; Nursing Ring \$60; Jolly Jumper \$20; Excersaucer \$20; Back pack baby carrier \$15; Baby bath/thermometer \$20; Snuggly \$55; Baby Gym \$7; Baby Gym \$15; Baby Gym accessories \$10; Various baby toys, bits and pieces \$5; Unused bottles \$5. 604-734-2291 or info@frenchspy.com.

See How they Grow...



Sasha, 1 year old; Class of Early Summer 2005



Prenatal Class Schedule (updated September 2006)

<p>Healthy Pregnancy Classes Content: <i>Mums only class.</i> Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies</p>	<p>2 sessions 2 hours each Cost: \$50* <i>*Included free of charge with weekly series or weekend workshops.</i> Time: 7:00pm – 9:00pm</p>	<p>Location: <i>Mount Pleasant Neighbourhood House</i> 800 East Broadway</p> <p>October Th 5 & 12 Oct December W 6 & 13 Dec January W 24 & 31 Jan</p>
<p>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 .</p>	<p>14 sessions: 7 Evening classes (2hrs ea) 2 Healthy Pregnancy sessions 1 Postpartum Reunion 4 Postpartum Classes <i>(option: 8 additional postpartum classes for \$50 more)</i> Cost: \$200 <i>(\$250 includes full PP series)</i> Time: 7:00pm – 9:00pm</p>	<p>Location: <i>Mount Pleasant Neighbourhood House</i> 800 East Broadway</p> <p>Early Autumn T 17 Aug – 28 Sep Autumn W 4 Oct – 15 Nov Late Autumn Th 2 Nov – 14 Dec Winter T 9 Jan – 20 Feb Early Spring Th 15 Feb – 29 Mar</p>
<p>Weekend Workshops Content: Same as for weekly series; slightly condensed format; breastfeeding not covered, but cost includes Friday night breastfeeding class. Handbook & CD included.</p>	<p>10 sessions: 2 Weekend days (5hrs ea) 1 Breastfeeding Night 2 Healthy Pregnancy sessions 1 Postpartum Reunion 4 Postpartum Classes <i>(option: 8 additional postpartum classes for \$50 more)</i> Cost: \$200</p>	<p>Time: 9:00am - 2:00pm Location: <i>3285 Victoria (at 16th)</i></p> <p>September 16 & 17 Sep October 21 & 22 Oct December 2 & 3 Dec January 20 & 21 Jan March 3 & 4 Mar</p>
<p>Breastfeeding Nights Content: <i>Mums only class.</i> Partners welcome if space permits. Covers breastfeeding basics; troubleshooting; breastpumps & returning to work; special needs; colic</p>	<p>1 session: Friday Night 2 hours Cost: \$25* <i>*Included free of charge with weekend workshop</i> Time: 7:00-9:00pm</p>	<p>Location: <i>3285 Victoria (at 16th)</i></p> <p>September 15 Sep October 20 Oct December 1 Dec January 19 Jan March 2 Mar</p>
<p>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 first; and much, much more.</p>	<p>1 session: Saturday Afternoon 4 hours Cost: \$90* <i>\$75 for Childbearing Grads</i> Time: noon – 4pm</p>	<p>Location: <i>Mount Pleasant Neighbourhood House</i> 800 East Broadway</p> <p>November 25 Nov February 17 Feb</p>
<p>Postpartum Classes Content: <i>For parents with babies who are not yet walking.</i> Covers infant feeding, sleep, safety, colic & crying, attachment, and infant development, and many other topics.</p>	<p>2 sessions: 2 hours each Cost: \$120* <i>*Free for expectant parents; 4 sessions included free with prenatal class series.</i> Time: noon – 1:30 pm</p>	<p>Location: <i>Mount Pleasant Neighbourhood House</i> 800 East Broadway</p> <p>September W 6 – 27 Sep October W 4 – 25 Oct November W 1 – 22 Nov January W 10-31 Jan February W 7-28 Feb March W 7-28 Mar</p>
<p>Doula Services We will refer you to several doulas whom you can interview. Service includes:</p> <ul style="list-style-type: none"> • 2 prenatal home visits • continuous labour support • immediate postpartum support • 2 postpartum visits <p>Cost: prices are set by individual doulas</p>	<p>Private Classes Cost: \$20 + \$40/hour Minimum 2 hours. Does not include materials (optional: \$25)</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>To register, or for more information: (604) 878-1031 www.childbearing.org Low income rates available.</p> </div>	<p>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.</p>

Note that schedule changes may occur. See our website for the most up-to-date class schedules.