

childbearing

The newsletter of the Lower Mainland Childbearing Society

Is BC Baby Friendly?

Who doesn't love babies? From parents to politicians, doctors to door-to-door salesman, aunts to ad execs, everyone seems to adore these smallest citizens of our society. And yet, how much do we respect the rights and the best interests of babies?

In this issue we explore several meanings of the concept 'baby friendly'. We ponder a wide variety of baby friendly topics: the official 'trademarked' meaning as a designation hospitals can earn; some very unfriendly reactions to public nursing; an approach for increasing babies' comfort during painful medical procedures; the evolving awareness of how much more conscious and alert babies are than was previously known; and some contemplation of the general level of respect and courtesy that we can exhibit towards society's youngest members. We hope that in reading these diverse letters, stories, articles and opinions, you will take a moment to consider what 'baby friendly' means to you, and how we can collectively and individually take steps to make our world a bit more friendly to the babies in our lives. Baby steps, of course.

✉ Stephanie Ondrack & Jennifer Landels, Editors

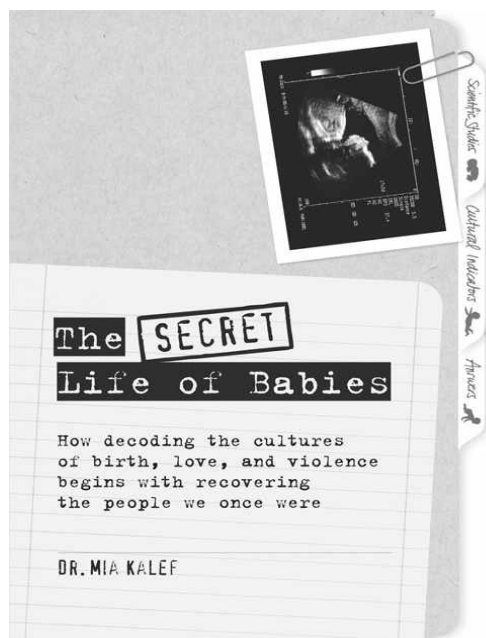
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childbearing news



The Secret Life of Babies

We are delighted to announce the arrival **Dr. Mia Kalef's** new book, **The Secret Life of Babies**. Those of you who remember Dr. Kalef's guest presentations at our postpartum classes will also remember her expansive knowledge, her warmth, and her ability to tune right into the heart of a topic. Her newly published book is a revelation of sorts. It provides scientific validity to what our instincts and hearts already knew: that babies are actively engaging with us, communicating, learning, feeling, and building memories. This book is a must read for anyone expecting a baby, and provides affirmation to parents who sometimes question their instincts when confronted with parenting advice based on a less baby-friendly model. Best of all, her inspiration for one of the central themes occurred in our very own postpartum classes. We are proud to have copies of *The Secret Life of Babies* available for sale (at class, or from our website) with a special discount for our clients.

Online Forum

Our new online forum has been picking up speed as more members have been joining and venturing questions and postings. We are

Welcome Babies!

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

<i>Abigail</i>	<i>16 Jul 08</i>	<i>Kate</i>	<i>10 Jan 08</i>
<i>Adam</i>	<i>11 May 08</i>	<i>Kaya</i>	<i>Aug 08</i>
<i>Ana</i>	<i>26 Feb 08</i>	<i>Leah</i>	<i>27 May 08</i>
<i>Andrew</i>	<i>Apr 08</i>	<i>Linden</i>	<i>28 Jun 08</i>
<i>Anjali</i>	<i>14 Feb 08</i>	<i>Linnea</i>	<i>Jul 08</i>
<i>Annabelle</i>	<i>26 Dec 07</i>	<i>Madeleine</i>	<i>23 Mar 08</i>
<i>Anyia</i>	<i>14 Apr 08</i>	<i>Malek</i>	<i>May 08</i>
<i>Archer</i>	<i>7 Mar 08</i>	<i>Maria</i>	<i>14 Jun 08</i>
<i>Arden</i>	<i>30 Jul 08</i>	<i>Mikaela</i>	<i>Apr 08</i>
<i>Azure</i>	<i>22 Mar 08</i>	<i>Mikayla</i>	<i>23 Feb 08</i>
<i>Barrett</i>	<i>5 Mar 08</i>	<i>Milan</i>	<i>22 Mar 08</i>
<i>Beatrice</i>	<i>16 Jul 08</i>	<i>Miles</i>	<i>22 Jun 08</i>
<i>Brandon</i>	<i>17 Jul 08</i>	<i>Nicholas</i>	<i>4 Mar 08</i>
<i>Bravery</i>	<i>23 Feb 08</i>	<i>Nicholas</i>	<i>26 May 08</i>
<i>Catherine</i>	<i>23 Mar 08</i>	<i>Oliver</i>	<i>13 Jun 08</i>
<i>Charlotte</i>	<i>2 Aug 08</i>	<i>Olivia</i>	<i>1 Feb 08</i>
<i>Claire</i>	<i>16 Jul 08</i>	<i>Olivia</i>	<i>2 Jul 08</i>
<i>Devon</i>	<i>27 Jan 08</i>	<i>Rosie</i>	<i>26 Jan 08</i>
<i>Dryden</i>	<i>29 Feb 08</i>	<i>Ryan</i>	<i>18 May 08</i>
<i>Elizabeth</i>	<i>Aug 08</i>	<i>Sacha</i>	<i>22 Jun 08</i>
<i>Ellery</i>	<i>1 Apr 08</i>	<i>Sam</i>	<i>Jun 08</i>
<i>Emma</i>	<i>12 Jan 08</i>	<i>Samantha</i>	<i>9 Jun 08</i>
<i>Ethan</i>	<i>27 May 08</i>	<i>Samuel</i>	<i>15 Mar 08</i>
<i>Gavriel</i>	<i>24 Nov 07</i>	<i>Samuel</i>	<i>Aug 08</i>
<i>Graydon</i>	<i>10 Mar 08</i>	<i>Santiago</i>	<i>16 Mar 08</i>
<i>Gwendolyn</i>	<i>11 Dec 07</i>	<i>Sidney</i>	<i>14 Dec 07</i>
<i>Holden</i>	<i>8 Apr 08</i>	<i>Simon</i>	<i>8 May 08</i>
<i>Isabel</i>	<i>May 08</i>	<i>Sylvie</i>	<i>27 Apr 08</i>
<i>Isaiah</i>	<i>25 May 08</i>	<i>Talia</i>	<i>14 Apr 08</i>
<i>Ivy</i>	<i>Jul 08</i>	<i>Taylor</i>	<i>Jul 08</i>
<i>Jack</i>	<i>23 Mar 08</i>	<i>Tulie</i>	<i>Jul 08</i>
<i>Jazmyn</i>	<i>8 Feb 08</i>	<i>Zen</i>	<i>2 Jul 08</i>
<i>Jonah</i>	<i>8 Mar 08</i>		

If you attended postpartum classes between April & September and your baby is not here we apologize. Just send us her or his name and birthdate and we'll add them next issue. (And please forgive us if we've got the spelling or date wrong for those already listed!)

thrilled to see the parent to parent mentoring, and the amazing font of information from within the membership. We hope this continues to grow as a resource, a tool, and a social space. The forum is open to all Childbearing clients, past and present. If you are not yet a member and would like to join, you can e-mail us a request at registration@childbearing.org

MamaMaven

We're pleased to welcome a new business into the parenting community: **MamaMaven**. The founder **Tanis Frame** is a graduate from our Postpartum classes. She created MamaMaven to respond to a common new parenting phenomenon: a complete lack of time in the face of too many mind-boggling choices that all require research. What kind of sling? What kind of diapers? What kind of car seat? What kind of stroller? Now you can sit back and let MamaMaven do all the research for you, and present you with the options in an unbiased and user-friendly way. (See letter from Tanis in our 'letters' section). You can contact Tanis at: 604-868-0005, info@mamamaven.ca or www.mamamaven.ca

Little Earth Community Food Drive

As seen on the news this year, there is a great shortage of food for the homeless in Vancouver. **Little Earth** is organising a month long food drive in its store. From **November 15** to **December 10**, visit the store and bring your those cans and jars that have been sitting in your cupboards for a while and enjoy 10% off all merchandise! There will also be shopping evenings from 5-8pm on Wednesday **November 12** and Friday **November 21** with plenty of treats, hot chocolate and tea to keep you satisfied and warm while browsing! Little Earth is located at 2643 East Hastings. For more information call 778 737 7004 or go to: www.littleearthvancouver.com



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✎ Letters & Announcements ✎

We love to hear from you! Keep sending your comments on our newsletter, our classes, 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

The Full Scope

I really do appreciate receiving the newsletter and find joy, and sometimes sadness, as well as information. We are still considering a second child in our distant future, and will ONLY come back to you and yours for more classes.

Many thanks,
Connie Hosie

The Maven's Ravins

Hi Stephanie! I'm very excited about launching MamaMaven and really hope that it will provide a support to new parents, and open their eyes to some options they may not have considered.

I have been intending to not only contact you about any help you could offer in getting the word out, but also to offer a special thanks to both you and Mary. This whole MamaMaven venture has been inspired by the support I received from a few key women on my journey into motherhood. I was blessed with Kayna to first get exposed to "informed choice" working with our amazing midwives, then I honestly feel blessed that for some strange reason I decided to trek all across town to some "postpartum group"... yes that was you gals... again it had such a positive impact on opening my eyes to so many things including the basics of attachment and trusting my instincts as a new mom when I was surrounded by people telling me to do differently.

Both you and Mary have stuck out as key players in my journey, and as inspiration to do what I'm doing now. I kind of think of MamaMaven as the informed choice model applied to some of the "STUFF" of parenthood. Deep down I'm hoping that by providing information on options, this will support families in making more natural, sustainable choices for their families – if that works for them – and just letting them know about alternatives to the crazy consumerism pushed on new moms! I'm also really looking forward to using the baby carriers workshop as an opportunity to discuss the benefits of baby wearing and perhaps a wee intro to ideas around attachment.

It was after lugging Kayna in her car seat, latched into her stroller up the elevator to your group that you so eloquently pointed out how silly that was.... pick your baby up and put her in a sling! DUH?! ;) So simple, yet, not so obvious to the new mama... thanks! Kayna and I enjoyed our sling days very much and all they've resulted in.

Thanks again for everything, looking forward to crossing paths much in the future!

Tanis Frame,
MamaMaven.ca

We're blushing now ...

The prenatal classes were wonderful and the postpartum classes have been great for connecting with other moms. So thanks from all of us for running such wonderful programs!

Love,
Nicole, Dino & Rosie.

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Focus on:

Being Baby Friendly

Babies are People Too!

by Stephanie Ondrack

The term "baby friendly" is most often associated with the Unicef / WHO Baby Friendly Initiative, which details the ten steps that hospitals and maternity facilities must follow to gain official Baby Friendly status.

In order to achieve *Baby-Friendly™* designation, all providers in every hospital and maternity facility must:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers to initiate breastfeeding within a half-hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in; allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

As well, all *Baby-Friendly™* facilities must adhere to the International Code of Marketing of Breast-milk Substitutes, which means no distribution of free formula,

no displays of paraphernalia from formula manufacturers, and no accepting money or gifts from formula companies. In the entirety of Canada, there are only nine hospitals that have achieved Baby Friendly status, all of them in Ontario and Quebec.

It is tragic that our entire province of BC, which boasts a state-of-the-art maternity hospital, has been unable to certify a single facility as Baby Friendly. Many of the stories we hear from new mothers highlight the cause: breastfeeding is still not adequately prioritized. The ten steps outlined above are regularly ignored in our province's hospitals, and the International Code of Marketing of Breast-milk Substitutes is violated shamelessly in doctor's offices all over town. The message families receive is therefore mixed at best. We are very willing to spout 'breast is best' slogans, but apparently unwilling to fund, staff or educate in a way that would actually provide new families with the clear information and hands-on support that so many require to achieve breastfeeding success. Knowing the enormity of the impact that not breastfeeding can have on a baby's lifelong health, our province should be doing everything within its power to help babies get breastfed. Breastfeeding may not be every mother's choice, but it is certainly every baby's. In a truly baby friendly world, mothers who are unable to breastfeed might have free access to donor milk, thus alleviating

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the remorse many currently endure.

Although the promotion and support of breast-feeding might represent the ultimate baby friendliness, it is not the only measure. The burgeoning awareness of the sentience of babies – their ability to experience, to store memories, to think, and to feel – is changing the way these smallest members of our society are viewed and treated. Astonishingly, it was only 50 years ago that the scientific community even allowed that babies felt pain, and now we are learning that they not only experience the full range of human emotions, but that their earliest experiences imprint on them and colour the way they relate to the world throughout their lives. New studies are constantly revealing more of what many parents have always known: babies are actually human beings, with an impressive range of abilities and an even more impressive scope of awareness.

I hope that these discoveries foster a revolution of sorts, so that our society may become genuinely baby friendly in practice as well as intention. Our babies deserve to experience respect and compassion, for today's babies will be shaping the world of tomorrow with the tools we are giving them now. They will be tomorrow's population, as well as tomorrow's mothers and fathers, and it is we parents today who can help them envision a world that is truly friendly.

☞ **Stephanie Ondrack** has been an instructor with *The Childbearing Society* since 2003. She is the mother of three sentient little individuals.

Question of the Quarter:

Q: Wondering what your thoughts are on giving a soother at this stage?

My baby is almost 3 weeks. I said from the beginning that I didn't want to, but she is hysterical in her car seat and stroller and is just looking for something to suck on to soothe herself (she is not hungry, wet, cold, etc). Would it be ok to only give her a soother only when she is in the car seat?

A: I am not a fan of soothers. Whenever babies express the need to suckle, they really need the breast. Maybe they're hungry, maybe they feel a virus coming on and need immunities, maybe they are chilly and need temperature regulation, maybe they are hot and need hydration, maybe their head is still compressed from the birth and they need cranial decompression, maybe they need bacterial exchange, maybe they need bonding, maybe they are tired and need sleep hormones, maybe they are scared and need to stabilize their heart rate or blood pressure or breathing, maybe they are going through a growth spurt and need extra calories, maybe they just went through a growth spurt and need to train your body to produce a higher volume of milk per feeding There are so many incredibly varied and important reasons that babies seek the breast that we can never know what needs they are filling during any particular nursing session. All we can do is trust baby, and trust that her need to breastfeed is always legitimate, whether or not hunger is the main issue. Even though a baby will appear to be 'soothed' by a pacifier, it does actually meet any of these needs.

Sucking on an artificial nipple can lead to nipple confusion. The most common result is a "lazy latch" that can cause terrible nipple soreness. Even proponents of pacifiers say to wait about 6 weeks, but I believe that a lazy latch can happen any time. Babies can suck on a soother till the cows come home and it will never, ever produce milk. For some babies, this leads to a defeatist attitude. Not understanding the difference, they give up trying to trigger the milk-flow reflex even while breastfeeding, which can cause a "nursing strike". Further, there is some question as to the safety of the materials used to make pacifiers. Plastics, vinyls, and other synthetics are under scrutiny for their effects on a growing baby's health.

Babies naturally self-wean from the breast when they are ready for two reasons. The first is because all of their nursing needs have been met. The other reason is that the breast is not portable. To nurse, a child has to stop doing what she is doing and come to you and sit still. By toddlerhood, most kids are so active and outward looking that they choose to forego nursing when at a playground or in a grocery store. A two year old may still nurse at bedtime or after a nap, but rarely in the middle of a visit with a friend or a trip to the fair. There is no such motivation to wean from a pacifier. As a result, it can be very hard to set limits on pacifier use, and very hard to promote weaning from it at any age.

I am naturally sceptical of anything synthetic that is meant to replace the mother. Babies need to suckle an awful lot, and this constant nursing during the early months is meant to promote attachment. Babies need tons of in-arms time and body contact when they are so small, and the frequent need to nurse is a way for them to get this need met.

However, you bring up the point about the car seat, and I think that is one of the exceptions of modern times. Babies cannot understand car seats. Almost all young babies hate being strapped into them, out of mother's reach. Babies are really only at peace on a parent's body for the first year. When held by a parent, a baby's systems stabilize. When put down, a baby enters a state of mild stress. It's no wonder that babies feel scared, abandoned, and unhappy during car rides! If a pacifier offers some relief during this time, so be it. The benefits of soothing the unhappy baby probably outweigh all of my usual objections. The same would go for other rare circumstances, such as to get baby through a wedding ceremony or a conference presentation, or probably more often with multiples. My suggested rule of thumb would be to always offer the breast, except when you can't, in which case a pacifier might comfort baby through the wait.

Strollers, on the other hand, are avoidable. Babies generally hate strollers for the same reasons they hate car seats: they don't feel safe, they don't know where you are, they cannot feel your warmth, smell you, or hear your heart beat, and they are scared. Young babies need their environment to be as womb-like as possible. I suggest carrying your baby in a sling or some other kind of on-the-body carrier for the first nine months (or longer, if you like it). It is much better for baby's physical development (akin to "tummy time" for building core strength and neck strength), better for baby's attachment & emotional development, and better for baby's cognitive & sensory development. This is because instead of spending their energy stabilizing their systems from the low-level stress of being away from you, they can use all their energy to look around, listen and learn. In a stroller, a baby has to judge for herself whether every new sight, sound and experience is threatening or not, but safely on your body, baby can rely on you to assess the dangers of the world on her behalf. Thus taken care of, she feels safe and confident and secure to be open to new sensory experiences. And you will notice that she does not need a soother at all while in a carrier. If she wants to nurse, go ahead and nurse her, and otherwise she will sleep or gaze around.

☞ **Stephanie Ondrack**

The Big Cover Up: Breastfeeding in Public

by Susan Woodhouse

Before I gave birth to my first child, I remember being excited about breastfeeding but worried about what I would do if my baby needed to nurse while we were out of the house.

I asked a group of friends, all experienced breastfeeding mothers, how it was for them to nurse their babies in public. They told me not to worry, and that it would become such second nature to me that soon I would be breastfeeding in public without even being aware of doing it myself, never mind whether anyone else would notice. It was hard to imagine at the time, before giving birth, but it turned out that they were right. I never looked back and my daughter and I nursed wherever we went.

Sadly, however, this carefree experience is not how it is for everyone. One of our clients, Manuela Valle, found that out the hard way this summer, when she nursed her two month old baby at a Pacific Centre H&M store, and was asked by a clerk to move to the back of the store where others, especially children, would not be disturbed by the sight. The ensuing "nurse-in" which took place at the mall was a huge media event, which underscored the fact that, although not everybody and not every establishment is "baby friendly" in welcoming and accepting the breastfeeding mother and child, the nursing population will not be deterred from nursing when and where necessary.

Ruth-Ellen Cummings is another mother who was asked to stop breastfeeding in a public place, but she chose to take the matter to court - and won! While dining at a restaurant with her husband and two children, Ruth-Ellen began to nurse her two-week-old baby at the restaurant table while her husband was out at the car with their older child. The restaurant manager approached Ruth-Ellen and asked her to cover up, because the sight of her breastfeeding was disturbing other customers and there had been complaints. The manager, a woman who also happened to be pregnant at the time, even unrolled a paper napkin and suggested Ruth-Ellen use it to cover up with. "I was dumbfounded," Ruth-Ellen says. "I thought she was coming over to look at Elena [her daughter]. Some people are quite comfortable admiring an infant while a mother is nursing." After her

Further musings from Susan

"I'm reminded of the introductory anecdote of Stephanie's Mothering Magazine article (July 2006), where she states that her comment to a group of expectant parents about ours not being a breastfeeding culture was met by surprise. But she's right. This can't be a baby friendly, breastfeeding culture when there are so many women who have so many problems with breastfeeding. Four out of seven moms in one postpartum class talked about how difficult it had been to breastfeed, how they had so many problems and were still working on getting things right. What? Four out of seven??? It makes me wonder how we ever survived as a species! So again, I wonder how it is possible that so often these new moms experience such difficulties. What's going awry? Education? Support? Attitude? Experience?"

initial emotion of shock, she next felt embarrassment and shame. She was alone, her husband having gone out to the car, and she felt helpless to do anything in the moment.

Some women would simply have left the restaurant and vowed never to patronize it again, while still others might have engaged with a phone call or letter of complaint. Ruth-Ellen chose to stand up for herself and the rights of breastfeeding mothers and nursing babies everywhere by pursuing a course of legal action. She knew it was her human right, and if she didn't speak out, who would? "We have rights for a reason," says Ruth-Ellen, "particularly women. The restaurant and the manager needed to be educated."

Public reaction to her court case was positive and Ruth-Ellen felt support from the community for her courage to speak out. The incident in the restaurant didn't change Ruth-Ellen's feelings about breastfeeding in public - "anywhere, anytime, any age" is her motto -

"Something I have been pondering lately is an item I frequently see in the postpartum classes: the "hooter hider", a specially designed cover for discreet nursing. I wonder what makes women feel they need to be covered up? Yes, yes, the sexualization of breasts in our culture and that's not news. What's really interesting to me is seeing how the discomfort comes from deep within us, and less from overt 'don't breastfeed here' experiences (which doesn't seem to be the case for most women) It's something more insidious, something so ingrained we might not even be aware of it. I know that I had no problem breastfeeding anywhere, but I always wore clothing that would accommodate discreet nursing: no one piece dresses in church, for example, and the shirt always came up rather than being unbuttoned from the top and opened. So who am I to say that the hooter hider so appreciated by some of these moms is a bad thing, if it makes them feel comfortable enough to get out of the house and feed their baby in public? Is it really that much different than me planning only to wear a two piece outfit? Judgement is another word that comes up for me frequently, and I think that's what I'll start reflecting on next."

but she did feel that it got the word out there. "Public education is key to many of the world issues," adds Ruth-Ellen.

Does Ruth-Ellen have words of wisdom for new moms? You bet! "Don't shut yourself up in a room, don't even cover up. Expose yourself and be free. Put

yourself up on a pedestal ... because you breastfeed your baby."

✎ **Susan Woodhouse** is a long-time member of *The Childbearing Society*, a dedicated postpartum circle leader, and the mother of two breastfed children.

Reducing the Experience of Pain in Newborns

by *Diane Donaldson*

The Baby-Friendly Hospital Initiative came about to promote breastfeeding and care that provides an optimal experience for babies and their families.

BC Women's Hospital's goal has been to become Baby-Friendly and in June became conditionally certified. The approval came with conditions that they continue to improve their standards of best practice. The list of ideal practices includes placing babies skin-to-skin and to encourage latching before the baby is confronted with a painful procedure.

Almost all babies receive one heel prick to draw blood for the PKU test, which detects metabolic disorders, and one injection of Vitamin K, which prevents a hemorrhagic disease that can afflict newborns. Babies may also receive heel pricks for blood tests for other factors such as bilirubin levels if jaundice is suspected, and injections for antibiotics or immunizations. Although these procedures are necessary because, despite the pain associated with injections and heel pricks, it is important to detect treatable diseases, these tests should be carried out in a way that causes the least stress to the baby.

A growing body of research supports what any observant person can confirm: that babies are able to handle a painful experience much better when they are placed skin-to-skin and are able to suckle at their mothers breast prior to, during, and after the induced pain.

Perinatal educators, nurses, midwives and physicians should advocate on behalf of newborns by discussing this issue with their colleagues and the families receiving their care. Parents are their babies' best allies because they are naturally protective and have the knowledge that comes with constant interaction.

If a baby is being cared for in the special care nursery there is a greater need for supportive newborn practices. We have yet to address the toll that multiple injections and heel pricks take on premature babies. One study showed that newborns in NICUs undergo an average of ten painful procedures per day and 79 % of them are without analgesia. It is more than time to consider changes to current practice.

Initiatives by BC Women's Hospital have taken several directions to inform, support and persuade caregivers to provide care that takes into account the painful procedures endured by infants:

1. Childbirth classes at the hospital include discussions of the benefits of skin-to-skin contact

and breastfeeding in relation to many aspects of best nourishment and pain reduction.

2. Most bedside nurses are aware of this strategy and many do use it. In addition, the orientation of new nurses to the care of newborns includes the best method to give injections and heel-pricks while the baby is skin-to-skin and latched.

3. A poster showing all of the promoted best practices is displayed with clear photographs for all to view and it is located across from the second floor elevators.

4. A parents only web site is in the making and will list all of the best practice standards to which BC Women's Hospital aspires.

5. An ongoing discussion with the hospitals laboratory technicians and their managers may help them to take the few minutes necessary to allow parents to place their baby skin-to-skin and to try to latch them prior to the blood being drawn. At present, lab technicians are only committed to leaving a baby on the breast if latched when they arrive.

In the task-oriented culture that dominates health care, positive and enduring changes to this practice will not be simple to achieve. We need not look any further than the clear, realistic and humane goals set out in the Baby-Friendly Initiative. It is critical that all who work with newborns, whether they do so in postpartum units, special care nurseries, delivery suites, physicians offices, midwives offices, or well baby clinics consider the babies' painful experiences. Skin-to-skin and suckling at the mother's breast is a natural, simple and effective method for pain reduction that is undervalued by most caregivers. The baby's positive response will speak for itself if we allow ourselves to learn from the babies in our care.

✎ *Diane Donaldson, RN, Perinatal Nurse, is past president of The Childbearing Society, as well as a founding member. She remains an inspiration to ourselves and to the many families she serves at BC Women's Hospital.*

References:

<http://www.kellymom.com/health/illness/bf-analgesia.html>

<http://www.lamaze.org/Portals/0/Research%20and%20Advocacy/Research%20Summaries/200510.htm>

<http://www.lamaze.org/Portals/0/Research%20and%20Advocacy/Research%20Summaries/20079.htm>

The Amazing Sandwich Baby: Kiran's Birth

by Carmen Stephen Patel

Kiran Mathieson Nilesch Patel was born at 12:03 in the afternoon on Thursday, December 27, 2008, weighing 6 lbs 15 oz.

At about 3:30 am, I was woken up by my crying niece, who was sleeping in the baby's room. I went in and carried her out to her mom. I don't know if it is a good idea to carry 40lb children when you are soon due to have a baby. When I lay back down, I felt a little crampy, but wasn't sure if it was the real thing. By about 5am, I thought something was definitely up, but didn't want to wake everyone, so I decided to have a bath, since the bathroom was the only free spot left with family visiting for Christmas in our 800 sq ft condo. I passed the time by reading some birth stories in the Childbearing newsletter, and thought that I too would have most of the next day to go for walks, watch movies, and get ready for the hospital. Not so.

Things began to be more intense by about 6:30, and Nilesch timed the space between contractions, which was already only about 7 or 8 minutes. My sister, Kim, got up and talked me through a few, and timed while Nilesch took a shower. It really helped to have someone in the house that had gone through having a baby already. We phoned family to tell them to be on stand-by, but Nilesch's sister Nina had already gotten on a plane to go to a wedding in Calgary. I had another bath and a shower to make myself feel better. I found that the most comfortable way to get through contractions was kneeling on all fours, swaying from side to side, and moaning; I didn't think that I would be into the "vocalizing" part of labour, but sound made me feel better. At one point my niece, who is 3 1/2, was copying me and acting as if she was in labour too! She also didn't like it when Nilesch rubbed my back, saying that he should stop hurting me! At this point I was throwing up, and had already decided that I might modify my expectations of pain control. I think I was ready for the drugs!

We phoned my doctor's office at 9:30am, and I could barely talk to Dr. Moore. She said that when the contractions were a minute in length we should go in to the hospital; they were about a minute and a half, so we waited a little more, and then left at around 10:30. The car ride to the hospital was one of the most uncomfortable experiences of my life up to that point. Nilesch dropped me off at admitting and went to park the car. The nurses asked how far apart the contractions were, and I answered, "They're not, they're one on top of another!" I could barely talk, and I definitely did not want to sit in the wheelchair, but I had to sign all the forms. Nilesch tried to say one thing, and the nurse said, "I wouldn't speak right now if I was you," which I found funny (and so will any of you that know Nilesch!), but wasn't in the right space to laugh.

Forms all signed, we were whisked up to the delivery suite, where they wanted me to get right on the bed. I wanted to be on the toilet, so that is where my water finally

broke. They got me to get back on the bed, and I found out that I was already 10 cm dilated, ready to push, but then they asked me, "Did you know that your baby was breech?" They started me on IV, getting ready for a caesarean. I was so disappointed, and so out of it. Luckily for us, a doctor that "specializes" in breech births was on-call at the hospital. He came and rapid-fire went through the risks of a natural breech birth, then said if I wanted to do this, it had to be fast and I had to be a good pusher. I knew by his reassured tone that he didn't really feel that a natural birth would be that risky. So right away it started, with no drugs whatsoever other than the freezing for the episiotomy, and I wasn't even allowed to make sounds because the nurse said it would waste my pushing energy.

Everyone in the delivery suite was so excited about being involved in a natural breech birth, and so supportive. It really was an amazing miracle, and had we done anything differently, like arriving at the hospital when we actually should have or giving my own doctor enough time to get to the hospital or even being at a different hospital, they wouldn't have let me progress that far and we would have for sure had to have the caesarean. We didn't really have a formal birth plan, and it would have gone out the window anyway. All the birth plan that I had discussed with my doctor entailed was a natural birth with no drugs, if possible; being open to whatever modifications may have been needed. Someone from above was guiding us and putting everything in place that we needed! With Nilesch holding my shoulders up and one of my feet, a nurse holding my other foot, and me holding my thighs, a delivery doctor, "Dr. Breech", another doctor that we think was a paediatrician, and another nurse, plus all of our family in the room next door, I gave birth to my sandwich baby, butt first with his legs folded into his face less than an hour after having arrived at the hospital.

Ironically, even though we had been totally unaware that the baby was breech, I was able to have a birth



Kiran, in fine pike position

experience that included the elements most important to me: I had a vaginal birth with no drugs or medication, and my baby was healthy with no complications.

As I reread this story 3 months later, I have no strong memories of the pain of delivery, and I know that despite the rarity of a vaginal breech birth, my labour and delivery

were much easier than many other moms I have shared my story with. I feel lucky that I was allowed to feel the power of natural childbirth, and to know my own strength in pushing a new life into the world. I hope that other women who have breech babies can be given the same opportunity, to choose how they want their baby brought into the world.

✉ Carmen Patel

Early Arrival: Addison's Birth

by Kyla & Chris Fraser

Being pregnant with your first baby is a real adventure. I didn't really know what to expect no matter how many books I read and people I spoke with. You don't really know how it is until you are experiencing it all first hand.

My pregnancy was fairly normal, except that I was nauseous day and night until about 26 weeks, and then at 27 weeks I lost my mucus plug. Needless to say, that was a little scary since it is meant to be a sign of labour! After my ultrasound and doctor's appointment (and many more week after week) it was decided that my cervix was shrinking, that I was a candidate for early labour and would have to start "taking it easy". My goal was to make it to 36 weeks so that the baby would be full term. Well at 35 weeks and 4 days (the day after Mothers Day) my water broke at 4:15 in the morning! I turned in bed to my sleeping husband Chris and said, "I think something just happened" and then quickly ran into the bathroom! We totally forgot that the doctor had told us to go to the hospital immediately if this happened so I had a shower I tried to go back to sleep. I only managed to stay in bed for about half an hour and then decided since it was so uncomfortable that I would get up and pack the hospital bag since that had not been done yet. Contractions began to get stronger and stronger and all I could think of was that our patio was to be power washed the next day and it had to be cleared off. So in between contractions Chris was on our patio moving pots of herbs, tomatoes and furniture! At about 9:00am we decided we had better get to the hospital as the contractions were getting closer together and much more intense. One of my fears was that I would get to the hospital and be told to go home because I wasn't far enough along.

My friend Lisa had arrived at our house by then and said that we needed to go NOW! So into the car we went. The ride was horrible, sitting down at this point was unbearable but I still managed to wear my seat belt!

We checked in through Emergency at St. Paul's Hospital as I was having another contraction and then up to the Maternity Centre we went. My contractions were so

close together that I was sent right into my room and did not have to go through the assessment. At my first check I was 8 cm dilated. I couldn't believe what good news that was! It was fast and I was relieved to know that things were progressing.

I had hoped to have a drug free delivery, but was prepared to be open to options. Chris, Lisa (and also Ashley my sister-in-law who had arrived in the meantime, as the final member of my birthing team) got me into the shower as a distraction. The shower was actually quite funny because no one could get the temperature right - it was either really hot or really cold - so we had a lot of laughs in between contractions. By this point I had become really focused and started to really tune out everything around me except Chris' voice. The pain was starting to really take over so I decided to get checked again in order to evaluate my options. I remember the doctor asking me if I felt like pushing and my response was that I didn't know what it would feel like as I had never done this before!



Addison

By then was 11:00am and the doctor said I was 10 cm and could start pushing! I couldn't believe it! I began all of the labour positions we had learned in our prenatal classes. The birthing bar was really good to use and it allowed me to just focus on Chris' voice and he helped me breathe through each contraction. After lots of squatting, being on my hands and knees, standing - on the bed, which really freaked the doctor and nurses out - and then finally the side position and a lot of very loud moaning, Addison William Fraser



The Frasers

was born at 12:46pm (just after lunch). I only had a small tear and delivered the placenta in about 5 minutes. After Addison had a quick check he was healthy so up onto my chest he went. It was absolutely AMAZING. He was completely wide eyed and the 3 of us just all stared at each other. We spent the first hour and a half together, Addison latched onto the breast almost immediately and we really just enjoyed the skin on skin cuddling. After that he did have to go to the nursery to make sure that all of his vitals were stable so Chris went down with him while I had a few visitors and a nap. When I woke up I walked down to the nursery and Addison was given the ok to be in the room

with us. We stayed in the hospital for three days (one of these evenings Chris actually went to our prenatal class, as we still had 3 more classes to go) and by then it was decided that we were all healthy enough to go home.

We are all healthy, happy and a little sleep deprived. The adventure still continues every day and every minute. Since we delivered four and a half weeks early lots of things didn't happen the way they were planned but it was all just perfect. We took Addison to our final prenatal class, he was already two weeks old and by that time we felt like we actually knew a few things!

✿ Kyla & Chris Fraser

Rosie's Birth

by Nicole & Dino Pallone

I woke up on Friday January 25th to the alarm clock. It was 8 days after the due date, and therefore we had an appointment at BC Women's at 11am for a stress test to make sure everything was okay.

I thought maybe my water had broken, but I had thought that before too. At the stress test I mentioned this and even though my fluid levels were up at 75%, the nurse told me that I should go to my midwife to make sure I wasn't leaking amniotic fluid. So I called the midwife and she said she'd squeeze me in. We arrived at her office at 12:30pm and sure enough my waters had broken! Thus began our journey.

I had tested positive for Strep B so it was recommended that we start antibiotic treatments and get induced. I was certainly not crazy about the idea of an induction, but at the same time we were ready to meet our baby! So we headed off to the hospital and by about 2:30pm I had an IV in my arm and the antibiotics flowing. I felt terrible for my midwife. Of the 3 midwives from the clinic, one was recovering from surgery and the other was at a seminar. Poor Kelly was on her own and had a scheduled birth that afternoon! I got a little stressed when she said that she might have to call in another midwife I wanted someone I knew at the birth!

When the first round of antibiotics was done, we asked if we could leave. We had to be back in 4 hours for another round but we live 10 minutes away from the hospital and my contractions were mild and sporadic. The hospital was so busy that they couldn't give us a room, and therefore couldn't induce. But the obstetrician on call said no, I would have to stay or I would lose my place in line. We were told we could leave our belongings in the triage area and go for a walk, so we did. Well, when we strolled back at about 4pm, all our stuff was in a bag and my bed was stripped! I asked where we were supposed to hang out and they pointed us to the lobby! I wasn't impressed, but as per my usual self I didn't want to cause a fuss, so off to the lobby we went. My contractions were getting much stronger, but were still irregular. We ordered dinner and got more and more irritated about our situation. This was not the ideal birth I had imagined!

At 6pm we were due for our next round of antibiotics. By then we had decided that we didn't care WHAT they

said, we were going home in between treatments unless they could put me in a room and start the induction. I knew I needed my rest and it was impossible to sleep in the lobby! They started the treatment late but in a way it was a blessing. The new obstetrician came on at 7pm and it was Dr. Bloomenthal, whom I had consulted during my pregnancy.

She agreed I could go home in between treatments. So we got home at about 9pm and had to go back at 11pm. I managed to sleep for about an hour, which was great because I'd only had about 5 hours the night before, in amongst all the peeing and being generally uncomfortable! The hospital was still super busy, so they didn't finish with us until 1am. I was exhausted! The midwife said I could delay the next treatment until 6am and I was given some Ativan so I could go home and get some sleep. I got to sleep at about 2am and woke up at 3am because the contractions were so strong. I knew there was no way I could get back to sleep. I called the hospital number that I had been given and they told me to stay home, there were still no beds. I called the midwife and she told me to get to the hospital, so we did!

The rest is a blur. We got to the hospital at about 3:30am, although I don't remember the ride there! I had only had about 6 hours of sleep in the last 40 hours so I was dead on my feet. My husband says I was so tired I was delirious, which I actually think is a great tactic. I have virtually no recollection of the birth, or the pain! The other midwife, Camille, arrived at about 4am and I was 3-4 cm dilated. I remember asking for pain relief. I had wanted to do it all naturally, but I knew the pain was going to get much worse and I was so tired I had no tolerance. Camille told me that the only thing that would let me sleep was an epidural. Bring it on, I said!

But as you all know, it takes a while to get these things organized. Apparently I was in pretty good humour, or at least I wasn't yelling or swearing at anyone. When they were finally ready for the epidural it was just before 8am and when the midwives checked me (at some point Kelly

had arrived) I was 9 and a half cm dilated! It was too late for the epidural and I was ready to push. I got the hang of pushing pretty quickly and 48 minutes of pushing later, our beautiful daughter was born. Rosita Katherine Pallone was born at 8:48am on January 26th and I'm proud to say I squeezed all 9 pounds and 2 ounces of her out without any drugs. And my husband caught her, which was a fantastic experience for him!

Unfortunately I had trouble delivering the placenta & I ended up haemorrhaging and losing 2 litres of blood. During that process they pumped me FULL of drugs, for which I was grateful, as it was the most painful thing I have ever been through, including the birth an hour previously! Because of the blood loss we stayed in the hospital for three nights and my milk was a little slow coming in.

We finally went home on the Tuesday afternoon and breastfeeding was instantly easier. It must have been the relaxed atmosphere of home. But we'd only been home for 24 hours when the midwife called us with some sad news little Rosie has PKU! It's the heel prick test they do that found it, and its one of those things that is glossed over in all the prenatal talks as it is very rare (odds are 1 in 14000). We were told we would have to stay at BC Children's for a week, which I found devastating in itself at the time. So on Thursday we packed up and back to the hospital we went. Thankfully we were quick studies with all the info they threw at us and because she responded well to treatment and we live so close, we only had to stay for one night and were then able to travel back and forth.

Since then life has been a whirlwind. Rosie got thrush early on so there were some breastfeeding challenges. I had bronchitis for week 2 and 3 of her life, and my ulcerative colitis flared up (and is still flared up!) On top of all the health issues, my boss fired me while I was on maternity leave, so we had a legal battle on our hands, as if being a mom for the first time wasn't enough to deal with! However, through it all we have kept our perspective. The PKU is serious but treatable. The bronchitis went away. The lawsuit settled. Being a mom is wonderful and by far the most fun and rewarding thing I have ever done. She's adorable and we love her to pieces!

✍ Nicole & Dino Pallone



Rosie models a fetching sunhat

Business Directory

Baby, Child & Maternity Gear

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 Runs

604-708-0956

weeonesruns@shaw.ca

Fitness

Runners & Booties Fitness

604-461-7827

www.runnersandbootiesfitness.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, Caroline, Family Osteopath

604-730-5950

info@vancouverosteopath.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

604-688-5437

www.bonnychiropractic.com

Parenting

Mamaspeak

604.266.8124

meralon@mamaspeak.com

Westcoast Moms

www.westcoastmoms.ca

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 604-736-3244

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

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 October 2008)

<p>Healthy Pregnancy Classes Content: <u>Mums only class</u>. Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies</p>	<p>2 sessions 2 hours each Cost: \$75* *Included free of charge with weekly series or weekend workshops. Time: 7:00pm – 9:00pm</p>	<p>Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway December Th 4 & 11 Dec January Th 15 & 22 Jan March T 3 & 10 Mar</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 (option: 8 additional postpartum classes for \$60 more) Cost: \$230 (\$290 includes full PP series)</p>	<p>Time: 7:00pm – 9:00pm Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway Mid Autumn T 28 Oct – 9 Dec Late Autumn W 5 Nov – 17 Dec Early Winter T 6 Jan – 17 Feb Winter W 28 Jan – 11 Mar Late Winter Th 19 Feb – 2 Apr Early Spring T 17 Mar – 28 Apr</p>
<p>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.</p>	<p>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: \$230 (\$290 includes full PP series)</p>	<p>Time: Sat & Sun 9am - 2pm OR 3-8pm Monday 7-9pm Location: <u>3285 Victoria (at 16th)</u> November 15-17 Nov December 6-9 Dec January 10-12 Jan February 21-23 Feb March 28-30 Mar May 2-4 May</p>
<p>Breastfeeding only Content: Covers breastfeeding basics; troubleshooting; breastpumps & returning to work; special needs; colic</p>	<p>1 session: Friday Night 2 hours Cost: \$40* *Included free of charge with weekend workshop</p>	<p>Time: Monday 7-9pm Location: <u>Mount Pleasant Neighbourhood House</u> As above, Monday nights only</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 1st.</p>	<p>1 session: Saturday Afternoon 4 hours Cost: \$75* \$65 for Childbearing Grads Time: noon – 4pm</p>	<p>Location: <u>3285 Victoria (at 16th)</u> December 13 Dec February 7 Feb April 25 Apr</p>
<p>Breastfeeding Clinics: Content: one-on-one help for those who are experiencing breastfeeding difficulties any time in the first few months after birth.</p>	<p>1 session: Saturday or Sunday 2 hours Cost: 1 session included free with registration. Additional sessions \$40.</p>	<p>Time: 3-5pm Location: <u>3285 Victoria (at 16th)</u> 8 Nov 14 Dec 17 Jan 15 Feb 21 Mar</p>
<p>Postpartum Classes Content: <u>For parents with babies who are not yet walking</u>. Covers infant feeding, sleep, safety, colic & crying, attachment, and infant development, and many other topics.</p>	<p>12 sessions: 1 ½ hours each Cost: \$150* *Free for expectant parents; 4 sessions included free with prenatal class series. Time: 12:30 - 2 pm</p>	<p>Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway November W 5 – 26 Nov January W 7-28 Jan February W 4-25 Feb March W 4-25 Mar April W 8-29 Apr May W 6-27 May</p>
<p>Private Classes Cost: \$20 + \$50/hour Minimum 2 hours. Does not include materials (optional: \$25)</p>	<p>To register, or for more information: (604) 878-1031 www.childbearing.org</p> <p>Low income rates available.</p>	
<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.

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