

childbearing

The newsletter of the Lower Mainland Childbearing Society

Bonding

Although “bonding” was not widely discussed as a process until the 1960’s, it is nonetheless something that has been happening as long as there have been parents and babies.

As a birth doula, I have witnessed the incredible bonding reflexes occur over and over again, as parents and newborns respond to each other with euphoria and engrossment, with an amazingly consistent sequence of behaviour. Much has been made of the thunderbolt rush of hormones and emotions that sparks bonding right after birth.

Michelle Carchrae discusses the power of this moment in her article, **Keeping Your New Baby Close is Part of a Healthy Birth**. Of course, even if you cannot be with your baby for the first few hours, days, months, or even years (as in the case of adoption), bonding still happens. This is addressed in the Question of the Quarter. In this issue, the two featured birth stories are from opposite ends of the spectrum in terms of medical involvement, and yet the two mothers are equally blissed out and in love with their babies. As these two stories illustrate, there is no irreversible moment when bonding either occurs or doesn't. While there are certainly things we can do to promote bonding opportunities, as discussed in the sidebar **Seven Tips for Bonding**, bonding can happen in many different ways, and at very different paces. Finally, this issue ends with a story by a father, to remind us of the incredible bond that can develop between the child and the “other” parent.

✂ *Stephanie Ondrack, editor*



Late Autumn 2010 class reunion

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Next Issue:

Baby Gear



La Leche League Canada
The art of breastfeeding

LLL.ca

Vancouver East Group is now meeting on the **4th Monday of the month***
at Grandview-Woodland Community Health Center, 1669 East Broadway (2nd floor) at Commercial and Broadway.

*note May 23rd will be meet May 30th and April 25th will be cancelled due to statutory Holidays

The Childbearing Society is: Aleksandra Henderson, *President*; Jennifer Landels, *Newsletter Production Editor*; Stephanie Ondrack, *Registrar, Secretary, Marketing Director, Newsletter Content Editor*; Susan Woodhouse, *Packages*; Molly Eitzen, *Treasurer*; Diane Donaldson, *Past President*.

Instructors: Melina Auerbach, Jasmine Cairo, Molly Eitzen, Aleksandra Henderson, Stephanie Ondrack, Katy Thomson, Susan Woodhouse.

Apprentice Instructor: Shahrzad Tayebi

childbearing news

Bellies to Babies

Some of you may have seen us on Sunday 10th April at the Bellies to Babies Fair, in East Vancouver. We were pleased to host a booth in the non-profit section of the venue, alongside La Leche League and other valuable and hard working organizations. You can see us there again on 2nd October, at the next B2B event.

Breastfeeding Education Day

Five of our instructors attended the annual Breastfeeding Education conference this March at Douglas College. The keynote speaker was Dr Kathleen Kendall-Tackett, co-author of Breastfeeding Made Simple: Seven Natural Laws for Nursing Mothers, and renowned expert on breastfeeding and mental health. The topics included Postpartum Depression, Treatments for Maternal Stress & Anxiety, and Bed Sharing, and all, predictably, cross-referenced usefully with breastfeeding. We look forward to sharing this new information with our clients.

Hey Dads!

**Tired of being invisible at medical appointments?
Annoyed being referred to as a "coach" or "helper"?**

Guess what? You're not a coach. You are not a helper. You are a Father. And your direct involvement is one of the greatest determinants of your child's future success. Men parent differently. That's not a criticism...it's a fact. And one that will help your child thrive.

Come to the upcoming Crash Course for Dads on June 30th (while mum-to-be is at her **Healthy Pregnancy class**) to talk about all the stuff men need to talk about but are usually afraid to ask.

Former CBC Radio Host, veteran father and professional "dadvocate" Cameron Phillips will lead a conversation about all things "dad." From finances, to in-laws, to sex...to the potentially paralyzing fear that you have no clue what you are doing (here's a little secret...neither does she), no dad topic is off limits!

Email us at registration@childbearing.org to sign up.

When: June 30th, from 7:00 to 9:00pm

Where: Mount Pleasant Neighbourhood House

Cost: \$35

Unhealthy man-snacks will be served (ok, and maybe a few healthy ones, too)



✎ 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: stephanie@childbearing.org

We enjoyed your workshop very much - the informal atmosphere, the balanced approach to sharing information about all options and definitely your experience and energy. We both walked away having learned a lot and feeling more confident.

Thanks and see you at the reunion.
Angelique Blunk & Sean Wouters



The classes provided exactly the info we needed presented in a straightforward way. We are still in contact with the other parents as the format allowed for

the couples to get to know each other. Excellent experience overall - thanks!

Mary Henley



One of the most interesting parts of my birth experience (which included lots of things not in the birth plan) was that I was able to make decisions as I went. My husband was also able to be a part of the decision-making process, he actually raised the issue of "cascade of interventions" before we made our final decision to go on the oxytocin. The oxy contractions were as described in class, I am proud that I only used a little gas and a lot of gumption! Even though I didn't

get the birth experience I dreamed of, I am pleased to have delivered vaginally and am even more confident for the next time (God willing) I give birth.

The classes were fantastic -- a potentially traumatizing set of experiences was made manageable because both my husband and I knew what to expect. We were able to make informed decisions during labour and birth, and were also prepared for early parenthood -- all this and the learning took place in a loving and nurturing environment!

Morgan Westcott



Focus on:

Keeping Your New Baby Close: Part of a Healthy Birth

by Michelle Carchrae

When preparing for the birth of a new baby, many mothers-to-be focus very intensely on what it will be like to labour and give birth. It is important to learn pain management techniques, what happens when an epidural is administered, specific breathing techniques, labour and pushing positions, but there's often a big hazy unknown when it comes to the moments immediately after the baby is born.

It can feel difficult to plan for the moments immediately following the birth since they will be different depending on whether or not any interventions or medical assistance is required. However, thinking through what you'd like to see happen in several different situations and planning for mom and baby staying together as much as possible is a good way to prepare for the uncertainty of birth and increase your chances of a positive bonding experience.

Why should you keep your baby with you after birth?

There are several important reasons to keep your baby close immediately after birth, all of which work together to keep baby and mom safe, healthy and bonded with one another. Placing baby on mom's belly or chest for skin-to-skin contact helps regulate baby's temperature and breathing. If mom is unable to hold baby skin-to-skin immediately after birth, this can be an opportunity for dad or partner to take off his or her shirt and get involved in the bonding process.

Hormones from delivery also prime mom and baby to bond with each other, beginning the foundation of emotional attachment. These hormones are at their peak immediately following the birth and for an hour or so afterwards, which usually coincides with the newborn's window of quiet alertness. During this time a newborn will look around with wide eyes, searching for faces. This is when the magic of bonding happens, and it's important for mom or dad to be holding the baby during this time.

Unless there is a life and death emergency, there is no need for medical staff to take a baby away from mom after the birth. A newborn does not need to be immediately weighed, measured, bathed, dressed, immunized or have eye drops administered, at least not within the first hour or so. All these things can wait while mom and baby recover from the birth and get to know each other.

Bonding is powerful

When I was pregnant with my first child I learned about natural birth and decided to have my baby at home in order to have the best chance at having a natural birth. I read about the importance of early bonding during the window of quiet alertness after birth and the natural rush of oxytocin, and I knew I wanted to start breastfeeding straight away. Even with all that knowledge under my belt, I was still surprised when I looked up from where I was lying on the bed, resting after giving birth to my new baby to discover that my husband, midwife and her assistant were all in the kitchen having tea together. I had been lying there, busy gazing at and falling in love with my new baby and I *hadn't even noticed them leave*. I don't even know how long they were gone for. I remember a brief moment of, "I wonder what they're talking about?" and "I wonder if they've forgotten about me?" but I was very thankful for the quiet,

peaceful space they gave me to enjoy simply being with my new baby.

Reforming birth practices in countries where birth has become a highly medicalized event means recognizing birth as a multi-dimensional, life-changing event for all members of the family. When birth is recognized and honoured as an emotional, spiritual, transformational AND biological process, then the importance of keeping a new baby and mother together will become more apparent. It may be easier, faster or more efficient for medical staff to perform their routine examinations immediately after birth, but a new baby's bonding window won't wait for the nursing staff's schedule. Having a birth plan can help make it clear to your doctor and nurses that it is important that baby stays with mom after birth; and hiring a doula can help too. For women with low-risk pregnancies, consider hiring a midwife and giving birth at home.



✎ Michelle Carchrae is a freelance writer and homeschooling mom who blogs about attachment parenting and playful self-discipline at www.theparentvortex.com.

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Seven Tips for Increasing Bonding

These seven simple tips will help stimulate bonding reflexes and attachment instincts in both parent and baby. All of these tips (except #1) can help with re-joining if mum and baby have been separated, especially around birth.

1. **Honour the Bonding Hour.** Although this is not possible for everyone, if you have the luxury of enjoying the first couple hours after birth with your baby, take advantage! This is a unique time when both parents and baby are high on natural love hormones, and are primed for bonding. Banish visitors. Delay tests and procedures. Dim the lights. And settle in for some amazing eye-contact and cuddling with a little person who is just as engrossed with you as you are with him or her.
2. **Skin on skin.** There are now countless studies documenting how profoundly stabilizing this is for babies. Skin-to-skin contact helps regulate baby's heart rate, breathing, and temperature, and also helps activate their attachment instincts. It engages most of their senses, and makes them feel safe. You can never have too much skin-to-skin time for baby.
3. **Breastfeeding.** Breastfeeding can be a very connecting experience between mum and baby, one that helps baby settle, and helps baby feel that all is right with the world. If you do not breastfeed, you can still hold baby in this position, and engage in eye contact and soothing banter.
4. **Babywearing.** Babies never want to be put down, but sometimes we do need to use our hands. A solution for many parents is babywearing, which allows baby's need for contact to be met, while still allowing the parent some hands-free time. When you're out, choosing to wear your baby instead of using a pram or stroller is an easy way to increase bonding time with very little effort. And your baby will prefer it immensely.
5. **Bedsharing.** Bedsharing is an effortless way to literally bond while you sleep, increasing your contact hours with baby, and meeting his or her needs quicker. While we know that this approach is not right for every family, those who do share sleep with baby also benefit from more overall hours of sleep per night (although not, as you probably guessed, necessarily in a row). All sleeping arrangements, whether shared or isolated, require following a few standard safety precautions. You can find guidelines for safe bedsharing here: http://thestir.cafemom.com/baby/109714/9_safe_cosleeping_tips_to
6. **Babymoon.** Have a baby? Take a babymoon! A babymoon is a lying-in, or a period of time that you bow out from the rest of your busy life, and simply bask in the magical bliss of newborn chaos. Get friends to bring meals, order in, or freeze food in advance. Ignore the housework, take the phone off the hook, and neglect your social duties. Simply lie around the house in your pyjamas cuddling and cooing with baby for a full week, or two if you can. Take baths with baby. Take naps with baby. The rest of the world can wait.



Question of the Quarter

Q: We are about to adopt a 6 month old baby. I am worried about the bonding time we have already missed, especially since I hear the first few hours after birth are particularly important. Is there anything we can do to make up for this lost opportunity?

A: A lot of attention is given to the 'bonding hour' immediately following birth. While there is general agreement that this is a golden opportunity for bonding, never fear that it is the only opportunity for bonding. It is not.

There will be an infinite number of precious moments in your future as a parent, during which you and your child can form a deep and lasting bond. Parents who are fortunate enough to enjoy the hours immediately following birth with an alert baby may experience a sudden rush of affection for their new son or daughter. But if you and baby need to be separated, because of a challenging birth, or for medical reasons, or because baby joins you at a later age, then you may fall in love more gradually instead, little by little, day by day. Both ways are wonderful, and both lead to parent and baby falling in love. Either way, the feelings you have for your baby will only grow stronger over time. No matter how it began, the bonding will increase as you and baby get to know each other better, over days, and over years. By the time your child has been with you for several years, your bond will be many times stronger than it was when you first met, whether that was right at birth, a few days later, or even months or years later. The drive to bond is very strong, and fortunately, easy to encourage. If baby does have a rough start, or if there is separation, there are simple things you can do to maximize bonding opportunities with your little one. See the accompanying article, *Seven Tips for Increasing Bonding*.

✉ Stephanie Ondrack

Ignore the housework, take the phone off the hook, and neglect your social duties. Simply lie around the house in your pyjamas cuddling and cooing with baby for a full week, or two if you can. Take baths with baby. Take naps with baby. The rest of the world can wait.

7. **Kangaroo Care.** If baby is premature, or requires hospital care, check if "Kangaroo Care" is an option. This basically means keeping baby on mum's body, skin to skin, as much as possible, including when baby is receiving medications or treatments. Healthy, full term babies benefit from Kangaroo Care too, both physiologically and emotionally. Consider that babies spend nine months in mum's body, and then another nine months or so living 'on' mum's body. Think of mum's body as baby's natural habitat, a place where baby can eat, sleep, heal, and relax, a place where baby thrives.

✉ **Stephanie Ondrack**, MA, CBE, CD is Childbearing's registrar and newsletter editor. She is a mother of three, a published breastfeeding expert, and is a passionate defender of babies.

The Other "L" Word

by Cameron Phillips

Remember dating? Remember the early courtships—the excitement, the titillation and eventually the feeling that you were really falling for someone? I can recall a lot of those relationships. And I can recollect the anxiety around whether to use the "L" word or not.

I am the first to admit I grew up in a house where we threw the term, "I love you" around like cheap confetti. I've never really had a hard time saying those words. In fact, I was actually accused once for saying it too often. Now I realize that perhaps I'm outside of the norm when it comes to men and expressing feelings, but I think most of us can relate to the trepidation around leaving yourself vulnerable by proclaiming, "I love you" for the first time.

So what often came out instead?

"I love spending time with you" or "I love being your boyfriend."

What potentially sounded like a fear of commitment to a girlfriend is music to the ears of your child.

I get that there are men out there who still aren't comfortable with, "I love you." They often tell stories about their own father like, "He never really told me, but I knew he loved me." Frankly, I think that is code for, "Damn it, why couldn't he have told me he loved me?" That is totally natural. We all want to be loved, whether we are good with our feelings or not.

Of course, I encourage all fathers to say "I love you" as often as they can to their children. More importantly, I urge them to back up those words with actions.

But I think there is immense value in saying, "I love being your daddy."

The other day, my wife and sons came home from a friend's house and my oldest was pretending to be asleep. "Oh, you'll have to carry him in daddy," my wife co-conspired.

With his eyes closed and the hint of a smirk on his face, I lifted him out of his car seat. His arms lay limply around my neck as I carried him in to the house.

"It's too bad he's asleep, I was going to see if he wanted to play some Wii." I said, trying to call his bluff. He didn't budge.

"I guess I'll have to eat his dessert" I teased.

Nothing.

I turned to carry him up the stairs, and whispered in his ear, "I love being your daddy."

Involuntarily, his body began to squeeze mine. I was getting a giant bear hug and my son couldn't help himself.

"Oh, momma, I think he might be waking up," I said. At which point he went limp again.

"I love you" is a beautiful thing. But on some level, it's what's expected of parents. "Of course you love me, I'm your kid." On a most basic level, child-parent love is as much a product of biology as anything else.

But "I love being your daddy" in many ways can be even more powerful. It almost implies there is a choice in the matter. It's a value statement. And just like we all want to be loved, we all want to be valued, too.

QR Shortly after the birth of his first son, former CBC radio host **Cameron Phillips** lost his job. He confronted head-on the old idea that it is a man's number one duty to be the financial provider in the family. Out of this struggle, Cameron founded "Bettermen Solutions", a company designed to teach men better work/life balance skills. This article is printed with permission from Cameron Phillips' blog for fathers, www.adadsheart.blogspot.com. Cameron also runs the Crash Course for Dads in conjunction with our Healthy Pregnancy classes. For details see page 2.



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Birth Stories

Intervention, Baby! My "imperfect" birth story

by Minna Schendlinger

My baby was due on April 2, 2010. I knew my due date was accurate because she was a donor-insemination baby and there was only one possible time she could have been conceived. So, when there was no sign of a baby on April 7, 2010, my midwife, whom I loved and trusted, set up a few appointments for me to get some non-stress tests the following week, just in case my baby decided to hole up for any longer.

The anticipation of this caused me quite a lot of anxiety, mainly because I was terrified of being induced. I was determined to have an intervention-free labour and delivery. So when I went into labour on Friday April 9, three days before my first scheduled test, I was relieved and thrilled.

Of course, induction is only one possible start to the cascade of interventions and the only one I really thought about. As my labour started, being a fallible human, I immediately forgot everything I learned in my Childbearing Society prenatal classes about the stages of labour, and how long things can take, and what to expect with each successive stage. My water broke around 3pm on the 9th, and contractions started at 2am on the 10th. My labour team was in place at my house by about 8am on the 10th, with food and games and movies galore to help while away the hours.

My contractions started at about 10-12 minutes apart, lasting 30-40 seconds each. Totally manageable. And it didn't take long for them to progress to about 6-8 minutes apart lasting 45-60 seconds each. Less manageable, but not horrible. But they stayed at this stage for most of the evening. As we got into the late evening, the contractions got quite a bit stronger, but not much closer together and not much longer lasting -- just less manageable. The midwife came by around 10pm to do an internal exam, the result of which was that she estimated my cervix had dilated to about 3.5 centimetres, after 20 hours of contractions, and that she could feel behind my cervix a full bag of waters. We all found this an interesting development, given that I thought my waters had broken the previous afternoon.

Intervention #1: The midwife breaks the water.

This felt like a reasonable decision to make; after so many hours of contractions, so little sleep and so much discomfort (I can't really say I was in pain at this point), both the midwife and I wanted to move things along, and she was certain that once my waters were fully broken, that would help move the baby into the birth canal, triggering the oxytocin to strengthen con-

tractions and dilate the cervix more rapidly.

Once my waters were broken, the contractions seemed to get much more intense. I had a very hard time focusing on anything, and they felt like they were coming right on top of each other. I was finding it more and more difficult to find positions that were comfortable, or even finding positions that weren't uncomfortable. And as we passed midnight, and entered the 24th hour since I had slept, I began to feel that I could no longer cope without assistance. So my labour team helped me decide to call the midwife back at 2am to discuss medical options for coping. She arrived and checked me and in the 4 hours since my waters had broken, I had dilated just barely one more centimetre, which both she and I found worrisome. She recommended that we go to the hospital for morphine, so that I could continue to labour but also probably get some rest between contractions. Both of us were concerned about my stamina and my ability to manage hard labour, when I finally got there, on little to no sleep. I had planned a hospital delivery anyway, so going there in advance for some pain management didn't interfere with any real plans that I had.

Intervention #2: Morphine

The decision to go to the hospital to get morphine took less time than packing up, getting to the hospital, getting checked in, getting into a room and finally getting the dope. We made the decision to go to the hospital at around 2:30am and it was nearly 5 by the time I was in a room, with a morphine drip. Let me say right here that I loved morphine. I would have happily stayed on morphine for the duration of my labour, but that was obviously not a realistic option. And I was surprised by how well I took to it, as my history with pharmaceuticals has been unsuccessful at best, and I was, up till about hour 12 of contractions, determined to have a drug-free labour and delivery. On morphine, I was still very much aware of my contractions, but they felt kind of far away, like they were happening to someone else and I was watching. I was able to get some sleep, dozing between contractions, which were still coming every few minutes, giving me hope that things were finally moving along and the decision to get pain relief was one that would lead to my ability to manage active labour and the vaginal delivery I had planned.

Except that when the morphine started to wear off, around 8am, and my midwife did another internal exam, I was only dilated to not quite 5 centimetres. I was actually dilating slower with closer-together, more intense contractions. So, we had another consult to discuss what else we could do.

Intervention #3: Epidural

At this point, after 30 hours of contractions, no sleep, very

(Continued on page 7)

Carolynne Abrams, DO DPO (UK)

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little food since, etc, my midwife was concerned about my energy and concerned about what was happening to my baby. She suspected that I wasn't producing enough oxytocin to really move labour along, possibly because of the position of the baby, possibly because of something else. But both she and I were ready to get to active labour, so we decided to try an oxytocin drip with an epidural so that I could sleep while the oxytocin did its job and shore up my last remaining precious energy for pushing. I was so tired and so ready to just have my baby that I happily accepted any suggestion that got us closer to delivery. It occurred to me while we were waiting for the lab tech to come and take my blood that I should ask someone what the procedure would be for caesarean section, if things should get to that point, but I decided to wait, as I was still determined to deliver vaginally.

After another seemingly interminable wait, we finally got the go ahead from the lab and the anaesthesiologist came into my room to administer the epidural. Everything went smoothly, my uterus cooperating by not contracting during the very delicate procedure of inserting the needle. After about 20 minutes, I could feel the freezing start to take and looked forward to a bit of rest before the oxytocin was set-up. My midwife wanted to monitor me and the baby for a little while before starting oxytocin. This turned out to be a very good call, because after a few machine-monitored contractions, it became clear that the baby was having a bit of a tough time. The heart rate was dropping at the end of each contraction, which is not uncommon, but it was dropping considerably, from about 110 to about 50, which is less common.

And so we consulted with the resident OB on call to discuss options. There was some concern that the umbilical cord was wrapped, possibly around an arm or a foot, accounting for the reduced heart rate, and that could be mitigated by re-introducing fluid to help buoy the baby and adjust the positioning to loosen the cord, and possibly move the baby further into the canal. It was also suggested that they could insert a small needle to scrape the baby's scalp to check for signs of distress. It seemed to me that getting its head scraped may be kind of distressing but before I could ask more questions about that, I became aware that I was finding it more and more difficult to hear what was being said to me. I stopped the resident mid-sentence to ask him if it was a normal side-effect of epidural to feel like you were going deaf and he and my midwife both looked at my heart monitor and both did a double-take as their eyes widened in alarm. I looked at my monitor and saw that my blood pressure had dropped to 60/30, I heard someone say "she's crashing" and in less than 10 seconds there were about nine more medical professionals in my room, all very concern-

edly pushing IVs and pressing buttons on machines and shouting orders to each other. I could see out of the corner of my eye my mother and best friend clinging to each other on the other side of the room and eventually my best friend fleeing in tears. I wanted to reassure her that I was okay and the doctors and nurses and my midwife all had everything under control, because I was completely confident that they did, but I found I couldn't talk over all the hubbub so I decided to wait until they were all done doing what they needed to do.

After some time, probably only a few minutes, I began to feel normal again, the machine noises became less urgent-sounding, and I felt ready to resume the conversation with my midwife and the resident on call. I turned to them to ask the questions I had about the fluid and head scrape options, and then I heard my mother say, "Could all the medical people please get out; it's time for us to have a family conference."

It took a minute, but all the medical people, including my midwife, did as requested, checked all my wires and tubes and then left us to talk. My mother and best friend stood over my bed, took my hands in theirs and said to me, "you've done a great job so far and we know that you will continue to do what you need to do, but it's been about 34 hours now that you have been at this and we're worried that it is going to keep getting harder. If you want to go ahead with the oxytocin and wait to see if you dilate more and your body gets ready for a vaginal delivery, we will be here for you the whole way. But if you feel like you are done, we are more than willing to back you up if you want to ask about c-section."

Knowing me, and knowing how determined I was to do this "the right way," this was their way of letting me know that asking about a c-section wasn't giving up or taking the easy way out. And they could see what I couldn't: the mess of equipment around me, the exhaustion setting in, their own stamina waning, and concern for my well-being and the well-being of our baby growing.

We called my midwife back in and I asked her if c-section was an option at that point. She said if that was what I wanted, she would call in the surgeon for a consult whenever I was ready. I looked at my family and at my giant belly and said, "Ya, call her in."

Intervention #4: Caesarean section

The surgeon came by soon thereafter, and after getting the lowdown on the last couple of hours and having a look at my chart, she said she could have an operating room ready for us in 20 minutes. Hearing that made up my mind for good. I was ready to have my baby and I no longer cared much how that would



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come to pass. At 2:02 on the afternoon of Sunday April 11, my daughter was delivered in an operating room at St. Paul's Hospital. After 36 hours of contractions, which seemed like a good college try to me, I got my baby.

I was worried for a while that I would be resentful or angry about not having that "perfect" birth. I was worried that I would wish that I could have had the full labour and delivery experience, with all the huffing and puffing and panting and finally pushing that little life out of me and into the hands of my family. But I wasn't. Yes, my daughter was delivered in an operating room surrounded by strangers with face masks and gloves. And yes, we were separated for an hour while I was wheeled off to recuperate. But my mother and my midwife were with me through the surgery and both got to watch as she was brought out of my womb and onto a warming bed to be weighed and measured and checked by the paediatrician. And I got to see her and touch her and look in her eyes and tell her that I would be back for her. And she got to spend those first 60 minutes with her



grandma and her aunties before I was well enough to get back to her. All in all, when I thought about what I missed, I couldn't really say anything. I got my girl, which was the only thing that really mattered.

At the end of it all, I had 4 major interventions, and a whole bunch more little ones, but most importantly, I had my baby. I'm telling this story because I want all the women who are looking forward to the births of their children to know that *how* they deliver their babies matters less than those babies themselves, and that as much as they want to have an intervention-free labour and delivery, there is no shame in asking for help or accepting it when it is offered. Your labour and delivery experience is as meaningful as you make it, and there isn't a "good" or a "bad" way to do it. Me and my perfect little c-section baby are examples of that – I was a 36-hour labour, c-section delivery to my mother 36 years ago!

✎ Minna Schendlinger is a spouse-less parent from East Vancouver who makes her living as an arts administrator. Casey is a funny, smart and determined baby who charms the pants off everyone

The Birth of Abigail Leigh Florendo

by Micaele Florendo

Contractions started at six in the morning on April 25, 2009, while Hannah was nursing. We decided to go to the Snug Café for breakfast.

Our plan was to finish packing after breakfast and move into town to the same extended stay hotel where we stayed while having Hannah. Small contractions continued irregularly throughout breakfast. We went home, contacted Aleksandra (doula) and Lehe (the midwife on call) and finished packing our bags and closed up the house. Then we left Jack and Patty in their kennel in the living room for Pam to pick up and left for the 9:30 a.m. ferry.

We made the 9:30 ferry and from there called the hotel. The hotel didn't have a room available for us until noon, so we decided to go to Capers and get groceries for the hotel and have a snack. During grocery shopping, contractions increased to every five minutes. We checked into room 302 at the hotel at 11:30a.m. Hannah and I explored the room while Michael brought up the bags. We spent the next few hours unpacking and organizing the space, including Hannah's room.

At 5 p.m. I took some evening primrose oil and at 6 p.m. I took some red raspberry leaf tea to try to regulate the contractions. They had been continuing at varying lengths and intervals without consistency throughout the day. Hannah and Michael helped me by breathing with me and massaging or counterpushing on my lower back. After Hannah went to bed at 8 p.m., we called Melody Farnworth, Hannah's godmother, for her to come to attend to Hannah should she wake. I took another cup of red raspberry leaf tea to await her arrival and when she arrived, Michael and I went for a walk.

After we got back, we sat in the living room visiting with Mel for a few moments and when I realized contractions were becoming more regular and closer together, Michael and I moved into the bedroom. We called Aleksandra and talked to Lehe,

both of them decided to come by and check on us.

Aleksandra was the first to arrive, and after asking a few questions decided that she would stay. She suggested moving into the tub which I was unsure of. At that point I still thought that labour would probably stop if I got into the tub and I wanted to make sure that it was well in progress before I went into the tub for relief. But Aleksandra insisted that things would still move along. So I agreed and she ran a tub for me.

In the tub, the contractions became much further apart and much more manageable. Aleksandra suggested staying in the tub until contractions were as intense as they were before I got in. This seemed to take a long time so after what seemed like hours I got out of the tub to resume the hard work. After a while, contractions picked up again and Aleksandra suggested lying on my side on the bed to rest between contractions; she and Michael would assist me into a sitting position during the contractions. After a few contractions on my right side, we switched to my left side and then I decided I wanted to go back into the bath. Aleksandra said that at this point the tub would probably not provide much relief during contractions, but that if I wanted to try the tub for a much needed rest, we could try it. Although the contractions themselves were not lessened in the tub, the cervical and lower back pain between contractions subsided substantially. I continued side lying in the tub, a few contractions on each side before switching sides.

Then I decided to get back out of the tub to have Lehe check my progress. While getting out of the tub, I heard Hannah crying in the next room. I told Michael to go to her and Mel and

(Continued on page 9)

(Continued from page 8)

make sure that Hannah was alright. Michael went to Hannah and brought her into the room so she could see me. After which, Mel took Hannah so Michael could join me again, Hannah indicated that she wanted to go back to the living room to play and wait the arrival of the baby.

Over the course of the next few contractions I talked to Lehe about checking my progress and maybe breaking my water to speed things along. Lehe checked me while I lay on the bed; she said I was 7-8 cm dilated and that the bag of water was bulging through the cervix with the baby's head immediately behind it. I asked her to break my water around 1:45 a.m., which she did during the next contraction. I then stood up and she reminded me that the intensity of the contractions would increase substantially. I had two or three more contractions and then felt the urge to push so climbed onto the bed. Aleksandra handed me the exercise ball to lean over and I started to push. I pushed and pushed all in one breath and then I heard Lehe, Michael and Aleks yelling for me to STOP!!! The head of the baby had crowned. I then felt the urge to push again, so I pushed and the baby slipped out quickly. Hannah was with Mel in the doorway where she saw the birth of her sister.

Abigail Leigh Florendo was born at 1:59 a.m. on April 26, 2009. While lying on my back holding her, Michael held Hannah so she could see her sister and welcome her to the family. Shortly after, both Hannah and Abigail latched to nurse in tandem.

QR *Micaele Florendo is mother of two girls, Hannah aged 4 and Abigail aged 2. She currently resides in Calgary with her husband, girls and border terriers. She finds mothering a constant challenge that requires continual self improvement and wishes the choices between self and family were easier to make.*



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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 www.LLLC.ca
 Newborn Hotline 604-737-3737
 Pacific Postpartum Support 604-255-7999
 Parents in Crisis Line 604-669-1616
 Support for Grieving Parents
 BC Children's Social Work 604-875-2345 Ext 7358
 BC Women's Social Work 604-875-2424 Ext 6161

Vancouver Breastfeeding Clinic 604-738-1912
 Volunteer Grandparents Assn. 604-736-8271
 Westcoast Family Resource 604-255-9568

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 resources

Business Directory

Baby, Child & Maternity Gear

Abdomend Canada
 Pregnancy Recovery Kits
 www.abdoMend.ca

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

Bumbini Cloth Diaper Company
 604-838-0788 / 1-877-838-0788
 www.bumbini.ca

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

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

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

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

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

Financial Services

Andrew Lu, CFP, Insurance Specialist
 778-232-1798
 andrew_lu@cooperators.ca

Fitness

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

Health Care

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

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

Boda Health
 604-733-2632
 www.bodahealth.ca

Evolve Nurturing Vitality
 604-255-7777
 www.evolvevitality.com

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

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

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

Pregnancy & Postpartum Support

Birth Rocks
 Corina Bye, Doula, CBE
 www.birthrocks.com

Eco-Audit.ca
 Home of Baby-Audit
 email@eco-audit.ca

Mamaspeak
 604.266.8124
 meralon@mamaspeak.com

Prenatal Class Schedule (updated May 2011)

<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: \$100* <i>*Included free of charge with weekly series or weekend workshops.</i> Time: 7:00pm – 9:00pm</p>	<p>Location: Mount Pleasant Neighbourhood House 800 East Broadway June Th 23 & 30 Jun August T 9 & 16 Aug</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 \$60 more)</i> Cost: \$300 (\$360 includes full PP series)</p>	<p>Time: 7:00pm – 9:00pm Location: Mount Pleasant Neighbourhood House 800 East Broadway Early Summer T & Th 26 May - 21 Jun Summer W 8 Jun - 20 Jul Mid Summer T & Th 12 Jul - 2 Aug Late Summer W 10 Aug - 21 Sep Early Autumn Th 25 Aug - 6 Oct Mid Autumn W 12 Oct - 23 Nov</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 <i>(option: 8 additional postpartum classes for \$60 more)</i> Cost: \$300 (\$360 includes full PP series)</p>	<p>Time: Sat & Sun 9am - 2pm OR 3-8pm Monday 7-9pm Location: <i>at instructor's home Victoria & 16th</i> May 14 - 16 May June 11 - 13 Jun July 16 - 18 Jul August 20 - 22 Aug September 24 - 26 Sep</p>
<p>Breastfeeding only Content: Covers breastfeeding basics; troubleshooting; breast pumps & returning to work; special needs; colic</p>	<p>1 session: Friday Night 2 hours Cost: \$50* <i>*Included free of charge with weekend workshop</i></p>	<p>Time: Monday 7-9pm Location: Mount Pleasant Neighbourhood House 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: \$110* \$90 for Childbearing Grads Time: noon – 4pm</p>	<p>Location: <i>at instructor's home Victoria & 16th</i> June 18 June July 24 July September 17 September November 27 November</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: \$10 1st session only \$5 if a Weekly Series or Weekend Workshop has been taken</p>	<p>Time: 3-5pm Location: <i>at instructor's home Victoria & 16th</i> 7 May 18 Jun 23 Jul 28 Aug 18 Sep 15 Oct</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>12 sessions: 1 ½ hours each Cost: \$150* <i>*Free for expectant parents enrolled in prenatal classes; 4 sessions included free with prenatal class series.</i> Time: 12:30 - 2 pm</p>	<p>Location: Mount Pleasant Neighbourhood House 800 East Broadway May W 4 - 25 May June W 1 - 22 Jun July W 6 - 27 Jul August W 3 - 24 Aug Sep W 7 - 28 Sep</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 Low income rates available.</p>	<p>The Childbearing Society's instructors, all health professionals with a passion for the childbearing year, add their extensive training on pregnancy, birth, and parenting to their personal experience. Annual recertification, along with reading, conferences, and continuing education ensure our teachers are fully up-to-date in their fields. Our instructors love what they do, and look forward to sharing their expertise with you.</p>