

# childbearing

The newsletter of the Lower Mainland Childbearing Society

## High Tech Birth

Some of us embrace technology in birth as a way to avoid pain, some of us are comforted by its presence to keep us safe if need be, some of us are open to any kind of birth as long as mother and baby are safe, and some of us actively embrace natural birth by fervently shunning technology.

For some mothers birth technology is a saviour, for some a safety net, and for some it is an imposing invader. Despite our preferences though, many births in BC are affected by medical procedures. Our rates of inductions and caesarean births still greatly exceed the World Health Organization's recommendations for safe maximums. There is general consensus that too many surgical births are performed here each year, but little clarity on how to reduce the numbers.

Our contributors expand on some of these topics in our selection of articles: UBC Researcher **Kalina Christoff** talks about birth trauma and how the experience of birth can impact motherhood. Homeopath **Sonya McLeod** suggests some helpful remedies for healing after a difficult birth. And our **Question of the Quarter** asks how we discern when a medical intervention is warranted.

As usual, we have no actual answers. But this issue on medical birth does explore some of the questions. Our featured birth stories all tell personal tales of medical births. It is interesting how similar many of the accounts seem if read only as sequences of medical events, but how unique each tale becomes when read as an experience. Note how some mothers embrace their surgical births, feeling positive relief that the technology was there to rescue their baby from an otherwise unsafe situation, while others feel remorse and grief over not having the birth they imagined, and not being able to offer their baby the gentle beginnings for which they had hoped. While some mothers' desires for a natural birth is utterly trumped by the caesarean delivery of a healthy baby, other mothers feel sorrow over their surgical births that is quite separate from their

Graduates of the Winter 2012 series



happiness over the results. Everyone agrees that a healthy baby is the most important goal, but for many it is not the only goal.

We are very fortunate that we have access to medical technologies when we need them, but perhaps less fortunate in those cases when we look back and wonder if they were truly necessary.

✉ **Stephanie Ondrack,**  
editor

**The Childbearing Society** is: Aleksandra Henderson, *President*; Stephanie Ondrack, *Registrar, Secretary, Newsletter Content Editor*; Katy Thomson, *Pack-ages*; Molly Eitzen, *Treasurer*; Jennifer Landels, *Newsletter Production Editor*; Diane Donaldson, *Past President*.

**Instructors:** Melina Auerbach, Jasmine Cairo, Molly Eitzen, Aleksandra Henderson, Stephanie Ondrack, Katy Thomson

**Apprentice Instructor:** Shahrzad Tayebi

# childbearing news

## *Congratulations!*

Double congratulations to our very own **Katy Thomson** and spouse **Judith**, who welcomed **Lucia Grace Thomson** and **Janosch Benjamin Thomson** on April 4th, at 16:51 and 16:49 respectively. Babies are doing wonderfully, and should be home from the hospital any day now.

OR

Congratulations as well to our apprentice instructor **Alana Budiharjo**, who birthed daughter, **Seneca**, at home in New Westminster. She was born on November 29th at 6:27am weighing 3280g (7lb 4oz), and greeted immediately and enthusiastically by dad, Ian, and big brother, Isaac.



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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: [stephanie@childbearing.org](mailto:stephanie@childbearing.org)

I just want to say how grateful we are to have enrolled in your classes. I actually sought you out specifically as an instructor upon the recommendation from a doula / temp secretary at my midwifery clinic and I'm so glad I did.

Each week I am continually impressed with your depth and breadth of knowledge and your ability to distil this information and present it in a way that is not only easy to understand but is also delivered in an objective manner. I think this last point is crucial to gaining credibility and an interested audience particularly when speaking to such a diverse group of people. You are clearly a natural teacher and if you're not already I think you should be a university professor.

Thanks for sharing your knowledge and experiences with us!

Leah Lambert, RN, PhD Candidate  
UBC School of Nursing

✎

The prenatal classes were extremely helpful in preparing me for labour, but particularly for the c-section which was

unexpected. I was glad that I had some idea of what to expect.

Lyana Patrick

✎

Jildaz and I appreciated your advice so much. Thank you (again and again and again) for your words of encouragement. They instil confidence and promote intuition. I can't tell you enough how much we get from your classes, emails and just knowing you're "out there" in this world somewhere — the *Defender of Babies*.

Thank you,  
Elizabeth Beddiaf

✎

We believe that the prenatal classes we took at the Childbearing Society had a huge impact on making our labour, delivery and postpartum experience as successful as they were. Stephanie is an excellent facilitator who presented the information in a thorough and entertaining way, and we are forever grateful for everything we learned.

Todd & Andrea Melton

Excellent classes! Learned a lot and the information continues to be utilized regularly. Allowed us to make informed choices when times came to make them.

Christina Fong

✎

If you are looking for prenatal classes that provide you with practical, relevant and interesting information, I very highly recommend the Childbearing Society! My partner and I came away from the classes with a toolkit of information that opened our eyes to pregnancy, labour and birth and the postpartum period. The information was delivered in an engaging way and easily appeals to a wide variety of parenting styles, whether you practice AP or something in between.

Kim Campbell

✎

**Focus on:**

**Medical Birth**

**Childbirth Related Trauma and PTSD**

by Kalina Christoff

**Being traumatized during childbirth is much more common than most people think.** Unfortunately, trauma is one of the hidden costs of childbirth, a cost that women often bear in silence and without

recognition or support.

So far there has been virtually no research on childbirth trauma in Canada, but research from the UK, Australia, and US — countries with similar maternity health care systems to Canada's — show that about one third of women experience their childbirth as traumatic. Between 2% and 6% experience childbirth-related Post-Traumatic Stress Disorder (PTSD), a severe and long-lasting (months or years) response to the trauma they experienced during childbirth.

About 30,000 women give birth each year in the Greater Vancouver Area. This means that, in our area, between 600

and 1,800 women each year develop PTSD following the birth of their child. The total number of women with PTSD is probably much higher because PTSD can last for years especially if it remains unacknowledged and untreated. Furthermore, tens of thousands must feel traumatized and experience some PTSD symptoms even though they may not go on to develop full-blown PTSD.

The following symptoms may occur shortly after the birth and are highly suggestive of maternal psychological trauma:

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- inability to sleep; delayed and/or reduced milk production;
- agitation and a sense of vigilance or constant danger;
- emotional numbing (something also known as dissociation);
- intrusive, upsetting flashbacks of the birth or the events surrounding it;
- avoidance of all reminders of the birth (or birth in general);
- feeling sad, angry, or helpless about the birth.

The symptoms are almost always confused by health care practitioners for post-partum depression. The reason for this is that post-partum depression is the "star of the show" these days: everyone is on the look out of it. A traumatized mother will score highly on post-partum depression tests such as the Edinburgh Post-Partum Depression Scale because her anxiety levels are high (a normal consequence of going through trauma) and possibly because she has not been allowed to mentally process her traumatic birth. Traumatized women are often told by well-meaning friends and relatives to "just get over it" and "be grateful they have a healthy baby". This unfortunate lack of understanding and denial of their trauma only re-traumatizes women further and worsens their symptoms.

Why are women traumatized during childbirth in such great numbers? The reasons have a lot to do with the extremely high rates of medical interventions during childbirth these days and the inappropriate and sometimes even abusive behaviours of health care providers who follow hospital protocols developed to serve the hospital's interests, often to the detriment of birthing women's welfare.

Being subjected to a high number of medical interventions while giving birth is one of the main factors leading to maternal psychological trauma and PTSD. There are many interventions, such as emergency caesarean, forceps or vacuum delivery, induction of labour, and manual removal of the placenta, that are highly traumatic, both physiologically and psychologically. In practice, they always go hand in hand with multiple other interventions, such as electronic foetal monitoring (EFM), intravenous drugs and catheters. The outcome is often a stunned, traumatized mother who feels that the baby was literally "yanked out of her", while she played little or no role in the actual birth.

The other main factor that can lead to birth trauma is the mother's exposure to an unsupportive or abusive birthing environment. The hospital staff may assume a hostile attitude towards the birthing mother, especially if she tries to decline any interventions they would like to perform on her. Many health care practitioners, especially obstetricians, do not believe that a woman should play an active role in the birth of her own child. In practice, that translates into excluding the mother from medical decision making and performing procedures on her without explanation or consent, and sometimes even without her knowledge. Concerns for the baby, whether they are real or not, are often used to convince, and if necessary coerce, the mother and her partner into agreeing to procedures that are primarily for the hospital's or the doctor's benefit.

There are many misconceptions about birth trauma. Many people believe that women who have been traumatized by

childbirth must have prior history of trauma (eg. childhood sexual abuse) or some other mental health problems (eg. depression or anxiety). This is not true. The primary determinant of trauma and PTSD is the severity of the traumatic event, and not the history of prior trauma. Any person, even the strongest, healthiest individual, can be traumatized by a sufficiently strong traumatic event.

## How can a woman recover from a traumatic birth?

Before the healing process can begin, the mother will first have to overcome the enormous societal pressure on women to be happy with their birth experience and to put their baby's health and needs before their own. Many new mothers after a traumatic birth frequently disregard their own symptoms and are reluctant to admit to a negative birth experience. When they talk about their birth, they often have difficulty discussing its negative aspects and feel that it's necessary to follow each negative comment with assurance that they were happy to have a healthy baby. Overcoming these societal pressures and admitting to the reality of one's traumatic birth experience is the first step on the road to recovery.

It is also tempting to avoid dealing with the trauma and try to just "move on" and forget about it. In fact, this is the most frequent advice the traumatized mother is likely to receive from well-meaning but poorly informed relatives, friends and health-care providers, who may become impatient and even angry with her for "dwelling on the past too much". But there is no way to begin the healing process without thinking about the trauma. And without healing, the trauma will remain unresolved, which can be devastating. Unresolved trauma can lead to depression and addictions. It can take a big toll on family life and interpersonal relationships. It can trigger real physical pain, symptoms, and disease. And it can lead to a range of self-destructive behaviours.

Only when the mother has acknowledged her traumatic birth experience will she be ready to start on the road to recovery.

## Once it has begun, the process of healing tends to proceed in three stages.

**The first stage** consists of **remembering the birth** and reconstructing it mentally.

The initial memories of a traumatic birth are likely to be fragmented and disconnected. Frightening feelings and images of the birth may be remembered with no time or context attached to them. It may be difficult, if not impossible, to remember the sequence in which they happened and there may be huge unaccounted gaps of time between them. This is normal and is how all traumatic memories work. The process of trying to connect these memories, fill in the gaps, and mentally construct a coherent story of what happened is healing in and of itself.

The most important thing is to allow as much time as necessary for this stage of recovery and to keep in mind that remembering and reconstructing the events of a traumatic birth takes a huge toll on the mother's emotions. To succeed with this slow, incremental and often painful reconstructive process the traumatized mother needs a lot of determination, patience, and deeply supportive personal interactions with

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other trusted, understanding individuals.

**The second stage** consists of **feeling the emotions** associated with the birth.

One of the most common feelings associated with trauma is **fear**. In the aftermath of trauma, fear can be continuously present. The mother may feel a persistent sense of fear that does not seem clearly related to the present. It may also seem unrelated to any particular memory or traumatic event. Unless the mother identifies the origin and source of this fear and understands how the traumatic events during the birth came about, the fear will probably remain nebulous and undifferentiated, causing her a sense of constant anxiety and vigilance.

Another common emotion is **anger**. Anger at what happened and the suffering it caused is one of the most natural reactions to trauma. But many people fear anger; and women, in particular, often "forbid" themselves to feel anger because it is generally not acceptable in our society for women to be angry. Needless to say, suppressing anger does not make it go away but only makes it stronger.

**Grief** is also a common emotion. It is a natural, necessary response to trauma, because trauma inevitably involves a big loss. The grief needs to be experienced at a deep, profound level, in order for it to eventually subside and allow the mother to move beyond it.

**The third stage** involves achieving a sense of **empowerment**.

Achieving any degree of recovery, as slow or as partial as it may be, is hugely empowering in and of itself. It is easy to neglect the progress that has been made and, instead, look at what remains to be done until "full recovery" is reached. There is no such thing as "full recovery" in the sense that the traumatic experience will always be part of the mother's past.

Harnessing one's rage about the traumatic birth is empowering too. The mother is entitled to feel rage at whatever pain, injustices or abuse she may have suffered during her traumatic birth. She can use this rage as an energy mobilizing her to do something to change the societal or medical system that contributed or led to her own birth trauma and to try to help other women recover from their own birth traumas.

Many women start working as doulas after going through a traumatic birth, in an attempt to help other women avoid going through the same kind of trauma. Any action the

# childbearing

mother takes is empowering because it counteracts the sense of helplessness that was part of her trauma in the first place. By definition, during trauma a person is rendered helpless and becomes immobilized in a "freeze" response. By helping others, or herself, achieve recovery, the traumatized mother can successfully counteract the sense of helplessness and immobility left over from the traumatic birth.

There are many ways to deal with trauma. Finding the way that works best for each individual mother and trusting herself rather than others who may advise her on "better" ways, is part of the process of her empowerment. She must be able to control every aspect of her recovery and to get back in control of her life and environment. She also needs to arrive at her own explanation of how and why the trauma occurred, and trust her own explanation more than any other, regardless of what authority the other accounts may claim. She may or may not choose to confront the people who were responsible for the trauma, pursue lawsuits or file formal hospital complaints. Whatever she chooses to do, the fact that it was her choice and she decided on it without succumbing to pressure or guilt from others will counteract the powerlessness that was forced on her during the traumatic birth.

For more information and resources on birth trauma, or to connect with women from the Vancouver area who have been through childbirth trauma, please go to: [www.vancouverbirthtrauma.ca](http://www.vancouverbirthtrauma.ca).

**Kalina Christoff** is an Associate Professor of Psychology at the University of British Columbia and a survivor of childbirth-related trauma. She is currently conducting research on women's childbirth experiences and on the factors that shape these experiences (see <http://birthstudy.psych.ubc.ca>) and preparing to teach a UBC course on Knowledge in Birth, an undergraduate course that will examine how we come to know what we know about childbirth. She is also looking for ways to raise awareness of childbirth trauma, to improve support for women who have been through such trauma, and more generally, to raise awareness of women's rights during childbirth.



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## Homeopathy for Medical Births

by Sonya McLeod

### What is Classical Homeopathy?

Classical homeopathy originated in Germany and has been in use for over 200 years. It involves the use of only one homeopathic medicine at a time to treat a variety of common health complaints, including difficulties experienced during childbirth. Homeopathic medicines are usually made from source material in our natural world such as a mineral, plant or animal. After a long, complex series of dilutions and shakings (succussions) of the source material, the homeopathic laboratories prepare the medicine in such a way that it rendered completely safe and non-toxic. Homeopathic medicines are designed to stimulate the body to heal itself.

Homeopathy means "similar medicine." Remedy selection is based on the homeopathic principle that "like cures like" - that is, a substance that would cause symptoms in a healthy person is used to cure those same symptoms in illness. For example, one homeopathic remedy which might be used in a person suffering from insomnia is *coffea*, a remedy made from coffee.

### Always Completely Safe and Non-Toxic

All of the homeopathic remedies mentioned in this article are completely safe for women to take during and after childbirth. Homeopathic remedies will also never harm an unborn or newborn baby. They are always gentle, non-toxic and have no side effects.

### Where Do I Buy Homeopathic Remedies?

Homeopathic remedies can be purchased at Finlandia Pharmacy and many health food stores. Homeopathic Childbirth Kits can be purchased from Little Mountain Homeopathy: [www.littlemountainhomeopathy.com](http://www.littlemountainhomeopathy.com)

### Remedy Potency/Strength

There is a number followed by a "C" beside the remedy name denoting the potency, or strength, of the homeopathic remedy. The higher the number beside the remedy, the higher the strength.

☞ *Sonya McLeod, BA, DCH, RCSHom, is a registered classical homeopath, who earned a 4 year diploma from the Vancouver Homeopathic Academy in 2009. She gave birth naturally at home to 2 children, now aged 7 and 9 years old. Sonya is the owner and founder of her own private practice, Little Mountain Homeopathy, in the city of Vancouver. Sonya also writes health articles for various publications, and is working on writing a book about local homeopathic remedy provings written for professional homeopaths.*



### After an Epidural, Episiotomy, Caesarean, or Forceps Birth

- **Staphysagria 30C:** The number one remedy to use after an episiotomy or c-section. The pains are sharp and worse from pressure. This remedy will also help expel abdominal gas after a caesarean. This is also a useful remedy for women who feel angry or resentful about medical procedures.
- **Hypericum 30C:** Good for shooting pains after an epidural, caesarean, episiotomy or forceps delivery.
- **Bellis Perennis 30C:** Useful after an emergency caesarean or forceps delivery, when there is deep trauma to the pelvic organs. There is deep, aching pelvic pain with lots of soreness. The #1 remedy to use for tears to the perineum (useful for healing and helps control haemorrhaging).
- **Calendula:** Use calendula ointment, applied to the incision area. Use calendula tincture diluted in water in a spray bottle, to wash the vaginal area and incisions. In addition, use **Calendula 30C** to speed healing of incisions.
- **Arnica 30C or 200C:** Give to the mother (and/or baby) for bruising from a forceps delivery or other medical procedure.

**Dosage:** Give the indicated remedy 2-3 times per day until recovery is complete. It is best to use one remedy at a time, switching to another remedy later if necessary. If two remedies are equally needed (e.g. Arnica and Hypericum) it is fine to alternate them. For example, give Arnica in the morning and Hypericum at night.

☞ Sonya McLeod

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### Question of the Quarter

**Q: How do I know if I really need a medical procedure? I'm worried about being subjected to unnecessary procedures, but also worried about refusing something I might actually need. How do we make these decisions?**

**A:** It may seem like common sense to only employ a medical intervention if it is specifically justified, that is, if there is a clear cause for it. But during labour and birth, this kind of vision can often be cloudy if not downright opaque. There are many different perspectives on when and if certain interventions are beneficial. Not all medical experts agree on their best timing and usage. In the end, the decision is always that of the mother herself. While there are certainly protocols, the final say is ultimately your own.

**So how do you decide if an intervention is in your best interest, if it would encourage or hinder your labour, or if it would help or harm your baby?**

It is useful to consider some of the possible "what if's" in advance. This allows you to research your options, and reflect on your preferences ahead of time, when you have the luxury of zero pressure and mental clarity. Discussing your options and beliefs with your partner or birth attendant ahead of time, will allow that person to better represent you in any discussions that arise while you focus on your labour. It can be useful to avail yourself of the weeks leading up to labour to figure out how you feel about different interventions, and to reflect on what circumstances might lead you to seek or accept them.

When faced with proposed interventions during labour, many families have found that asking questions helps them better understand their options. Keep asking questions until you feel satisfied that you are equipped to make an informed decision. After asking enough questions, you might decide that the intervention makes sense for you and your baby, and you can accept or welcome its inclusion in your birth wholeheartedly. If you understand the medical procedure to be something that will help your labour, or ensure the safety of your baby, you can embrace it as a positive part of your birth experience. Or you might decide that the intervention would not be beneficial for you, in which case you can turn it down. If you believe the procedure would pose unwarranted risks, or is not something you want to do — for any reason — then you can decline with confidence, trusting that you are making the best decision for you and your family.

Certainty over whether a medical procedure is justified is ideal, but just as often, it is up to you to make the final decision that best suits your own beliefs, your own philosophies, your own goals, and your own assessment of the benefits versus risks of the intervention in that moment. If it is a medical emergency, trust your caregiver and shelve those questions! But most often, **there is no clear answer, only choices.** And ultimately, yours is the one that counts.

✂ *Stephanie Ondrack*

### Some Questions to Consider When Interventions are Suggested

**WHY**

What is the reason this is being suggested?

**WHAT**

How is the procedure done?  
What other interventions does it involve?

**BENEFITS**

What are the benefits?

**RISKS**

To baby, to mother, to the labour, immediate, long term, known, and suspected?

**WAITING**

Is this an emergency?  
Or can we wait a few hours and reconsider later?

**NOTHING**

What would happen if we don't do it?

**ALTERNATIVES**

Are there any alternatives? Medical or natural?

### Carolynne Abrams, DO DPO (UK)

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# Birth Stories

## A Safe Birth

by Lalanía Schembri

**My water broke on Saturday, March 24 in the early afternoon, but labour did not start.**

I stayed in contact with my midwife and she came over to assess me on Sunday and told me of a recipe to help bring on labour. We picked up those ingredients and I started taking it.

Contractions started around midnight Sunday night (going into Monday). I tried to sleep, did a little on and off, but the contractions ramped up in intensity around 3:30am. Vince and I got up around 4:00am to start timing them properly and called the midwife around 4:30am. She came around 6:00am and I laboured at home until around 12:30pm. We tried using the pool, but it had a slow leak – I was able to be in the water for quite a bit, but it was pretty clear that the pool wasn't going to hold up. By 12:30pm I wasn't dilating past 6cm.

My midwife let us know that with how intense my contractions were, I should have been progressing more. We made the decision to go to the hospital. We got there about 1:30PM. I tried the gas, but that really didn't take the edge off enough for me. After a thorough explanation, we made the decision to have an epidural, which got put in around 2:00-2:30pm. They had to put in a catheter as well.

My husband and I were then able to rest for a while. They checked again in about 2 hours and I still hadn't dilated past 6cm, and he wasn't rotating to the right position.

Next they suggested I try oxytocin to try to strengthen my contractions. At this point they put the scalp monitor on the baby to monitor his heart rate. There was some concern because his heart rate would reduce quite a bit during a contraction, especially if I were on my right side or my back. I tried going to my hands and knees to see if he would rotate in this position. I was able to stay like that for only about 20 minutes. Because of the heart rate issue, they stopped the oxytocin for a

bit and checked his oxygen level. It was still okay and we decided to try more oxytocin until 9:00pm.

During that time my temperature started rising, indicating a possible infection. Since I still wasn't progressing beyond 6cm, and he still wasn't rotating, and there was the possibility of infection, we made the decision to have a caesarean. They prepped me and transported me to the operating room. The anaesthetist explained that the side effect of the anaesthetic would be uncontrollable shaking. I would have to say that that was the worst part physically of the whole day. I couldn't hold my baby when they put him on my chest.

By 10:13pm he was delivered and they stitched me up. My husband got to see them pull the baby out and his reaction was one of pure amazement! I wish I had been able to film it! We then went into recovery where my midwife helped me try to get the baby to latch, which he did for a few minutes. He then had to go to the nursery for a round of antibiotics. We finally got settled in our room around 2:00am that night.

It turns out that I indeed had an infection so the right decision was made for all of our safety (found that out at our subsequent midwife appointment). I do have to say that at the time I was disappointed with the situation by not being able to have the birth naturally, but our midwife and the staff at the hospital were supportive and explained everything thoroughly along the way and I never felt that I was out of control of the situation or rushed into any decisions. Looking back, the most important thing is that I now have a healthy baby boy and we are both healing and thriving.

✂ Lalanía Schembri



*Carolyné Abrams, DO DPO (UK)*

*Osteopathic Practitioner*

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## A Special Kind of Birth

by Tanis Knowles Yarnell

**I** was wrought with anxiety the weeks and days leading to the birth of my second child. It had been a good pregnancy and I was really busy with work, not to mention the toddler, such that I hadn't given the upcoming birth much thought. Not until I was overtaken by emotion at one of my regular appointments with my

Two years earlier, my first child was born after a very long and difficult labour, with almost every medical intervention that seemed possible. I had really hoped to have a natural birth, and I'd wanted to labour at home with my doula and midwife for as long as we could. We even kept open the possibility of a home birth, if it felt right at the time. But it was not to be.

After taking prenatal classes, reading about childbirth, and generally taking in what I heard about childbirth from those around me, I felt that if I just tried hard enough... and was strong enough, that I could have a medication-free vaginal birth. "I can do anything for one minute", right?

At seven days overdue and about to head off to sleep at 11pm, my hopes for labouring at home were dashed when my water began to leak with meconium. After calling the midwife we were off to the hospital for induction of labour. Thirty-two hours and two sleepless nights later, my sweet daughter Olivia was born at 7:10am on July 26, 2009, by caesarean, following an exhausting effort for a vaginal birth. I had laboured for about nine hours with oxytocin, at which point I requested an epidural as I was stalled at 5cm and more oxytocin was recommended to help me fully dilate. Olivia was posterior, so in addition to trying different positions, the OB tried an internal rotation to help her turn around. Once fully dilated, I pushed for three hours with no success. They could see Olivia's head, but she couldn't descend.

I agreed to a trial of forceps and we were off to the OR. During the transfer to the OR, having been disconnected from the epidural, I experienced excruciating breakthrough pain, parting ways with my husband when I most needed support. After 3 disturbing yanks, the forceps did not help Olivia to descend, and she was delivered by caesarean. In the nights following her birth, memories of the breakthrough pain and forceps gave me flashbacks and violent nightmares when I closed my eyes, making it difficult to sleep.

Once settled at home, in addition to the general recuperation from surgery, the catheter that I needed for 3 weeks also reminded me of the difficult birth. Despite all of these things, my wonderful midwife, Leanne, made me feel confident at every stage and decision point in the birth, my husband Pat and others provided incredible support. I can also say that I had excellent care at the hospital, with everyone working together towards the best possible outcome.

Only with the imminent birth of my second baby did I realize how much the birth of my first deeply affected me. I never really acknowledged my feelings of failure, loss of the joyful birth experience that I had hoped for, or the pain I had experienced with Olivia's birth. Instead, I had quickly moved on and embraced being a new mother to my beautiful baby girl.

Two-years later, at 37 weeks pregnant, I was surprised to feel totally unprepared emotionally for the birth of our second baby. I looked to my midwives for help. I really wanted to try for a VBAC, but was afraid of having the same experience I had with Olivia. My midwives were very supportive, and encouraged me to talk openly about my feelings. They also connected me with a counsellor, a hypnotherapist, and an acupuncturist/doula.

Leanne, the midwife who attended Olivia's birth, even went beyond the call of duty by inviting me to visit the hospital with her; that way I could remember the first birth, face my fears, and be more comfortable before returning there for the second birth. My midwives also referred me to the Best Birth Clinic at BC Women's to discuss VBAC options. After the consulting OB at the clinic reviewed my file, she said I had about a 50% chance of having a successful VBAC. Even with this prospect, I still longed for a vaginal birth. I wanted to feel my labour and immediately experience the reward of holding my baby. I believed that if the circumstances of my daughter's birth didn't recur (overdue, meconium, induction, posterior, etc.), I stood a good chance of having a successful VBAC.

I was happy and nervous when my second labour started naturally four days before my due date. I woke up with a backache and began to feel a bit crampy. This continued throughout the day, as I went for coffee with a friend and did some things around the house. Around 4pm I began to feel the cramps change into more regular contractions. They were short, but about three minutes apart. When my husband and daughter arrived home at 6pm, my contractions increased in intensity, but I was distracted by the business that a toddler brings to the house. My sister came over to help with Olivia, and at 7pm I called the midwife on-call, Andrea. She quickly arrived to check on me and the baby, suggesting things would likely pick up after Olivia was in bed and I could focus entirely on my labour.

Not long after, we felt the need for support from my doula, Steffi, who came quickly. After timing my contractions, she called the midwife and we were off to meet at the hospital. Once settled into a labour room at about 9:30pm, I was shocked and excited to find out that I was already 8-9cm dilated! So far I had been coping really well. I even thought that we would have the baby that night, with a fleeting thought of how I would get a long night's sleep afterwards; I seemed on my way to a successful VBAC! Another reason to feel upbeat was that Leanne, the midwife for my first birth, came to the hospital to be at my side again for this birth.

Despite the great start, I had made no further progress after 3.5 hours, and labour had slowed down. The lack of progress reminded me of how my first labour had stalled. Eventually, when the contractions picked up again, I found it more difficult to cope and my confidence began to wane. Panic set in. I feared, really *feared*, that even if I did finally get to pushing, the baby would get stuck like Olivia did. I asked for an epidural. Once comfortable and calm, my midwives Andrea and Leanne and doula Steffi helped me refocus.

Finally, I was fully dilated and began to push. Just like Olivia, the baby descended, but even though well-positioned this time, the head began to turn which prevented it from fully descending and crowning. I could touch my baby's soft head with my fingers; meeting each other seemed so close. This inspired me to keep pushing. We tried acupuncture, every possible position, and internal rotation. However, after 2.5-hours of pushing, my little babe had not descended any further, just like Olivia. We all

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agreed that a vaginal birth did not seem possible. I was tired and ready to meet my baby. Declining forceps this time, I was ready to proceed with a caesarean. My son Eric was born at 6:40am on August 6, 2009, weighing 8lbs on the dot. Immediately after the birth I was really happy, feeling satisfied that I gave it every ounce of effort. He was healthy, breastfeeding went well, and the complications I had after Olivia's birth (nightmares, catheter) didn't repeat themselves.

Reflecting now, I still feel sad that I couldn't birth my babies naturally and that the climatic point that brought me and my babes together was at someone else's hand. From our prenatal class and when researching birth, caesarean rates, and VBACs, the discussion seems focused on why caesareans are usually not necessary: how, if women had different care, adequate labour support, and



Tanis & Eric

avoided medical interventions, a vaginal birth should be possible. However, I know that for me, there was nothing more I or anyone else could do.

Even though I did not hold my babies as they took their very first breaths, I can treasure those happy first moments when I gazed into my daughter's eyes in the OR and again 2-years later when I first held my son. I realize that I need to change my attitude that a caesarean birth is any less special. For me and my babies, a caesarean was not avoidable, and I can hold my head high about the effort I gave and the decisions I made. While I sometimes feel like an outsider when other women talk about their vaginal birth experiences, we are all mothers and the birth of a child is a miraculous thing. Every birth must be cherished, no matter how or where it happens.

✍ Tanis Knowles Yarnell

## Jasper's Escape

by Tara Cheyenne

**O**n August 17th 2011 my husband Marc and I happily trotted off to our 38 week midwife appointment. Up to that point I'd had a great pregnancy, healthy, very active, and thankfully uneventful. All four of our midwives had examined me and thought the baby was 'almost' in position. Maybe a little posterior but that it would likely turn once labour began.

At that point I was starting to feel things shift physically. At the appointment our midwife confirmed that I'd started to dilate but and things could get rolling any time but it could be days or even a week. However she was a bit concerned that I was measuring a little big and wanted us to go for a final ultrasound to check the fluid levels just as a precaution. Great! Another opportunity to see our baby before the big day.

On Friday August 19th we went to our ultrasound appointment and were told by the technician that our baby was breech. Completely sitting up with its little feet near its mouth. In hindsight I had thought his "bum" felt very round for a bum. I went into panic mode even though the technician thought it would be 'no problem, second most common position'. We got in the car and I phoned the midwives. "Meet me at the hospital...and bring your bags". We'd planned on relaxing at the beach but things were suddenly headed in a whole new direction in so many ways. Fortunately we'd packed our birth bag that very morning and had written our birth plan: Natural Natural Natural, no drugs etc etc blah blah.

At the hospital our midwife informed us that they would likely insist on a caesarean birth (I don't want to use the word 'section' because it makes me feel queasy). As we waited for a consultation our second midwife came on shift and we had a chance to ask them both honestly, "What would you do in our situation?" Both said given the apparent size of the baby (pretty big) and my size and body (pretty small and tight — I'm a professional dancer) a caesarean would be the safest option but there was a

chance we could do a bunch of tests to see if a vaginal birth might be possible. At 7pm I was hooked up to the baby heart monitor and contraction monitor. Apparently I was having contractions that were getting closer together although all I felt was tight and very nervous. This was not the at home easing into labour with my husband rubbing my back and our doula dispensing essential oils I'd had in mind. We consulted with a very young looking obstetrician (he could have been 30, but to me he looked 17) who was diplomatic and gave us the run down on what it would take for them to even consider a vaginal birth. The baby would have to be pretty small and have its chin tipped down, my pelvis would be looked at to see if the baby's head would get through, there'd be an epidural and forceps for sure if we got that far. By this point I was so nervous I was shaking a bit and just wanting someone to tell me what to do. The head obstetrician finally saw us around 11pm and said she'd try a vaginal delivery if we wanted after all the tests. I could tell my husband Marc and our midwife didn't feel this was a great idea. All things pointed to the caesarean birth.

They gave me the option of going home and allowing labour to progress more. I still mourn the fact that I didn't do this, but I was afraid I would have a very fast labour (like my mother had) and end up with an emergency situation. So after a lot of discussion, fear, and tears it was decided that our upright baby would be born that night.

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At 12 midnight the nurse put in my IV and told me that she'd had a vaginal breech delivery and that she would not recommend it. Marc and I walked to the OR and our midwife instructed us to kiss before I went in and he went to get into scrubs. In the OR everyone was happy and chatty. The anaesthesiologist joked that instead of referring to this as a breech baby they'd been referring to him as 'contemporary dancer baby'. The spinal anaesthetic made me shake even more than I had been from nervousness. I was shaking so hard by the time Marc and the doctors came in that they could hardly keep the blood pressure cuff on me. It was such a strange feeling to be frozen from the ribs down and I felt like my lower half was all the way on the other side of the room. Without much noise or information, except some comments from our midwife the process began and I just tried to be as calm as possible while shaking out of control. Before I even knew they'd really started I looked up to see two big blue eyes, an outstretched hand and a foot over the curtain which separated my head arms and shoulders from the 'rest'. "It's a boy!" announced Marc. A boy! A wide eyed, long limbed, alert boy. He started crying and Marc went with him to get checked over. Marc started singing "Good night" by the Beatles (the last song on the white album) and Jasper (who didn't have a name at that point) quieted right down in recognition of the song we'd sung to him every night while in *utero*. And it turns out that given his head size and weight we definitely made the right choice and our little guy arrived healthy and ready for action.



I would never choose a caesarean birth if I didn't have to and I will live with the loss of not having 'birthed' my baby the way my body and spirit wanted and needed to. But it was a calm birth relatively speaking, a safe birth, and a beautiful birth. Jasper was on my breast within about 20 minutes after emerging

**Plan "C"**

by Denise & Brian Calvert

**A**fter a smooth and uneventful pregnancy, doing aerobics to 38 weeks and working until 39 weeks, Denise began to experience a thrombocytopenia, a drop in platelet levels. At 41 weeks after two more successive drops in platelet levels, rising uric acid levels and an increase in blood pressure, we received call on Thursday March 15<sup>th</sup> at 6pm from the midwife, Liz.

She suggested we meet at Women's Hospital to consult an obstetrician and retest Denise's blood composition. Results indicated another 10 point drop in her platelet level and the decision was made to initiate an induction and admit for observation. We were originally hoping for a non medical birth, and were really hoping we could have a water birth. We knew from the start of the pregnancy the labour plan is something you can not count on and agreed that this would be the best course of action for us.

Due to concern that the platelet drop could prevent an epidural option later in the process, the OB and anaesthesiologist agree that it would be wise to apply an epidural line now. A spinal block was done at 1:00am. The induction Cervidil was introduced at 2:00am, March 16<sup>th</sup>. By 7am that same morning strong contractions had begun with an interval of 2 minutes and approximately 45 seconds in duration. After eight hours of constant contractions with no sign of decreased interval combined with coupling contraction we removed the Cervidil. Similar contractions continued and dilation was measured at 4cm.

At approximately 6pm, March 16<sup>th</sup> we opted to have Denise's water broken in attempts the body's natural labour process. An

increase contraction pain and discomfort led to implementation of the epidural to manage the pain. We were then administered Oxytocin. We were checked several times in this process to see if the labour was processing at 9pm we were still at 4cm even though they kept on increasing the oxytocin. During the labour Denise also started developing a fever and the baby's heart rate was continuing to register above 165 bpm. At 11:30pm we were checked again and the baby was still not progressing. We then made the decision, given all of the complications, to proceed with a caesarean. At 12:16am on March 17<sup>th</sup>, Madeline Lily Calvert was born.



The family is really happy with this decision. Denise is glad that she laboured and has healed really well and we are also glad that we did not wait longer to have the caesarean. In the end everything worked out so we are ok with it not going to "plan".

✂ *Denise & Brian Calvert are the proud parents of Madeline Lily. They are excited to share their passion of sports, camping and cooking with Madeline.*

**Bor or Girl? Whatever!**

by Carrie Lavery

**I**t was in the early morning hours of September 2nd that everything started to happen. I was up at 2am for my usual bathroom break when I noticed some spotting. A few hours later I was up with some small rhythmic cramps and I sat and pondered if these were the beginnings of the contractions.

After resting for an hour, I woke up my husband. Making my way to the tub, I sat for the next few hours in the tub while my husband wandered in and out with his paper, pencil and a watch with a second hand.

Our birth plan had us birthing the baby in the hospital and with an epidural if the pain was more than I was able to handle. Other than that, I didn't have a vision for what it would look like. Knowing that many things were not necessarily within my control, I was of the opinion I would do what was best for me and the baby as situations presented themselves.

With contractions coming at regular intervals, we called the midwife at around 7am. Speaking with Thea, she asked how the contractions were on a scale from 1 to 10. I said that it was about a 7, but that I really didn't know what a 10 was, so maybe it was really a 3. In hindsight, I would definitely say it was only a 2.5! We said we would call her in the afternoon and let her know how things were going.

I continued to labour at home and by 9:30, the contractions were more intense and closer together. I suggested that we call the Doula and the midwife. Things then started to happen very quickly as friends came to pick up our cocker spaniel. Kudos to our great dog: despite my labour, he wasn't freaking out and was leaving me to moan and do what I needed to do. The doula and midwife arrived shortly after 11am. She sat through a few contractions and then suggested she check how far along I was. I was surprised to hear that my cervix was completely thinned out and dilated to 4cm already. My water hadn't broken, but it was quite clear that today was going to be the day!

With the option of staying at home or heading to the hospital, I opted for the hospital as they have drugs and I don't cope with pain well. We got into the car, four contractions later we made the 7km drive to the hospital. True to my husband's poor sense of direction, I had to give directions on how to get there and all I heard was 'Where do I turn??'

Once I arrived, Thea asked for the epidural, however they would not administer this until I had blood work done to check my clotting levels. I was disappointed to know that relief would be longer in coming and tried to figure out a game plan to get through the next half hour. I started to labour in the shower as water seemed to be very soothing and had the support of our doula. My husband had a hard time witnessing my labour and the pain that was occurring; he spent most of the time in the room but wasn't actively involved until the drugs came. After almost two hours of waiting, labouring and being somewhat cranky to both the doula and the nurse, I was worried that the baby was going to be coming before the drugs would. The contractions were like nothing I had ever felt before and I have a great appreciation for those folks who do this drug free; I also realized that this much pain is not for me.

I was really happy to see the 'drug' lady and once the epidural came, things were looking much better. The nurse even commented that I was quite humorous. It is amazing what can happen when you have drugs to numb some of the pain.

I had been 7cm until Thea broke my water and then I receded to 4cm. It would seem that the water had been stretching things out and without that pressure, we had a bit more work to do. It took about two hours to get to the full 10cm and we spent some time resting.

It was around 5:30 or so when we started to push. I was pretty numb but was getting the hang of what needed to be done. We had pushed maybe half a dozen times when the heart rate dropped and didn't come back up after the contraction. There were also some challenges in reading the heart rate, so they put a probe on the baby's head. With the problems with the heart rate, the OB was called in to evaluate the situation. She arrived with someone in tow, and the next thing I know the room went from being three people to twelve. There was a lot of rushing, a lot of talk about heart rates, some attempts to resolve things by rolling me back and forth, and a final decision that we are looking at getting the baby out ASAP. The options were to try forceps and failing that it would be an emergency caesarean. I received a LOT more drugs in anticipation of the caesarean. The plan was to move me to the OR in case the forceps were not successful they would be able to move directly into the C-section. It was quite chaotic and I was very concerned about how things were with the baby as the phrase I heard a lot was 'low heart rate'. Our doula was fantastic. She stood next to me at the head of the bed and let me know what was happening, what the plan was and kept telling me that the baby was okay. I don't know what I would have done without her, as she was able to calm my concerns for the baby and focus on what was about to happen. My husband was also quite distressed during this time as he wasn't sure what was happening or what to expect.

I was rolled into the OR. Our midwife and my husband were there with me and there was a lot of prep. It took them about ten minutes to move me to the table as I had no feeling from the chest down. There were two OBs who spent another five minutes 'arranging' things. I can't actually tell you what they did,

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Carrie &amp; Sofia

**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

**Mamamaven**

Consultant  
www.mamamaven.ca

**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

**Acubalance Wellness Centre**

604-678-8600  
www.acubalance.ca

**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

**Lark Doula Services**

778-839-7699  
www.thelark.ca

**Mamaspeak**

604.266.8124  
meralon@mamaspeak.com

**Community Resources**

**Information and Counselling**

BCW Breastfeeding Clinic 604-875-2424  
BCW Lactation Consultants 604-875-2282  
Bloom Breastfeeding Centre  
www.bloombreastfeeding.com

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  
Family Services of Vancouver  
1616 West 7th Ave 604-731-4951  
202-1193 Kingsway 604-874-2938  
Healthlink BC 8-1-1 www.healthlinkbc.ca  
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  
Multiples Resources www.nursing.ubc.ca/  
PDFs/TwinsTripletsAndMore.pdf

Newborn Hotline 604-737-3737  
Pacific Postpartum Support 604-255-7999  
Parents in Crisis Line 604-669-1616  
Support for Grieving Parents

BC Women's Social Work 604-875-2424  
604-875-3458  
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*

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but I do know that there was pushing and prodding after which there was a request that I push. I'm not sure how effective I was but with the fear of needing to have a caesarean, despite being numb, I pushed with everything I had. I pushed about three times and then the baby arrived. I'm pretty certain that it was not my pushing but rather the pulling of the OB that brought our baby into this world. And while it was not the calm, serene entry every mom envisions for their baby, what I do know is that by the time she arrived I was just so grateful that she had arrived.

She was placed on my lower belly with her back to me and the thing I noticed was her huge head of dark hair. Because of the complication and concern about her heart rate she was taken away quite quickly to be checked out rather than lounging on my chest. We had opted not to know the sex of the baby no one told us if it was a boy or a girl after she arrived. It was only after she was being weighed and checked over that I asked the midwife if it was a boy or girl. It wasn't until she was brought to me that I learned we had a baby girl. While I originally had leaned towards wanting a girl, at that point it really didn't matter boy or girl, I just wanted my baby to be OK.

The following moments were quite overwhelming with emotion and relief that Sofia had arrived, that she was safe and by all accounts healthy.

And this was our introduction to parenthood!

Carrie Lavery

**Class Reunion: Parents and babies of Late Autumn 2011**



**Prenatal Class Schedule** (updated May 2012)

<p><b>Healthy Pregnancy Classes</b>  <b>Content:</b> <i>Mums only class.</i> Covers nutrition, exercise, and lifestyle choices for pregnancy; screening &amp; diagnostic tests; foetal development; pregnancy discomforts &amp; remedies. <b>Crash Course For Dads</b> occurs on same nights as the Healthy pregnancy.</p>	<p><b>2 sessions</b>                  2 hours each   <b>Cost:</b> \$100*                  *Included free of charge with weekly series or weekend workshops.  <b>Crash Course for Dads</b> \$75  <b>Time:</b> 7:00pm – 9:00pm</p>	<p><b>Location:</b> <i>Mount Pleasant Neighbourhood House</i>                  800 East Broadway   <b>June</b> Th 14 &amp; 21 Jun  <b>August</b> Th 9 Aug*                  *note that August is a one-day only course that runs from 6:30-9:30pm; cost \$60</p>
<p><b>Evening Series</b>  <b>Content:</b> Normal labour &amp; birth; relaxation, positions &amp; coping skills for labour; medical pain relief, interventions &amp; procedures; postpartum; breastfeeding; early parenthood; newborn care. Includes handbook and CD.</p>	<p><b>14 sessions:</b>                  7 Evening classes (2hrs ea)                  2 Healthy Pregnancy sessions                  1 Postpartum Reunion                  4 Postpartum Classes                  (option: 8 additional postpartum classes for \$60 more)   <b>Cost:</b> \$275                  (\$335 includes full PP series)</p>	<p><b>Time:</b> 7:00pm – 9:00pm  <b>Location:</b> <i>Mount Pleasant Neighbourhood House</i>                  800 East Broadway   <b>Mid-Summer</b> T &amp; Th 10-31 Jul  <b>Late Summer</b> W &amp; F 8-29 Aug  <b>Early Autumn</b> T 21 Aug - 2 Oct  <b>Autumn</b> Th 20 Sep - 1 Nov  <b>Mid Autumn</b> W 17 Oct - 5 Dec  <b>Late Autumn</b> T &amp; Th 27 Nov - 18 Dec</p>
<p><b>Weekend Workshops</b>  <b>Content:</b> Same as for weekly series; slightly condensed format: breastfeeding not covered, but cost includes Friday or Monday night breastfeeding class. Handbook &amp; CD included.</p>	<p><b>10 sessions:</b>                  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)   <b>Cost:</b> \$275                  (\$335 includes full PP series)</p>	<p><b>Time:</b> Sat &amp; Sun 9am - 2pm OR 3-8pm                  Monday 7-9pm  <b>Location:</b> <i>at instructor's home Victoria &amp; 16th</i>  <b>June</b> 9 - 11 June  <b>July</b> 14 - 16 July  <b>August</b> 18 - 20 August  <b>September</b> 15 - 17 September  <b>October</b> 20 - 22 October  <b>November</b> 17 - 19 November  <b>December</b> 15 - 17 December</p>
<p><b>Breastfeeding only</b>  <b>Content:</b> Covers breastfeeding basics; troubleshooting; breast pumps &amp; returning to work; special needs; colic</p>	<p><b>1 session:</b> Monday Night                  2 hours   <b>Cost:</b> \$50*                  *Included free of charge with weekend workshop</p>	<p><b>Time:</b> Monday 7-9pm  <b>Location:</b> <i>Mount Pleasant Neighbourhood House</i>                   As above, Monday nights only</p>
<p><b>Another Birth: refresher class</b>  <b>Content:</b> 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 1<sup>st</sup>.</p>	<p><b>1 session:</b> Saturdays or Sundays                  4 hours   <b>Cost:</b> \$110*                  \$90 for Childbearing Grads   <b>Time:</b> noon – 4pm</p>	<p><b>Location:</b> <i>at instructor's home Victoria &amp; 16th</i>   <b>July</b> Sun 29 July  <b>September</b> Sat 29 September  <b>November</b> Sun 25 November</p>
<p><b>Breastfeeding Clinics:</b>  <b>Content:</b> one-on-one help for those who are experiencing breastfeeding difficulties any time in the first few months after birth.</p>	<p><b>1 session:</b> Saturday or Sunday                  2 hours  <b>Cost:</b> \$10                  1st session only \$5 if a Weekly Series or Weekend Workshop has been taken</p>	<p><b>Time:</b> 1pm-3pm  <b>Location:</b> <i>various: please email for location</i>  <b>23 Jun</b> 22 Jul  <b>25 Aug</b> 30 Sep  <b>27 Oct</b> 24 Nov  <b>9 Dec</b></p>
<p><b>Postpartum Classes</b>  <b>Content:</b> <i>For parents with babies who are not yet walking.</i> Covers infant feeding, sleep, safety, colic &amp; crying, attachment, and infant development, and many other topics.</p>	<p><b>12 sessions:</b> 1 ½ hours each  <b>Cost:</b>                  *Free for expectant parents enrolled in prenatal classes; 4 sessions included free with prenatal class series.                  1 class: \$10                  4 classes: \$35                  8 classes: \$60</p>	<p><b>Location:</b> <i>Mount Pleasant Neighbourhood House</i>                  800 East Broadway   <b>Time:</b> 12:30 - 2 pm  <b>Tuesdays</b> 6 March - 30 August</p>
<p><b>Private Classes</b>   <b>Cost:</b> \$20 + \$50/hour                  Minimum 2 hours. Does not include materials (optional: \$25)</p>	<p>To register, or for more information:                  (604) 878-1031  <a href="http://www.childbearing.org">www.childbearing.org</a>                   Low income rates available.</p>	<p>The <b>Childbearing Society's</b> 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>