lower mainland childbearing

8540 Elsmore Road Richmond BC V7C 2A1

No. 2, Spring 2004

Priceless

childbe The newsletter of the Lower Mainland C	
Welcome to our second issue of the childbearing newsletter. This issue is bigger and better than the last. We have introduced quarterly member profiles and we're starting with our founder, Diane Donaldson.We will also be featuring one of our doulas each quarter, and 	In This Issue: So Childbearing News: ~ Doulas, AGM, 2003 Statistics Doula Profile: ~ Cheryl Perry A History of Lower Mainland Childbearing Member Profile: ~ Diane Donaldson Birth Story: ~ Owen's Birth Caregivers we love: ~ Lee Saxell and Linda Knox Focus on Prenatal Nutrition: ~ Folic Acid and Pregnancy ~ Question of the Quarter Directory Course Calendar
for pregnancy. Please continue to send us your birth stories and questions, and let us know what you would like to see in this newsletter. A JL	Next Issue: 800 Focus on Caesarean Birth

Lower Mainland Childbearing is: Diane Donaldson, *President, Treasurer*; Aleksandra Henderson, *Teacher at Large*; Jennifer Landels, *Registrar, Newsletter Editor*; Stephanie Ondrack, *Secretary, Doula Representative*; Susan Woodhouse, *Packages*. Instructors: Aleksandra Henderson, Jennifer Landels

childbearing news

Doulas

Our **doula referral service** is now up and running, and in order to let you get to know our doulas, we're devoting a little ink each issue to one of the wonderful women who form our doula team. This issue's doula is **Cheryl Perry**, and in the next issue you'll meet **Jean Shoeber.** If you'd like to read about all our doulas, you can find us at www.childbearing.org/doulas.

New Classes at Maternal Instinct

Thanks to the folks at **Maternal Instinct** on 4th at Alma for generously donating their space so we can run additional classes. Our first series in the store will run on **Monday nights beginning April 19th**. For our complete schedule and registration information see the back page of our newsletter.

Annual General Meeting

Lower Mainland Childbearing's 30th AGM was held on March 1st. Our number of clients increased by 23% in 2003, due in large part to enthusiastic referrals from previous clients. Thank you, and keep sending your friends and family our way!

We were sad to lose Beth Beeching and Nicole Seeds due to family concerns and other work pressures and we wish them both the best in the future. We are on the other hand pleased to welcome Stephanie Ondrack as our new secretary and doula representative. All other positions remained the same, with **Diane Donaldson** staying on as President and Treasurer, Aleksandra Henderson as Teacher-at-large, Jennifer Landels as Registrar, and Susan Woodhouse continuing to put together our packages.

<u>doula profile</u> <u>Cheryl Perry: Birth & Postpartum Doula</u>

With her first pregnancy, Cheryl was engrossed with any information and resources she could get her hands on. Who knew that six years later she would be educating families, let alone herself!

Even as a small child, Cheryl had a keen interest in children and homemaking and an immense fascination with childbirth. Essentially a Doula her entire life, the decision to follow what seemed to be her life's path led her on the learning curve of a lifetime. From this she has organized tips and techniques that are efficient and easy and to understand. Cheryl is committed to helping women



and their partners take control of their pregnancy, birth and postpartum and to be proud of their enormous accomplishment.

Greatly excited with this amazing natural process, she openly welcomes hospital and home births and gently incorporates teaching, massage, hydrotherapy, visualization, breathing, confidence and life skills. She is trained through Douglas College as a qualified Birth and Postpartum Doula. Cheryl's personable, knowledgeable and upbeat nature is sure to bring comfort and reassurance to any birth!

Qualifications:

- Norking on Birth Doula Certification through DONA
- 80 Birth Doula Training Course (Douglas College)
- » Postpartum Doula Certificate (Douglas College)
- 80 Mother of two

Statistics

As well as our registration stats, we were also able to present birth statistics at our AGM for the second year in a row. Of the 90+ births we received statistics on, here are some quick numbers:

- 89 35% of our mothers had unmedicated births
- 🔊 35% hired doulas
- ∞ 7% had homebirths
- 80% had vaginal births

- ∞ The ratio of girls to boys was 44:43
- 80 7% of boys were circumcised
- 89 99% were breastfeeding at the time of the postpartum reunion.

We hope to be able to bring you more interesting facts and figures as we compile them throughout the year. If you'd like to view our entire statistics report for the year, send a request to <u>registrar@childbearing.org</u>, or telephone (604) 878 1031.

Congratulations to the winners of our Registration Draw, **Janice and David Mandara**, who received \$25 off the cost of their prenatal class series. To enter the next draw, send us your online registration request before **May** 1st 2004, and write "Newsletter Registration Draw" in the last field of the form, or mention the draw when you register by phone.

A Brief History of Childbearing

The Lower Mainland Childbearing Society was founded in the Fall of 1973 and held its first classes in January 1974. The impetus for forming **Childbearing** came from the founders, Ann Smith, Sue Yardley, Ann Clarke and myself, having had unsatisfying teaching experiences in a less well-run organization.

Frequent meetings were held in each others homes during the Fall of 1973 to formulate a progressive curriculum and a process of gaining credibility in the childbearing and medical community.

It was and exciting and promising time in our lives as young teachers and mothers. Together we designed classes that far exceeded the scope of those that we had attended prior to our first births. These early months were not without stress, however, because our newborns preschoolers and also attended all meetings, creating temporary chaos.

We teachers were deeply grateful to our partners who were instrumental in setting the organization on a clear path. Jonathon Yardley was the president, Cliff Smith, the Vice-President and constitutional expert, and David Donaldson the Treasurer. Ann Smith filled the role of Secretary and Teaching Assistant, with Sue, Ann Clarke and myself as teachers. With a concise constitution. double-entry bookkeeping, efficiently run and minuted meetings, and a reliable board of local advisory health professionals we forged ahead.

To buy necessary learning aids, each founding family put in \$200 that we could ill afford on our reduced incomes – we were all students or had joined the workforce late after prolonged studies.

Our classes opened with ten couples in January 1974: an encouraging start. It was clear that we were speaking for women and families who wanted more control over their birth settings and the practises of their caregivers; who wanted skills to cope with pain; and who wanted to participate in an unmedicated birth with as few interventions as possible. Some of these goals have shifted over time, but families attending our classes still want to acquire adequate knowledge for informed decision-making, skills for the perinatal period and beyond, and autonomy during birth.

fill Classes continued to throughout the seventies and eighties, and were taught from the Unitarian Church of Vancouver, and Sexsmith and Bavview Community Schools. During the past five summers we have also taught from the Shaughnessey site of BC Women's Hospital. In 2001 we added weekend workshops to our schedule to accommodate a growing demand for condensed classes, for which Aleksandra Henderson generously donates her home.

We have educated dozens of teachers over the years and, in 1985, were instrumental in forming the Childbirth Educators Certificate Programme at Vancouver Community College to educate beginning childbirth teachers. I became the second tutor and coordinator of the CBE programme in 1989 at VCC and moved with the programme when it was taken over by Douglas College, where I continue to work in the same capacity. The programme ensures that Childbearing and dozens of perinatal education groups across Western Canada will have a source of well-educated teachers in the future. For the twelve past years **Childbearing** has required that our teachers have a childbirth education credential.

The longevity and harmony **Childbearing** experiences stems from the security of working in a democratic. idealistic. and accountable organization. It has been greatly rewarding for me to witness the dedication of our talented teachers and the enthusiastic participation of the families attending our classes over the past thirty years. I am particularly grateful to Jennifer Landels and Aleksandra Henderson who currently shoulder the greatest workload with cheerful good will. **A DD**

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<u>by Diane Donaldson</u>

childbearing profile: Diane Donaldson, RN, CBE

President & Treasurer



Diane Donaldson has more than twenty-five years of experience as a childbirth educator within the lower mainland in a variety of hospital and community settings.

A nurse and mother of two, she co-founded **Lower Mainland Childbearing** in 1973 and the Childbirth Educators Certificate Programme at Vancouver Community College in 1985. She became the coordinator and instructor for the CBE Programme in 1989. In January 2001, the Childbirth Educators Programme moved to Douglas College where Diane continues as coordinator and instructor for the students enrolled.

During the past fifteen years, Diane has written a variety of curricula and independent study modules for childbirth educators, nurses and perinatal outreach workers.

As a perinatal nurse she has maintained her clinical skills by working in the delivery suites and postpartum areas of Saint Paul's Hospital and at BC Women's Hospital for the past twenty years.

She has presented workshops to childbirth educators and nurses in British Columbia, Saskatchewan and Manitoba.

Her commitment to childbearing families and their educators is a lifelong passion and finds her involved in many ways as an advocate for the highest quality perinatal experience for all involved.

Focus on:

Question of the Quarter

Q: I'm hearing so much these days about "Atkins", "South Beach", and other "Low-Carb" diets. What implications, if any, do these kind of eating plans have during pregnancy?

A: Although there are some beneficial aspects to the diets you mention, I would hesitate to recommend them wholesale to any pregnant woman for the primary reason that they are designed for weight **loss**, which is the opposite of your goal in pregnancy. That said, the good advice you can take from Atkins, Agatson *et al* is to increase your protein intake and decrease the amount of sugar and processed (white) carbohydrates.

The troubling aspect of some low-carb diets is the limits imposed on fruit and vegetable intake. While it's true that fruit and especially fruit juices are high in naturally occurring sugars, remember that your baby depends on glucose for growth and a low-carbohydrate diet may not provide enough energy for foetal growth. Furthermore, the vitamins and phytochemicals contained in fruits, vegetables and whole grains are important for you and your baby.

In pregnancy you do have a slightly higher protein requirement than you normally would, and lean meat, fish (with the exception of sushi, and a limit on tuna and swordfish), poultry, eggs, dairy, pulses and legumes are excellent additions to your diet. A bonus of being pregnant is that your baby helps you use up dietary cholesterol.

Processed carbohydrates such as white rice, white flour or sugar are empty calories and should be avoided by everyone, pregnant or not. Your slightly greater need for calories -- about 300 more per day -- than a non-pregnant woman can best be gained from whole food that contains valuable vitamins, minerals and fibre (the latter especially important in easing all-too-common pregnancy constipation).

There are a number of products on supermarket shelves these days with Atkins logos and "carb counts" on their labels. Before you buy any evaluate them as you would any packaged food: assess the ingredients for trans fats, preservatives, sugar substitutes and other additives, and consider how processed the food is. In general, the farther foods come from their origins – that is, the more processing they've been subjected to – the fewer benefits they bring.

Bottom line: a diet heavy in fresh fruit and vegetables, with moderate amounts of quality protein, a variety of whole grain foods, and the addition of healthful fats such as olive and flaxseed oil, is the best bet for promoting your and your baby's health.ca JL

If you have a question for us, send it to <u>registrar@childbearing.org</u>.

childbearing Prenatal Nutrition

Foods High in Folic Acid

By Nicole Seeds What Is Folic Acid?

Folic acid, sometimes called folate. is a B vitamin (B9) found mostly in leafy green vegetables like kale and spinach, orange juice, and enriched grains. Repeated studies have shown that women who get **400** mcg (micrograms) daily prior to and during early conception pregnancy--until the 12th week-reduce the risk that their baby will be born with a serious neural tube defect (a birth defect involving incomplete development of the brain and spinal cord) by up to 70%.

In a typical prenatal vitamin you will usually find about 600 mcg of folic acid. It is recommended that 400 mcg of folic acid be taken daily from the time of conception until at least the 12th week of pregnancy.

Folic Acid Levels in Foods

Like many vitamins, folic acid can be easily destroyed by cooking. Try steaming or stir-frying vegetables which have high levels of folic acid, or cook them in the minimum amount of water.

¹ /2 cup lentils	184 mcg
¹ / ₂ cup peanuts	106 mcg
4 spears asparagus	88 mcg
1 cup cantaloupe	27 mcg
1 med boiled egg	22 mcg
1 med papaya	115 mcg
1 cup of orange juice	109 mcg
¹ /2 avocado	88 mcg
1/2 cup peas or broccoli	75 mcg
	on MC



<u>Owen's Birth</u>

On Friday, November 21st

at 12:30 p.m. (just as I was about to leave the house) with a little popping sensation and a small gush, followed by an intermittent trickle, my waters broke. Besides this I had no other signs of labour. A call to our midwife, Susie, assured me I would likely be in labour by morning but to keep her up-to-date. All in all I felt quite calm and busied myself by getting together our bag(s) for the hospital (I had been procrastinating). By 4:00 p.m. Justin had returned home from work and we decided to lie down and rest for a little while trying to decide if we should cancel our dinner plans with friends. No sooner did I wonder out loud "I wonder what a contraction will feel like" (4:10) did I find out. Much like a stronger, longer braxton hicks and somewhat more painful than I thought they would start out being, but all the same bearable.

At this point we decided to cancel our dinner plans (saying that I was feeling "tired") and instead take a walk to the local video store to pick up a movie (A Mighty Wind) thinking that things would continue to progress slowly and this would be better than night television. Friday My contractions continued on this way at approximately 20 minutes apart though growing longer and stronger until about 6:30 when they became considerably more intense and were now anywhere from 3 to 5 minutes apart. The rapidity intensity and of the contractions had begun to make me a little nervous. I found myself doubting that this could be labour (though what I thought it could be I don't know), it seemed to be happening too fast and it was already nearly impossible to carry on doing anything during a contraction.

A call to Susie assured us that things were going fine and she said she would be over within the hour to see how we were doing. Well it seemed this was it so we frantically scurried around trying to finish packing everything (tip: never leave it until you are in labour to decide what you would like to wear home from the hospital ... it must have taken me a good three contractions to get that outfit in the bag).

Bv the time Susie arrived contractions were strong enough that I had to stop her more than once while she was checking me to roll over and breathe through them. I had been partially dreading this point ... fearing she would tell me that I was hardly dilated but by 8:30 I was already at 5 cms. She then asked if we wanted to head to the hospital or wait a little longer at home. We decided to go while the going was good ... although I already couldn't imagine how I was going to even make it to the car let alone all the way to the hospital without being able to get on my hands and knees or onto my side. The ride to the hospital did prove to be quite difficult as it was the only time I felt I really had to deal with the contractions by myself. However "99 Luftballoons" came on the radio as we were driving (thanks to Telus for that song making a comeback) and along with it my dearly departed Opa (grandfather) joined me for support the rest of the way.

Getting settled at St. Paul's was a small trial. We hadn't planned on having a vehicle for the birth so hadn't really rehearsed this part. We did however manage to get checked in at emergency and take а verv uncomfortable ride in what are by far the worst wheelchairs I have ever seen (who designs a wheelchair like a shopping cart?) to maternity. (I should mention that the elevator ride was the only time that Justin seemed anxious and consequently the only time I had to tell him to shut up. (2) Susie was waiting for us as we got to the maternity ward though, and we then settled into a great room at the very end of the hall.

While Justin went to move the car to the underground parking Susie ran the bath for me and by the time it was ready he was back and unpacking our things as I settled into the warmth. I then spent the next hour and a half labouring in near darkness to Portishead, Leonard Cohen and a little No Doubt. (J decided "You can do it" would be inspirational). Through all of this both Justin and Susie were right

childbearing by Amanda D'Iorio



Snoozing Owen – a few days old

there to hand-hold, comfort, encourage and use the doppler to make sure baby was doing fine.

I eventually got tired of being in the water and spent some time labouring upright on the toilet before moving to the bed where hanging over the head on my knees seemed to work reasonably well. Just before midnight Susie offered to check my progress again. Lo and behold we were now at nearly 8 cms and, seizing a lucid moment on my behalf, she made eye contact and asked the loaded question "Do you want this next part to go quickly?". Well what could I say? "No I want to drag this out" didn't really seem like an option. She then told me that she wanted me to get some clothes and socks/slippers on (I had the best labour socks by the way, cute blue knit socks with little nubs on the bottom ... these will remain my prize possession for some time) and walk the hallways, using the wall railings to go into a squat during contractions. (I also recall her saying that I would be going through transition soon and remembered everything our prenatal instructor, Jennifer, had said about this.) Definitely the thought "you are crazy lady" ran through my mind, but having complete faith in her I got dressed and wobbled out into the light.

This was by far the hardest and most surreal (though quite lucid) part of my labour. I recall looking at the board of newborn pictures in the hallway outside the visitor area (it was after midnight so thankfully quiet) as well as feeling completely at a loss as to how I was going to continue doing

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this. This is also where I committed the most foolish of my labour behaviour, actually banging my head repeatedly during a contraction or two against the little wall railings in complete and utter frustration (felt very silly the next day when I felt the bruise.) Justin tells me were only out walking around for 20 - 30 minutes. but it definitely felt like an eternity to me.

Back in the room Susie told me I still had a little lip of cervix that wasn't quite out of the way but that I could try pushing and she would see if she couldn't manouevre around it. I spent a bit of time hanging over the top of the bed but didn't feel right there. I decided I wanted to go back to the toilet, this just seemed like a secure place to me. Unfortunately while I was more comfortable, after some more Doppler monitoring it became obvious that baby was not liking it and back to the room we went. Our first motherson disagreement! I didn't feel very effective pushing on the bed and when I mentioned I would like to squat Susie suggested using Justin as support. I was skeptical at first but really wasn't in much of a fighting mood.

So with Justin sitting in the chair next to the bed (ugly blue vinyl fold out thing) I was able to rest between pushing on his knees and then use his knees and truth be told mostly him holding me up to push in a full squat. Meanwhile Susie applied warm compresses to the perineum and kept encouraging me to "push into the pain", a psychologically hard thing to do but the desire to have my baby in my arms was powerful incentive.

The nurse was now getting things ready for baby's arrival and Susie had adjusted the mirror so I could see all the progress ... something I had no idea I would even want but was incredibly helpful along with being able to see that first bit of his head ... hair and all! My arms were tired, my legs were tired, the pain was incredible but as his head came out it already was all worth it. It seemed like forever before I had a contraction between his head and body's arrival but then he was out and lying there on the floor in front of us. Owen William Robert Jefferies was born at 2:11 am on 11/22/03 weighing 6 lbs. 11 oz.

We spent that night in the hospital (tip for anyone delivering at St. Paul's ... bring diapers ...cloth, disposable whatever you want but the ones they provide you with there are an absolute nightmare, ancient pins and all) and were let go after lunch the following day.

We are all happy and healthy at home now, and enjoying our time as a family. I have to say that the entire experience was by far the most incredible of my life and I am so

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grateful to everyone who made it possible. It would have been impossible (for obvious reasons) without Justin who did everything with me every step of the way these last nine months and was so strong all through the labour and delivery. I was also incredibly lucky to have a great prenatal instructor, Jennifer, who not only did a great job of preparing us both for this event but also encouraged us to see a midwife when we weren't happy with our doctor. Which brings me to our midwife, Susie, who though we only came to her at 36 weeks made all the difference in the world. It was her incredible calm guidance and constant reassurance that made this exactly the labour and birth that we had wanted (without so much as the of drugs mention or medical interventions). There doesn't seem to be thanks enough for what she did for us. I cannot advocate midwifery care more strongly!

Now, this bundle who has been lying peacefully in my lap through all this typing is stirring....off to feed. *Amanda D'Iorio*

Send us your birth story – whether it's a page or a paragraph – and we'll try to print it! Submit to: reaistrar@childbearina.ora

Caregivers We Love: Lee Saxell & Linda Knox

Love" column, I thought I would start things rolling by 'fessing up about my own faves. Linda and Lee, both of the Midwifery Group on Main Street were my midwives during my twin pregnancy – not that they or I knew it was a twin pregnancy for the first thirty-six weeks or so.

Before the high-stress revelation that there were two foetuses playing hide-and-seek beneath my rib-cage I had known exactly how my birth would go: at home, in a pool, with two competent and caring midwives who were as comfortable with a homebirth as I was. We even had a dressrehearsal at seven months, when I was doula at a homebirth with Lee and Linda. When I saw Lee roll up her pantlegs and climb into the pool to get a better angle at protecting the mum's perinium, I knew I was in good hands.

However, the discovery of an extra baby in my belly threw all my plans out the window. I was devastated, not so much at the prospect of two babies, though that was terrifying enough, but at having to have an obstetrically managed, high-tech, hospital birth. Fortunately, I was far enough along in my pregnancy – 36 weeks is considered term for twins – that Lee and Linda were able to continue as cocaregivers, although I also needed to by Jennifer Landels

visit an obstetrician who would attend the birth as well.

My marvellous midwives took all the administrative details off my shoulders: transferring me from my previous backup hospital, BC Women's, to St Paul's where I could have single-room maternity care despite my "risk" status; arranging an appointment with their favourite obstetrician, Matthew Bagdan; and conducting the remaining prenatal visits at my home instead of their office. They went to bat for me when my birth plan raised eyebrows (and possibly hackles) with the obstetrics and paediatrics departments at the hospital, and backed my choices all the way.

Most important was the emotional support they provided. They listened sympathetically when I whined about losing my homebirth and fretted about coping with twin newborns and a three year old. Lee provided me with armloads of books on twins, and found a postpartum doula for me.

My birth, as it turns out, was fabulous. Although only one midwife needed to be there for a hospital birth, they both came. Linda helped me catch Eleanor, the obstetrician did a breech extraction for kabel, and Lee took marvellous photos of the whole event which I will treasure forever. Even the charting they did in hospital

Business Directory

Maternal Instinct Room For Two Maternity Apparel

was warm, personal and meaningful:

favourite.

milk

dinner!

heart. 🙉

"Kate gives Mum a kiss" is my

from postpartum visits, they provided

phone support with recipes to increase

paediatric consults which saved me the

hassle of visiting a paediatrician. On

top of all this, at an early postpartum

visit, they brought us something all

parents of newborns are grateful for:

always occupy a special place in my

These two wonderful midwives will

Jennifer Landels

supply

Their care didn't stop there. Aside

and

second-hand

childbearing

Now it's your turn. Tell us, in anything from a sentence to a full page, who your favourite caregiver is, and why. We'll publish as many rave reviews as we have space for, so send them soon to:

Caregivers We Love, 8540 Elsmore Road, Richmond BC V7C 2A1 or: registrar@childbearing.org

604-738-8300

604-255-0508

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3673 West 4th Ave 1409 Commercial Drive

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MATERNAL INSTINCT Urban Maternity Wear

Active Wear Yoga Casual & Dressy Fashions Corporate Apparel Mothers-To-Be • Post-Natal • Nursing

3673 West 4 th Avenue	Tel: 604-738-8300
Vancouver, B.C.	www.maternal-instinct.com

Community Resources

Information and Counselling	
B.C. Women's Breastfeeding Clinic	604-875-2424
B.C. Women's 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)	604-872-6757
Family Services of Vancouver	
1616 West 7 th 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 Program , BC Women's	604-875-3458
La Leche League	604-736-3244
Newborn Hotline	604-737-3737
Pacific Postpartum Support Society	604-255-7999
Parents in Crisis Line	604-669-1616
Post Caesarean Birth Support	604-433-5827
Support for Grieving Parents	
Rob & Jill Mullen	604-986-5012
BC Children's Social Work 604-875	-2345 Ext 7358
BC Women's Social Work 604-875	-2424 Ext 6161

Your Business Here!

Childbearing is accepting a limited number of advertisements from select family-friendly businesses.

To place a business-card ad or a directory listing call Aleksandra at (604) 876-8313

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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 audiocassette.

10 sessions:

7 Evening classes (2hrs ea)
2 Healthy Pregnancy sessions
1 Postpartum Reunion

Cost:	\$175.
Time:	7:00pm – 9:00pm
Location:	Bayview School, 2251
Collingwo	od (in Kitsilano, at
7 th).*	
*Mid Spring	Series held at Maternal
Instinct 3673	3 W 4 th Av e
*Summer se	ries held at BC Women's
Health Cen	tre room D306

 Mid Spring:
 M
 19 Apr - 31 May

 Late Spring:
 W
 5 May - 16 Jun

 Summer:
 T/Th
 20 Jul - 10 Aug

 Autumn:
 W
 7 Sep - 20 Oct

Healthy Pregnancy Class

Content: <u>Mums only class</u>. Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies.

2 sessions Cost: *Included fre weekly series		•
workshops. Time: Location: Ba Kitsilano, 225 7 th).*	7:0 Iyview S	00pm-9:00pm School in
*August Healtl BC Women's H D306		
Apr: Jun: Aug:	Th Th Th/T	8 & 15 Apr 3 & 10 Jun 12 & 17 Aug

Th

21 & 28 Oct

Oct:

Weekend Workshops

Content: Same as for weekly series; slightly condensed format: breastfeeding not covered, but cost includes Friday night breastfeeding class. Handbook & audiocassette included.

<u>6 sessions:</u>

Weekend days (5hrs ea)
 Breastfeeding Night
 Healthy Pregnancy sessions
 Postpartum Reunion

Cost:	\$175. 9:00am-2:00pm 3:00pm – 8:00pm
Time:	9:00am-2:00pm
OR	3:00pm – 8:00pm
Location: Victoria & 16th	
(instructor's ho	me).
Apr:	24 & 25 Apr

Apr:	24 & 25 Apr
May:	22 & 23 May
June:	26 & 27 Jun
July:	17 & 18 Jul
Aug:	28 & 29 Aug
Sep:	25 & 26 Sep
Oct:	23 & 24 Oct

Breastfeeding Nights

Content: <u>Mums only class</u>. Partners welcome if space permits. Covers breastfeeding basics; troubleshooting; breastpumps & returning to work; special needs; colic & sleep issues.

<u>1 session:</u>	Friday Night
Cost: *Included free of cho weekend workshop Time: Location: Victoria & (instructor's home).	7-9pm
Apr: May: June: July: Aug: Sep: Oct:	23 Apr 21 May 25 Jun 16 Jul 27 Aug 24 Sep 22 Oct

<u>Private Classes</u>

Cost: \$15 + \$30/hour Minimum 2 ½ hours.

Does not include materials (optional: \$20 extra)

Low income rates available.

<u>Doula Services</u>

We will provide you with several doulas whom you can interview and select between. Service includes:

2 prenatal home visits
continuous labour support
immediate postpartum support
2 postpartum visits
\$25 discount if taking LMCS prenatal classes.

Cost: prices are set by individual doulas but vary from **\$250** to **\$650**.

To register, or for more information, call (604) 878-1031 or visit our website: www.childbearing.org

Our Instructors, all health professionals and parents, add their extensive training and reading on subjects related to pregnancy, birth and parenting to their personal experience. All instructors hold Childbirth Education Certificates from VCC / Douglas College, and are members of ICEA, the International Childbirth Education Association. All have a love and passion for the childbearing year.