

childbearing

The newsletter of the Lower Mainland Childbearing Society

Risky Business

"Is he – quite safe?" asks Susan in C.S. Lewis's, *The Lion the Witch and the Wardrobe* as Mr and Mrs Beaver tell the Pevensie children about the lion Aslan for the first time.

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"Safe?" responds Mr Beaver; "Who said anything about safe? 'Course he isn't safe. But he's good."¹

The same could be said of birth. Though undoubtedly a far less risky proposition than it was a hundred years ago, birth, like most of life, is not and will never be completely "safe". But though we may not be able entirely eliminate the risks surrounding birth, we can address the fear that surrounds both the real and imagined risks.

With this in mind we've brought you an editorial article that takes a look at some of the real and perceived risks surrounding birth choices, as well as a useful piece by Kelli Way on handling fear. We hope this helps to calm your fears surrounding birth, somewhat. Even if it doesn't, I'm sure you feel the way Peter did: "I'm longing to see him ... even if I do feel frightened when it comes to the point."

We have two lovely birth stories this month by Shannon Ramsay and Anabella Alfonzo, and as well we have plenty of news: new babies, new clinics, new teachers, and a new online forum. We also have an obituary to share: a sad reminder that there are no risk-free guarantees in life. However, most parents agree: the joy a child brings into the world, if only for the shortest time, is worth almost any risk.

May your own births and journeys through parenthood be as safe as they need to be, as free of fear as possible, and as magical as a trip through the wardrobe.

✉ Jennifer Landels, Editor

childbearing news

Welcome Galen!

Childbearing's **Stephanie Ondrack** and her husband John are delighted to announce the birth of their third baby,

Galen Rosen Grindon

born at home at 1:30 in the morning

Friday 23 May 2008

weighing in at 8lbs 9oz

His big sisters Reve and Choral are enchanted with their new playmate.



Choral (3) and Reve (6) with their baby brother Galen

¹ Lewis, Clive Staples, *The Lion, the Witch & the Wardrobe*, 1950. Penguin edition, 1976.

NEW! Breastfeeding Clinic

If you are experiencing breastfeeding difficulties in the first few months of your baby's life, and you feel you could benefit from some one-on-one help, call immediately to reserve a space in one of our monthly clinics. If you have taken prenatal classes with us you are eligible for **one free clinic**; the price for repeat clinics, and for those who have not taken our classes is \$40 per session. Clinics take place on **Saturdays from 3-5pm at 3285 Victoria Drive.**

Upcoming dates are:

5 July 9 August 13 September
11 October 8 November 13 December

To register, contact Aleksandra at **604 562 4708**, or aleksandra@miracleofbirth.org.

Partners at Breastfeeding Classes

Beginning with the September prenatal workshop, partners are encouraged to attend the accompanying prenatal Breastfeeding Night (these are the prenatal sessions, not to be confused with the clinics above). Previously these sessions were mums-only due to space limitations. However, since support from partners can often be crucial to breastfeeding success, we have decided to move the Breastfeeding Nights to **Mount Pleasant Neighbourhood House** in order to accommodate partners. Note these classes will be on **Monday evenings** beginning in **September**. The location and times of the Weekend Workshops remains the same (3285 Victoria Drive).

Apprentice Teacher

We'd like to welcome **Molly Eitzen**, the first candidate in our new apprenticeship programme. Many of you will already have met Molly while she was assisting at our evening classes earlier this year. Her co-teaching practicum has now begun and we are excited to be adding her midwifery and parenting experience to our team.

If you are interested in our apprenticeship programme give us a call at **604 304 0201** or email Jennifer at registrar@childbearing.org.

NEW! Online Forum

We now have a private, invitation-only, web-based forum in which our current and past clients and members can share information, trade tips, discuss experiences, ask questions, and offer answers pertaining to pregnancy, birth, babies, and parenthood.

We have sent e-mail invitations to everyone who took our classes from 2006 to the present. If we somehow missed you, if we no longer have your current e-mail address, or if you took classes with us prior to 2006 and would like to join, please let us know at registration@childbearing.org, and we will send you an invitation right away. We welcome all of our graduates and old friends, whose experience and wisdom will be much appreciated by the newer parents in the forum, and we look forward to discussing a wide range of topics with all of you.

Welcome Babies!

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

<i>Alanna</i>	<i>30 Oct 07</i>	<i>Joshua</i>	<i>22 Jul 07</i>
<i>Anjali</i>	<i>14 Feb 08</i>	<i>Kaj</i>	<i>27 Jan 08</i>
<i>Annabelle</i>	<i>26 Dec 07</i>	<i>Kate</i>	<i>1 Oct 07</i>
<i>Anton</i>	<i>10 Jan 08</i>	<i>Kate</i>	<i>10 Jan 08</i>
<i>Asha</i>	<i>25 Jan 08</i>	<i>Kiran</i>	<i>27 Dec 07</i>
<i>Aurora</i>	<i>10 Oct 07</i>	<i>Larkin</i>	<i>16 Nov 07</i>
<i>Ava</i>	<i>Nov 07</i>	<i>Lillia</i>	<i>7 Sep 07</i>
<i>Benjamin</i>	<i>Nov 07</i>	<i>Livia</i>	<i>21 Sep 07</i>
<i>Bravery</i>	<i>23 Feb 08</i>	<i>Liam</i>	<i>24 Oct 07</i>
<i>Bria</i>	<i>27 Aug 07</i>	<i>Lily</i>	<i>Oct 07</i>
<i>Caitlin</i>	<i>17 Dec 07</i>	<i>Lucy</i>	<i>28 Nov 07</i>
<i>Caleb</i>	<i>15 Feb 08</i>	<i>Maia</i>	<i>31 May 08</i>
<i>Carmen</i>	<i>Nov 07</i>	<i>Magnus</i>	<i>24 Sep 07</i>
<i>Carson</i>	<i>3 Feb 08</i>	<i>Massimo</i>	<i>26 Oct 07</i>
<i>Charlotte</i>	<i>Nov 07</i>	<i>Mika</i>	<i>Feb 08</i>
<i>Clara</i>	<i>22 Nov 07</i>	<i>Monica</i>	<i>4 Dec 07</i>
<i>Dalia</i>	<i>2 Aug 07</i>	<i>Nicholas</i>	<i>11 Nov 07</i>
<i>Devon</i>	<i>17 Jan 08</i>	<i>Nicolas</i>	<i>1 Feb 08</i>
<i>Dominic</i>	<i>10 Jan 08</i>	<i>Nicole</i>	<i>20 Aug 07</i>
<i>Dylan</i>	<i>3 Dec 07</i>	<i>Oliver</i>	<i>12 Oct 07</i>
<i>Ella</i>	<i>2 Dec 07</i>	<i>Olivia</i>	<i>1 Feb 08</i>
<i>Emma</i>	<i>12 Jan 08</i>	<i>Peter</i>	<i>21 Sep 07</i>
<i>Eryn</i>	<i>26 Nov 07</i>	<i>Quinn</i>	<i>Sep 07</i>
<i>Fenton</i>	<i>31 Oct 07</i>	<i>Rosie</i>	<i>26 Jan 08</i>
<i>Finn</i>	<i>23 Jul 07</i>	<i>Sascha</i>	<i>19 Dec 07</i>
<i>Frances</i>	<i>Jan 08</i>	<i>Shae</i>	<i>17 Feb 08</i>
<i>Gwendolyn</i>	<i>20 Dec 07</i>	<i>Sidney</i>	<i>14 Dec 07</i>
<i>Hailey</i>	<i>30 Oct 07</i>	<i>Simone</i>	<i>24 Dec 07</i>
<i>Hollis</i>	<i>21 Nov 07</i>	<i>Taleulah</i>	
<i>Ivan</i>	<i>8 Aug 07</i>	<i>Xavier</i>	<i>18 Nov 07</i>
<i>Jazmyn</i>	<i>8 Feb 08</i>	<i>Zoë</i>	<i>5 Jan 08</i>
<i>Jordan</i>	<i>17 Nov 07</i>		

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

✧ Letters & Announcements ✧

We love to hear from you! Keep sending your comments on our newsletter, our classes, your birth and parenting experiences, and anything else related to the childbearing year that you'd like to get off your chest to: registrar@childbearing.org

I just received the Google invite and it reminded me that I should write to share my very sad news with you guys. My daughter Iris passed away eight days after her first birthday, on January 29th.

She developed a seizure disorder called infantile spasms in mid-November and was being treated aggressively for it with steroids (it can cause extremely serious, permanent developmental delays). Steroids lead to LOTS of side effects like high blood pressure, stomach problems, crankiness, weight gain and lowered immune system. She got a shot every other day and she saw the public health nurse every week, her paediatrician about the same and neurologists once a month. She was two months into a three-month course of steroids and was being weaned off them very slowly.

Two days before she died, she had had an increase in her anti-seizure medicine that she was being weaned onto as they slowly took her off the steroids. The day she died, she didn't wake up at her usual time, but continued in a deep sleep. We called the neurology department at Children's and we all agreed that it was probably the med increase (we'd seen the same thing in November when they put her on another drug), but that we'd bring her in by mid afternoon if she didn't wake up.

At 1pm, my mother-in-law was holding her when she suddenly stopped breathing. My husband Wayne did CPR while I called 911 (he's done lots of First Aid training, thank goodness). The ambulance was there within 5 minutes, along with the fire truck and two other ambulances, but they couldn't save her life.

We don't know why she died yet, although a detailed autopsy is being done and we hope they will actually be able to tell us something. It is



✧ Iris ✧

21 January 2007 – 29 January 2008

matter less and less as time goes by though, since it won't bring Iris back.

The neurologists that we have been in touch with were all shocked that she died. She didn't have anything obviously wrong with her brain that was causing the seizures (about 40% of I.S. is caused by tuberous sclerosis). There are very, very few deaths from Infantile Spasms, and most are from the underlying condition that is causing the seizures. Everyone was very optimistic about Iris's outcomes, because we had caught the seizures right away and she was developing fine up to that point.

Wayne and I are struggling through this, trying to celebrate the year that we had with Iris and remember what an amazing person she was. It's hard to adapt to life without Iris, she was the centre of our world. We are doing OK though, taking things one step at a time and trying to be really sensitive and nice to each other. We are getting through.

I had been meaning to write before Iris died, to thank you for all of the attachment parenting training. It was invaluable with Iris when she was on steroids because she went from being a calm, fun-loving, joyful baby to being really cranky and fussy and hungry all the time. We were able to really respond to her needs and help her though everything to the best of our abilities. I think it also helped us to recognize that something was wrong right away and to get her help when she started having seizures. Apparently kids with infantile spasms often take months before they are diagnosed. Iris had 3 seizures before she was at the hospital.

Here is Iris at her happiest, camping with us this summer at a music festival in the Kootenays.

Regards,
Alyssa Senczyn

Our hearts go out to you and Wayne, Alyssa. We are so deeply saddened that Iris is no longer here to share her beautiful smile with the world. Peace and blessings to you both.

✧

No. 16, Spring 2008

I wanted to thank you for the valuable information you shared with us in the prenatal classes and via your emails. As a mom now, I really appreciate some of this information: particularly, your comments and the articles to do with attachment parenting, such as co-sleeping, feeding baby on cue, holding baby lots, etc. I have had some people tell me that I pick Clara up and hold her too much. That I should put her down more and try to get her to sleep on her own. That if I don't do this, she'll get too used to being in my arms and won't be able to sleep on her own. I go with my gut and ignore these comments. But, there have been moments when I've started to doubt my methods. The information you shared with us and your comments have helped to remind me that I'm doing the right thing. It also helped initially in making me aware of how I wanted to be with her.

So, thank you very much. I really believe that both Clara and I are benefiting from the "attachment parenting" methods.

Michelle Thielges



I have attended the workshop and I want to say this is a wonderful class, I have learned so much, I will recommend it to anyone I know that is expecting.

Thank you very much!!

Ann Ma



I just wanted to announce to you and the rest of the class that Marnie and I had our little baby on Saturday the 5th of January.

On Saturday morn I woke up to see Marnie feeling a little off and then we invited a pile of friends and family over and recorded her contractions as they started in full effect around noon-ish. We made a huge lunch with the amazing help of Annabell, played Yahtzee for a few more hours, and by 3:30 it became pretty apparent that Marnie was ready to go to the



Marnie, Chris and Zoë

childbearing

hospital. We hit the Woman's hospital admitting room by 4:00pm and Marnie was fully dilated and her water broke as she sat down on the gurney for her initial exam. Great timing! Then ...

KA-BOOM! – They threw us into a room with lots of cool beeping machines and lights. People dressed in green clothes came in and after some truly stunning moments we had our little 'Zoë' in our anxious hands at exactly 6:16pm on Saturday. I'll tell ya guys, it was a fast and furious affair and the only word I can say about it is, well ... WOW!

Annabell was our doula and she was a sight to behold as she kept us both comfortable and in the zone the entire time, helping to create an even more exciting and awe inspiring event for us than we could have ever hoped for during the birth of our first child.

I'll tell ya folks ... Having a baby is even better than you think it will be. Honestly, I had some high hopes for this, I saw all the movies, I heard all the stories, we knew it was going to be amazing, but ... it is even better. I am still sitting here as I write this looking over at little Zoë on Marnie's lap and thinking to myself that this was simply the greatest event that ever happened to a schlub like me.

Marnie and I send out our best wishes to all of you on your upcoming babies and in also throw out a hint of jealousy that you get to experience it soon: it was that amazing!!!

'best

Chris, of Chris and Marnie fame

PS: Notes for the Dads:

1. **Just follow the orders of everyone around you.** They know best. You do not. They are smarter than you. Woman smart. You're not. Case closed.
2. **Wear plenty of pit stick (ie: deodorant)** You have no idea how badly I recommend this one.
3. **When your wife tells you to be quiet ...** I recommend that you be quiet. Take heed in my warning.

4. **Turn off your phone!!!!** Please ... I beg you.
5. **Deep breaths, man ...** deep breaths.
6. **Wear shorts and comfy clothes.** You're gonna need 'em.
7. **You're not funny.** Seriously.

Just roll with the punches and don't even think that you are in control: that's what women and doctors are for. If you follow these rules, you will have a very successful labour and birth. Have a great time guys! - Chris



Hello, all!

We are so happy to announce the birth of our healthy baby boy!

He was born at our home in Vancouver at 4:14am, May 11th (on Mother's Day!).

He is 8 pounds 6 ounces.

Anna is happy to be a big sister. Baby 'Jasper' (name to be finalized), Kara, Anna, and Bryan are all doing great!

Love,

Bryan, Kara,
Anna, and 'Jasper'



'Jasper'

Focus on:

Risk, Safety and Birth

The Safety Dance

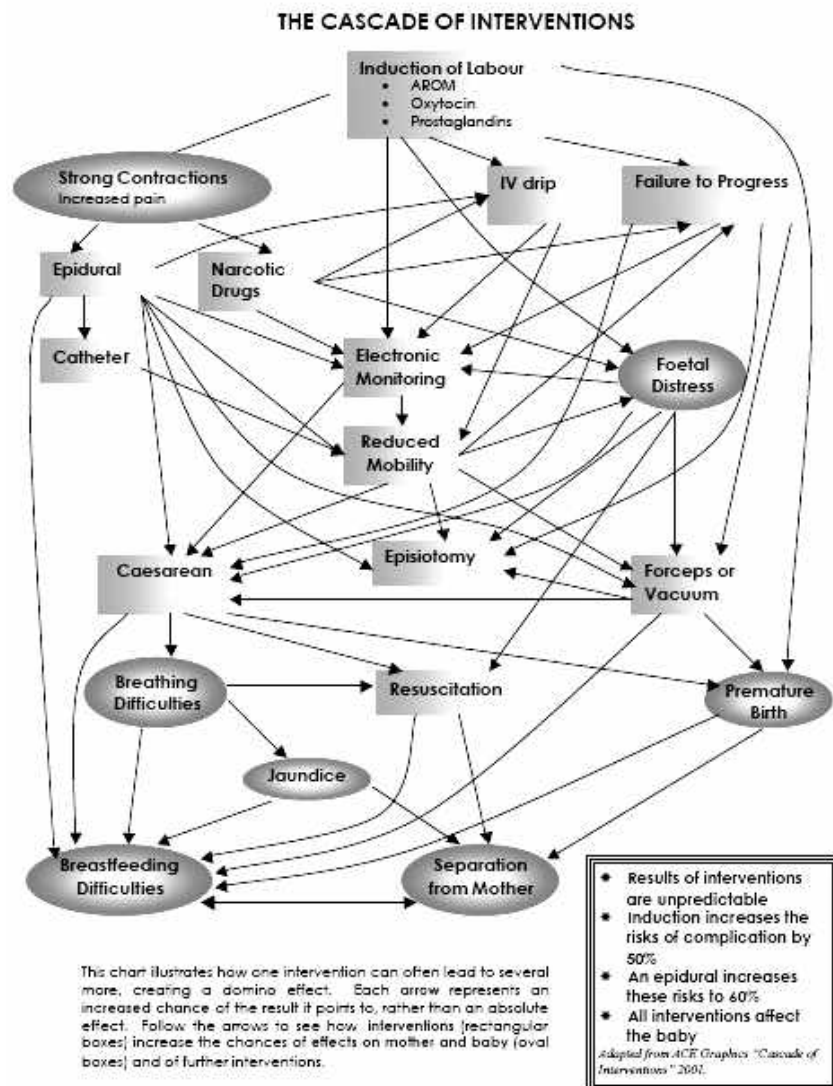
by Jennifer Landels

We are inundated with stories of risk in pregnancy. From the first "congratulations, you're pregnant!" there is a not-so-hidden message, of "now you must be careful."

We are told what to and what not to eat, and what occupations, products and lifestyle habits are harmful to our growing foetuses. When we think we've dodged all those hazards, our caregivers provide a list of screening tests, which, though they may provide eventual peace of mind, nonetheless evoke 'what-if?' anxiety until their results are known.

Then there's the birth. The vast majority of us in North America give birth in hospitals. Why? Well, in most instances, just in case, really: just in case something goes wrong and medical assistance is needed. Better safe than sorry. Pregnancy and birth, two normal, natural, physiological processes, have become medical conditions in our society, all in the name of reducing risk.

But is home birth actually more risky than hospital birth? Statistically speaking, no: not for healthy women with normal, 'low-risk' pregnancies. In fact, for women in this category, hospital births have been shown to slightly increase the rate of infection: not surprising when you consider the number of foreign pathogens potentially present in a hospital compared to the familiar bacteria of



your own home. In all other measured categories of morbidity and mortality, hospital and home births come out neck and neck as far as safety goes. But there are other risks not factored into those statistics. Women giving birth in hospital are more likely to receive medical interventions such as electronic foetal monitoring, pain medications and intravenous fluids; which can lead to more interventions such as instrumental delivery, episiotomy and caesarean birth; which in turn can lead to separation of mother and baby, breastfeeding difficulties, and a fair amount of recovery for the mother (see the "Cascade of Interventions" chart from our handbook on the previous page). None of these statistics in turn takes into account the emotional effects upon the family in the vulnerable early postpartum period.

Irony is hard at work here: we go to hospitals, in order to "be on the safe side", and by doing so expose ourselves to more risks than if we stayed at home. But let's face it: most women give birth in hospital because that is where they feel they will be most comfortable giving birth. And the best place to give birth is unquestionably the place you FEEL the safest – whether that relative safety is real or imagined. Dr Christiane Northrup sums it up nicely:

"A woman in labor is highly vulnerable. She needs to be supported in her labor by people who truly trust the birthing process. The baby is part of a woman's body and she can tune in to it. ... A relaxed and well supported woman automatically knows what to do to keep both herself and her baby safe."²

But is there more to consider when planning a birth than safety? In his book *Watch Yourself: Why Safer Isn't Always Better*, Matt Hern argues that in most areas of life, whether in public spaces or in the home, "safety" has increasingly become a trump card that overrides all other considerations, and asks the question, "is the safest thing always the best thing?"³ This question can be considered in the field of birth as well.

Fear and Birthing in BC

***Musings on the high cost of fear
by Stephanie Ondrack***

One thing I ponder is what we have given up in the name of lowering risk. In the past part of the hugely transformative experience of childbirth – and the rite of passage into motherhood – was probably the risk itself. It was a perceived journey to the edge of the abyss, even if the "actual" risk was more about the enormity of the sensations of childbirth: pain and the mind-altering hormones that accompany birth.

The USA has one of the worst records for maternal and newborn morbidity and mortality in the entire developed world.¹ And according to Ina May Gaskin, even these numbers are grossly and negligently under-reported. And yet the US has by far one of the highest rates of medical intervention during birth. So what have we really gained with all of these "just in case" measures to reduce risk? Why do we even suppose that a more medical childbirth is safer? Where did this notion come from, where is the proof, and what are the consequences of subjecting 99,999 women to unnecessary procedures to potentially save the one baby or mother who would benefit? In other areas of public health (eg vaccines) we are very willing to accept that majority outcomes are worth small minority risk, but in childbirth we seem to have zero tolerance for risk. Indeed we err on the side of subjecting everyone to "high risk" treatment just to catch that extremely rare one in ten thousand.

Stephanie Ondrack

¹ For example in the 2008 Unicef statistics, the United States is tied for 33rd (through 41st) in neonatal mortality with these countries: Belarus, Croatia, Lithuania, Malaysia, Malta, Qatar, Slovakia, United Arab Emirates.
<http://www.unicef.org/sowc08/statistics/tables.php>

² Northrup, Christiane, *Women's Bodies, Women's Health*. Heitz/Wilson Inc., 1999

³ Hern, Matt, *Watch Yourself: Why Safer Isn't Always Better*. New Star Books, 2007

While safety is no doubt an important consideration, it is by no means the only one. Postpartum surveys have shown that a woman's satisfaction with her birth experience has less to do with outcomes and more to do with how empowered and supported she felt during the process. And while a woman's birth experience may not be top on the priority list for medical personal – for the most part they are there to deal with the 'safety' portion of the equation – it is certainly of importance to the labouring woman, her partner, and her baby, especially since birth experiences can have a profound effect on postpartum adjustment.

I'm not going to suggest everyone with a normal low-risk pregnancy suddenly ditch her cultural programming and opt for a home birth. There are several reasons for this. Logistically we simply don't have enough midwives yet in the system to cope with that many home births. Secondly, the societally instilled beliefs of a lifetime are not that easy to discard simply because the numbers say we should. And finally, I think we would find if women who were more comfortable giving birth in hospital made the purely intellectual decision to birth at home, the statistics would start to show more transfers to hospital for stalled labours and other complications. Labour simply does not progress well in the face of fear.

So rather than prescribing the best birthplace for you, I encourage you, regardless of where you are planning to labour and deliver your baby, to take all necessary steps to ensure you feel comfortable and safe in your birth place. If there are fears you are carrying with you into labour, the following sidebar by Kelli Way can help you deal with them. Whatever or whomever you can bring to the birthplace to increase your sense of safety and comfort will help you – as an individual – far more than obedience to a statistical norm.

Risks abound. Life is full of them. You have taken one of the biggest risks of all by having chosen to become a parent, for as someone once said, it is the choice to forever have your heart walking around outside your body. Thank goodness the joys of parenthood are worth the risk of heartache, and the risks of childbirth.

✎ Jennifer Landels



Nikiah Seeds, CH, CD(DONA)RHN

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WORKING THROUGH FEARS

BY KELLI WAY, ICCE

It is normal for pregnant women and their partners to have many fears about the upcoming changes in their lives, and about the birth experience. Although normal, sometimes these fears cause tension and make a labouring woman uncomfortable. Here is a process for working through fears, which can be used for any fear, but it is especially helpful when anticipating birth.

1. Admit fear. Make a list of fears. Share it with your partner, friend, mother, doctor, etc.

2. Learn more about your fear. Exactly what is it? Why does this happen? How often does it happen? How might it feel? Read books or magazine articles, see videos, talk to nurses, doctors, other women, childbirth educators, doulas.

If your fear goes away, stop here. Otherwise, go on.

3. Make a list of ways to avoid your fear. Do everything you can now. Arrange to do the things that must be done later.

4. Think about the results if your fear does come true. What would happen and what are the chances?

5. Make a list of how you could cope if the fear does happen. This may take more research.

6. If your fear comes back, tell it to go away. Put your trust in God, the universe, nature, your body, or whatever. If you feel like your fear is increasing, you may want to find someone to help you. Call your hospital's social services department or talk to a therapist who specializes in pregnancy.

A few helpful hints:

- If you are afraid of an episiotomy or caesarean, remember that skin does heal. Your body is made to heal itself, and it will.
- If you are afraid of death or illness (your own or your baby's), talk about your beliefs about what happens after death. Don't be afraid to think about how you feel and what you would want to do if your baby died. Planning for the worst-case scenario will not make it happen.
- If you are afraid of pain, realize that pain is a normal healthy part of birth. What would be the result of having "too much" pain? You would not die, go crazy, or even faint. You might do something embarrassing, but you would cope. Take some time to imagine yourself giving birth without anyone there to help you. Know that you can do it without pain medications. (Not that you have to, but you could!)
- If you are afraid of not being able to trust the hospital personnel, go to meet them. Find out that they are competent and caring people. Consider hiring labour support (a doula).

Kelli Way, ICCE 1993

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Matthew's Birth

Matthew decided to announce his impending arrival right on schedule on my due date, January 26. There had been signs the week leading up that Matthew was on his way (losing my mucous plug and increasing amounts of bloody show), so I was not surprised on Saturday evening around 11 pm when I started experiencing mild, but regular, contractions. I took some Tylenol and Gravol and was able to sleep for a couple of hours before the contractions became too regular to nap through. I relaxed, read a book and surfed the Internet for a few hours to let dad get some sleep since I wanted him well rested for the day we had ahead of us. Around 4am, my contractions were three minutes apart and lasting a minute, so I woke Mike up to help with timing them. I was still able to breath through them well, but definitely needed to be quite focused and the only comfortable position was on my hands and knees in a modified child's pose. So we spent the next couple of hours on the floor breathing and rocking through each one. After two hours we called our midwife to let her know Matthew was on his way! We also called our doula so she could arrange for her back up since January 27 was the one day in January she was not available!

We continued to labour at home and at about 11am I said to Mike "I REALLY wish Beth (our midwife) was here". She arrived five minutes later ... good timing! I was three centimetres dilated at that point, and we decided to head to the hospital because I wanted to get the car ride over and done with. At that point Beth called St. Paul's, where we were supposed to deliver, and learned they were full and we were going to have to be diverted to BC Women's Hospital. I was worried at that point because I really wanted to labour in the bathtub, which is why we had chosen St. Paul's. However, Women's was not busy and we were able to get one of the deluxe rooms with a huge comfortable tub. At that point I became quite excited at the prospect of being able to have a water birth since I knew it was permitted at Women's. It was an interesting ride to the hospital, with me in the back seat, facing backwards on my knees leaning over the seat, with a bucket in front of my face because I was throwing up a lot by that point. I am sure the drivers behind us were a little confused about what was going on!

As soon as we got checked into Women's and settled into our room I got into the tub immediately and laboured there for quite a while, which was wonderful. Our back-up doula arrived and she and Mike were immensely helpful in assisting me to breath and relax through the contractions, taking each one at a time. I can't imagine having done it without them. By 1:00 I insisted on being checked again, and we learned I was only 4 centimetres dilated which disappointed me. I had a bulging bag of waters, which was preventing the baby's head from effectively dilating my cervix. We decided that Beth would break my water to try to move things along. Unfortunately when that happened



Matthew Ramsay Klose ~ January 27, 2008

there was meconium in the amniotic fluid, which meant that according to hospital protocol I had to have a non-stress test for the baby and a paediatrician would have to be present at the birth - and a water birth was out of the question (the paediatrician would not sign off on it). Thankfully the baby was fine so we were able to continue on with labouring without interventions. (I learned later that the midwife told Mike at that point that I would likely dilate a half centimetre an hour, so they'd check me at 5:00 and expect me to be 6 centimetres. I am glad no one told me that as I am not sure I would have handled that news well!) I spent a lot of time doing side lunges, since they felt so good during contractions. I also tried various positions to bring the baby down which I did not enjoy so much (side-lying, sitting on the toilet). At some point I wanted back in the tub, and not too long after that (around 4:00, although the timeline becomes a little fuzzy here) I had a sudden moment of clarity where the contractions became significantly more intense and I felt entirely unable to manage them. I discussed pain management with Beth and Mike at that point, something I had not expected to even bring up but the shift in how I was feeling was so intense and sudden I felt I needed some assistance. We tried more water in the tub and getting through a few more contractions, but it was not helping so we moved to nitrous oxide gas, which did not help much during contractions but really helped with recovery between contractions.

At that stage I was feeling like something was definitely different - I was feeling the strong urge to push - and insisted on being checked again by Beth. To

Acupuncture and Chinese Medicine
Women's Prenatal and Postpartum Care

Labour Induction	Breech Presentation
Poor Milk Supply	Cervical Ripening
Morning Sickness	Back Pain

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everyone's surprise (except mine!) I was almost 10 centimetres, with just a little lip of my cervix remaining that Beth helped move out of the way during a couple of contractions. Unfortunately I had to get out of the tub at that point. Even worse, Beth had to warn me that the paediatrician might insist on taking Matthew to examine him immediately after birth (because of the meconium), which really upset me. I just knew he was fine and healthy in there and it was so important to us that he be right on my chest immediately after birth, at least until the cord stopped pulsing. I hoped for the best and we moved to the bed to push.

I started pushing little Matthew into this world at 5:10pm (only four hours earlier Beth had anticipated I would only be at 6 centimetres, not 10 - so things had really shifted into high gear!). We spent most of our time pushing on the bed, lying on my side with Mike and my original doula (who arrived just before I started to push!) supporting my legs. After transition pushing felt GREAT (and I wasn't using the gas by then so that's not just the nitrous oxide talking!). At some point Beth determined that my bladder was in the way, so they told me I needed to go to the toilet and try to pee, which I thought was THE craziest thing I had ever heard in my life. Needless to say it didn't work, there was no way my body was doing

Santiago's Birth

Last Saturday I turned 35 weeks pregnant.

That week we'd finished our prenatal classes and it was also the last class of my second series of prenatal aquafit. That night we decided to go to the movies. As we went out to our car I started feeling menstrual-like cramps. It wasn't the first time: I was feeling them on and off throughout the week; so we got home and went to bed. The cramps didn't go away, they actually got more intense and it was very confusing as I also started to go to the bathroom frequently... (maybe something I ate?). By 3:00am, I just couldn't sleep because of the pain, and that's when I opened all the pregnancy books I had and started looking for labour, pre-labour and false labour symptoms ... I woke Arnaldo up and showed him the book: I had all the symptoms of early labour!!! It was already Sunday, March 16. So Arnaldo called the doctor, packed our bag and off we went to the hospital!

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Lillian

anything other than pushing out a baby at that point, so back to the bed it was. After 54 minutes of pushing (it honestly felt more like 5) Matthew Ramsay Klose was born at 6:04pm, with an obviously healthy set of lungs! Thanks to his immediate loud wails, the paediatrician was happy to let him be put immediately on my chest and lie there until the cord stopped pulsing before getting checked out.

Everything after that is a blur; although I do vividly remember the first thing our midwife said was, "WOW, look at how big he is!" It turned out she was right, when he was weighed a few minutes later his weight was announced as 9 pounds 13 ounces - a healthy boy! Matthew spent some chest-to-chest time with dad after getting a clean bill of health from the doctor, while I was stitched up (I had a second degree tear). He had his first meal and I had some toast which, after many hours of applesauce, bananas and juice (none of which ever stayed down), seemed like the best thing I had ever tasted in my life. We were able to leave the hospital just four hours later, so that the three of us could spend our first night together at home in our own bed. It's been a crazy, exhausting, amazing ride since then. Overall, Matthew is a happy healthy little guy and we couldn't be happier to have him!

✉ Shannon Ramsay

by Anabella Alfonzo



We got there at 5:45am. We went to the assessment room, the nurses put the foetal monitor on (they were being extra-cautious because it was all five weeks early) and by 6:30am they confirmed I was, indeed, in labour: 2cm dilated and fully effaced. We were moved to our own room.

Carol, our nurse for the day, put the monitors on again. The contractions kept coming regularly (although not at exact intervals). I was breathing through them, Arnaldo was breathing with me, offering water, etc (thanks Prenatal Classes!!!!).

Carol was very nice, the first thing she did was read our birth plan (we printed it right before going to the hospital), and every time someone new entered the room she would remind them to read it too. We would talk between contractions, and when I had one she would either stop talking or lower her voice so as to not disturb me. Even though I couldn't walk around because of the monitor, every time I wanted to change positions I just told her and she disconnected and re-connected the whole thing for me.

At around 10:30am the contractions got more intense: I couldn't do the slow breathing anymore, and it became more like panting. As they intensified, I guess because of the pain itself, I felt dizzy and had to throw up, a few times. At that moment, the baby's heartbeat got really low in the monitor, the nurses worried, called the doctor (Dr. Brown was on call that day, she was GREAT, so sweet!), they measured me again: 5cm, and because they were worried about the baby, the decision was made (by us with advice of the doctors) to break my waters and put a monitor directly on baby's head. It was all very fast and gentle, and thankfully, Santiago's heart rate was good. As I mentioned before, our birth plan was respected by everyone: we asked to be informed of any medical procedure as well as our options before taking any action, and so they did. It was great, as we felt more "in control" of the situation.

After breaking the waters the contractions got stronger, much stronger and closer together! That's when I "lost" my perception of time. It was all about the making it through "the next" contraction. At that time I felt as if I really wasn't "there": each contraction took over my whole body and mind. And then, right when we were considering the possibility of some kind of pain relief (we were talking about Fentanyl), Carol suggested measuring

childbearing


again ... and there I was: full 10cm!!!! "Do you want to push?" She said I could push!

At the beginning I really didn't know how I was supposed to push, and I was nervous about it too. Suddenly, I figured it out, and I pushed, pushed, pushed ... Arnaldo was breathing with me, almost pushing with me, holding my leg, helping with the oxygen, he was just the perfect support, the perfect husband, as always! The head started coming out, but Santi had his hand on his face, and at the possibility of a tearing, Dr. Brown suggested an episiotomy, we agreed, the head came out, next push (same contraction) the rest of his body came out.

It was so fast, so incredible and so hard to describe! There he was, Santiago, our son, out of my belly (I felt immediately empty in my belly). His umbilical cord was very tight around his leg (that's probably why the heart rate came down sometimes). The nurses took him immediately to the bassinet beside my bed, he wasn't crying but was making little noises, Arnaldo went by his side and started



Anabella & Santiago



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singing to him (a song that we usually sang to him in the belly) and he instantly recognized his voice, opened his eyes and looked for his dad, relieved! A minute after, I held him in my arms: it was amazing! I can't find the words to describe it! We put him on my chest skin-to-skin and offered the breast. He latched and suckled quite nicely!

After giving birth I felt full of energy, full of love – more than I've ever felt before. It was amazing! As if I

childbearing

never felt any pain! I got up and walked around, had lunch, talked with all my family on the phone ... all that, while cuddling and looking at my baby with the most admiration and pride for him: for the perfect little person he is, for Arnaldo, for being the best husband on earth and for myself for exceeding my own expectations. We are so happy!

✉ Anabella Alfonzo



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213 / 303, 1529 W 6th Ave, Vancouver
604-738-1502

Yaletown Chiropractic

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www.bonchiiropractic.com

Parenting

Mamaspeak

604.266.8124

meralon@mamaspeak.com

Westcoast Moms

www.westcoastmoms.ca

Community Resources

Information and Counselling

BCW Breastfeeding Clinic 604-875-2424

BCW Lactation Consultants 604-875-2282

Breast Milk Bank 604-875-2345 Ext 7607

Dial-a-Dietician 604-732-9191

Family Place (Westside) 604-738-2819

Family Place (Eastside) 604-255-9841

www.eastsidefamilyplace.org

Family Services of Vancouver

1616 West 7th Ave 604-731-4951

202-1193 Kingsway 604-874-2938

Infant and Child Seat Information

BCAA Consumer Service 604-298-2122

Safe Start Programme 604-298-2755
604-875-3458

ICAN Vancouver 604-734-4226

Post Caesarean Birth Support 604-433-5827

La Leche League 604-736-3244

Newborn Hotline 604-737-3737

Pacific Postpartum Support 604-255-7999

Parents in Crisis Line 604-669-1616

Support for Grieving Parents

Rob & Jill Mullen 604-986-5012

BC Children's Social Work 604-875-2345

Ext 7358

BC Women's Social Work 604-875-2424

Ext 6161

Twins and More Club

www.vancouvertwins.com

Vancouver Breastfeeding Clinic 604-738-1912

Volunteer Grandparents Assn. 604-736-8271

Westcoast Family Resource 604-255-9568

Prenatal Classes

Lower Mainland Childbearing 604-878-1031

Doula Referrals

Doula Services Association 604-515-5588

Vancouver Coastal Health

Vancouver Health Department 604-875-6381

Evergreen Health Centre 604-872-2511

North Community Health Office 604-253-3575

Pacific Spirit Health Centre 604-261-6366

Raven Song Health Centre 604-709-6400

South Health Office 604-321-6151

Three Bridges Health Centre 604-736-9844

Note: Your Community Health Nurse has further information on local resource

The Late Autumn 2007 Graduating Class



