

lower mainland childbearing

8540 Elsmore Road
Richmond BC V7C 2A1

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Priceless

childbearing

The newsletter of the Lower Mainland Childbearing Society

What's the hottest issue in the childbearing community these days? Without doing a formal survey I'd hazard a guess it's caesarean birth. From the declining availability of VBAC (vaginal birth after caesarean) in North America, to the controversy over caesarean on demand, surgical birth has received more print column inches and media soundbytes lately than it's seen in many years. This month's birth story features an unplanned caesarean birth; **Stephanie Ondrack's** report on what **Henci Goer, Dr Jan Christilaw** and **Kathie Lindstrom** had to say on the issue at Douglas College's *Doula Education Day*; and our own brief guide on a few of the ways you can reduce your chance of a caesarean.

In our **Caregivers we Love** section you'll find the touching letter from a mother to her newborn son, in praise of the care she received during her birth from midwife **Irene Callander** and doula **Rupinder Sohal**.

To put you in touch with each other we've added a new feature to our newsletter: the **Parent-to-Parent** column. You'll find it on page 7, after the directory. This is a great way to reconnect with your prenatal classmates and make new contacts.

Finally, the details of our **30th anniversary party** are on the news page. **We hope to see you and your babies -- from not-yet-born to thirty years old -- all there!!** ☞ Jennifer Landels, Editor

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Next Issue:

- ☞ **Focus on Sleep!**

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

Instructors: Aleksandra Henderson, Jennifer Landels.

childbearing news

30th Anniversary Party to be held at Maple Grove Park

To celebrate our 30th Anniversary we'll be holding a party at Maple Grove Park (Yew & 51st/Marine Drive) on **Saturday August 7th**. Pack yourselves a picnic and join us from **3pm to 7pm** at the picnic area. **All current and past teachers, associates, and clients**, along with their children (and grandchildren!) are invited. We have lost touch with many of you, so if you know of someone who took classes from us please pass the word along. We want to see as many of you as possible!

Postpartum classes

We are hoping to offer weekly daytime parent and child classes in the fall. Sample topics would include **colic, sleep, breastfeeding, introducing solids** and any other issues facing you as parents. We would also bring in guest speakers and have unstructured time for chatting. If you would be interested in attending these sessions, please send us an email at registrar@childbearing.org or telephone 604 304 0201.

childbearing profile:

Aleksandra Henderson, CBE

Senior Instructor, Doula

The miracle of birth has made an everlasting impact on Aleksandra's life and for this simple reason she chose to become a doula and prenatal class instructor. Her aim is to make birth an experience rather than a process.



A mother of three, she has been a doula since 1996 and in that time has attended over fifty births. In 1998 she finished her training as a Childbirth Educator through Vancouver Community College and has been teaching for **Lower Mainland Childbearing** since then.

She currently teaches all of **Childbearing's** weekend workshops out of her home, as well as taking on the occasional evening series and the training of new teachers. Her enthusiasm for birth is contagious, and she receives rave reviews from her prenatal class participants and doula clients alike. ☺

doula profile:

Jeanne Schoeber: Birth Doula

A practising Doula since 2002, Jeanne is in the process of completing her certification with *Doulas of North America*. Following the birth of her second child, and through the example and encouragement of a caring friend, she has developed a deep passion for childbirth. Put simply, Jeanne is awed by the incredible process of birth and feels that it is a great privilege to assist any family through it. She works to help couples have a positive experience of this most miraculous event.

First and foremost, Jeanne offers her clients a deep sense of understanding that began in the dramatically different birth experiences of her own children; and a compassion that has been enriched by her participation in every additional birth she has attended. She is an advocate for active labour and is knowledgeable in the ways that position changes, massage and other techniques can ease discomfort during labour. In addition, she possesses a great deal of knowledge of community resources that can help to support families and their new babies in the early weeks at home.

Jeanne believes that a family is born in the delivery room, and loves to be a part of each new beginning.



Qualifications:

- ☞ Douglas College Doula Training
- ☞ Working toward DONA certification
- ☞ Mother of two

Up-and-Coming Teachers

We're pleased to announce that **Stephanie Ondrack** and **Alli Brumwell** have both completed teaching practica for their CBE Certificates with flying colours, and that both will be co-teaching classes this summer with the aim of becoming instructors for **Childbearing**. We're happy to have them onboard and are looking forward to working together.

More Classes at Maternal Instinct

Our pilot series of classes at **Maternal Instinct** was a success and we'll be running both our summer series from this location. For schedule details, see the back page of this newsletter.

Focus on:

Doula Education Day

by Stephanie Ondrack

Stephanie Ondrack attended the 3rd Annual Doula Education Day at Douglas College on May 8th 2004. The focus of the day was caesarean birth, and the speakers were **Henci Goer, Dr Jan Christilaw, Kathie Lindstrom** and **Carol Groobeman**.

The VBAC-Lash: Lies, Damn Lies and Statistics Henci Goer

Henci Goer's books have a motivational effect on me. The topics she tackles inspire one to question routine procedures, to recognize the arbitrariness of our culture's beliefs about birth, and to see the possibility for change somewhere beyond the status quo. Experiencing Henci Goer in person packs an even stronger motivational punch. Her passion for exposing the actual research based evidence through the debris of vested interests and propaganda is contagious. She manages to discuss statistics with such enthusiasm that even I, renowned for my lack of attention span for numbers, was glued to her power point presentation, emitting oohs and aahs alongside the obstetricians, nurses, GPs and other statistically-savvy participants, as percentages and ratios appeared on the screen.

Henci Goer's main topic was the suspiciously high percentage of Caesarean Sections performed in the United States. The World Health Organization states that any number above 10% is dangerous and excessive, yet the US (and Canada) currently boasts a rate approaching 30%. She dissected the many reasons for this overuse of surgery, which included the new American College of Obstetricians and Gynaecologists (ACOG) recommendations against Vaginal Birth After Caesarian (VBAC), as well as the explosive topic of caesareans on demand. Her analysis covered a range of related issues that foster the inflated c-section rate, such as the overuse of inductions, EFM, and medical pain relief; and she also examined the concurrent underuse

Question of the Quarter

Q: *I had a caesarean with my first baby for "failure to progress". My midwife says there's no reason not to try for a VBAC, but I'm scared of another long labour that might end up in a caesarean anyway. What can I do?*

A: Take heart, there are a number of points in your favour already. Labour is generally shorter for second-time mums, and this is true even if you did not fully dilate the first time around. Remember that however far you got last time, whether it was four, six, or eight centimetres, is old hat now, and that part of labour will almost certainly be faster and easier for you.

As for the uncharted territory beyond the point you reached last time, there are a number of things you can do to decrease the likelihood of a caesarean, of which the following are just a few:

- ⊗ **Practise Optimal Foetal Positioning.** Spend plenty of time on your hands and knees, sitting on the birth ball, or sitting backwards in the chair in the last month of pregnancy. This will encourage your baby into a good birth position. Many long labours and cases of FTP are caused by poor foetal position.
- ⊗ **Hire labour support.** Studies show a 50% decrease in caesarean births when a woman has a doula.
- ⊗ **Avoid induction** if possible. Labours that start on their own tend to progress better.
- ⊗ **Stay at home as long as possible.** If your midwife feels there are no contraindications you may even decide on a homebirth.
- ⊗ **Keep well hydrated.** Dehydrated muscles become fatigued, and your uterus is a huge muscle.
- ⊗ **Eat light snacks** in early labour and drink labourade or other sweet liquids later on to keep your energy up.
- ⊗ **Urinate at least once an hour**, whether you feel the need or not. A full bladder increases the amount of pain and gets in the baby's way.
- ⊗ **Stay upright.** This lets gravity help you out as well encourages your baby to tuck her chin and apply her head to the cervix.
- ⊗ **Avoid IV's, electronic monitors, medications, epidurals** and any other intervention that keeps you in bed or prevents you from moving freely.
- ⊗ **Change position** frequently, and use an arsenal of comfort measures such as massage, breath relaxation, visualization, bath and shower to keep from getting "stuck".
- ⊗ **Trust your body and your instincts.** Do what feels good.

⊗ JL

If you have a question for us, send it to registrar@childbearing.org or 8540 Elsmore Road, Richmond BC, V7C 2A1

of continuous labour support, home births, midwives, consistent prenatal care and other aspects of care that are well proven to reduce the incidence of caesarean surgery.

⊗
***Caesarean Section in Canada:
Would women really choose it?***
Jan Christilaw

Dr Jan Christilaw presented on the c-section rate in Canada, with a special focus on BC. Her concern over the liberal use of major surgery to usurp a normal process matched Henci Goer's level of alarm. Many of their numbers coincided, such as the fact that a Caesarean birth still has a four- to seven-times higher rate of mortality and mor-

bidity. But despite many frightening similarities, the climate surrounding caesarean birth is marked by a few key differences between Canada and the States, which set up Jan Christilaw's talk as an almost essential complement to Henci Goer's. For example, ACOG does permit elective c-sections with absolutely zero medical indication as long as the mother has been 'informed' of the potential risks (although the quantity and quality of information that

perings to the contrary, the Canadian equivalent, the SOGC, maintains the position that c-sections should only be performed for a medical reason, and not as a simple matter of preference. As well, ACOG in the United States defines conditions for a VBAC that are almost impossible for a hospital to meet, thereby creating the terror of malpractice suits into any facility that considers hosting a VBAC. The result is that women are being denied the right to even attempt a normal birth because they cannot find a caregiver or a location to have one, even if they have had four successful VBACs since their one and only caesarean. In Canada, the climate towards VBACs does seem to be getting more restrictive and less encouraging, but at least women in Canada maintain the last word on their right to a trial of labour. The point that we could not fail to miss was the threat of erosion to this right, lest we fail to learn from the mistakes of our neighbours to the south.

C-sections on Demand: Informed Decisions? Kathie Lindstrom

Kathie Lindstrom's presentation was short but full of warmth and humour. She talked about the cultural influences that are leading women to desire surgery instead of natural birth. She explored the angles pitched in popular magazines and radio shows, and found that a shocking distortion of facts is being represented. C-sections are being billed as quicker, easier, convenient, painless, cleaner, and as allowing the woman to maintain a trim figure and youthful genitalia(!). None of the risks or discomforts are being addressed, nor are the potential joys of vaginal birth.

Force of Nature Carol Groobeman
The final presentation was a one-woman show entitled Force of Nature.

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And was she ever! **Carole Groobeman** put on a frenetically energetic performance that was part research and part autobiography, part comedy and part drama, and entirely entertaining. Some of the audience commented that the theatrical presentation was a very different and welcome way to communicate birth information and experience, and made an exhilarating change from the standard lecture format.

For me, the only frustration was the sense of saturation I often experience at these kinds of events, that makes me wish I could simply record the entire day and push "play" for all of my clients, friends, and anyone else who asks. My own rendition of the esteemed presenters does not do them or their insights enough justice. And when I try to describe everything I learned, I seem to resort to the usual standard, 'you really had to be there.' And you should have. It was an educational, inspirational, and highly memorable day.

Henci Goer is an award winning medical writer and acclaimed author of The Thinking Woman's Guide to a Better Birth (1999) and Obstetrical Myths Versus Research Realities (1995).

Jan Christilaw is the Head of Specialized Women's Health at BC Women's Hospital, a clinical professor in the department of Obstetrics-Gynaecology at UBC, and serves as medical head of the Aboriginal Women's Health Program.

Kathie Lindstrom is a lactation consultant, doula, educator, and the Program Manager of Perinatal Programs at Douglas College.

Carole Groobeman is an actress and postpartum doula.

by Gretchen Quiring

encing contractions within a few hours. I impatiently waited for a "decent" hour (6:30 am!) to run next door and tell our friend and doula, Stephanie, the news. We also called our wonderful midwife, June, who wanted to know of any labour signs right away.

Caesarean Birth: What are the risks?

For mother:

- 4x risk of maternal death
- pain of recovery
- inability to care for newborn
- longer recovery period
- anaesthesia complications
- blood loss
- accidental surgical injury
- post-surgical complications
- psychological trauma
- long term and chronic complications

For baby:

- loss of the benefits of labour
- poor condition at birth
- breathing problems
- increased incidence of jaundice
- more likely to be admitted to NICU
- less breastfeeding success
- bonding issues

adapted from "C-sections on Demand: Informed Decisions?" K. Lindstrom

"...this is not a risk-free operation. Anytime a scalpel is dragged across a belly things can go sideways."

Dr Dave Hepburn on caesareans, The Richmond News, 5 June 2004

renders one 'informed' is a murky concept at best). Despite recent whis-

Bazzy's Birth:

Before my son's birth, I had been secretly hoping for the birth experiences of my middle sister, whose first child arrived after about six hours of labour and second child (in my sister's words) "shot from her like out of a cannon" without even a push. My la-

bour experience was very nearly opposite to this, however. Sebastian Adam Quiring Miller, aka "Bazzy", was born by c-section on August 6, five days after his official due date, after about 34 hours of labour.

My waters broke at about 5:00 am on August 5, 2003, and I started experi-

My labour was “atypical” in terms of textbook norms from the start. While many fortunate women spend early labour able to perform a variety of personal-ad activities (“enjoys watching movies, dancing, and taking long walks on the beach”), I became (rather obsessively) fixated on crouching on all fours on our couch. From the beginning, my coping technique was very internal—I simply focused on moving through one contraction at a time. We used a TENS machine throughout that day and evening, and I found it definitely helped ease the discomfort. It’s also possible that its effectiveness was psychological for me, as I’m the kind of person who would love roller coasters if only they’d give me a fake steering wheel and brakes for that all-important delusion of control!

Although the discomfort was both powerful and near-constant, I felt very able to deal with it—it was simply a matter of focusing on the moment and feeling that I was in an almost trance-like, timeless state. Throughout the day and into the late evening, I had only a dim sense of activities interrupting my all-fours routine. These included suggestions of different positions (all of which I rather grudgingly but dutifully tried, quickly returning to all fours when permitted), offers of food and water, requests that I go pee on a stick, and checks on my status.

Unfortunately, not only was my progress fairly minimal (4 cm dilated after 12 hours of labour, baby slightly tilted and not interested in moving closer to the outside world), but I also had been vomiting fairly regularly and now showed signs of dehydration.

At this point, our midwife suggested we go to St. Paul’s to get an IV for the dehydration, although my labour certainly hadn’t progressed far. That trip made the short journeys down our hall to pee feel like the most delightful walks in the park, but I still coped by focusing in, second by second. After the car ride, I had to face the long, maze-like trip from Emergency to Maternity, which took a very long time, as I had to stop for contractions every few feet. In the room at last, I again assumed an all-fours position on the bed.

At about midnight, I tried the hot tub, and words cannot express the sheer bliss of climbing in and feeling the pain simply melt away! I even managed to sleep a bit! I stayed in that tub for about four hours, and only left it with reluctance. Sadly, when I climbed out and June checked me, I had regressed from the 6cm I had achieved pre-tub back to 4cm. This news had a huge negative psychological effect on me—I had been coping fine, even with the slowness of the progress, but hearing that I had regressed depressed me deeply. I suddenly doubted my ability to cope. In addition, since I had made no real progress after nearly 20 hours of labour, we had to start considering our options. We tried a variety of other positions again, such as squatting and lunging, and techniques such as nipple stimulation (not nearly as delightful as it sounds), with no success.

The next step (now 7:00 am) was oxytocin and an external foetal monitor. The latter would have been perfectly comfortable and acceptable if it had worked, but it soon became obvious that the monitor was shifting with my shifts in position. The readout would then be erratic, and the nurse would panic that the baby was in distress and try to get me to lie still on my left side so the monitor wouldn’t move at all. This was excruciating, and after much urging and demonstration by Jeff, the medical staff finally agreed that the problem was indeed the monitor and not the baby. We thankfully managed to also dissuade the staff from applying an internal monitor to the baby’s head.

I was having considerable back pain at this point (10:00 am), and June suggested sterile water injections. While they definitely worked to alleviate the back pain and thus were ultimately worth it, I can whole-heartedly say that they were the most painful part of the whole labour process. The pain of the injections was initially described to me as like a “bee sting,” but unless this means about 4000 bees stinging you at once, I found this comparison in no way prepared me for the experience. (Please note that this pain only lasts for the actual injection moments.)

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At 11:00 am (after about 25 hours of labour), I switched from TENS to nitrous oxide as my pain relief method of choice. I found it quite effective and luckily, it didn’t make me nauseous. Again, part of the effectiveness for me was undoubtedly the comfort of feeling in control, feeling that I could *do* something about the pain. By 4:00 pm, I was only back at 6cm, baby still not moving down, and was seemingly stuck there. At this point, our midwife recommended an epidural as a last resort for a vaginal birth to help me relax and allow them to increase the level of oxytocin. After much consideration and consultation, we agreed. Once I received the epidural at 5:00pm, after over 30 hours of labour, it was an incredible relief. Although I’d been committed to foregoing an epidural if



A very alert Bazy – 2 days old

possible, I felt comfortable about this decision. Actually, once the drug kicked in, I felt extremely comfortable, laughing and joking with the staff and getting some much-needed sleep!

Although I progressed to 9cm over the next two hours, the baby still had not moved and his head was still tilted. The obstetrical staff, nurses, and my caregiving team all concurred at this point that a caesarean was the appropriate course of action. They were all very supportive and open to discussion about this with us, answering all our questions. I felt full confidence that a c-section was the right decision and also a sense of relief that the end was in sight. Although I never had had a sense of emotional / spiritual need for a vagi-

nal birth—I simply wanted what was best for me and the baby—it was nevertheless psychologically important to both of us as parents to feel that all my caregivers—midwife, doula, friend, hospital staff—wholeheartedly felt that a c-section was the right choice.

I obviously felt very nervous about the surgery, but luckily it all happened very quickly. From our having made the c-section decision at about 7:30, we moved to the operating room almost immediately and our son was born at 8:24 pm. Both Jeff and our midwife June were present, and June filmed the event for us! They let me see the baby briefly, and we were both grateful that Jeff was allowed to hold him from then on. It was a comfort to me to know that my baby was at least bonding with his

father as they gazed into each other's eyes for the next couple of hours, even if he couldn't be bonding with me.

June tried very hard to get the recovery room staff at St. Paul's to allow the baby to visit me, but they refused. The only hard part of the cesarean experience for me was that long 2½ hours of waiting to be with my baby. Once we were all reunited, the next two days were a blissful and exhausted blur of breastfeeding and cuddling. The Maternity staff at St. Paul's were wonderful at leaving the three of us alone as much as possible.

Having heard accounts of negative cesarean after-effects, I was very happy to find that my experience was quite different. Not only did I feel wonderful within a few days and able to do

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anything (except laugh or cough without pressing a pillow to my abdomen!), Buzzy breastfed with no problems and continues to do so nine months later. Certainly, we owe our breastfeeding success to the wonderful help of our two midwives and their frequent postpartum home visits, our doula (also a neighbour and friend), and a volunteer lactation consultant.

Although I obviously would never choose a caesarean section over a vaginal birth, my son's birth and the recovery period were very positive experiences overall: a vital and fortunate blend of informed decision and healthy outcome. ✉

Gretchen Quiring

Caregivers We Love: Irene Callander & Rupinder Sohal by Irene Schiller The Best Of Help: Vancouver Caregivers

Vancouver, June 11, 2004

My Dear Little One,

This is the first time I am writing to you outside the womb. I had hoped to keep records from day one of your birth, but was sidetracked with something more important: learning how to take care of you, and giving the both of us the opportunity to get to know each other. More details of this shall follow, but first I would like to describe your birth, for it was truly a beautiful experience. And all because I had had the best of help.

Just as Jennifer, my birthing class instructor mentioned may happen, your birth didn't go as planned. Although I had very much wanted a midwife, I had waited too long to make a decision, and thus had to stick with having a doctor deliver you. Not that I was ever worried that he wouldn't do a fine job, I had every bit of faith that all would go well. But it was the personal, womanly aspect that I felt was going to be missing. At least I wouldn't completely be without womanly support: throughout my pregnancy I had a wonderful, caring doula, Rupinder Sohal, who gave me the comfort I so needed during the many months I carried you.

So how did it come to be that you were born into the world under the best of hands? It was almost as if fate intervened, for you were late, and to be induced before the doctor was to go on his vacation. Luckily I was given the option to wait, and thus came under the care of a midwife named Irene Callander.

Just as she had predicted, I went into labour Friday evening, and promptly landed at Lionsgate Hospital at seven in the morning, into the hands of Irene. During the night I was able to handle the pain by staying in the bathtub, and by making frantic calls to Rupinder, who put my worried mind at rest, at least to some degree.

Most of the morning was spent in the bathtub, with alternating support. Mike, your father was there, Paul, your uncle, as well. Both did their best to ease my discomfort, but it was my midwife and doula who watched over me, time and time again, who held my hand when the contractions were unbearable, who gave me the strength and confidence that I was doing the best I could, and who gave me the emotional support I direly needed.

And so it came to be that you were born under the most loving of care, and into a world filled with love and joy. Not only was your family there to embrace you, two incredibly caring health workers were there as well.

With much love,
your mother Irene



Noah sleeping peacefully

by Irene Schiller

Business Directory

Maternal Instinct	3673 West 4 th Ave, Vancouver	604-738-8300
Room For Two Maternity Apparel	1409 Commercial Drive, Vancouver	604-255-0508
Soma Studio Pregnancy Massage	213 / 303, 1529 W 6 th Ave, Vancouver	604-738-1502
Yoga West of Vancouver	2662 W 4 th Ave, Vancouver	604-732-9642

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Urban Maternity Wear

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

ROOM for 2
Maternity Apparel 

•Maternity Wear • Breast Pumps • Nursing Bras & Clothing •
•Jewellery & Gifts • Books & Videos •

604.255.0508
1409 Commercial Drive, Vancouver, BC

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

Twins and Triplets Club	604-261-1875
Vancouver Breastfeeding Centre	604-875-4678
Volunteer Grandparents Association	604-736-8271
Westcoast Family Resource	604-255-9568
<u>Prenatal Classes</u>	
Lower Mainland Childbearing	604-878-1031
<u>Doula Referrals</u>	
Doula Services Association	604-515-5588
Lower Mainland Childbearing	604-878-1031
<u>Vancouver Health Department</u>	
Vancouver Health Department	604-875-6381
Burrard Health Unit	604-736-9844
East Health Unit	604-872-2511
Mid-Main Health Unit	604-261-6366
RavenSong Health Unit	604-709-6400
North Health Unit	604-253-3575
South Health Unit	604-321-6151
West Health Unit (Pacific Spirit)	604-261-6366
Note: Your Community Health Nurse has further information on local resources	

Parent-to-Parent

CHILDCARE

We are searching for someone who would be interested in providing child care in our home for our 1 year old daughter, 10 hours a week, on Mondays and Thursdays, starting in mid-August. We would like someone who is familiar with and willing to practice **attachment style care-giving**. If you are interested (your own children are more than welcome to come), please call Kim or Chris Jensen at **604-733-3524**, or e-mail kimjensen@telus.net



SKIPPER'S (Skip the Diapers) Support Group

For anyone interested in practicing infant potty training as promoted by Laurie Bouke and others, we invite you to join us in forming a support group to share information, successes, and challenges. We'll bring in speakers who have successfully used this system, a traditional practice used by most non-Western mothers in the world today. For further information, please email us at skippiapers@yahoo.ca



Our **Parent-to-Parent** notices are posted free of charge. If you have a notice, need, request or gripe please send it to: registrar@childbearing.org or **8540 Elsmore Road Richmond BC V7C 2A1**. We reserve the right to limit the number of notices printed, and to edit for space and clarity.

Prenatal Class Schedule (updated June 2004)

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 Collingwood (in Kitsilano, at 7th)*

*Summer & Late Summer Series held at Maternal Instinct 3673 W 4th Av e

Summer: T/Th **20 Jul – 10 Aug**

Late Sum: Th/M **19 Aug – 13 Sep**

(no class Mon Sep 6th)

Autumn: W **15 Sep – 27 Oct**

Late Fall: Th **4 Nov – 16 Dec**

Healthy Pregnancy Class

Content: *Mums only class.*

Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies.

2 sessions

Cost: \$50*

*Included free of charge with weekly series or weekend workshops.

Time: 7:00pm-9:00pm

Location: Bayview School in Kitsilano, 2251 Collingwood (at 7th)*

*August Healthy Pregnancy held at Maternal Instinct 3673 W 4th Av e

Aug: Th/T **12 & 17 Aug**

Oct: Th **21 & 28 Oct**

Nov W **24 Nov & 1 Dec**

Weekend Workshops

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

6 sessions:

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

Cost: \$175

Time: 9:00am-2:00pm

OR 3:00pm – 8:00pm

Location: Victoria & 16th (instructor's home).

July: **17 & 18 Jul**

Aug: **28 & 29 Aug**

Sep: **25 & 26 Sep**

Oct: **23 & 24 Oct**

Breastfeeding Nights

Content: *Mums only class.*

Partners welcome if space permits. Covers breastfeeding basics; troubleshooting; breastpumps & returning to work; special needs; colic & sleep issues.

1 session: Friday Night

Cost: \$25*

*Included free of charge with weekend workshop

Time: 7-9pm

Location: Victoria & 16th (instructor's home).

July: **16 Jul**

Aug: **27 Aug**

Sep: **24 Sep**

Oct: **22 Oct**

Postpartum Classes

Coming this fall!

Phone **604 878 1031** for details

Private Classes

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

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

Low income rates available.

Doula Services

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.