

childbearing

The newsletter of the Lower Mainland Childbearing Society

Healthy, Wealthy & Wise?

Or Mama called the doctor and the doctor said ...

From the moment you discover you are pregnant, it seems as if you are expected to make decisions on behalf of your baby's health.

Should you do this test? Should you use medication during labour? Should you breastfeed? Should you use eye ointment, vaccinate baby, delay solids, see a chiropractor, give vitamin D drops ...? By the time your child is one year old, you will have been faced with an astonishing number of choices regarding his or her health. Some of these decisions are weightier than others. Some may propel you into what seems like a möbius loop of research, always contradicting itself, and always leading to more questions than answers. In this issue on infant health, we have not tried to answer or solve any of these questions, but to present some of the paths parents have taken as they sought answers for their own families. There are many sources of information out there. We hope you will balance what you discover with your own parental instincts, and trust that there are as many different answers as there are questions, and as many different paths to wellness as there are families seeking them.

✉ Stephanie Ondrack, Editor

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childbearing news

Dads Need Balance too!

While our fathers were considered good dads if they simply brought home a paycheck, modern dads face much greater demands. Finding a balance between your job, your spouse, your children and your own free time can be daunting. Childbearing is delighted to be able to present this new four-hour workshop, in which fathers will find some easy, practical solutions to bringing better balance to their lives.

Hosted by former CBC Radio Host, and founder of **A Dad's Heart**, Cameron Phillips, the workshop will run on Saturday March 6th from 10am to 2pm, at Mount Pleasant Neighbourhood House. To register, or for more details call 604 878 1031 or go to www.childbearing.org.



February Closures

Due to the Olympic Games, The Childbearing Society will be closed for most of the month of February 2010. There will be no classes. We will have only limited access to our voice mail and e-mail. For emergency contact information, please consult our website www.childbearing.org.

Doctors at Home Births

The BC College of Physicians and Surgeons has given a muted blessing to BC doctors wanting to attend home births. It remains to be seen how many BC doctors will take on planned home-birth clients, but the statement which, in theory, opens up more options for birthing women, can be taken as a progressive sign. The CPSBC statement can be found here: <https://www.cpsbc.ca/files/u6/Planned-Home-Births.pdf>

The Childbearing Society is: Aleksandra Henderson, *President*; Jennifer Landels, *co-Treasurer, Newsletter Production Editor*; Stephanie Ondrack, *Registrar, Secretary, Marketing Director, Newsletter Editor*; Susan Woodhouse, *Packages*; Molly Eitzen, *co-Treasurer*; Katy Thomson, *Breastfeeding Counsellor*; Kara Ko, *Volunteer Coordinator*; Diane Donaldson, *Past President*.

Instructors: Molly Eitzen, Aleksandra Henderson, Stephanie Ondrack, Susan Woodhouse.

☞ Letters & Announcements ☜

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

I just wanted to let you all know at the Childbearing Society that you've all been wonderful and great teachers. My husband and I truly appreciate the knowledge and wisdom you ladies have shared with us and the fast responses via e-mail at all times.

We can't wait for the Post-Partum classes. Thank you!

Sincerely,
Priska



We cannot stop raving about the classes. Our instructor was wonderful in class as well as great support after through e-mail. The information presented was exactly what we needed to prepare for and succeed in achieving our dream birth.

Thank you so much!
Lisa & David

My husband and I truly enjoyed our prenatal classes! We recommend you guys to everyone. We honestly would have been lost without the info. People who say prenatal classes aren't worth it don't know what they are missing out on. Thank you so much.

Marie



I just wanted to take a moment from the mayhem to let you guys know that Dave and I were blessed with a beautiful baby boy, whom we called Sam, on Wednesday afternoon. He weighed in at 6lb12oz and was successfully born breech. Things are hectic and overwhelming, but everyone is healthy and happy (most of the time).

Cheers,

Sophie, Dave and Sam.

P.S. Thank you so very much for everything Aleks.

Focus on:

Infant Health

Baby Wearing: for healthy spines and happy babies

by Stephanie Bonn

There are many benefits to wearing our infants while we perform our daily activities: in particular the positive impact it has on the babies' physical, emotional, social and neurological development. Car seats, with their frequent misuse as carriers, are known to cause postural strain to both the mother and the baby. Strollers have restricted postural options for the baby's developing cranium and spine, which affects all aspects of his or her health and well-being. This article outlines the importance of wearing your baby as well as specific carrier considerations.

A proper carrier is important for helping the mother's spine recover from nine months of pregnancy followed by the birth of her infant. Perinatal hormones cause ligaments to be less supportive and can increase your chance of injury. Along with choosing the right carrier, you will benefit from postnatal ergonomic awareness such as using a nursing pillow, using your legs to bend and lift, and avoiding the "car seat carrier". A fitness programme should incorporate strengthening the core muscles in your tummy and the paraspinals in your back as well stretching the pectorals (chest muscles) on a regular basis. Just by sitting on an exercise ball, the abdominals will get stronger.

Things to Consider when Choosing a Carrier

- Does the carrier offer various positions: front, side, back?
- Are there numerous positions for the baby: forward facing, chest facing, vertical, horizontal, legs folded or straight?
- How long will the carrier accommodate the child's growth and postural development?
- Is it difficult to transfer the baby in and out of the carrier?
- Can your baby breastfeed in the carrier?
- Are your hands free?
- Is the weight of the baby evenly distributed or does the carrier cause repetitive stress and postural compensation to one area of your spine?
- Does the carrier optimally support your baby's developing spine?

☞ SB

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The right carrier will distribute your baby's weight more evenly to avoid repetitive strain injuries such as neck tension, headaches, back strain, and wrist tendonitis. Wearing your baby is a form of weight-bearing exercise itself, aside from the increase in walking you will do just by wearing a carrier. With your baby close, your milk production will become more efficient and you will have an increase in "happy" hormones that will decrease the chance of postpartum depression. You can be hands-free and easily multitask through your daily activities with your baby along for the ride. And don't forget the environmental benefits (who needs a car? and one less stroller to manufacture!) for our future generations.



flattening. Not many infants enjoy lying on their tummies so a carrier is an optimal way to strengthen their neck and back. Other benefits include a decrease in separation anxiety, more efficient daytime naps, a better latch for nursing, and lower incidence of colic.

You may find that one carrier does not do it all. My favourites are a sling for shorter excursions and activities and a carrier with balanced weight distribution (where the baby can be carried on your front or back) for longer outings. Baby wearing will optimize your health and wellness, and support the growth and development of your baby, so do it as long as you can!

✂ **Dr Stephanie Bonn BSc, BPHE, DC.** For more information on wearing your baby or on perinatal and paediatric chiropractic wellness, contact Dr. Stephanie at 604.688.KIDS (5437) or through her website www.bonnchiropractic.com.

Because babies should sleep on their back, it is important to have them upright or on their tummy during the day to develop their cervical spine and to avoid cranial

Healthy Home, Healthy Baby

by Tanis Frame

We hear news about how the chemicals in our environments might affect our health. We hear how our babies are particularly vulnerable. We see shelves and shelves of 'must have' and 'pure and natural' products for pregnant moms and baby. Or is that just the marketing hype, playing on our overactive mommy or daddy guilt and our desire to protect our kids from any harm?

Healthy Home for Baby

Navigating through the research, the hyperbole, and the intense marketing can be more than overwhelming, particularly as we're preparing to be parents.

Here's the good news: There is great research out there to guide us, and there are easy solutions we can put into place in our homes to keep our babes out of the chemistry lab, so to speak.

Where to start?

Let's talk toiletries, or personal care products, as they are more formally known in the regulatory field. Sadly, they are about the least regulated products around. A baby product on the shelves in Canada can be labelled 'pure and natural for baby', yet contain known carcinogens, and hormone disruptors. Infuriating isn't it?

Please don't stress! In time, you can learn how to read labels and avoid the nasties, but you've got enough going on, let's just make this easy and save yourself a whack of cash while you're at it.

Your baby doesn't need a stack of toiletries: soap, bubble bath, shampoo, smelly lotions and potions!

Here's all you need:

One small bottle of Organic Extra Virgin Olive Oil (EVOO). Period.

You can pick one up next time you're in the grocery store. Lube up your newborn's bum and it makes cleaning off those early meconium poos a breeze. Wash your baby with water, just rinse off the spilled milk and diaper area. Don't feel you need to overdo it. Excess bathing and using lots of soap early on just dries out their skin.

To keep baby's skin soft and moisturized, use a little EVOO. Use it for infant massage, and you'll both reap all sorts of benefits while also avoiding chemicals.

As your baby grows older and you want to use soap, then go easy and choose one that really is gentle and natural. Some great local options include Dimpleskin Naturals and Rocky Mountain Soap Company. They both produce all sorts of lovely healthy products. Bum Bum Balm is a great natural diapering cream IF your baby has a diaper rash ... if not then skip it and just get lots of fresh air on those sweet cheeks to keep them healthy.

Here's to simplifying and keeping the wee ones out of the chemistry lab!

Blessings to you and your amazing babies, all they really need is YOU.

✂ **Tanis Frame of Mama Maven** has a background in facilitation, research and children's environmental health. More importantly, she's a mom of two who's been there. She respects the fact that the right choices are different for everyone, and she is honoured to be a trusted resource for parents to help them find the solutions that are right for them. For more information on her fun and informative workshops on navigating the 'stuff' of parenthood go to www.mamamaven.ca.



Infant Vaccinations:

Should we or shouldn't we? The vaxing question

YES

Why we chose to vaccinate our children

Dawn Campbell & Tyson Wozniak

[This is excerpted from a longer article. For the full version see Dawn & Tyson's blog: www.skeparent.com]

How is it that an anti-vaccine family could become not only pro-vaccine, but vaccination advocates? It happened because of one word. Evidence. We are both naturally minded parents — believing strongly in co-sleeping, breastfeeding, home-births and baby-wearing — and evidence-based parents. **It's not always easy but we try to keep an open mind and allow our opinions to change as new and better research and evidence comes to light.** Occasionally the two conflict but in the end, evidence always wins.

In 2005 we were pregnant with our first child. Another couple of months and we were going to have our very first, our very own little bundle of joy. Along with any other new parents, we wanted to be the best parents.

Our research started early, and one major topic to research was vaccines. What did we want to vaccinate against? How many shots should we give him? How many were enough? How many were too many? What were the side effects? Side effects?!!!! Arrrrggghh!!!!

Our increasingly panicked questions were only answered with ever more frightening answers. Sickness. Hospitals. Side effects. Mercury. Toxins. Autism. It is enough to drive any parent mad. By the time Cayden came to us in a water birth at home it was decided. We were absolutely not vaccinating our little boy and exposing him to all those chemicals and possibly even to autism. Maybe if someone actually did a proper study and found vaccines to be safe, we would reconsider. But without that, definitely not.

So, that's where we left it. For about two years we never discussed the topic. But we found it was still bothering us at an increasing level. We were seeing our friends vaccinate their kids. Didn't they know what they were doing? If vaccines were so horrible and toxic why were these people that we knew, cared about and respected harming their own children? Even worse, why was nothing being done about it? Why was nobody studying this?

So after over two years of this eating away at us we **went back to researching. It just didn't make sense that**

(Continued on page 5)

NO

Why we haven't vaccinated our children

Donna Jean MacKinnon & Richard Kwan

Although we had always sought out alternative medicines and treatments, we had given little thought to vaccinations until our first child was on his way. Suddenly, soon after his birth we were swarmed with information about inoculations due to begin at two **months of age. It just didn't feel right to us on a number of fronts.** So we dug into the research, talked long and hard, and came up with a position we were comfortable with.

Firstly, we believe that immunity means more than being immunized. Building a strong immune system comes from conscientiously eating well by eliminating sugar, gluten, and dairy, by taking vitamins and minerals, by decreasing our exposure to chemicals including those found in household cleaners, by avoiding antibiotics, by managing stress, by getting enough sleep — and for infants — by being breastfed for as long as possible. I breastfed our son until he was 3 years old and I hope to be able to do the same for our daughter (now six months old). Dr. Jay Gordon, a long-time advisor to the La Leche League suggests that instead of posters promoting vaccinations in medical offices, there should be **posters promoting extended breastfeeding to build children's immunity** (*Vaccinations? Other answers for the immunity, nutrition, and well being of your child : a parent's guide to decision-making*, DVD, 2006).

Most people in the medical profession will agree that the **immune system is very complicated. They probably don't know as much about it as they should and we will proceed slowly and cautiously before jumping in to a full course of vaccinations.** Although we have not entirely dismissed the idea of vaccinating, we will make any future decisions on a disease-by-disease basis and by using risk-benefit analysis, looking at our family history of illness, our travel plans, and the seriousness of the disease, including its frequency, treatment, and statistical outcome if contracted.

At this time, however, we would rather have our children naturally build up immunity to the kinds of diseases for which there are currently vaccinations. Many of these, such as chicken pox, are relatively innocuous in otherwise healthy

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this was such a controversial subject, yet no one was studying it. There just had to be something out there: some evidence.

Turns out there was lots of it. And not the evidence we were expecting to find. We found out Dr. Mercola and Jenny McCarthy were not the experts on vaccines. There are hundreds, of doctors, scientists and medical professionals who have spent their lives studying and researching this stuff: not just the viruses but also the vaccines, their effectiveness, their ingredients and their side effects. These experts were not just from the pharmaceutical industry. In fact, most of the information we collected over the next year was from independent studies. Yes, there were some **from "Big Pharma", but, assuming a bias, I simply ignored those. Yet** there were many more from The World Health Organization, the Centres for Disease Control and universities around the world.

I also learned how well our vaccines worked. According to the CDC, between 1953 and 1963 the United States recorded an average of 450 measles related deaths per year (<http://www.cdc.gov/measles/about/overview.html>). Now that number is essentially

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children; and many others, such as polio and diphtheria, have **been virtually eradicated in Canada. In Dr. Robert W. Sears's *The Vaccine Book: Making the right decision for your child* (Little, Brown & Col, 2007), when asked if chicken pox is serious, he states, "Yes and no, but mostly no. The disease is fatal in only about 1 in every 65, 000 cases" (p. 100). We also** believe that some diseases should happen naturally, in order to build up natural immunity to related diseases that might break out later.

We are wary of the need for wholesale vaccination of our children because many of the ailments that vaccines were developed to prevent were already on the decline when these vaccines came onto the market. Last October, in a paper given to the (Canadian) National Aboriginal Health Organization entitled *Natural Infectious Disease Declines: Immunization Effectiveness: and Immunization Dangers*, Dr. Raymond Obomsawin examined historical data on diseases including **pertussis, influenza and measles. He states that in "North America, Europe, and the South Pacific, major declines in life-threatening infectious diseases occurred historically either**

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Alternatives to Vaccination

by Cate Cameron

As a homeopathic practitioner and mother of five, I have had to consider seriously the realities of vaccination.

In fact, it was my journey with vaccination that led me to become a homeopath. My first-born daughter had a very severe reaction to her first jabs, and on that Saturday afternoon when the clinic in my North London community had no one to offer any advice, I realized that I was the bearer of responsibility with this, not my GP or local health nurse. If anything happened, it would be them, but my family that would withstand the worst.

So, instead of burying my head in the sand, I sought out the information that was available, and made a balanced decision with which I was happy regarding what was best for my family. Reading books of the time such as, "Vaccination" by Vierra Schiebner, and "Shot in the Dark" by Harris Coulter, I was part of a growing but small minority of parents that chose not to vaccinate. I was bolstered by the knowledge that homeopathic medicines did indeed work effectively, and decided to become a homeopath myself, so that I could help others with the same issues.

Through the following fifteen years of practice, I have assisted many in making their own decisions, and I honour their choices too. Some choose to vary the timing and number of vaccines or to proceed with the regular schedule and support the body with alternative and natural remedies. The other options

include classical, constitutional homeopathic care (seeing the patient as an individual and treating only symptoms as they arise), or a series of scheduled homeopathic remedies known as prophylactic vaccine treatment. This system uses homeopathic "nosodes" to stimulate the body in a safe and non-toxic way with the homeopathic version of the disease.

Recently there has been much in the media regarding vaccines. As parents, it is part of our job to seek out all the information we need to make a proper decision. Get information from your health clinic and GP, but do not be afraid to ask questions, and do not simply trust what is placed before you. Equally, look at family history, predisposition to illness and disease, your own comfort levels and support within that decision, acquire knowledge in both the diseases and the vaccines themselves, only then can you make a real choice, and, it is different for everyone. Appreciate that only you can make your decision, it is your right and responsibility.



☞ **Cate Cameron LCH is a homeopath currently living in central Vancouver. She combines her love of photography with her practice of homeopathy and recently travelled extensively through Africa and India photographing for "Water Dispatches" utilizing her skills both as a homeopath and as a photographer. Cate can be reached through the Childbearing Society.**

zero. Before pneumococcal conjugate vaccine became available for children, pneumococcus caused 6,100 deaths per year in the U.S. Since the vaccine was introduced, the incidence of invasive pneumococcal disease in children has been reduced by 75%. In the 1920s, diphtheria was a major cause of illness and death for children in the US. In 1921, a total of 206,000 cases and 15,520 deaths were reported. With vaccine development in 1923, new cases of diphtheria began to fall in the US, until in 2001 only two cases were reported (<http://www.cdc.gov/vaccines/vac-gen/whatifstop.htm>).

And yes there are sometimes side effects (<http://www.cdc.gov/vaccines/vac-gen/side-effects.htm>), but let's put some things into perspective. The odds of getting hit by lightning at some point in your life is 1:6500 (<http://www.lightningsafety.noaa.gov/medical.htm>). The odds of being killed by said lightning strike is 1:2 million. The odds of being killed in a car accident is 1:5000. The odds of a child who has contracted the measles dying is 1:1000. The odds of having a long-term severe reaction to the MMR vaccine is about 1:1 million.

So when asked why we vaccinate we say, "Because the evidence shows vaccines control the spread of disease and stop pandemics from happening. Yes, they have side effects, but the side effects are less serious and happen less often than the disease they are vaccinating against."

We are not saying anyone reading this should listen to us. Or do what we do. Or that our way is the right way. Families need to make their own decisions on what is best for each of them. What I do hope is that every family will take in all the evidence before making decisions. Talk it over with their physicians. Then, even after a decision is made, keep reading on the topic. Check in every now and then to see if things have changed. Always keep an eye out for new, better and more reliable evidence. Our decisions were not made lightly, but we now have two boys on a full vaccination schedule. It was a long process but we now feel less fear and more confident in the health and well-being of our family.

☞ Dawn Campbell and Tyson Wozniak have been together for ten years, married for five. They live in East Vancouver with their two sons Cayden and Lucas.



without, or far in advance of, public immunization efforts for **specific diseases**". (http://genesgreenbook.com/resources/Natural_Infectious_Disease_Declines_Immunization_Effectiveness.pdf)

In addition, the preserving agents in many vaccines may have their own negative health consequences: something we are not willing to risk. A Public Health Agency of Canada table, The Canadian Immunization Guide 2006 (<http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-tab01-eng.php>) details the brand names, manufacturers/distributors, route, immunogen (what the vaccine is intended to protect against), adjuvant (bonding agent), preservative, potential allergens, and additional materials present in vaccines approved for use in Canada in 2006. Although it seems that mercury is not as much of an issue as it was even five years ago, there is mixed information and apparent lack of knowledge about the effects of aluminum used as an adjuvant in some vaccines.

To help us make our decision, we created a spreadsheet of diseases for which the standard course of vaccinations is recommended. We compared the ailments that vaccines were developed to prevent, (their frequency, seriousness, and treatment) with the risks, seriousness, and treatment of vaccination induced side effects, disease by disease. This left us feeling more confident about our decision to buttress our **children's immunity through natural means and to sidestep the vaccinations.**

Our work is not done, however. We continue to revisit our decision not to vaccinate as new research and information becomes available through books, websites and discussions; and we make a conscious effort not to make a decision based on fear.

☞ DJ MacKinnon and Richard Kwan are a librarian and programming couple who just can't stop themselves from researching all the interesting things in the world they become curious about (and they love to sing and dance too).



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To D or not to D? should you give your baby a Vitamin D supplement? by Susan Woodhouse

Although not truly a vitamin, Vitamin D is an important factor in the development of healthy bones and teeth, as it enhances calcium absorption. A deficiency of vitamin D can lead to a condition called rickets, in which the bones have low density and are unable to support body weight. Fish liver oils and raw fish are foods rich in vitamin D, and we also get vitamin D through exposure to sunlight. Since human milk contains small quantities of vitamin D, and since the amount of sunlight babies receive can vary depending on several factors (skin colour, amount of time exposed to sunlight, latitude, even weather and smog conditions) the Canadian Paediatric Society currently recommends universal vitamin D supplementation for infants. You can read more about the CPS policy here:

<http://www.cps.ca/english/media/newsreleases/2007/vitamind.htm>

Some people are concerned, however, about the intake of artificial supplements when the natural food for babies (breast milk, of course!) comes with no or low vitamin D. They question the necessity of giving Vitamin D artificially when Mother Nature has not designed it to be present in high quantities. An article by Cynthia Good Mojab in *Mothering* magazine (issue 117) provides a review of literature on Vitamin D which parents may find helpful as they assess the specific risk factors for their infant:

<http://www.mothering.com/sunlight-deficiency-review-literature>

✎ **Susan Woodhouse facilitates our postpartum circles. She is the mother of two (ages 23 and 11), one born at home and one in hospital. Although well into her third decade of mothering, Susan still delights in unravelling its mysteries.**



Question of the Quarter:

Q: I will be returning to work when my baby is one year old. Would it be a good idea to start getting her used to being cared for by babysitters now (at 2 months), before she gets overly attached to me? I am thinking this may make the transition easier for her when the time comes.

A: It seems to make sense, since we adults can become comfortable with new situations through repeated exposure. But babies are wired differently.

For the first six to nine months of a baby's life, her main purpose is forming strong attachments with consistent caregivers. She is making note of who feeds her, comforts her, responds when she cries, holds her, and meets her needs. In order to thrive psychologically, she needs to form at least one strong attachment with a parent-figure that she can trust to be there for her at all times, and to meet all of her needs, day and night. We believe in minimizing separations from your baby during these early months, as the later you delay them, the healthier the attachment will be when they inevitably happen.

Sometime around six to nine months old, she will have decided upon whom she can rely, and she will start showing stranger anxiety, by refusing to be held (or sometimes even looked at) by other people. This is a necessary and desirable stage of development, and it tells you that your baby has successfully formed an attachment and has graduated to the next stage.

Even though it is inconvenient to be no longer able to pass the baby to a friend, it is important to honour your baby's burgeoning awareness of her attachments, and her early attempts to communicate her feelings about them. If you remain the stable source of reliable care that she expects, and provide empathy and comfort when she is feeling insecure, she will be able to start the difficult climb towards independence. This involves a lot of back and forth-ing, as she ventures towards other people and new situations, but still needs frequent check-ins with her mama safety-net, to recharge her sense of adventure and curiosity.

You will notice that the more attachment you provide, the more independent she will be able to be. If you try to push her too quickly, she will be forced to redirect all her energy toward maintaining what she perceives to be a fragile attachment, clinging to you, and becoming distressed at all separations. If you have remained present for her and allowed her to move away from you at her own pace, she will probably be ready, at one year old, to experience new caregivers.

You can ease the transition for her by staying with her during the other person's care for a couple weeks, and then gradually leaving for 5 minutes, 10 minutes, and eventually an hour, two hours, the whole day. I suggest taking at least a month, two if you can, to make this transition extremely gradual and seamless.

While this whole attachment process may seem like a lot of work, it is fundamental to healthy emotional development. If babies are not able to form a strong attachment to their parent or parent-figure during the early months, they are unable to move forward developmentally. Don't we all know adults who still have trouble forming attachments, or trusting loved ones, or feeling self-confidence? Simply by being present and responding to your beloved baby, you can give her the gift of healthy emotional development.

Birth Stories

Roller-Coaster Ride: Julia's Birth

by Rosanne Chow

The birth of our daughter, Julia, is rather an unusual story. The memory of it fills me with conflicting emotions of joy and anguish. Now that the emotions have settled, I can honestly say that my daughter's birth story is remarkable and a rarity.

Julia was born at 38 ½ weeks, unexpectedly and unplanned upstairs in our bedroom with my husband in attendance and my mother-in-law delivering our baby. Now, how many people can say they got to deliver their own grandchildren? "Grandma" although unprepared, was elated to have done the surprise delivery.

The birth was vastly different from what we had planned. Our birth plan was the standard midwife hospital birth: labour at home with the midwives, then transfer to the hospital for delivery. My mother-in-law, Carol, was to be my doula. She had been an experienced labour and delivery nurse, doula and birth instructor in her past. But no birth is predictable, and ours in the end certainly was not. To me, birthing was a natural life process, and I never really worried about it. I was calm and healthy. However, that changed at 36 weeks. My once vibrant self was transformed to a walking zombie drained of energy and trying desperately to function. I had not slept for about a month prior suffering from an intolerable, persistent body itch and throbbing carpal tunnel pain in my wrists. I was diagnosed with Cholestasis, an uncommon complication of the liver and bile acid that also increased the risk for stillbirth. This knowledge weighed very heavily on me! I was put on medication to help with the itch and improve the baby's safety. I was to be induced at 38 weeks, only a week away, to which we agreed after much discussion.

The induction process was the beginning of my downward spiral. It should have lasted one day, but it did not. The induction turned out to be a three-day nightmare punctuated with ongoing mistakes and violations to my person with numerous sweeps, speculums and vaginal checks. At 38 weeks, I was exhausted and tender! It was truly awful and

painful. Each day I tried to wipe out the horrific experience in order to prepare mentally for the impending birth.

On the first day of induction, I suffered through 45 minutes of three failed attempts at inserting a Foley catheter, a few repositionings and insertions of the speculum and the use of pincers! In the end, they realized I was too dilated for the Foley. After a painful sweep, they sent me home with a vaginal insert to ripen the cervix further overnight. The next day I endured a different obstetrician who was careless and rude. After more vaginal checks and sweeps, and being set up for the IV drip, they decided not to induce me but use another insert. I went through the insertion twice since the OB accidentally dislodged it the first time. Unfortunately for me, it was also done incorrectly with the cord wrapped around the insert.

The third day broke me mentally. They lost the insert in my cervix with no cord to remove it. They attempted a few times with the speculum, and also with just their fingers alone to try to dig it out. I was sobbing from the violation and pain. My midwife did manage to get it out and lodged a complaint against the previous day's OB. The third day's OB, thankfully, was gentle and nice. He recommended the use of the prostaglandin gel and was sure that I would deliver by tonight. To be honest, I would have likely delivered if they had given me just the oxytocin drip on the very first day! If only we had known how efficient my body would be in labour. Feeling truly broken and upset with my care, I left the hospital disheartened doubting my own body and feelings.

The events following the hospital are an incredible blur. Labour started and progressed quickly with everything



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happening in a short two hours time. Contractions started on the car ride home from Tim Horton's about half an hour after leaving the hospital. My water broke ten minutes after we got in while I was trying to rest in bed. By another ten minutes, we were labouring solidly on the staircase, and my mother-in-law arrived from getting snacks for the impending overnight labour. Contractions were almost one minute long and about five minutes apart at the time, and we called the midwives. They were happy to hear our labour started but thought the birth would be hours away since it was my first and the induction was slow to take. They would check on me in two hours. I, on the other hand, felt it was going quickly, and the contractions were strong. But, after being broken emotionally by the induction process, it was hard to trust what I felt.

I continued to labour using various positions and visualizations on the bed. I remembered a video we watched in class, of a Mexican midwife birthing naturally. My labour went just like hers only it was played on fast-forward. I was outwardly calm and in control but scared with not knowing the progress of my labour. It was probably only about 40 minutes since our call to the midwife and I was in the zone and feeling



ready to push. I had a 5-minute rest, which my mother-in-law took note of and realized quickly that I was truly going to give birth soon. I was transitioning. My mother-in-law had to become the nurse instead of playing the role of a doula. Given her years of experience, she hoped and thought there was at the very least an hour or two of labour more since I still had to crown and push. We wanted the midwives to come immediately.

I was told to empty my bladder for the delivery, but I protested since the position would increase my urge to push. Baby's head crowned on the toilet, and I was rushed to the bed. My husband made two calls with a phone in each ear: one to the midwives to come quickly and the other to 911. He was stuck on the phone hovering over me. Five minutes after crowning, the baby was born with one smooth push. My mother-in-law kept the baby warm, wrapped in a towel, and placed her on me. I didn't hear her cry when she came out, and I was so scared she was stillborn. But she was beautiful, healthy, and alert just looking around. The ambulance and midwives arrived simultaneously, 15 to 20 minutes after our baby was born, and I delivered the placenta just after their arrival. The midwives took over, the paramedics left, and I got to stay home. The midwives, after checking the baby and me, cleaned up and made the bed amazingly fast while I showered. I got to recover cosily at home with my baby, my husband and my mother-in-law.

After all the ordeal at the hospital, I had a rare two-hour very quick home birth. The actual process of the birth although scary, felt beautifully fluid and natural. We will plan to have a home birth for our next child!

✿ Rosanne Chow



Happy Mother's Day: Hannah's Birth

by Taryn Connors

Proud mama here, the past few days with our daughter have been absolutely amazing! Everything is perfect! I never anticipated this much love and happiness. I was scared of not being able to handle labour, I was afraid of having postpartum depression, and I was terrified that maternal instinct would not kick in and I would be lost with a crying baby — I am beyond pleased and relieved to say that this is definitely not the case.

Hanna Panda was born on May 10th, Mother's Day, at 7:30am at St. Paul's Hospital weighing 7 lbs, 4 oz and looking absolutely beautiful. I went into labour on May 9th at about 10:30 after a disappointing Canucks game. I remember having a few fairly strong contractions and not really thinking it was labour. I sent Syx up to the drug store anyway to fill a prescription for IV penicillin, as I had tested GBS positive and we were planning on doing the IV at home. Since Peggy and Bruno (Syx's parents) had been in town we had totally forgotten to fill the prescription up until this point and apparently (I should've known better) getting IV penicillin at 10:30 on a Saturday night was asking a lot So he came home empty handed and me, still not fully convinced my contractions were real, sent him across the street to a friend's party. I jumped in to a hot bath to relax and the contractions kept getting stronger and closer together. After I got out four contractions later I texted Syx to come home — this was the real deal.

I tried to remain calm on the outside as I was freaking out on the inside; all the while Syx and our neighbour Josh set up an extra bed downstairs and a pool full of warm water. Josh burned some sage to clear the space of negative energy (I love our hippy neighbour) and did some Reiki for me as I writhed around on the spare bed with my bum in the air. After he left, my labour really started progressing. It was about midnight, and being unsure when we had to start the IV antibiotics, we paged the midwife. She was sleeping and told us to call back when the contractions were 3-4 minutes apart and over a minute long for over an hour and she would meet us at hospital, we could start the IV and then come back home.

Syx and I then set to the next few hard hours ahead of us. My contractions were extremely violent and we hopped from warm pool to bed, from bed to warm pool. Everything sort of became a blur. We tried to sleep between contractions but that proved to be easier said than done. Every few minutes I would

be sharply woken and have to roll over onto all fours (which was the only position I could make it into). The night got blurrier and blurrier and the hours seemed to fly by. I know I threw up a lot and I didn't want to move at all.


I do remember the point where I threw up and looking down at the carpet trying to figure out what the red sticky stuff underneath me was. My mucous plug! On the new carpet! Three a.m., in labour, yelling at Syx to go get the Oxyclean! Syx held me and fed me sips of water and rubbed my hips and was generally pretty amazing.

Around 5am things got really painful. I felt like a small dying animal. I made Syx page our midwife Annie again which he did after making me breathe through a few more contractions. By the time he got her on the phone and heard me wailing she knew I was close. She asked us to meet her at the hospital in fifteen minutes. We got there in ten. As I was manoeuvring my way out of bed my water broke and it was at that point I knew once we got to the hospital, I wouldn't be making it back home for our home birth. That was okay with me, by this point I wasn't really thinking anyhow.

We got to emerg and I was feeling a lot of pressure and the urge to push. As I was calmly trying to explain to the girls at the desk that I was practically pushing out the baby right then and there, after asking me if it was my first baby, one turned to the other and said 'Don't worry, she's not ready to push — they get real shrill when they're about to push.' Hah. Right. Because when the porter finally got there and wheeled me up to maternity I got into a bed and as Annie went to check my progress, she could see Hanna's head. This was it.

I'm not sure at what point our families got there and congregated outside the door. I didn't even know they were there and I still feel a little guilty that my mom didn't get the chance to come in to witness the birth.

The next two hours were another blur. I remember not



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being able to do anything besides lie on my side and lift my leg up with Syx's help. I reached down and felt the top of her head and that gave me some more energy. There were points I remember thinking, 'There's no way I can do this.' but Syx and Annie kept telling me that I could and I was doing it.

After two hours of pushing it really started to hurt and I knew we were getting close. I heard Annie saying she was checking to make sure the cord was clear from around her neck and the next think I knew Syx was lifting her out of me and placing her across my belly. She cried for that split second to let me know she was okay, and as soon as she touched my skin she stopped crying.

Business Directory

Baby, Child & Maternity Gear

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

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

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

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

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

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

Fitness

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

Yoga on 7th
156 East 7th Avenue
604-879-YOGA

Yoga West of Vancouver
2662 W 4th Ave
604-732-9642

Health Care

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

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

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

Lalande, Linda RMT
3623 W 4th Ave, Vancouver
604 562 0612

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

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

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

Parenting

Mamaspeak
604.266.8124
meralon@mamaspeak.com

Syx missed his calling as a doctor. After the cord stopped pulsing he cut it, and then delivered my placenta. After checking everything out Annie gave us a thumbs-up and we were done and relieved! Accomplished, proud, and the both of us glowing. Hanna (who had not yet been named) hung out on my chest and started nursing like a champ

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
ICAN Vancouver 604-875-3458
604-734-4226
Post Caesarean Birth Support 604-433-5827
La Leche League 604-520-4623
www.LLCC.ca

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
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



right away, proud parents bawling the whole time.

We were released from the hospital only three hours after Hanna was born. Syx and I slept most of the afternoon as the grandparents watched hockey and bonded. Three days later we're all still feeling fantastic. She gets more beautiful by the day and I feel so lucky, blessed and amazed.

The whole labour and delivery lasted ten hours and no drugs or other medical intervention was needed. It didn't all happen at home, but I don't think you can ever really have a true birth plan and expect it to go 100% the way you want. It was perfect all in all, and I wouldn't have changed a thing.

✂ Taryn Connors

Prenatal Class Schedule (updated January 2010)

<p><u>Healthy Pregnancy Classes</u> Content: <u>Mums only class</u>. Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies</p>	<p><u>2 sessions</u> 2 hours each Cost: \$100* <i>*Included free of charge with weekly series or weekend workshops.</i> Time: 7:00pm – 9:00pm</p>	<p>Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway March W 3 & 10 Mar April T 20 & 27 Apr May W 26 May & 2 Jun</p>
<p><u>Weekly Series</u> Content: Normal labour & birth; relaxation, positions & coping skills for labour; medical pain relief, interventions & procedures; postpartum; breastfeeding; early parenthood; newborn care. Includes handbook and CD.</p>	<p><u>14 sessions:</u> 7 Evening classes (2hrs ea) 2 Healthy Pregnancy sessions 1 Postpartum Reunion 4 Postpartum Classes <i>(option: 8 additional postpartum classes for \$60 more)</i> Cost: \$240 <i>(\$300 includes full PP series)</i></p>	<p>Time: 7:00pm – 9:00pm Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway Early Spring T 2 Mar - 13 Apr Spring Th 11 Mar - 22 Apr Mid Spring W 7 Apr - 19 May Late Summer T 22 Jul - 2 Sep Early Autumn W 18 Aug - 29 Sep</p>
<p><u>Weekend Workshops</u> Content: Same as for weekly series; slightly condensed format: breastfeeding not covered, but cost includes Friday or Monday night breastfeeding class. Handbook & CD included.</p>	<p><u>10 sessions:</u> 2 Weekend days (5hrs ea) 1 Breastfeeding Night 2 Healthy Pregnancy sessions 1 Postpartum Reunion 4 Postpartum Classes <i>(option: 8 additional postpartum classes for \$60 more)</i> Cost: \$240 <i>(\$300 includes full PP series)</i></p>	<p>Time: Sat & Sun 9am - 2pm OR 3-8pm Monday 7-9pm Location: <u>3285 Victoria (at 16th)</u> March 6-8 Mar April 10-12 Apr May 15-17 May June 19-21 Jun July 24-26 Jul</p>
<p><u>Breastfeeding only</u> Content: Covers breastfeeding basics; common challenges; problems and solutions; how to get help.</p>	<p><u>1 session:</u> Friday Night 2 hours Cost: \$50* <i>*Included free of charge with weekend workshop</i></p>	<p>Time: Monday 7-9pm Location: <u>Mount Pleasant Neighbourhood House</u> As above, Monday nights only</p>
<p><u>Another Birth: refresher class</u> Content: finding ways to honour this pregnancy and celebrate its distinctness; what worked last time... and what didn't; recalling old birthing techniques and learning new ones; how to prepare your first baby for sibling-hood; connecting with your new baby while maintaining the bond with your 1st.</p>	<p><u>1 session:</u> Saturday Afternoon 4 hours Cost: \$75* <i>\$65 for Childbearing Grads</i> Time: noon – 4pm</p>	<p>Location: <u>3285 Victoria (at 16th)</u> March 27 Mar May 22 May July 17 Jul September 4 Sep October 23 Oct December 4 Dec</p>
<p><u>Breastfeeding Clinics:</u> Content: one-on-one help for those who are experiencing breastfeeding difficulties any time in the first few months after birth.</p>	<p><u>1 session:</u> Saturday or Sunday 2 hours Cost: 1 session included free with registration. Additional sessions \$40.</p>	<p>Time: 3-5pm Location: <u>3285 Victoria (at 16th)</u> 13 Mar 17 Apr 8 May 12 Jun 10 Jul 14 Aug</p>
<p><u>Postpartum Classes</u> Content: <u>For parents with babies who are not yet walking</u>. Covers infant feeding, sleep, safety, colic & crying, attachment, and infant development, and many other topics.</p>	<p><u>12 sessions:</u> 1 ½ hours each Cost: \$150* <i>*Free for expectant parents enrolled in prenatal classes: 4 sessions included free with prenatal class series.</i> Time: 12:30 - 2 pm</p>	<p>Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway 800 East Broadway Mar W 3-24 Mar Apr W 7-28 Apr May W 5-26 May Jun W 2-23 Jun July W 7-28 Jul</p>
<p><u>Private Classes</u> Cost: \$20 + \$50/hour Minimum 2 hours. Does not include materials (optional: \$25)</p>	<p>To register, or for more information: (604) 878-1031 www.childbearing.org Low income rates available.</p>	<p>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.</p>

We regret we are unable to offer classes in February of 2010 due to transportation and parking restrictions caused by the Winter Olympics