

childbearing

The newsletter of the Lower Mainland Childbearing Society

“The best laid plans of mice and men” and humble editors do indeed “gang aft agley” as Robbie Burns so quaintly put it. This issue was originally intended to focus on prenatal and postpartum fitness. However, just after we published our last newsletter, focussing on sleep, the Canadian Paediatric Society issued a recommendation against parent-infant co-sleeping which I feel compelled to rebut and qualify. The American studies upon which the recommendation was primarily based were funded by “Juvenile Product Manufacturers” – ie, crib-makers – and the studies looked at *all* deaths in co-sleeping environments, from sofas, to armchairs, to sleeping rough, without controlling for the parents’ condition (ie, influence of alcohol or drugs, smoking, obesity, etc). Furthermore, the study results did not publish the number of deaths occurring in cribs, leaving half the picture blank.

Bed-sharing, like many other activities such as diaper-changing, bathing and car-riding can be done either safely, or unsafely. It is noticeable that the CPS does not recommend babies stop riding in cars, or being bathed, despite the deaths that occur in these activities. Instead, we are given recommendations on how to do these things more safely.

At **childbearing** we recognize that co-sleeping improves breastfeeding success, allows new parents to get more sleep, aids parent-infant bonding, and helps newborns feel secure and protected. For this reason, we have devoted part of this issue to Elizabeth Pantley’s guidelines for safe co-sleeping. We cannot possibly recommend a sleeping arrangement to you – every family is unique, and every situation different – we can only recommend that you make the arrangement you choose as safe as you possibly can.

✍ Jennifer Landels, Editor.

In This Issue:

- ✎ **Childbearing News Letters**
- ✎ **Doula Profile:**
~ Tina Kerr
- ✎ **Member Profile:**
~ Stephanie Ondrack
- ✎ **Focus on Fitness Sleep, part II**
~ Elizabeth Pantley
- ✎ **Caregivers we Love:** Dr Rachael Craggs
- ✎ **Directory**
- ✎ **Parent-to-Parent Course Calendar**
- Next Issue:*
- ✎ **Focus on Labour Support**

✎ Your Letters ✎

We love to hear from you! Keep sending your comments on our newsletter, our classes, our doulas, 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, or
8540 Elsmore Road, Richmond BC, V7C 2A1

✍

Dear Jennifer,

Kudos on your opinion regarding **'Sleep and Infants'** in your #4, Autumn, 2004 newsletter. My son is 11 months old now but still a poor sleeper. Falling asleep is no problem but he constantly wakes up throughout the night (he sleeps with me).

Some nights are worse than others but a good night’s sleep is an illusion for now, and on so many days I am exhausted from lack of sleep. However, sleep training has never crossed my mind and was never an option for me. I come from India and the thought of letting your little one cry for a long period of time as part of sleep training is horrific to most of us. We simply accept that lack of sleep comes as a parcel with the little one and usually after two years all is fine and we just live with it.

(continued next page)

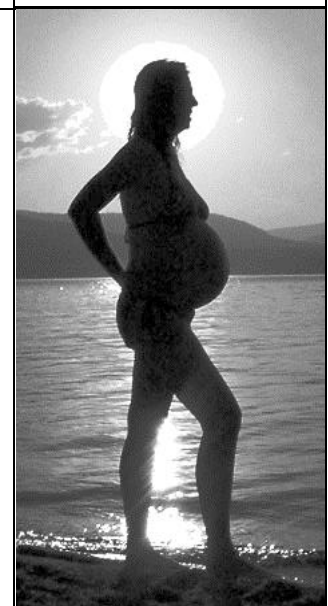


Photo: Craig Berggold, 2004

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

Your Letters (continued)

In my opinion, sleep training is very traumatic for little ones and could add to insecurity and self-esteem issues. I fully agree with your opinion that if the attachment needs including cuddling up at night are not met at this stage it leads to insecurities and other emotional issue.

I admire you for following your maternal instinct and not what the EXPERTS (!!) and the society expected you to do.
Dr Madhu Singh

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childbearing news

doula profile: Tina Kerr, CD (DONA)

Tina completed her initial Doula Training at Douglas College in 2003, and, since then, has added to her expertise by obtaining her DONA certification, retraining in Pregnancy Massage, and working as a volunteer doula for the Vancouver Coastal Health Region's YPP programme to assist teen mothers. She is currently studying to be a childbirth educator through Lamaze International, and is also planning to earn her Prenatal Yoga Instructor's certificate.



Aside from these accomplishments, she is also the proud mother of a beautiful daughter.

She believes clients, as unique and deserving individuals, are entitled to the highest quality of care. She values compassion, and treats her clients with consideration, viewing pregnancy and birth as a healthy, natural, physical, psychological, social and spiritual journey, and a life-changing event. In her practice Tina strives to ensure: non-judgmental care as regards age, race, religion, culture, marital status, sexual orientation, physical ability or socioeconomic background; individualized care; privacy and confidentiality of client information; and unbiased information for the purpose of informed decision-making.

Tina provides a birthing attitude that is warm, flexible and empathetic. Her main goals are to bring loving care back into the life-changing event of birth, while empowering and assisting women to trust their bodies' abilities to birth and breastfeed; all the while providing honest, balanced information to help new parents make choices for their own unique birth experiences.

Qualifications:

- ☞ *Certified Birth Doula (DONA)*
- ☞ *Working Toward Prenatal Education Instruction Certificate (Lamaze)*
- ☞ *Pregnancy Massage Certificate*
- ☞ *Mother of one*
- ☞ *Additional Languages: American Sign Language*

Postpartum Classes are here!

We are finally able to offer parent-infant postpartum classes. We will be running a pilot series of four classes, every Monday in February from 10am-11:30am at Mount Pleasant Neighbourhood House. The classes are open to parents with babies that are not yet walking, and we plan to start up a toddler series for older babies if there is a demand.

The cost for the series is \$36. Drop-ins are \$10 if space is available. The classes are also **free for parents of babies under one month of age**, and as a gesture of appreciation we are offering **one free class to all our former prenatal class participants**.

Topics will include: infant feeding, sleep, health and safety, colic & crying, attachment, and infant development, as well as open topics chosen by the participants.

To register:
604 878 1031
registrar@childbearing.org
www.childbearing.org

New Doulas: We're happy to announce that we've added the following new doulas to our referral list: Tina Kerr, Sandy Lopez, Jenn Rankin, Renee Tesch and Kim Turton. We'll continue to feature a doula every newsletter. In the meantime look for more information on these fabulous women on our website, www.childbearing.org.

Focus on:

Prenatal fitness

Question of the Quarter

Q: What are the best kinds of exercise for pregnancy? Is there anything I shouldn't do?

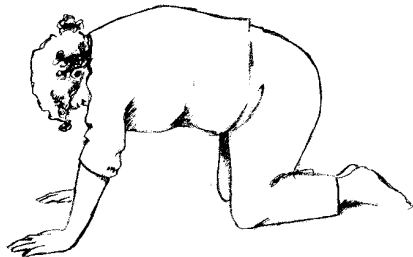
A: The short answer to your first question is "whatever kind of exercise you enjoy most." However, some caveats do apply.

Because your centre of gravity is continually changing throughout pregnancy, and because your ligaments are softer due to hormonal changes, you are more vulnerable to injury in some circumstances. It's therefore wise to avoid sports involving sudden shifts of balance and direction, such as racket sports, and those in which falls are more common, such as skiing or horseback riding. As your pregnancy progresses, you will also want to replace high impact activities like running with those that place less strain on the joints, such as walking or swimming.

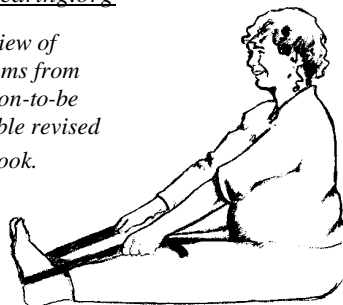
Having said that, all women are different, and each pregnant mother needs to assess her own levels of fitness and skill. A professional skier may not need to give up skiing altogether, but might limit her time on the slopes to easy recreational runs; a talented equestrienne would probably stop showjumping but continue to ride on the flat; and an experienced runner might decrease the length and intensity of her training sessions. However, pregnancy is NOT the time to take up running for the first time in your life!

If you are unsure about what is an appropriate amount of exercise for your fitness level your caregiver can give you some guidance. As a general guideline you should use the "talk test" when exercising: that is, you should only exercise to the point at which you can still carry on a conversation. If you're too out of breath to talk, you need to slow down, and give yourself and your baby a chance to recover oxygen.

Although most forms of exercise are fine for pregnancy, some are truly great. Swimming is wonderful for taking the weight off your joints, and the pressure of the water also relieves swelling. Yoga classes designed for pregnancy are excellent both for their gentleness and the relaxation and breath work which will help during labour as well (see our Business Directory on page 7 for yoga classes). Finally, walking is fabulous low impact exercise which relieves many minor pregnancy complaints, lightens your mood, and lowers your stress levels. Best of all, its free! JL If you have a question for us, send it to registrar@childbearing.org



A preview of diagrams from our soon-to-be available revised handbook.



These stretches and more are covered in our Healthy Pregnancy Class

models: Stephanie Ondrack & John Grindon; artwork: Jennifer Landels, 2005

childbearing profile:

Stephanie Ondrack, MA, CBE, CD (DONA) Secretary, Instructor, Doula



Stephanie has been with childbearing for the past year and has recently completed her teaching certification. She has been a doula for three years, and last year obtained her Childbirth Educators Certificate at Douglas College.

Stephanie believes that childbirth can be among the most rewarding and transformative experiences in the life of a family. She has a profound respect for the body's ability to grow, nurture, birth and nourish a baby. She also believes that babies are new persons who deserve gentle and compassionate treatment on their journey to life outside the womb. An avid reader of the latest books and research, Stephanie stays well informed on topics related to childbirth, breast-feeding and parenting.

The birth of her own daughter in 2001 inspired Stephanie to pursue her lifelong passion for the childbearing year, and we at childbearing feel blessed that she has brought that passion into our organization, both as secretary and as a teacher.

Stephanie is expecting her second baby in April, and we are excited for her as she launches into the next phase of parenthood!

Co-Sleeping – Making it Work and Making it Safe

by Elizabeth Pantley

from *Gentle Baby Care*

Question:

We're expecting our first baby soon and thinking about using a family bed. We've done a lot of research on the "whys" — and there's *lots* of information out there. But what about the practical tips? How do we set things up?

Learn about it

The family bed, co-sleeping, shared sleep — no matter what you call it, it means that your baby sleeps with you, or very close to you. The family bed is becoming more and more common (or perhaps it's always been common but more people are now talking about it.) Sharing sleep is very popular with parents (particularly nursing mothers) of young babies who wake throughout the night, since it allows parents to avoid getting up out of bed and traveling up and down a dark hallway. Co-sleeping is popular also with parents of older babies who enjoy the nighttime closeness with their child.

There are as many different styles of family beds as there are families! Here are a few of the typical sleeping arrangements:

The family bed: Parents and baby sleep together in one bed — usually king-sized.

Side-by-side: The child sleeps on a separate mattress or futon on the floor next to the parents' bed.

Sidecar: A cradle or crib is nestled adjacent to the parents' bed, sometimes with one side of the crib removed.

Shared room: The baby and parents have separate beds in the same room.

The use of these arrangements varies from home to home also. Some of the common sleep situations are:

Shared sleep with the baby during the night and for naps.

Part-time shared sleep for either naps or nighttime only, or some of both, with baby in a crib, cradle or other place for other sleep times.

Mom's dual beds is a common setup in which Mommy has one place where she sleeps with the baby, and another where she sleeps with her husband. She moves back and forth between beds based on how often the baby wakes up and how tired she is on any given night.

Musical beds are a common arrangement. There are several beds in different rooms, and parents and baby shift from place to place depending on each evening's situation.

Occasional family bed is when the baby has her own crib or bed but is welcomed into the parents' bed whenever she has a bad dream, feels sick, or needs some extra cuddle time.

Sibling bed is often a natural followup to the family bed. Older children share sleep after they outgrow the need for the parents'

bed or the sidecar arrangement.

How to decide

Every family has different nighttime needs. There is no single best arrangement that works for all babies and parents. Even within a family, there may be several "right" options to choose from. The key is to find the solution that feels right to everyone in *your* family.

It's very important to eliminate your need or desire to satisfy anyone else's perception of what you *should* be doing. In other words, no matter what your in-laws, your neighbours, your paediatrician, or your favourite author says about sleeping arrangements, the only "right" answer is the one that works for the people living in your home.

Making it safe

If you decide to have your baby sleep with you, either for naps or at nighttime, you should adhere to the following safety guidelines:

- Your bed must be absolutely safe for your baby. The best choice is to place the mattress on the floor, making sure there are no crevices that your baby can become wedged in. Make certain your mattress is flat, firm, and smooth. Do not allow your baby to sleep on a soft surface such as a waterbed, sofa, pillow-top mattress, or any other flexible surface.
- Make certain that your fitted sheets stay secure and cannot be pulled loose.
- If your bed is raised off the floor, use mesh guardrails to prevent baby from rolling off the bed, and be especially careful that there is no space between the mattress and headboard or footboard. (Some guardrails designed for older children are not safe for babies because they have spaces that could entrap babies.)
- If your bed is placed against a wall or other furniture, check every night to be sure there is no space between the mattress and wall or furniture where baby could become stuck.
- Infants should be placed between their mother and the wall or guardrail. Fathers, siblings, and grandparents don't have the same instinctual awareness of a baby's location as mothers do. Mothers, your little one should be able to awaken you with a minimum of movement or noise. If you find that you are such a deep sleeper that you only wake when your baby lets out a loud cry, you should seriously consider moving baby out of your bed, perhaps in to a cradle or crib near your bedside.
- Use a large mattress to provide ample room for everyone's movement.



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- ❑ Consider a sidecar arrangement in which Baby's crib or cradle sits directly beside the main bed as one option.
- ❑ Make certain that the room your baby sleeps in, and any room he might have access to, is child-safe. (Imagine your baby crawling out of bed to explore the house as you sleep. Even if he has not done this — yet — you can be certain he eventually will!)
- ❑ Do not ever sleep with your baby if you have been drinking alcohol, have used any drugs or medications, are an especially sound sleeper or if you are suffering from sleep deprivation and find it difficult to awaken.
- ❑ Do not sleep with your baby if you are a large person, as a parent's excess weight has been determined to pose a risk to baby in a co-sleeping situation. While I cannot give you a specific parent's weight to baby ratio, examine how you and Baby settle in next to each other. If Baby rolls towards you, if there is a large dip in the mattress, or if you suspect any other dangerous situations, play it safe and move Baby to a bedside crib or cradle.
- ❑ Remove all pillows and blankets during the early months. Use extreme caution when adding pillows or blankets as your baby gets older. Dress Baby and yourselves warmly. (A tip for breastfeeding moms: wear an old turtleneck or t-shirt, cut up the middle to the neckline, as an undershirt for extra warmth.) Keep in mind that body heat will add warmth during the night. Make sure your baby doesn't become overheated.
- ❑ Do not wear any night-clothes with strings or long ribbons. Don't wear jewelry to bed, and if your hair is long, put it up.
- ❑ Don't use strong perfumes or lotions that may affect your baby's delicate senses.
- ❑ Do not allow pets to sleep in bed with your baby.
- ❑ Never leave your baby alone in an adult bed unless it is perfectly safe. For example, place baby on a mattress on the floor in a childproof room, when you are nearby or listening in with a reliable baby monitor.

- ❑ As of now there are no proven safety devices for use in protecting a baby in an adult bed. However, as a result of the great number of parents who wish to sleep safely with their babies, a number of new inventions are beginning to appear in baby catalogues and stores. You may want to look into some of these nests, wedges and cradles.

When to make changes

Sleeping situations tend to go through a transformation process throughout the early years of a baby's life. Some families make a conscious decision to co-sleep with their babies until they feel that their children are ready for independent sleeping. Some families make modifications as their babies begin to sleep better at night. Other families move their babies to cribs to accommodate a need for private sleep. The best advice is, go with the flow — and make adjustments according to what works best for you.

For more information*

The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night

By Elizabeth Pantley (McGraw-Hill/Contemporary Books, March 2002)

Nighttime Parenting: How to Get Your Baby and Child to Sleep

By Dr. William Sears (Plume, November 1999)

Good Nights: The Happy Parents' Guide to the Family Bed (And a Peaceful Night's Sleep)

By Jay Gordon (Griffin Trade Paperback, July 2002)

ca Elizabeth Pantley

Excerpted with permission by from *Gentle Baby Care*,

Elizabeth Pantley, © 2003, McGraw-Hill.

Website: www.pantley.com/elizabeth

**Ed Note*: also check out the findings at Dr James

McKenna's *Mother-Baby Behavioural Sleep Laboratory*

<http://www.nd.edu/~jmckenn1/lab/>

Caregivers we love: Dr Rachel Craggs

by Maryann Dyer

This birth story was sent to Aleksandra Henderson from a participant in one of her weekend workshops.

"How did it go?", you ask.. Well short story is "It went well."

The Long Story

I had started pains on the afternoon of September 9th... really thought they were serious from 4pm onwards. As books suggest I did "light housework" – some man definitely wrote that... I washed my bathroom floor and made some cookies. The former proved to be a complete waste of time by the time our home labouring was over!

The cookie making was worth it: I ate a lot of those oatmeal cookies in early labour and used them to charm hospital staff after. They are now called Nora cookies.

Anyway... John started timing things around 9pm and we called our doctor, the fantabulous Rachael Craggs, around 11pm. Rachael reminded me that the only thing worse than being 2cm and sent home from the hospital is being 3cm and staying! Right, I know. She also advised me I would be up all night and just remember.. I'll sleep tomorrow. I should call her later.

OK let's keep to it John... We walked and I sat in the tub.. Boy did my cats look concerned at all my

moaning and whining. I walked some more. Nearing 3am I was shaking like a leaf and tiring out -- I think I had three baths, all with worried cats staring in at me from the edge in the half light. We all had had enough so called Dr Craggs again. She told us to go to the hospital and she'd see us soon.

We got to Women's about 4am and ponied up to be checked out. The dilation lottery came back as: "You are at 6 to 7cm, the baby is in a good position and it won't be long now.."

Yahooo! I was very happy. We had accomplished what we wanted. Then we had a bit of a hassle: you have a room, you don't have a room, you have a room, you don't-- why don't you go

walk around the lobby. It was very busy and I figure that at that point nursing staff were pretty unsure how to prioritize all of us. Women were birthing all over. I tried to be a patient patient.

Dr Craggs arrived around 5am. She was not happy with our setup there in admitting. She helped me get more comfortable and checked my dilation – no change. We needed to move. With her support we did get a room just after that in Cedar. Also what I wanted: labour, deliver and stay in the same room, yay!

Convinced good accommodations and shower would progress labour along we all made it the room. Shower, contract, no change, shower, some gas, contractions, but no luck -- 11 am and I appeared stuck and at this point. The baby had turned too. Oh no, this is taking an unfortunate turn, pardon the pun.

Rachael gave John and me the options. Was some pain management needed? An epidural maybe? We did not want that. What to do?

We asked for a bit of time. John and I talked. Rachael and I talked, Rachael and John talked. We talked with our nurse Carrie. What to do?

John was particularly concerned and distressed, tiring at the sight of the pain I was in. Pretty clear on our hesitancy, I could see Rachael reading over our birth plan again and trying to come up with an alternative. Then she suggested an idea. It is a technique of lunges you can use to move the baby. I hung on John and with one leg on a chair lunged forward, yelling out with my contractions. It did move the baby. It helped me go for broke. In about one hour the baby was back in its best position and I was 9 cm.



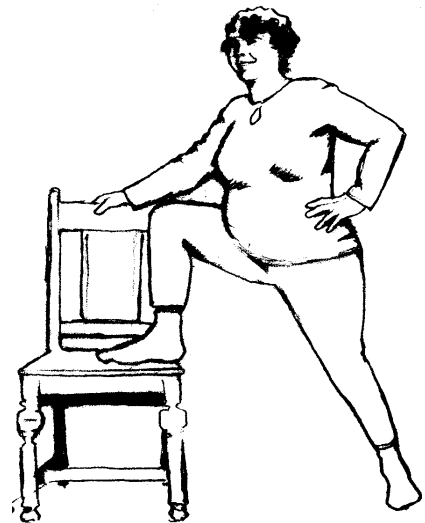
Dr Craggs with baby Nora, and proud parents John & Maryann

Shortly after pushing began and within one and half hours (afternoon of September 10th) our daughter was here. We had a paediatrician attend because there was some meconium but our doctor made sure he would do all the checks at my bedside. When Eleanor came out she was good and pink and screaming. The paediatrician was satisfied she was quite OK. So they did a bit of suction there with the umbilical cord still attached. She was passed to me right away. John cut the cord after a bit and my baby and I tried a bit of nursing *toute de suite*. It was about 22 hours from 'first pangs' to 'it is all over'.

I did not really realize going in WHY I wanted natural childbirth but in retrospect I was so glad I had that (you said the gas doesn't count, right? ☺). I am convinced that the results were the best ones for my health and recovery and that of our baby. She is so healthy and strong. I am very blessed.

Thank god I had John's help to make it happen -- you schooled an excellent birth partner there. Add to

The lunge position that literally turned Maryann's labour – and baby Eleanor's head – around.



this I think I have a darn fine doctor. She is one of a kind. We all debriefed at the appointment a week or so later and really marvelled at how well and sort of quickly things went. When my peers are shocked I didn't really take any drugs I discourage them from thinking I am especially tough. All their labours were likely 'harder' than mine. While a natural labour may seem more painful I don't really think it has to be. Besides it's true: when they get here you forget all about the pain, but stitches/scars are forever.

Breastfeeding is also going well and baby is six weeks old tomorrow. She is the love of my life and for the moment a sleeping-through-the-night-angel. I can't complain about the schedule as her long rests at night mean she is up much of the day and darn it, no chores for me; I have to feed, clean or play with my baby all day ☺. But we will see what tomorrow brings.

Remain flexible; that was definitely the best advice.

✂ **Maryann Dyer**

PS. I highly recommend medical care provided by members of the **Family Practice Maternity Service** call group <http://www.cw.bc.ca/fpms/> who are all terrific practioners in my opinion. MD

Ed note: in our opinion too! JL

Nora Cookies ... or Oatmeal treats to kill time in early labour...

- 3/4 cup butter, softened
- 3/4 cup lightly packed brown sugar
- 1/2 cup granulated sugar
- 1 egg
- 2 tblsp water
- 2 tsp vanilla
- 3/4 cup flour
- 3/4 tsp baking soda
- 1 1/2 tsp cinnamon
- 3 cups oats (quick or large flake, I use 2 cups large and 1 cup quick)
- 1 1/2 cups raisins

1. Preheat oven to 350.
2. Cream butter, sugars, egg, water and vanilla together on medium speed in a mixer until fluffy. Combine flour, soda and cinnamon. Add to creamed mixture and beat until blended. Stir in oats and raisins.
3. Drop by the tablespoonful onto an ungreased baking sheet. For chewy version bake as is.. for crisp cookies press the drops flat before baking.
4. Bake at 350 for 12-19 minutes.

Makes about 30 cookies.

Business Directory

Caroline Abrams, DO, DPO, Family Osteopath	info@carolineabramsosteopathy.com	604-730-5950
Lyne Lantaigne Yoga	ekayoga@creativite.com	604-767-6242
Maternal Instinct Urban Maternity Wear	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
Urban Yoga, Janice Clarfield	urbanyoga@uniserve.com	604-739-6664
Yoga West of Vancouver	2662 W 4 th Ave, Vancouver	604-732-9642

Community Resources

<u>Information and Counselling</u>		
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

Our **Parent-to-Parent** notices are posted free of charge. If you have a notice, need or request 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.



SKIPPERS (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. Sign up to the email bulletin board at www.vcn.bc.ca/skippers.

YOUNG MOTHERS' SUPPORT GROUP For mothers under the age of 25. Call Jackie at 604-874-4485.



Coming events

VANCOUVER TWINS AND MORE CLUB presents: **Moms' Night Out** - Thursday, January 27th, 7:30-9:30pm at Sweet Revenge Tea House, 4160 Main Street (near King Edward Ave). Please RSVP Grace at mgburns@telus.net so she can make reservations.
Feb 6, Kitsilano Neighbourhood House, 7th & Vine, 2-4pm - Group Q&A Discussion: New and veteran parents of multiple birth children exchange questions and ideas. Come with your nagging questions or expertise! Social and snacks, as usual.

Prenatal Class Schedule (updated January 2005)

<p>Healthy Pregnancy Class</p> <p>Content: <i>Mums only class.</i> Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies</p>	<p>2 sessions 2 hours each</p>	<p>Locations: ¹<i>Bayview</i> 2251 Collingwood ²<i>Maternal Instinct</i> 3673 W 4th Ave ³<i>Mount Pleasant Neighbourhood House</i> 800 East Broadway</p>
	<p>Cost: \$50* <i>*Included free of charge with weekly series or weekend workshops.</i></p>	
	<p>Time: 7:00pm – 9:00pm</p>	<p>Jan³ T 18 Jan & 1 Feb Mar¹ W 9 & 16 Mar May¹ Th 5 & 12 May July² Th 7 & 14 July Aug² T 16 & 23 Aug</p>

<p>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 .</p>	<p>10 sessions: 7 Evening classes (2hrs ea) 2 Healthy Pregnancy sessions 1 Postpartum Reunion Cost: \$175 Time: 7:00pm – 9:00pm Locations: ¹<u>Bayview</u> 2251 Collingwood ²<u>Maternal Instinct</u> 3673 W 4th Ave ³<u>Mount Pleasant Neighbourhood House</u> 800 East Broadway</p>	<p>Winter³ W 19 Jan – 2 Mar Early Spring¹ Th 3 Feb – 17 Mar Spring¹ T 1 Mar – 26 Apr* *no classes 22 & 29 Mar Late Spring¹ T 3 Mar – 14 Jun Early Summer² M 13 Jun – 8 Aug* *no classes 11 Jul & 1 Aug Mid-Summer² T 12 Jul – 23 Aug Late Summer² Th 28 Jul – 8 Sep</p>
<p>Weekend Workshops Content: Same as for weekly series; slightly condensed format: breastfeeding not covered, but cost includes Friday night breastfeeding class. Handbook & audiocassette included.</p>	<p>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</p>	<p>Location: <u>3285 Victoria (at 16th)</u></p> <p>Jan 22 & 23 Jan Feb 26 & 27 Feb Mar 19 & 20 Mar Apr 16 & 17 Apr May 14 & 15 May</p>
<p>Breastfeeding Nights Content: <u>Mums only class.</u> Partners welcome if space permits. Covers breastfeeding basics; troubleshooting; breastpumps & returning to work; special needs; colic & sleep issues.</p>	<p>1 session: Friday Night 2 hours Cost: \$25* *Included free of charge with weekend workshop Time: 7:00-9:00pm</p>	<p>Location: <u>3285 Victoria (at 16th)</u></p> <p>Jan 21 Jan Feb 25 Feb Mar 18 Mar Apr 15 Apr May 13 May</p>
<p>Postpartum Classes Content: <u>For parents with babies who are not yet walking.</u> Covers infant feeding, sleep, health and safety, colic & crying, attachment, and infant development, as well as open topics.</p>	<p>4 sessions: 1 ½ hours each Cost: \$36* *Free for parents of babies under 1 month. Time: 10:00 – 11:30am Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway</p>	<p>Feb M 7- 28 Feb</p> <p>Classes will be ongoing after the pilot period.</p>
<p>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</p>	<p>Private Classes Cost: \$15 + \$30/hour Minimum 2 ½ hours. Does not include materials (optional: \$25)</p> <p>To register, or for more information: (604) 878-1031 www.childbearing.org</p> <p>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>