

#### The newsletter of the Lower Mainland Childbearing Society

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## Focus on Breastfeeding

I breastfed for nine years. Okay, it wasn't all the same child, there was a two-month break somewhere in there, and by the time the last one weaned it was a very casual "only if I'm ill, hurt or sad" affair; but still, nearly a decade in nursing bras seems a long time, especially to those of you who may be struggling with latch, sore nipples, and nighttime feedings.

Believe me, it gets easier. I'm extremely lazy, and if breast feeding were as hard during those nine years as it was in the first weeks, you can bet I would have cut the kids off a lot sooner, rather than letting them decide when to wean.

In fact the rewards of breast feeding for both mother and baby (and, yes, for father too) are so great they far outweigh any initial difficulties.

In this issue we have two breast feeding stories: one chronicling the

monumental difficulties our own Stephanie Ondrack had breast feeding her first daughter; the other tender musings by Lesley Chow as she comes to the end of the nursing relationship with her son. Also, our question of the quarter asks, "Is there harm in just one bottle?"

Sara Whalen, the author of "My Birth Story – I think" has this breastfeeding advice to offer:

"If you find it hard to begin with stick at it: it gets easier. After a while I discovered breast feeding was great for a lazy person like me. It's pre-packaged and ready to go.

In the beginning I found it difficult so I set goals for myself. First I said, 'I can make it to six weeks.' Then I said, 'I can make it to three months.' Then I said, 'six months and that is good for me.' At six months, I thought, no way am I stopping now this makes life so easy. Emmy breastfed until 13 ½ months and then went to milk in a sippy cup. She never took to a bottle."

We hope the stories in this issue offer hope, encouragement and inspiration for whatever stage of nursing you're at, whether you're learning to latch on, learning to let go, or somewhere in between.

🛚 Jennifer Landels, Editor

Lower Mainland Childbearing is: Diane Donaldson, *President, Treasurer*; Aleksandra Henderson, *Doula Rep.;* Jennifer Landels, *Registrar, Newsletter Editor*; Stephanie Ondrack, *Secretary, Marketing Director*; Susan Woodhouse, *Packages.* Instructors: Mary Coll, Aleksandra Henderson, Jennifer Landels, Stephanie Ondrack.



# childbearing news

#### New Teacher

Mary Coll has done a fabulous job on both her CBE and **childbearing** practicums and we're pleased that she'll begin teaching full classes for us with the Winter Series.

#### **Research Results**

**Breastfeeding Lowers Stress Levels** in both mother and baby according to a Montreal study. According to Claire-Dominique Walker, PhD of the Douglas Hospital Research Centre "Our work now shows that there is a reciprocal benefit of breastfeeding to the mothers - they react less to stressful situations. This means they will focus more on their children and have more energy for activities such as attending to their infants and producing milk - this is an obvious gain for the children." For more information on this study, contact: Stephanie Lassonde, Douglas Hospital Media Relations, 514-761-6131 x2747.

As if that wasn't good news enough, researchers have also found **breastfeeding reduces risk** of Type II Diabetes in mothers as well as in infants. (Journal of the American Medical Association, Vol. 294, no 20, Nov 23/30 2005 http://jama.ama-assn.org/cgi/ content/short/294/20/2601)

#### Conference News

The Breech Birth Conference has been rescheduled for March 20<sup>th</sup> & 21<sup>st</sup> 2006, with speakers from around the world scheduled to present. For more info go to: http://bbc.resist.ca

#### Pregnancy Studies Pregnancy, Health, and Air Pollution (PHAIR)

Are you interested in our urban environment and how it affects lf so, you may your health? consider participating in a UBC research study looking at Pregnancy, Health, and Air Pollution). The study is looking for volunteers who are in their first or second trimester of pregnancy, and you would be asked to wear an air-sampler on three occasions to measure how much air pollution you encounter in your daily activities. For more information see.

www.cher.ubc.ca/PHAIR or call Sara Leckie at 604-822-1274.

#### International Trial for the Prevention of Preeclampsia (INTAPP)

If you are under 18 weeks pregnant you may be eligible to participate in a study assessing the potential benefits of antioxidant supplementation (vitamins C & E) for the prevention of hypertension in pregnancy (preeclampsia). For more info: www.obstgyn.ca/

<u>mfmresearch/INTAPP</u> or contact Pia Ganz at 604 875 2345 x6390 or pganz@cw.bc.ca

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#### 80 Letters & Announcements 03

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

#### Hi Jennifer,

Our baby girl Michaela Hanna Whitfield was born on 30 August! We had a natural birth with no medication, labouring at home until 8 cms. I do believe that learning so much from your and Aleksandra's classes really prepared us for what to expect: invaluable, and definitely the best money we spent in pregnancy. I also believe that the raspberry leaf tea really helped, as did the Escents labour oil during early/active labour. We only had 3.5 hours at the hospital (including an hour of pushing). The hydrotherapy (bath at home and shower at the hospital) really helped too. I couldn't stay still during a contraction, had to be on my feet and moving, then stop and lean on

doula profile: Kim Turton



Kim Turton has five boys: her first was born via caesarean section; the others were VBACs. Now that they are growing into teenagers she has lots of time to dedicate to other women. Kim was trained as a birth doula in June 2001 and has been attending births since then. In addition she has taken the Breast Feeding Counselling course and offers Post Partum Doula work. Kim is fascinated with the process of labour, and with the miracle of birth. Kim's compassion, understanding, and personal extensive experience are available to you as you go through this unique experience.

#### Qualifications

80 DSA Member

- Douglas College Doula Training
- Douglas College Breast
  Feeding Counsellor
- 80 Mother of five

something during the contraction. Counter-pressure was out of the question. I stayed hydrated and made sure I ate and drank enough (oatmeal and crackers, raspberry leaf tea and water) at home, then mints and Gatorade and ice water at the hospital.

Dr. Renee Hall was terrific: very

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#### Newborn Michaela

present during my time at the hospital, attentive and complying with our wishes for our birth. My water only broke at 9 cms, which was lucky because Michaela had passed maeconium in utero and the cord was also around her neck. Her heart rate staved strong the whole way through. Near the end my cervix started to swell and the doctor mentioned perhaps needing to administer pain relief, but luckily she was able to manoeuvre the cervix to behind the baby's head manually during a contraction.

Stew was amazing at my side. The doctor and nurse joked afterwards that he should become a doula. He was such a rock for me, suggesting different coping methods, massage, getting me drinks, doing what I needed him to do including getting into the shower with me in jeans and boots (my contractions were too close together and I didn't want him to leave my side).

It was wonderful to be able to stay

### Focus on:

#### Only the Breast Will Do!

Do you remember that movie with Brooke Shields, *The Blue Lagoon*? There was a scene in which the two marooned naifs, now grown up but still disturbingly childlike, ingenuously pop out a baby but despair when the baby won't eat mango, lobster or whatever other tropical island fare they offer. And then, as Brooke Shields loses hope and embraces the hungry infant to down in the birthing room for 2.5 hours afterwards before being moved upstairs, and great to have so much time to bond skin-on-skin with Michaela. I breastfed her within 20 minutes of birth. She had a strong rooting instinct and latched on easily right away. Michaela is gaining weight well (she's a week old today). The public health nurses are fantastic! Breastfeeding is going well too - we



#### Michaela's first bath

were worried at first about her intake, struggled a bit with position and latch, but have eased into a rhythm now. She doesn't wake every two hours and was really sleepy at first. It was only into her third day that she would rouse more easily for feedings, and even then it wasn't every two hours, it was every 3.5 or 4.

Last night we made it out of the house for our first walk. It's a bit scary to venture out, but confidence will come.

What an experience! We're so happy with how things turned out!

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Thank you again for everything. We will definitely be recommending your courses whenever we can in future.

take care, Anja Rosenke

### Hello to all from Kim and John Olson!!!

As proud new parents, we are very happy to announce that Kim has delivered a happy and healthy baby boy. After 19 hours, and at 1:21 pm on September 9th, little baby Nicholas Alexander Olson came into the world. Nicholas weighs-in at 7 lbs, 1 ounce, and Mom and Nicholas are both very happy and healthy. Dad and Bodhi the dog are a little tired, but otherwise doing well also.

Attached is a picture of little Nick, the first one for the album,

Kim, John, Nicholas, and Bodhi the dog



Nicholas Alexander Olson

### Breastfeeding

#### by Stephanie Ondrack

Madonna nursing her peaceful little blessing while cherubim strum gently in the wings. And even my occasional visits to farms or the PNE had me witness cows continue grazing or sows continue sleeping while their new progeny virtually self-serve at mama's drive-through. It all makes breastfeeding appear, in a word, easy.

And why shouldn't it be easy? After all, female mammals have been

her airbrushed bosoms, oops! The baby finds its manna and begins to suckle serenely. Brooke looks up in wonder, her face full of confusion, but the baby seems to know what he is doing as he nurses contentedly at his bewildered mother's breast.

Before the birth of my own little nursling, the vague notion I had of breastfeeding was composed of a melange of such images. There are infinite illustrations of the blissed-out

doing it for millennia and our young have survived. So as the birth of my own little mammal approached, breastfeeding was not one of the many new-baby topics I dwelled upon. Oh, I was not completely uninformed. I cursorily read the chapter on breastfeeding in my pregnancy and birth book, I paid attention in pre-natal class when the instructor covered the breastfeeding module, and I watched closely when my doula showed me proper positioning techniques with a bright orange crocheted breast and a shockingly ugly rubber baby. But somehow, I still came away with the impression that breastfeeding is a natural process, and should therefore come, well ... naturally. After all, with my first live birth to look forward to, which would result in an actual live baby to take care of, breastfeeding seemed to be very low on my list of concerns.

It shot quickly to the top of the list, however, when after eighty-five hours of labour (that's a different article) our new baby girl emerged and did not seem able to latch on at all, even after a full day of trying. She seemed to just slide off the breast as soon as she would start to suck. My husband was on the phone with La Leche League, I searched through a book on breastfeeding, and the valiant nurses were trying every trick in their collective wealth of experience to help my baby get milk. But try as we all might, we could not manage to feed my increasingly hungry little offspring.

At some point during my distressed and, I imagine, famished baby's second day of life, and my second day really understanding the term "frantic," the nurses wheeled in what appeared to be an industrial grade milking machine. I only briefly wondered where the cow was before my own udders were hooked up and I become a dairy factory of one. Since my milk had not "come in" yet, it was a lengthy process. Lengthy in that it took a long time to milk thirty cc's out of me while I chewed my cud, and lengthy in the sense that my usually roundish breasts were contorted into something long and vaguely hot-dog shaped as they were sucked and pumped ruthlessly into this machine. Breasts no longer-I now had teats. It was a sobering sight.

Our beloved, undernourished baby's weight dropped alarmingly low even as I pumped relentlessly, every three hours, around the clock. No one seemed able to help us. I scrutinized many excellent books on breastfeeding, but none seemed to address the specific trouble we were having, and our otherwise top-notch hospital did not have a Lactation Consultant on staff. We continued to try to nurse our unsatisfied baby, but attempts the constant merely frustrated her to the point that the very sight of a breast looming towards her sent her into shrieks of protest, and she would punch and kick in fury at the well-intentioned bosom.

After several days, the pumping began to pay off and she started to retrieve a few of the precious grams she had lost. Encouraged by the slight weight gain, the hospital released us from their watchful detention on a Friday, and sent us home with an appointment for the following Monday at a Breastfeeding

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Clinic. Burdened by my continuing failure to nourish my baby the old fashioned way, we sent some friends out to rent us a hospital grade breast pump while we brought our new bundle-of-joy home.

All weekend, in between tried to pumping sessions Ι encourage my baby to breastfeed. We tried all the holds: football, cradle, cross cradle, side lying, prone, supine, chest to chest, clutch, sitting upright...We tried to prime her by letting her suck my finger and then, presto change-o, quickly swap it for a breast before she knew the difference...but to no avail. As further injury to my motherly ego, she had now come to loathe the breast, to fear and despise it. Her protests over being insulted with these mammary offerings grew more and more shrill and indignant until we had to admit temporary defeat, and stop trying until the breastfeeding doctor could give us guidance.

And give us guidance she did! She attributed challenges our primarily to the difficult birth (a rough forceps delivery), the medication needed for said birth (epidural), and the ensuing separation between my baby and me (for a couple of hours). She pointed out that my baby was having trouble maintaining purchase on my flat nipples (I was somewhat taken aback by this observation, but alas it is true). Apparently, pain medication used in labour often has this effect on babies-they don't attempt the exertion necessary to extract milk from the breast. She gave us a plastic nipple shield that the baby could latch onto that fit over the real thing.





#### Question of the Quarter:

#### Q: My baby is two days old and wants to nurse all the time! I am considering giving the baby a bottle of formula so that I can have a break. One bottle won't do my baby any harm, will it?

**A:** It may not, but before deciding to give your baby formula you should understand the risks involved:

**The Immunological Risk:** Breastfed and formula fed infants have different gut flora. Breastfed babies have a lower gut pH (acidic environment); whereas formula fed babies have a high gut pH. When breastfed babies are given formula within the first seven days of life, their gut flora takes on the characteristics of a formula fed infant's. The gut does not become as acidic as that of an exclusively breastfed baby.

What does this mean? Your baby's gastrointestinal system goes through major changes right after birth. The gut initially has junctions that are open (like holes) and vulnerable to things like diarrhoeal disease and allergies. Your colostrum (early breast milk) effectively coats the baby's gut and lines the holes, which provides protection from disease. Mother's colostrum is uniquely tailored to her own baby—the antibodies are specially targeted against pathogens in the baby's surroundings.

If any amount of foreign food is given (including formula)—no matter how small—before the natural closure of these junctions, the lining of the gut will be incomplete. The baby's gut flora will shift away from that of a breastfed baby and will take on the traits of a formula fed gut, with exposed 'holes' that are more vulnerable to certain kinds of illness.

For a healthy person with an otherwise strong immune system this might be of little consequence. But if your baby is predisposed towards certain conditions such as allergies or diabetes, the single dose of formula during this critical time could be the factor that decides whether or not he or she is affected later in life. If possible, it is safest to feed your baby nothing except breast milk for at least the first six months of life. If supplementation is needed in the first 48 hours, glucose-water is safer than formula.

The Risk to Your Milk Supply: Many babies do want to nurse all the time at first, which is how they communicate to your body to create the amount of milk they need. Milk production works on a supply and demand basis. Every time your baby suckles, it causes your body to produce milk. If a feeding is skipped (or substituted with a bottle), your body will think the baby needs less milk, and will therefore produce less. This is why it is important to allow your baby unrestricted access to the breast during the newborn period. If you can surrender to the task in the short term, it will pay off in the long term in the form of an abundant milk supply and a healthier baby.

The Risk of Confusion: The other danger is nipple confusion. It takes a very different latch to get milk from a bottle versus a breast. Babies that young can rarely go back and forth without difficulty. At best, you will develop sore nipples as baby tries to latch onto the breast as if it were a bottle. At worst, your milk supply may suffer or baby may start rejecting the breast in favour of the bottle.

Other Considerations: One reason your baby might want to nurse all the time could be that he or she is not getting much milk out of your breasts. This is almost never because you lack milk, but almost always because the baby is not latched on properly. If this is the case, resorting to a bottle will certainly make matters much worse. Instead, call in a lactation consultant, breastfeeding counsellor or someone who is qualified to help you and baby achieve a good breastfeeding latch. Also, please feel free to call your prenatal class instructor.

If you persevere with the breastfeeding it will get easier, and in time your baby will be less demanding. Above all, remember, this too shall pass.

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And over the next couple of months, she helped our baby overcome her passionate aversion to the breast. She helped me deal with the cracked nipple agony some women experience while learning to breastfeed. And best of all, she reassured me that we would eventually graduate from the nipple shield and that I would actually soon be able to nurse our baby al fresco, the traditional way. And when my baby was about three months old, all of our efforts paid off when she latched on to the unadorned breast for the first time.

Now, at nine months, my baby excels at breastfeeding. She nurses for nourishment, for comfort, for bonding, for pain-relief, for distraction, to settle down, to snack, to go to sleep, and to go back to sleep. She has not only made peace with the breast, she adores the breast. One could almost describe her as an addict. And breastfeeding has become so easy that I have trouble evoking the memory of how difficult it once was. Like the farm animals, I can now actually sleep through a feeding. And I can almost hear cherubim strumming in the wings while I relax into a side-lying nursing session. Breastfeeding is uniquely relaxing and uniquely rewarding, and I am fortunate that with perseverance we have been able to achieve success as a 'nursing pair'. Now my only question is, will she ever slow down?

#### ℴ Stephanie Ondrack

Stephanie is now the mother of two girls. Her second baby, Choral, latched on immediately after her peaceful home birth and has fed with gusto ever since. Reve, now four, did stop breastfeeding gradually and eventually – some time between 2<sup>1</sup>/<sub>2</sub> and 3 years old – in time for her sister to take over at the breast.

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### A Friend's Reflections on Nursing

This is a letter received by Mary Coll from a friend. To view the LLL article to which Lesley refers (as well as many other great breastfeeding stories) go to: <u>www.lalecheleague.org/NB/</u> NBJanFeb04p4.html

 ${\mathbb I}$  wanted to talk to you about something and since I can't sleep I thought I would send my thoughts out to you by email. It is about After Joshua's second nursing. birthday Norm and I spoke about the fact that he seems nowhere near weaning and that it would probably be another year or so. I was relieved to hear this as I have been wanting to wean naturally but I have also had some concerns. I often joke with others about how he will probably be nursing when he is a teenager. I know I am sensitive to how I perceive others may feel about him still nursing.

I find that when we nurse it is one of our closest times. It is the time that I will pray special thanks for having him and also a time in which I tell him how much I love him and how wonderful he is. That said, there has still been an uncomfortable thing around it for me. When he would say to me "wanna nurse?" I would often say, "not really - do you want to nurse?" And when he would say yes I would say ok. So there was a reluctance.

Deep down I guess I worried about whether it was a good thing or not that he was nursing; especially around him not being able to go to sleep without me. When I went to the La Leche meetings it was nice to be around others that nursed but I did not really understand what the benefit was to natural weaning. I guess to me it seemed like it made sense and that this would probably be a good thing. I knew that it would be very difficult to wean him at this stage – so I had to believe that it was a good thing.

The other day there were some emails from the La Leche League about a 17 year old who was weaning. One of the responders had put the La Leche League's website up and said there was a weaning area. I

decided to pull it up. There were numerous articles that had been their newsletter called printed in New Beginnings. I printed three of them - I chose them because of their titles. Well the first one called Letting Go a Weaning Story, by Lu Hanessian hit me so hard. It was so beautiful. When I read it - it spoke to me so powerfully. Her child reminded me so much of Joshua and suddenly I could see how wonderful breastfeeding has been for Joshua and for our relationship. I actually saw how it has affected his personality and how it has shaped my parenting. I was unaware of the connection and I was so blown away at this insight.

That night when Joshua asked, "wanna nurse?" I said "yes!" and I meant it. After we nursed we lay beside each other - only a couple of inches between our faces. He was smiling and he had his eyes closed. I revelled in his contentment. He opened his eyes and I beamed a smile at him. He closed his eves and a smile of complete delight covered his face. His body seemed to shake slightly with what seemed pleasure and he rolled over. I stroked his back and he went to sleep. I felt a shift had happened in me and it was positively affecting my wanting to nurse him. I now could see the benefits and I knew this was a good thing.

I showed Norm the article the other day and talked to him about this shift. He enjoyed the article and it was good to talk to him about it.

Then something strange happened. Two nights ago - I took Joshua to bed and I said to him do you want to nurse? He said no. I was so surprised. I think I asked him again after a few seconds and he said no again. I asked him if he wanted me to tell him a story, and he said yes. I made up a couple of stories and he went to sleep. He only woke up once that night and he asked to nurse, but after I came back from the bathroom he just held my hair and went to sleep.

### childbearing

#### by Lesley Chow

Last night he went to sleep again with me telling him stories. (It took about 30 minutes of storytelling). He actually slept through the night for the first time (10 hours). I could not believe it. He nursed in the morning, but for his afternoon nap Norm was able to tell him a story and we all three fell asleep together.

He actually only nursed once today. Again tonight he went to sleep without nursing. This is three nights in a row. I talked to Norm about it tonight. I think what has happened is that the shift I experienced is affecting him. I think before he probably felt a bit insecure with the nursing. He would often plead. Now I think he is feeling more comfortable that I am going to be there and he is able to say no sometimes.

My feeling is this probably won't last and that it may be just a stage but I feel pretty good. I think this article has helped me let go of my own feelings of how I think things are supposed to go around the nursing. It is such a gift.

As part of our night time routine - I have started lighting a candle, putting on soft music and saying prayers with Joshua. They consist of thanking God for each other and various times or things in the day. I'll start with something like "Thank you for Joshua" and he'll respond with "How about mummy?" I'll say "Thank you for mummy." Then he continues with "How about daddy?" "How about butterflies?", etc. etc. It is truly one of my favourite times of the day. A few days ago he surprised me by saying "Thank you for nursing". I was so touched. Now I see nursing as such a wonderful way to give and receive love, trust, patience, and so many other wonderful things.

I just needed and wanted to share this part of my journey with you. Thanks for listening, my friend.

**cs** Lesley Chow

### No. 9, Winter 2006 My Birth Story – I think

 $\mathbb{I}$  know this is over 2 years after the fact but I thought I would write what I can before any more of the memories start to fade. I decided to write this now because I just read the **childbearing** issue with all the home birth stories, and it reminded me of how completely opposite my birth experience was.

When my husband and I began Jennifer's class at the beginning of 2002 I planned on having a hospital birth with probably an epidural. As the class went on and I learned so much my husband and I started to wish we could have got a midwife but it was too late because of the high demand for them. Luckily we had a great doctor that used a midwife herself. We also started to think it would be nice to do this without any painkillers and a doula instead. At this point I think I was about 33 weeks along and we knew we had to get our butts in gear if we wanted a doula. I was feeling positive about a slightly more natural birth in a hospital.

While taking the class my daughter was head down the entire time so I figured I had no chance of a C-section because I had birthing hips and the baby wasn't going to be breech. Needless to say, I don't think I really listened when Jennifer talked to us about caesareans: I of all people figured I didn't really need to know about that. Think again.

At about 35 weeks I went in for one of my checkups and when the doctor was feeling my tummy for the baby's position she said, "I think this baby has turned bump down." I was thinking, "oh my god, she's turned breech, how could this happen, what about our plans." Sure enough we went in for another ultrasound and she was breech. After this my doctor let me know I would probably be going in for a scheduled caesarean, as is the practice in BC for breech births, like Jennifer said. But first of all we went for the last chance effort to change her position, and we were scheduled for a version. This is a painful procedure where they try to manipulate and turn the baby inside of you by pressing on your stomach. I think I crushed the poor nurse's hand. I was also prepped in case the baby went into distress and they had to perform the csection right away. The version didn't work and the baby was still fine. They sent me home and told me they would call me with a c-section appointment date but if I went into any sort of labour I would bump someone else that wasn't an emergency and the doctors would perform it right away. I left kind of dazed and realized I was really in for a c-



### childbearing

by Sara Whalen



The author, husband Kerry, and two-year-old Emmaleen

section. I was a bit scared, surgery and all, and didn't want a scar but I knew I could survive it. Just short of a week later I was called and they said I had an appointment for June 11<sup>th</sup> at 2:30pm for my c-section. Weird, I had a SCHEDULED birth. My original due date was June 19<sup>th</sup>.

Well, June 11<sup>th</sup> rolled around and so far no sign of labour. We packed up and headed to the hospital. After checking in I remember lying in a bed with a hospital gown on, joking around with my husband. It was weird to think that in a couple hours we would have our baby in our arms. I felt good but I was very nervous. Both of us were in good spirits. Before heading in for the caesarean we made sure we got one more quick ultrasound done just to make sure the baby hadn't turned head down again, no such luck. Then I was wheeled away into the operating room to get my spinal and my husband had to wait outside. It took almost half an hour for them to get the spinal in and it hurt a bit. They did a lot of poking and I could feel the blood running down my back. YUK. I'm not good with blood so when they placed the bloody gauze beside me I got a bit queasy and told them to move it ASAP. After the spinal took affect I was numb from the shoulders down (they did the ice cube test) and my husband was finally allowed in. At this point my memory gets a bit blurry due to emotions running high and, I'm assuming, the pain killers. My husband sat by me the whole time behind the little curtain. Finally at 3:25pm they quickly showed us our baby over the curtain. Then after that I heard her first cry. I told my husband to go over to where they were cleaning her up and make sure she was OK. I just kept asking him if she was OK and he kept on saving, "she is OK". Her clean-up was guick and while they were removing the placenta and stitching me up my husband held Emmaleen and sat beside me. It seems so surreal now. I was just so happy she was fine. I was fine and felt safe through the whole procedure.

After I was stitched up I was wheeled into recovery and the nurse helped me get Emmy latched as soon as I could move my arms. Soon after that I was moved to the Arbutus ward, I think, and that is where I stayed for the next four

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days. I was kept in a little longer due to my blood pressure going up after birth. When my blood pressure went down and my staples were removed I could finally go home. I was so happy to leave but a bit scared at the same time. Wow, did it ever feel good to sleep in my own bed.

To this day I do not know what labour feels like.

Sometimes I feel a bit cheated and feel odd when I talk about giving birth because I sometimes think I didn't really

### See How They Grow

give birth. I even wonder if my scheduled caesarean affected my bonding process, as I was one of the ones who had to learn to love this new person in my life. The first six months were very hard for me. I love my daughter more than anything in the world now. She is my sunshine.

I guess, whether a birth is natural or completely the opposite, the most important thing is the baby you get to hold at the end of it all.

🛚 Sara Whalen

This new section is devoted photos and updates from "graduates" of past classes. If you have photos of one-year (or two-, or three- or ten-year!) reunions, or stories and pictures to share of your growing toddlers (or teens!), please send them to <u>registrar@childbearing.org</u>. We'll print as many as we have room for. Please keep total file sizes to 1MB or smaller, and in jpeg or gif format if possible.



Jasmine Snow Bai (of our Spring 2005 issue), now 1 year old!!

#### 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**. We reserve the right to limit the number of notices printed, and to edit for space and clarity.

#### Coming events

**DIAPER-FREE WORKSHOPS** 21 Feb, 7:15 – 9:30pm at Mount Pleasant Community Centre, 3160 Ontario. \$25 per family Second workshop 21 Mar, time TBA. To register call 713 – 1888. For info contact DJ MacKinnon at skipdiapers@yahoo.ca

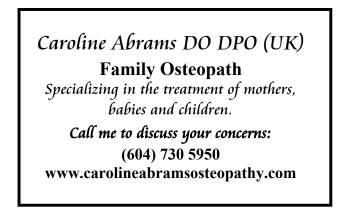




The Late Autumn Class of 2004 has a Hallowe'en reunion

ICAN (International Caesarean Awareness Network) of Vancouver meetings are scheduled for Thursdays, 19 Jan, 16 Feb & 23 Mar. Contact 604-734-ICAN or icanvancouver@shaw.ca for location or more info.

VANCOUVER TWINS & MORE CLUB next meeting will be Sunday February 5<sup>th</sup> 2-4pm at Kitsilano Neighbourhood House, 2305 Vine Street, Vancouver <u>www.vancouvertwins.com</u> or email mira@vancouvertwins.com.



### childbearing

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### **Business Directory**

### childbearing

Baby Gear		Child Care	
Sleepsacks	<b>Köhlrbaby</b> 604-317-5705 <u>www.kohlrbaby.com</u>	<b>Noah's Play Place Daycare</b> 778-233-9477 <u>ngmoore@shaw.ca</u>	
Health Care		Maternity Wear	
Acupuncture	Acubalance Wellness Centre 250-828 W 8 <sup>th</sup> Ave www.acubalance.ca 604-678-8600	Room For Two Maternity 1409 Commercial Drive 604-255-0508	
	A	Yoga	
Massage	Aurora Massage Therapy 210 – 2233 Burrard 604 734 4030 Linda Lalande, RMT 3623 W 4 <sup>th</sup> Ave 604 562 0612 Soma Studio 213 / 303, 1529 W 6 <sup>th</sup> Ave 604-738-1502	Lyne Lantaigne Yoga 604-767-6242 ekayoga@creativite.com Urban Yoga, Janice Clarfield 604-739-6664 urbanyoga@uniserve.com Yoga West of Vancouver 2662 W 4 <sup>th</sup> Ave 604-732-9642	
Osteopathy	Caroline Abrams, DO, DPO, Family Osteopath 604-730-5950 info@carolineabrams osteopathy.com	To place a <b>business card advertisement</b> or <b>directory entry</b> in the newsletter, email <u>registrar@childbearing.org</u> or call 604 878 1031	

### **Community Resources**

Information and Counselling		Twins and More Club www.vanco	ouvertwins.com
B.C. Women's Breastfeeding Clinic	604-875-2424	Vancouver Breastfeeding Centre	604-875-4678
B.C. Women's Lactation Consultants	604-875-2282	Volunteer Grandparents Association	604-736-8271
Breast Milk Bank 604-87	5-2345 Ext 7607	Westcoast Family Resource	604-255-9568
Dial-a-Dietician	604-732-9191		
Family Place (Westside)	604-738-2819	Prenatal Classes	
Family Place (Eastside)	604-872-6757	Lower Mainland Childbearing	604-878-1031
Family Services of Vancouver			
1616 West 7 <sup>th</sup> Ave	604-731-4951	Doula Referrals	
202-1193 Kingsway	604-874-2938	Doula Services Association	604-515-5588
Infant and Child Seat Information		Lower Mainland Childbearing	604-878-1031
BCAA Consumer Service	604-298-2122		
	604-298-2755	Vancouver Coastal Health	
Safe Start Programme, BC Women		Vancouver Health Department	604-875-6381
ICAN Vancouver (Caesarean Awarene	ess)604-734-4226	Burrard Health Unit	604-736-9844
Post Caesarean Birth Support	604-433-5827	East Health Unit	604-872-2511
La Leche League	604-736-3244	Mid-Main Health Unit	604-261-6366
Newborn Hotline	604-737-3737	RavenSong Health Unit	604-709-6400
Pacific Postpartum Support Society	604-255-7999	North Health Unit	604-253-3575
Parents in Crisis Line	604-669-1616	South Health Unit	604-321-6151
Support for Grieving Parents		West Health Unit (Pacific Spirit)	604-261-6366
Rob & Jill Mullen	604-986-5012		
BC Children's Social Work 604-87	5-2345 Ext 7358	Note: Your Community Health Nurse ha	is further
BC Women's Social Work 604-87	5-2424 Ext 6161	information on local resource	

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### Prenatal Class Schedule (updated January 2005)

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