

childbearing

The newsletter of the Lower Mainland Childbearing Society

Ch-ch-changes...

The one constant in parenthood is change. Your body changes in pregnancy, your baby changes from newborn to rugrat to toddler: and that's only the beginning.

School years zip by in ever-accelerating progression and you watch in shell-shocked awe as your sweet and sticky preschooler metamorphoses – or mutates, some might say – into a precocious pre-teen, a surly adolescent and eventually (one hopes) a full-fledged adult of the human race. It's an ongoing struggle trying to keep up with these flying changes: no sooner do you feel secure in the saddle, having mastered this gait of child development, than the pace changes again, throwing you off balance. Still, as fondly as you remember the newborn nursing in your arms or the pudgy toddler fingers clinging to your own, you never for a moment want to turn back the clock and reverse those marvellous metamorphoses of growing up.

This newsletter has been my baby since its inception five (is it really five?) years ago. While obviously not as dear to my heart as my flesh and blood children, I am nonetheless fond of it. Like my children it has induced moments of pride and joy and moments of hair-pulling frustration in equal measure. But the time has come for me to loosen the apron strings and share the care of this little five-year old with someone new: the wise and competent **Stephanie Ondrack**. Think of her as the kindergarten teacher, or better yet the elementary school principal, who will guide and shape the next years of development. But of course I'm not abandoning my child altogether: Stephanie will be responsible for the brain matter, or editorial content; while I will continue to strive to see the newsletter arrives on your doorstep in clean(ish) clothes with a smile on its face, and, with

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luck, in a more or less timely fashion. For short, just call me the production department.

To mark this handover, what could be more appropriate than an issue devoted to the huge changes of infant development? We have an article by **Dr Mia Kalef**, covering development both in and out of the womb and a discussion of toddler tantrums in our Question of the Quarter. Childbearing Grad **Kerry Longia** gives us the ins and outs on baby-led weaning; and another of our new parents, **Trish Garner**, brings us a guide to the not-often-discussed, but more common than we think intersex baby. And as always we have a pair of beautiful birth stories to inspire you!

So without further ado, with some adieu, and with only one more mixed metaphor I pass the reins of this baby over to Stephanie.

✉ Jennifer Landels

Maria demonstrates Baby Led Weaning with her first ever apple!

childbearing news



Congratulations and Welcome!

The Childbearing Society is pleased to introduce the latest member of our team. Some of you may have already met **Molly Eitzen** during her practicum. A former attendee of our classes, and trained as a midwife, Molly is the first graduate from our new apprenticeship programme and a welcome addition to our group. We count ourselves fortunate that she has chosen to share her wisdom, experience, and passion for pregnancy and birth with us.

✧ *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

Thank You!

Dear Childbearing Team:

I'm not the most articulate but bless you! You are miraculous people and I so admire the passion you have for your jobs. We are so fortunate to have you! You helped bring my little Adam, my miracle into this world and have a great start to his life! Everything in the package that you offer is incredibly valuable. You make a significant contribution to new parents and babies. I am spreading the word about you. If there is anything we can do to give back to you let me know. I want to especially thank the childbearing team members who helped me through this whole journey so far: Katy, Aleksandra, Mary, Stephanie, and Susan.

Monica Luu



Not so Friendly

The first nurse right after my Caesarean tried to put our brand new baby on my breast and asked me if I could feel it – and of course, after surgery, I couldn't feel anything. She then proceeded to try and bottle feed her (I'm assuming it was formula) and she gave up shortly saying the baby was choking on the nipple. She then cup fed her with a little plastic shot glass. We were instructed to continue cup feeding her formula. Once I arrived in the room I was to recover in, not much effort was made to get me breastfeeding, nor was I offered a pump to start using.

It wasn't until about two days later that our doula came to visit and asked if I was pumping. I didn't even know they had pumps for us to use there? The baby was small (placenta had stopped working) and so this first stage of eating was so important. We tried cup feeding, but she spit out more than she consumed. I then asked for a syringe – this worked much better (all the while – formula). By this point they had been pricking her heel every 4 hours to check her blood

the childbearing society presents

Another Birth ...

A refresher prenatal class, perfect for second (or more) time parents



- ✧ *Finding ways to honour this pregnancy and celebrate its distinctness*
- ✧ *Summoning up those old birthing techniques and learning new ones*
- ✧ *What worked last time ... and what didn't*
- ✧ *Coming to terms with your previous birth experiences; letting go and looking ahead*
- ✧ *Breastfeeding all over again (or for the first time)*
- ✧ *How to prepare your first baby for sibling-hood*
- ✧ *Connecting with your new baby while maintaining the bond with your first*
- ✧ *And much, much more*

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sugar and she was not evening out so they took her to intermediate care. The nurses there were shocked that they would try and cup feed a baby and immediately got her on a bottle and, after we requested, donor milk.

The difference in her blood sugar tests from milk to formula led us to ask: obviously formula had more sugar? [Her blood sugar] was higher after having formula (they alternated between formula and donor milk as [the latter] wasn't always available). They insisted it was the same sugar content. We asked if we could see a list of contents and were told they didn't have it available for us. Not one nurse in the intermediate care tried to encourage me to breastfeed. Again, only after talking to our doula did I know to ask for this. This wasn't as "baby friendly" of an experience as I'd hoped.

The paediatrician we were assigned sent us home with instructions to not waste energy breastfeeding and to feed her formula, every three hours whether she was awake or not. It was a very hard first week home, trying to feed a sleepy baby ... formula dribbling down her chin, half asleep while I tried to pump as much as I could. Fortunately our doula came over and helped us get on track and we got breastfeeding within days and didn't go back to a bottle (of expressed milk now) until three and a half months.

Jennifer Bishop & baby Olivia



Please pass my congratulations onto the editor / writers of Childbearing with discussions of Baby Friendly. The issue is well done. Children's & Women's Hospital has just been accredited with Baby Friendly status as was Quesnel earlier this year. I would encourage your clients to write letters to C & W if they are urged to use bottles (instead of cups) or formula if not medically necessary and they should be told about the milk bank if formula is medically required. Let's keep C & W on their toes. They have been accredited but ... consumers need to know they can speak out when the Ten Steps or the WHO Code are violated. Change can come from the top down, but very often from the bottom up!

I would also like to ask, if Childbearing really wants to continue to list the Vancouver Breastfeeding Centre as a resource as it is not very Baby Friendly. If you haven't heard what happens there, ask around a bit. I am not the only one concerned that our health care dollars are paying for this clinic this is often not Baby or Mother Friendly.

Name withheld by request



Focus on:

Infant Development

I'm only half joking when I say that I, well into my third decade of motherhood, still feel like I'm adjusting! There is always something new coming around the corner – a new phase, a change of routine, a developmental leap – that takes you out of your parental comfort zone. That's part of what makes the parenting journey so interesting: it's always changing, just like our children are, and we are always needing to adapt and adjust and dig deep, deep into the well of personal strengths and resources.

So ... welcome to parenthood! It's a worldwide club that has existed since the dawn of time. Once you've passed the initiation, membership is lifelong, as is payment of the exacting and demanding dues. The numerous rites of passage remain mysterious to the uninitiated, but those in the club soon learn that the long-term rewards far out-value the costs. Although not exclusive, membership is elite since we are the guardians of the future! We hold the future in our hands, we shape it with our hearts, and it falls asleep on our shoulders.

Susan Woodhouse is a long-time member of The Childbearing Society, a dedicated postpartum circle leader, and the mother of two breastfed children.

You've Got to Crawl Before You Can Run

by Mia Kalef

Did You Know?

Did you know that the way a Baby's brain grows in the womb follows the same milestones the brain took over 300 million years of evolution; from reptiles to amphibians to mammals?

Did you know that lying on tummies, creeping on the floor and crawling have everything to do with how your Baby's posture and coordination develop?

And, did you know that communicating with your Baby during pregnancy has been shown to affect the development of his or her brain and personality?

Watching your Baby's development can be one of the

greatest pleasures of parenting: "My Baby is finally sitting and I can't wait until he or she is crawling, walking and talking!" Often you look forward to the next stage of development because you will be able to interact more closely with your Baby. "I'm enjoying my Baby so much more now because he or she is smiling at me and I can tell so much better what he or she wants."

On the other hand, watching your Baby experience developmental challenges ranging from difficulty feeding to motor skill delays is frustrating. It's even common that parents get discouraged or even feel like they are failing as parents. Take solace, whether you are delighted or frustrated, fulfilling interventions are available at every stage of your Baby's development, even in the womb. In my book, *The Secret Life of Babies*, I guide you through the stages of your baby's brain development during pregnancy and how to communicate with your baby at every step, even during labour. I also walk you through steps to help your child get through health and developmental challenges once they are born.

What Tribal People Have Taught Us

In the 1950's a study was conducted the world-over and they found that Babies in an African village were born already able to hold their heads up and make eye contact. By European standards, it took a Baby eight weeks to reach the same milestone. By eleven months they were walking up stairs on their own and their European counterparts met the same milestone by 15 months. What was different about these Babies? Did their parents 'push' them to develop more quickly? Were they genetically more advanced than other babies around the world? I speculate that the children's surprisingly advanced development had something to do with the quality of interaction between them and their parents during pregnancy. I believe it also had to do with the quality of support offered to Mothers and Fathers during the gestational period by their surrounding village. Since then, the same African villages have relinquished many of their ancient practices and not surprisingly, the development of their Babies has come to more closely match those of western developed nations.

What Was Their Secret?

Babies like being acknowledged. They grow more easily when they have attention. Although they don't actually have ears until eight weeks and begin hearing at four and half months, Babies cells can 'hear' you as early as conception! Imagine they are paying attention to and making decisions about how to prepare for the world around them by just attuning to your body's chemistry! It's both exciting and daunting that you can influence the development of your child's nervous system, emotional coping strategies and sense of esteem long before they have smiles and sentences.

What Is a Developmental Delay?

What if Babies don't have problems? What if your Baby, by showing you a developmental challenge is in fact trying to

Question of the Quarter:

Q: Our son has just turned two, and is going through some developmental stuff. I'd like to learn more about toddler / young child emotional development and / or 'tantrums'.

A: The way I think of tantrums is that toddlers go through an emotional growth spurt at around age two, but they don't go through a parallel cognitive growth spurt until somewhere between ages three and four. So for a year or so, they experience these storms of passionate emotions without the cognitive faculties to process them. Hence, they come across as huge outbursts that overwhelm the poor child and temporarily 'take over' their otherwise reasonable personalities. Usually children are much more scared by these emotional hurricanes than we adults are. In about a year, you'll notice that logic and reasoning begin to soften the edges of his outbursts, and then eventually the rational part of the brain catches up and tantrums become a rarity.

I believe the best way to deal with tantrums is treat them like storms – totally beyond anyone's control. Never try to reason with a tantrumming child: he cannot, and it is insanely frustrating for him to try. Simply stay quiet and wait, close by, holding him if he will let you, or simply nearby if he won't. When it's over, he will need comforting and sympathy, since he will be badly shaken by his own lack of control. Youngsters need to see their parents demonstrating emotional control during these storms, they need to see and feel that we can stay calm and centred even when (or especially when) they cannot. This is how they will learn that strong emotions are okay, and need not be feared, and also that it is possible to remain calm even when having strong feelings.

Tantrums are not a "behaviour", not intentional, and should never be followed by recriminations. They are a natural stage of development, awkward and inconvenient as they can be. This is when toddlers really learn that they are loved even during their scariest moments. If we respond by yelling, over-reacting or tantrumming ourselves, we will be modelling the very behaviour we aim to eventually dissolve.

That being said, it is unwise to allow a tantrum to influence any decisions. Just as it would be unfair to withhold a treat or plan because of a tantrum, it is equally misleading to offer rewards or concessions during a tantrum. For example, if a child is overcome by a tantrum because he does not wish to leave the park, you should not let the tantrum affect your plan. If you do, the child learns to "use" tantrums as a negotiating tactic, which is not good for anyone! Instead, comfort the child through his intense disappointment, be close and calm as he flails / cries / shouts, wait till he starts to come down, and then offer verbal reflections of his feelings (e.g. "You are very disappointed because you wish we could stay longer. You really love the park,") with a lot of empathy.

You can prevent some tantrums by avoiding potentially stressful situations when your child is tired or hungry (these states can amplify any inability to cope). But in the end, keep in mind that you cannot stop tantrums, and nor should you try. When a tantrum starts, just take deep breaths, centre yourself, and trust that it will be over soon. Your son needs you to be calm on his behalf. You are the anchor in your child's storm.

✉ Stephanie Ondrack

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tell you a story? Sometimes, Babies remember and are retelling in the best way they know how, a sequence from a challenging experience they had at some point between conception and the first days after birth. Science agrees that Babies remember their experiences and will ultimately use their body movements and emotions to demonstrate where in their 'storyline' they are 'challenged'.

We are building the world we want to see through the way we grow and birth our children. What babies are telling us gives us a direct link to understanding the world around us and the experiences we have inside it. As parents and caregivers, you have magnificent influence over this unfolding new world; you are the gateway to the next generation. What you do for them helps us all. How you care for yourself benefits us all.

Bibliography

1. Kalef, M. *The Secret Life of Babies: How Decoding the Cultures of Birth, Love, and Violence Begins with Recovering the People We Once Were.* Lulu.com, Rochester, N.Y., 2008.
2. Martin, M., Attachment Workshop. www.myrnamartin.net
3. Schore, A.N. The Neurobiology of Attachment and Early Personality Organization. *Journal of Pre and Perinatal Psychology and Health*, Vol. 16(3): pp.249-259.

Resources:

www.emergingfamilies.com
www.beba.org
www.sbgj.edu

Dr Mia Kalef is a chiropractor and a perinatal cranial-sacral therapist. She is a frequent guest speaker at our postpartum classes, and the author of the captivating book, The Secret Life of Babies. She can be reached at www.emergingfamilies.com.



Easy Tips from Emerging Families

- **Encourage every stage of development without skipping over your Baby's developmental stage today:** Although it's exciting to see your Baby standing, if he or she has not lain on the belly or crawled first, encourage the 'lower to the ground postures' first. Babies will feel better later in life if they can 'get' those stages first.
- **Talk to your Babies during pregnancy:** Tell them in your own words that you know they are there in your body, that you know they are listening and that in their own way understand what is happening around them.
- **Differentiate Your Emotions:** If you find yourself in an argument, or are feeling negative about yourself or your life's situations, or even eating toxic foods, take it easy on yourself. First, find a way to give yourself compassion for your feelings, and only after that, begin speaking or 'thinking' to your Baby. Tell your Baby, 'the feelings you are noticing are not because of you or something you did. In fact, it's my feeling and I'm taking care of it. You can just be a Baby.' Make up your own words, these are just guidelines. You'll notice something change. Give it a whirl!

Feel free to book me for a Development Workshop or private sessions. I'm happy to show you more about how to help your Baby's development at any stage of life.

✍ Mia Kalef

Baby Led Weaning

by Kerry Longja

Solid Foods: Letting Baby Lead the Introductions

When we talk of introducing solid food to babies, many of us may make instant associations with spoons, purees, mashing and jars. Some of us might think of struggles with feeding, confusion over portion sizes and nutritional balance, and maybe even food sensitivities and allergies.

There is another way to guide a young child into the exciting world of culinary delights: a gentle, healthier approach¹, which also happens to be easier. It's called Baby Led Weaning (I'll refer to this henceforth as

"BLW"), and it's a new name for an old idea. Put simply, when baby is ready for solids, you offer a range of healthy foods at each sitting for her to choose from by herself. She plays, she squishes, she explores.

So, when exactly will your little one be ready for solids? Parents have been encouraged, over the past fifty years or so, to expect that their babies will be ready after only three

¹ <http://www.guardian.co.uk/society/2007/jun/17/health.medicineandhealth>

treat food items like new toys, and it will take her system a while to 'realize' that what she's smearing on her face has nutritional value. If you can manage to relax at mealtimes, this will be of tremendous benefit to you and your child. She will learn that food is not something to be worried about, and that her natural instinct and ability to control what and how much she eats is being respected. Babies rely almost exclusively on breast milk to fulfil their dietary needs until at least 12 months of age, so there's time to ease yourselves in. Treat the early months as a playful introduction to the amazing world of food, and let your baby enjoy herself. By doing so, you are also significantly decreasing the likelihood of her developing an eating disorder in later life; instead, she will foster a healthy relationship with food. When she is ready to eat more, she will do so.

We began by offering one meal a day for a week or two, and gradually increased the number of meals as we saw fit. This was great; our son was very excited to be an active part of dinnertime, and my husband and I were most impressed at finally being able to sit down and eat with no interruptions! (On many occasions we just sat back and watched him in delight, which we counted as a welcome interruption.) This was truly the beginning of shared family meals for us; we shared the same food at the same table and ate all at the same time. We would include a cup of water and a spoon for our son to play with himself – this was inevitably messy for a short while, but so much fun too, and he would mimic what we were doing with our glasses and utensils. The foods we started off with, like those I suggested above, were simple and natural. However, since we were the only people we knew at the time who were doing BLW, and there was little publicity about it then, I wanted to keep track of what we were offering in case of reaction or genetic / inherent allergy. I kept a food log for about four or five weeks, and this was a useful practice, which made me feel comfortable, though now when I think back, I smile a little at my caution.

Finally, a couple of things to point out: the first is how BLW complements breastfeeding. Most parents now acknowledge that breastfeeding-on-demand is the best way to feed your young child. Besides all the many other benefits, it means that your baby's nutritional needs are met in the quantity and frequencies desired by – yes – the baby. BLW runs alongside breastfeeding very effectively, as it is also based on giving the baby freedom of choice. In just the same way as breastfeeding, baby will eat until he has had enough and will then simply stop eating (whereas if you're spoon-feeding, you may not be quite as sure when he's reached his limit). In practicing BLW, you are effectively handing over the reins, albeit gradually, to your baby. Later in life, his eating experiences are likely to be as nourishing and enjoyable to him as breastfeeding once was, because he was always allowed to eat freely, and with no pressure. Another breastfeeding-related point is that the word 'weaning' implies a weaning from the breast,

Okay, we tried a whole apple!

Here are some pictures of Maria eating an apple. We gave Maria a partial apple to hold onto and experience. She loved it!

Thinking a few minutes was enough time, I tried to take it away from her. Operative word is "tried". She cried! She was not finished with it. She continued to chomp on it and her two little teeth did get some good bites of apple, until she decided she had enough. She then dropped it and moved onto her dragonfly teething toy.

Lisa Chang Dar Woon



though BLW's proponents suggest it should more accurately be thought of in this case as a weaning on to food.

The second is a note on choking: you may hear, as we did, many objections to BLW on the basis that it can cause choking. In fact, as long as baby is ready for solids, and as long as you provide a safe environment (don't let him eat lying down), he will have about as much chance of choking on food as you do. Spoon-feeding is more likely to lead to choking as baby learns to drink / inhale food instead of chew it, so when lumps are introduced, baby may inhale lumps and choke⁸. Choking is not to be confused with coughing or gagging (both of which are important reflexes that baby has to look after himself; in either case, there's no need to intervene – just keep a careful eye). We waited to offer whole grapes, nuts and such delights as raw carrots or

⁸www.rapleyweaning.com/assets/blw_guidelines.pdf

celery until our son was a little older.

There are now many chatrooms, blogs, Facebook groups and books to read on the subject of BLW. If you decide to set out on this exciting adventure, I wish you well: you will be surprised and pleased with the results, and so will your child (and, in fact, so will many people you encounter; it really is wonderful to watch a baby picking up her own food). And parents everywhere can be glad we never have to practice our 'here-comes-the-airplane-with-beseeching-eyes' routine.

Additional references:

<http://babyledweaning.blogware.com>

✂ *Kerry Longia is a Childbearing Society veteran, and mother to a delightful three-year-old who enjoys all kinds of food.*



by Trish Garner

“Is it a Boy or a Girl?”

Intersex Babies: Who They Are and What They Need From Us

Throughout any pregnancy there’s one question that people keep asking. Some parents find out before the birth, others wait for the surprise. Either way, I’m sure most imagine they will find out for sure on the day of the birth. But, in some cases, when the doctor or midwife holds up your baby, he or she won’t know whether to say “It’s a boy” or “It’s a girl.”

Usually, when medical staff make this kind of declaration, they’re basically going on the presence or absence of a penis. But sometimes it’s not that black and white. Some babies are born with mixed sexual characteristics and this likely means that the baby has an ‘intersex’ condition. Intersexuality refers to multiple conditions, hormonal or chromosomal, that blur the physical sex of a person (not all of which show up at birth).

Undoubtedly this is a scary situation for new parents: one you may feel very unprepared for. A lot of things will be racing through your mind. The important thing is not to act in haste and fear; this situation is actually reasonably common. It’s hard to say exactly how common but estimates of the appearance of what’s called ‘ambiguous genitalia’ put it at one in 1500 to one in 1000 births.⁹ Originally, the term ‘hermaphrodite’ was used to describe this condition but advocates generally prefer the term ‘intersex.’ Currently the medical establishment is moving towards the use of Disorder of Sex Development as the official diagnosis.

This medical jargon won’t really be helpful to you in those initial moments. What your baby needs from you is the same as any other baby: lots of love and reassurance. You will be expected to make some decisions about the medical care of your baby but you don’t have to make them right away, unless, of course, your baby has an immediate medical problem that requires treatment. But most intersex children are healthy. So give yourself the time to ask lots of questions of your medical professionals. Here are some useful ones to start off with:

Can we wait until my child can make the decisions about optional medicines (like hormones) and procedures (like surgeries)?

Until very recently, you may not have even known that your baby was intersex. Medical staff would have whisked your baby away in the name of an emergency and surgically altered your baby’s genitalia without your knowledge or consent. Thankfully, that doesn’t happen in most hospitals now – it’s recognised that surgery often leaves people with little or no genital sensation or functionality – but make sure you or a support person always remain with your baby. Letting your child have a say in what happens to their body is vital and involves waiting until they are old enough to understand the implications of their condition and their options. Delaying the surgery will not harm the child in any way.

Which gender assignment do you think my child should be given right now?

Our society is structured around people fitting neatly into two boxes – boy or girl – so you may want to make an initial gender assignment. Your doctor can give advice based on medical evidence but there are no certainties your child will not change their original gender assignment later in life, though it doesn’t happen often.

Would you please give me a referral to a mental health professional who specializes in gender issues and birth anomalies?

Feeling a range of emotions, from fear and guilt to confusion and joy, is an entirely natural response to this situation. Seeking counselling for you and your family is a

⁹ Intersex Society of North America. “How Common is Intersex?” <http://www.isna.org>

great way to get support. You can also ask if the medical centre has a support group for parents of intersex babies.

Above all, remember this is still a joyful occasion – you’ve just become a parent – and that shouldn’t be overwhelmed by this issue. Enjoy your baby in those first few hours, do all the things you were planning to do, and, most importantly, hold your baby tight and tell them how much they are loved.

Birth Stories

Ainsley's birth story - 22 November 2008

by Wendy & Jose Frasca

My labour didn't really start until about 10:30pm on Friday, 21 November. Late that evening I noticed some bloody show. Next thing I knew I was very shaky and my teeth were chattering like crazy. I think I had a huge adrenalin rush once I realized that I was really going to have to get this baby out in the near future! Jose poured me a half a glass of wine and we sat down and talked it out. I soon relaxed and we decided to go to bed and sleep.

But sleep escaped me. I was way too apprehensive and excited. I started feeling mild contractions that occurred irregularly through the night, lasting from 15-30 seconds. I took a couple Tylenol and tried to ignore them. Alas, my brain would not turn off. Lots more show. Went downstairs and tried to watch TV. Felt sleepy so went back upstairs to sleep. Fell asleep at around 6am for an hour, and then Lucy (our daughter who is two and a half) was up.

We called my parents to pick up Lucy and then I paged the midwife. Contractions had stopped now. Jane suggested I fuel up with food and drinks and get some rest, and to call back when things restarted. We went to bed around noon (Friday) and as soon as I lay down the contractions started again. Again I was cheated of sleep, so decided to have a shower. Jose and I went for a walk in the afternoon. Few more contractions. Napped for an hour afterwards - ahhh, some sleep.

Contractions continued to be irregular and mild all day. I was surprised that things weren't progressing into anything regular. At around 6pm the contractions seemed to get stronger, although still irregular. I paged Inna who came by at around 8pm. Cervix soft but still high and not dilated ... still not really in labour. I was disappointed. Inna suspected that my body was waiting for the baby to get into a better position before it got serious about getting her out. She suggested I take a couple of Gravol and try to sleep, so that's what I tried. Do you think I slept? NOPE!

Additional references:

More information and support can be found through the Intersex Society of North America, www.isna.org. They have published a Handbook for Parents that can be downloaded at www.dsdguidelines.org

✉ *Trish Garner is a PhD candidate in Women's Studies at SFU and a recent mother of twins, yet still found time to share her wisdom for the newsletter.*

I tried so hard - I did not want to go into labour without being properly rested. Well turns out, that's just what was about to happen ...

At around 10:30pm, my contractions became regular and more intense, lasting about 20-30 seconds every 5-6 minutes. Active labour begins at last! I was ready, but a bit worried that I'd get exhausted. Soon after I started vocalizing during contractions and Jose decided it was time to page the midwife again. While we waited for her to come over, Jose and I 'slow-danced' upstairs ... I had my arms around his neck and we moved around slowly. Lots of rocking my hips from side to side.

Inna showed up just after midnight, and we moved downstairs. Now dilated 4cm and cervix lower. Inna confirms: labour is underway! Contractions are strong and I'm ready to spend some time in the birth pool. We turned down the lights and I stayed in there for about two and a half hours, as the contractions got stronger and closer together. Unlike my labour with Lucy, which was induced with oxytocin, I always had breaks between my contractions this time, where I could relax and regroup before the next one. Towards the end of my time in the pool, the breaks were about 45 seconds. Inna would check the baby's heartbeat regularly and it sounded very good. Jose was so strong and encouraging. He kept reminding me that 'that contraction is done now, you don't have to do it again' and 'you're doing it babe, you're doing so well'. Mentally, I kept reminding myself to let go and welcome



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the contractions, not to escape them as they were just doing their job. Inna applied counter pressure to my back which felt good, and offered lots of encouragement. An exam at around 2am showed now 7cm dilated. Inna tells me it's almost time to call Jane! This was the best news ever. I knew things were progressing quickly now and I felt a renewed sense of confidence. I was doing it and I could do it! Jose decided to call his Mum for some extra help, and she shows up soon after, providing lots more encouragement for me.

At around 3am Inna suggests I get out of the pool and try to pee. Contractions are now about 30 seconds apart and very intense. With the warmth of the pool gone and the movement sending the baby's head lower, the walk down to the hallway to the bathroom was tough. Sit on the toilet and contractions intensify again. I cry a bit and complain, 'I don't like this position'. I stand up and lean against Jose who's leaning on the counter. Someone turns off the lights. Inna keeps rubbing my shoulders and reminding me to relax them and let them drop. I do this and keep telling myself to just go with it; don't fight it! Jane shows up at around 3:30. Hallelujah! I soon get the first urge to push.

I stay in the bathroom for a bit and try pushing, but I'm reluctant. My legs are very weak and shaky and I'm tired. We decide to move into the living room so I can get more comfortable. Midwives suggest I get on my hands and knees and try pushing. This position was way too intense and I couldn't stay in it. So I tried resting with my arms on the exercise ball, but my arms are too sweaty and I keep sliding off the ball! Jane gets a birthing chair and I sit on it. Jose is behind me with his arms around me. Pushing is much harder than I remember with Lucy and I keep thinking, 'isn't it supposed to be easier second time

childbearing

around?' I don't want to keep pushing but I know the more I try, the sooner the baby will be out, so I press on. Jane tells me I'm going to feel a lot of burning soon and that it's normal. Her head crowns and sure enough, there is lots of burning! I lock eyes with Jane as I feel scared - she is so calm and tells me 'it's okay, it's good, you will meet your baby very soon now'. Inna's asking me to pant, not push, then to push a little bit more.

4:31am – Ainsley is born! She goes straight up onto my chest and her eyes are wide open. She makes some noises but doesn't cry. Jose is still behind me with his arms around me and his head on my shoulder. I feel so overwhelmed with relief, joy and love - this is the moment I had been dreaming of. Words can't describe the high I felt and it continued for hours afterwards. Jose and I shared the most intimate moments cuddling on the floor, and then up on the couch, with our new baby girl. She started rooting and sucking right away. I thanked God for her, and for the way He designed the female body to give birth. It was truly miraculous: hard work, but such an adventure. With the support of my amazing husband, wonderful midwives and strong mother-in-law, I did it! I gave birth to our baby without drugs, in the peace and comfort of our home where I felt relaxed and focused, just how I had hoped.

The midwives did the baby check while Ainsley stayed with us on the couch, then Maria helped them clean up as she made chicken soup. We made some phone calls and then moved upstairs to our bedroom. Everyone left and we fell into bed, exhausted and so happy. We all slept for about five healing hours!

Ainsley Olivia Frasca weighed a whopping 9 lbs (that's why pushing was harder! Lucy only weighed 7lbs 3oz). We are head over heels in love with her.

✧ Wendy & Jose Frasca

Charlotte's Birth

by Mike Mathers

Charlotte Abiola Mackenzie Mathers was born this morning June 15th in St Paul's Hospital.

Kemi and Charlotte are both doing very well and are resting with Nanny Yvonne (mom / grand mom) in hospital. I have quickly run home so I can send out this story. Saturday morning Kemi woke up and realized that Charlotte was on her way. Water broke around 10am but no contractions or discomfort of any kind. We were a little concerned as the day progressed and there was no movement, but it gave us lots of time to prepare and relax. Kemi had an acupuncture treatment at 4:30pm and drank a special tea, then a labour cocktail around 6:00 and 11pm. Contractions were occurring by early evening but they were very far apart and not intense enough to let us know that we would be guaranteed the natural birth both Kemi and I so badly wanted. We decided to go to sleep around 11pm and planned to go to the hospital in the morning to get the show on the road.

That's when it began. Contractions became very



regular, frequent and intense (to say the least) at 1:30 am. We called our midwife and doula and told them we would meet them at St Paul's. We arrived there around 2am and it was a miracle Kemi was able to make it into and out of the car. It is quite a rush to wheel up to an emergency room with your wife in intense labour in the middle of the night as people sure start jumping around to meet your (screaming wife's) needs.

Everyone was fantastic. Our midwife and doula both arrived and Kemi immediately relaxed and did an amazing job. She brought Charlotte into the world naturally, on her own power at 3:24am (One hour after we arrived) and it was a profound experience to see such strength, courage,

and trust.

Charlotte was born with hardly a peep, she opened her eyes wide right away and checked us out; it was a great moment! She didn't like being fussed over but luckily everything was perfect, she is beautiful and healthy and there was very little fussing to be done so we got to spend some great bonding time with her gazing into her eyes and holding her. I am very grateful for this Fathers Day gift. Here are a couple pics of our daughter Charlotte Abiola. Abiola is her Yoruba name and it means born of joy. Kemi and I are ecstatic over her arrival and welcome the blessing of joy she has brought into our lives.

✉ **Mike Mathers**

Business Directory

Baby, Child & Maternity Gear
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
Fitness
Runners & Booties Fitness 604-461-7827 www.runnersandbootiesfitness.com
Yoga on 7th 156 East 7th Avenue 604-879-YOGA
Yoga West of Vancouver 2662 W 4 th Ave 604-732-9642
Health Care
Abrams, Caroline , Family Osteopath 604-730-5950 info@vancouverosteopath.com
Acubalance Wellness Centre 604-678-8600 www.acubalance.ca
Aurora Massage Therapy 210 – 2233 Burrard, Vancouver 604 734 4030

Lalande, Linda RMT 3623 W 4 th Ave, Vancouver 604 562 0612
Kalef, Dr Mia, Craniosacral Therapist 604-908-1214 www.emergingfamilies.com
Soma Studio Massage 213 / 303, 1529 W 6 th Ave, Vancouver 604-738-1502
Yaletown Chiropractic 604-688-5437 www.bonnchiropractic.com
Parenting
Mamaspeak 604.266.8124 meralon@mamaspeak.com
Westcoast Moms www.westcoastmoms.ca

Safe Start Programme	604-875-3458
ICAN Vancouver	604-734-4226
Post Caesarean Birth Support	604-433-5827
La Leche League	604-736-3244
Newborn Hotline	604-737-3737
Pacific Postpartum Support	604-255-7999
Parents in Crisis Line	604-669-1616
Support for Grieving Parents	
Rob & Jill Mullen	604-986-5012
BC Children's Social Work	604-875-2345 Ext 7358
BC Women's Social Work	604-875-2424 Ext 6161
Twins and More Club	
	www.vancouvertwins.com
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
<i>Note: Your Community Health Nurse has further information on local resource</i>	

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 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



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Prenatal Class Schedule (updated January 2009)

<p>Healthy Pregnancy Classes Content: <u>Mums only class.</u> Covers nutrition, exercise, and lifestyle choices for pregnancy; screening & diagnostic tests; foetal development; pregnancy discomforts & remedies</p>	<p>2 sessions 2 hours each Cost: \$75* *Included free of charge with weekly series or weekend workshops. Time: 7:00pm – 9:00pm</p>	<p>Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway January Th 15 & 22 Jan March T 3 & 10 Mar April Th 23 & 30 Apr</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 CD.</p>	<p>14 sessions: 7 Evening classes (2hrs ea) 2 Healthy Pregnancy sessions 1 Postpartum Reunion 4 Postpartum Classes (option: 8 additional postpartum classes for \$60 more) Cost: \$230 (\$290 includes full PP series)</p>	<p>Time: 7:00pm – 9:00pm Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway Late Winter Th 19 Feb – 2 Apr Early Spring T 17 Mar – 28 Apr Spring W 8 Apr – 20 May Late Spring Th 7 May – 18 Jun Early Summer T 26 May – 7 Jul Summer T 17 Jun – 5 Aug</p>	
<p>Weekend Workshops 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>10 sessions: 2 Weekend days (5hrs ea) 1 Breastfeeding Night 2 Healthy Pregnancy sessions 1 Postpartum Reunion 4 Postpartum Classes (option: 8 additional postpartum classes for \$60 more) Cost: \$230 (\$290 includes full PP series)</p>	<p>Time: Sat & Sun 9am - 2pm OR 3-8pm Monday 7-9pm Location: 3285 Victoria (at 16th) February 21-23 Feb March 28-30 Mar May 2-4 May Late May 30 May-1 Jun June 27- 29 Jun July 25-27 Jul</p>	
<p>Breastfeeding only Content: Covers breastfeeding basics; troubleshooting; breastpumps & returning to work; special needs; colic</p>	<p>1 session: Friday Night 2 hours Cost: \$40* *Included free of charge with weekend workshop</p>	<p>Time: Monday 7-9pm Location: <u>Mount Pleasant Neighbourhood House</u> As above, Monday nights only</p>	
<p>Another Birth: refresher class 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>1 session: Saturday Afternoon 4 hours Cost: \$75* \$65 for Childbearing Grads Time: noon – 4pm</p>	<p>Location: 3285 Victoria (at 16th) February 7 Feb April 25 Apr June 6 Jun</p>	
<p>Breastfeeding Clinics: Content: one-on-one help for those who are experiencing breastfeeding difficulties any time in the first few months after birth.</p>	<p>1 session: Saturday or Sunday 2 hours Cost: 1 session included free with registration. Additional sessions \$40.</p>	<p>Time: 3-5pm Location: 3285 Victoria (at 16th) 15 Feb 21 Mar 18 Apr 9 May 13 Jul 18 Jul</p>	
<p>Postpartum Classes 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>12 sessions: 1 ½ hours each Cost: \$150* *Free for expectant parents enrolled in prenatal classes; 4 sessions included free with prenatal class series. Time: 12:30 - 2 pm</p>	<p>Location: <u>Mount Pleasant Neighbourhood House</u> 800 East Broadway February W 4-25 Feb March W 4-25 Mar April W 8-29 Apr May W 6-27 May June W 3-24 Jun</p>	
<p>Private Classes 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</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>

Note that schedule changes may occur. See our website for the most up-to-date class schedules.

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