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contents

Regular features
ASAC information and contacts .......................... 49
ASAC membership ........................................... 49
Birth announcements ....................................... 12
Calendar of events .......................................... 54
Directory of Edmonton area midwives ................. 48
Editorial ....................................................... 4
La Leche League ............................................. 48
President’s message ......................................... 7

Birth stories
Jedd’s birth story ............................................. 14
Courage to choose .......................................... 16
Birth rhythms ................................................ 20
My birth story ................................................ 23
Makeba — light in the darkness ........................ 24
Genea’s story ................................................ 26
For more birth stories visit www.asac.ab.ca

Breastfeeding and postpartum
My journey through postpartum depression ........ 28
Breastfeeding your baby .................................. 33
Life is all about learning .................................. 34
Oh life! ......................................................... 37
Book Review: Mama’s Milk ............................. 39
Change is good! ............................................. 40
My milk tasted of chai tea ............................... 42
Book Review: Impact of Birthing Practices on breastfeeding 43

Other Articles/Poetry
ASAC News: Our displays on Red Deer ................. 7
International Day of the Midwife ........................ 8
Dear Readers of Birth Issues ............................ 11
Bisphenol A ................................................ 44
Book Review: When Survivors Give Birth .......... 45
Group B Streptococcus screening ...................... 46
Book Review: Settling in with the Baby Catcher .... 50
Prenatal class options ..................................... 52

Upcoming themes

Fall 2008: Education
Send us your stories, poems, articles, photos about education. From home schooling to un-schooling, charter, public and separate, Waldorf, Montessori, Indigo Sudbury and more, Edmonton is one of the best places to be when it comes to education. Tell us how you decided which programs and experiences were the best fit for your family, and how you plan to move ahead as your children get older. This issue will be a resource for years to come.
Deadline: July 1, 2008

Winter 2008/2009: VBAC
Send us your stories, photos, articles, tips, poetry about: VBAC. From ICAN studies to fabulous birth stories to articles about increasing your odds of a successful VBAC, this edition of Birth Issues will be a fabulous resource to anyone planning a VBAC or supporting someone in achieving one.
Deadline: October 1, 2008

To contact an ASAC board member, please see page 49.

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Birth Issues welcomes unsolicited electronic submissions of birth stories (500 – 1,500 words), photographs, book reviews, and articles related in any way to pregnancy, birth, child care, families, etc. We also welcome children’s stories, poetry, artwork, or fiction. If you would like your submission returned, please include a self-addressed stamped envelope. Submissions will appear on the ASAC website as well as in print in Birth Issues.

Each issue, Birth Issues prominently features an advertising photographer. This is a wonderful opportunity to showcase your work and obtain extended advertising exposure to your potential customers. For more details on how to become one, please check our website.

Due to constraints of time, content, or space, the editors do not guarantee that we will publish all submissions. At their discretion editors reserve the right to hold submissions over in subsequent issues, to edit submissions for content or length, and to refuse publication of material. Articles in Birth Issues may not be reproduced in any form without permission.

Cover photo by
Little Bums, Fingers and Toes
Summer’s Featured Photographer
see page 8 for write-up

www.birthissues.org
Editorial

Danielle Michaels, Julia Ewaschuk, Donna Ritter, Claire Veisseire.

This edition of Birth Issues is all about the post-partum time and breastfeeding. When we conceived of this theme, and asked women to write their breastfeeding stories, we had no idea that this would be such an emotionally wrenching topic. At the time of this writing, there are several stories still in progress (not in this issue); it was only when they began to write that they realized how intense their emotions still are several years later. We live in a time where people aren’t encouraged to share their breastfeeding stories. And so we just hear negative one-liners: “I didn’t have enough milk.” “Breastfeeding wasn’t for us.” “He was so hungry; he needed more than my milk.” It’s almost too painful for women to relive the cycle of doubt, supplementation, lowered supply, lack of time, lack of support and, of course, post-partum mood swings which caused breastfeeding difficulties.

I think one reason that breastfeeding is such a polarizing issue among women – more than birth choices – is that it can limp along for weeks, and yet is so time-sensitive. As an inexperienced mother, you attempt to establish a good breastfeeding supply and relationship in the first six weeks. Unfortunately, the first six weeks are when you are also adjusting to being a family, getting broken sleep, doing baby and mommy laundry from spit-up 18 times a day, entertaining out-of-town guests and so on. It’s true that good lactation support would help more mothers to breastfeed, but maybe good household support is almost as important. Ideally, the mother and baby dyad have nothing more important to do than establish breastfeeding. Then small breastfeeding problems don’t get a chance to balloon into larger ones which threaten the entire relationship.

Something that I hope you take away from these stories is that many women who had a hard time breastfeeding the first time went on to have an easier time with subsequent children. Birth circumstances have a lot to do with this, but those are not always under our control. And something else I want to point out is how isolated these women, who desired to breastfeed, felt when they were starting to use formula. In our enthusiastic support of breastfeeding, I think we sometimes fail to recognize how vulnerable a mother in this situation is. Instead of raising an eyebrow when you see a new mom with a bottle at playgroup, ask her to tell you her birth and breastfeeding story. You might be surprised by what you hear.

Danielle Michaels tries to balance parenting her three children with work, studies, and volunteering for ASAC. She has held various positions around ASAC since (very) late 2001 and is happy to be back working on Birth Issues after a 2 year long twin-induced hiatus. She still finds her Master’s degree in biomedical engineering relatively useless in her every day life.

Julia Ewaschuk recently completed a post-doctoral fellowship in the Medicine department at the University of Alberta and has hopes of one day returning to academia. She is the proud full-time parent of one-year-old Jedd, born at home with a wonderful midwife. She also volunteers for ASAC as part of the display coordinator team.

Donna Ritter is a full time Mama to two wonderful boys – Sam (the big boy) and Noah (the baby). She has been an enthusiastic reader of Birth Issues for many years and has recently become a volunteer with both ASAC and the VBAC Support Group/ICAN of Edmonton Chapter. Previous to her work as a mother, she was a teacher with Wetaskiwin Regional Public Schools.

Claire Veisseire emigrated from France, got invited to a waterbirth and was transformed. Since then she has thrown the bathwater with the archival cloak and has become a passionate birth doula. She looks forward to the day when her fiance is done with his Ph.D. so he can fund her midwifery studies. She volunteers for ASAC, Terra, and the Edmonton Doula Association because she believes that birth matters and unites us all.

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President’s Message

Tracy Kennedy

My transition to parenting has been a spiritual and emotional one. The physical pregnancy and birth was pretty easy. Instead I “paid my dues” with painful breastfeeding and difficult letting go of my perfectionist’s ways. I started praying the first night Aaron was born. I had a lot of ideals about parenting that didn’t work out. I had to let go of the super organized tidy girl who had towels hung perfectly and the bed always made.

I had to let go of my vision of exclusive breastfeeding with my first child. I cried about supplementing when breastfeeding left me with sweating feet and bleeding nipples. My ideals about how motherhood would be became a stumbling block on my road to functioning in this new role. I once complained to my sister that I wasn’t even taking time to shower every day and I still couldn’t get it all done. I only had one child at the time!

Some of my ideals I have fulfilled, sort of. I do hang my diapers out on the line to dry; in the summer. I do make my own bread; in the bread machine. We co-sleep at various ages and stages. I am (mostly) a stay home mom and we only have one vehicle.

I learned the humility and power of asking for help. When we had twins we tapped out our family and community. When I had a fourth I hired a teen ager to help every week.

I began drinking coffee last fall. (I have decided to allow myself to become addicted to this socially acceptable stimulant.) Maybe it is part of getting older or having 4 kids, but I have been enjoying the way coffee clears my cobwebs in the morning and gives me that extra boost to make a dent in my mountains of housework.

Parenting does make you mature into responsibility. I am getting older and hopefully wiser. Maybe I only look adult in contrast to my children. What will the next stage hold for us? I dream of all the children getting dressed and off to school with minimal assistance. What will I do all day? I will go back to school!

ASAC News:
Our display in Red Deer

On Saturday, April 5th, ASAC’s display was presented at the screening of Ricki Lake’s documentary, “The Business of Being Born,” in Red Deer. Dr. Joelle Johnson, a chiropractor from Red Deer, oversaw this very well-organized event. A press conference preceded the screening of the film, which was shown at the Margaret Parsons Theatre at Red Deer College. The film was attended by nearly 300 people, and the theatre was overflowing. Secondary screens had to be set up outside the theatre to accommodate all attendees. After the film, there was a panel discussion on the state of midwifery in Central Alberta. Discussion was lively and went on for over an hour.

Lindsay Duchene, Lana Gilday and Julia Ewaschuk staffed the ASAC booth from 5:30 p.m. till 10 p.m. Over 160 signatures were obtained for the petition for midwifery funding in Alberta, ~100 copies of Birth Issues were handed out, a copy of Adventures in Birthing was given away as a door prize, and one copy was purchased by a foreign midwife who is currently unable to practice in Red Deer. A Red Deer-based volunteer was recruited who is interested in distributing Birth Issues in the Red Deer area. Many attendees were pregnant women who had little access to information about midwifery, and were very interested in the information we provided, and in reading Birth Issues. The event was extremely successful and was a valuable use of ASAC volunteers’ time and energy.

www.birthissues.org
ASAC Hosts
International Day of the Midwife

International Day of the Midwife (IDM) was a great success this year; with more than 100 people attending the family picnic on the East Legislature grounds on Sunday, May 4th. The festivities began with a Welcome from event coordinator Lana Gilday, and a tribute to the wonderful Midwives who serve Edmonton and it’s surrounding areas. Media from CTV news and 24 newspaper attended, and interviewed families about their birth experiences. As we have done for the past few years, ASAC provided apples and bottled water for everyone to enjoy.

Rachel Notley, the NDP MLA for Edmonton Strathcona, came out to share her support of government-funded midwifery, and addressed the crowd. She spoke about the proven cost-effectiveness of midwifery care and promised her party would meet with midwives and consumers to help bring about real change in the coming year.

As tarps and blankets, kids and games started to fill the field, it was feeling more and more festive, and then the celebrations really heated up. Local Musicians Michelle Boudreau, and Jay Gilday (as well as Vancouver singer-songwriter, and Juno winner) Leela Gilday each played a selection of their incredible music to thrilled adults and kids alike.

As the sun shone down, kids lined up for face painting by local artists. There was an array of activities for the children, including bubbles, kite flying and crafts. Everyone got involved in creating colourful signs for May 5th’s big rally on the Legislature steps in support of universally-accessable Midwifery. About 50 people came out to the noon event on May 5th, and it was heartening to see all the mothers, midwives, and babes-in-arms; as well as a throng of signs praising midwifery and asking for public funding in our province.

Special thanks to all the amazing volunteers who made these events possible: Lindsay DuChene, Julia Ewaschuk, Jackie Michaels, Stephanie Nyhoff, Julie Yerex and Victoria Twanow; and the musicians and artists who donated their time and energy to this cause. And finally, a great big thank you to all the amazing members of ASAC, and Alberta’s midwifery consumers; who are not afraid to let their voices be heard, and who made International Day of the Midwife 2008 such a monumental success!

People ask me all the time..."why baby and children's photography". The answer is always the same... it has become my passion.

When my daughter was 6 weeks old, I set up my studio and tried to capture all the little things about her that were so amazing to me. When I got those portraits back, I realized I had found my passion and Little Bums, Fingers and Toes Photography was born!

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Dear Readers of Birth Issues

Monday May 5th was the International Day of the Midwife. ASAC celebrated midwifery on Sunday May 4th with a family picnic and rallied on the steps of the legislature on Monday at noon. Later that day, Edmonton midwife Barbara Scrivener was a guest of the Alberta Legislative Assembly. Several hard-hitting questions about the PC government’s continued failure to fund midwifery were directed to the Minister of Health and Wellness. These remarks are reproduced in full in this issue of Birth Issues – see p. XX.

From the minister’s remarks: “We included midwives as part of our health workforce action plan, and we will be delivering on that plan over the course of the year.”

There are several forms funded midwifery could take in Alberta. For example, the government could introduce a US “hospital midwife” model in which midwives are hospital employees somewhere in between L&D nurses and physicians, with the right to catch a baby, but responsibility for several labouring women at the same time. My sister-in-law had a hospital birth with a midwife in California – she was asked to stop pushing by her (very nice) L&D nurse because the midwife was not there – she had gone home to feed her dog! Is this the kind of “midwifery” we want in Alberta?

The midwifery model of care comprises 6 pillars, the most controversial of which are choice of birth location, continuity of care and patient education. These are the three which are most likely to be eroded under a funding model built around hospitals and medicalized birth. We need to let our MLA’s know that these three points are critically important to securing the benefits of midwifery care, such as fewer babies with low birth weight. Especially if your MLA is part of the PC government, write to them or call to tell them that any plan the government is considering with respect to midwifery must take into account the unique qualities which make the midwifery model of care so successful.

Alberta has lagged behind the rest of Canada in supporting midwifery services. Now is our chance, not merely to catch up with the other provinces, but to surpass them and be a leader, not just in Canada, but in the rest of the world. Why should we be satisfied with mere integration of midwifery into the current health model? Why not take midwifery as an exemplar of a new kind of healthcare which delivers superior results? This is the kind of “change that works for Albertans.”

The province should take a comprehensive approach to midwifery. This should include a world-class educational facility comparable to the U of A medical school and the Grant MacEwan nursing program. They should aim to create a cadre of midwives who take some on-call hours at the hospitals, but also maintain a private practice, perform home visits, and maintain the high standards of midwifery care. The province should look for other ways to apply this less medicalized model to improve the health of Albertans. From nutrition to physiotherapy to exercise – there are innumerable ways in which the health of Albertans could be improved without pouring more money into hospitals and medical technology.

It’s time to make the fantastic care that midwives provide available to more than just the few who are rich enough and lucky enough to be able to access it today.

Photo by Little Bums, Fingers and Toes
Harlyn Deborah Hafermehel

Todd and Lorrie along with big brother Colston are thrilled to announce the quick and safe arrival of Harlyn Deborah. Harlyn, named after her grandma and grandpa was born on her grandpa’s birthday, January 21, 2008. Harlyn was born at the Sturgeon Hospital at 12:55 a.m. weighing 8lbs, 4 oz and was 19 inches long. Harlyn, you have filled our lives with sunshine and blessed our hearts with love. Thanks you to family and friends for your prayers and support.

Finnegan Milo Grant Smith-Lepock

M. Jay Smith, Chris Lepock, and Gabriella Jean Smith-Lepock welcome (Finnegan) Milo Grant! Born very early in the morning, around 1:15 am, on 21 January 2008, Milo weighed eight and a half pounds and was almost 21 inches long. Patient and unexpectedly blue-eyed, Milo complements the brown-eyed chaos of our family perfectly. Thanks to the wonderful nurses and midwives at Westview who helped him into the world.

Laura Ricki Nordhagen

Steve and Jennifer Nordhagen are proud to announce the safe arrival of their daughter, Laura Ricki on December 10, 2007 at 1:57 p.m. A little sister for Ava, Laura weighed in at 7lbs 5 oz and measured 21 inches. We waited a while for her to make her entrance, but when she decided to come, she did not waste much time. Laura’s arrival was so quick we shelved our plans for a hospital VBAC, and instead she was born at home, into the gentle and loving hands of midwife Cathy Harness. Our sincere gratitude goes out to Cathy for her support and guidance, and ability to be a calming presence. Special thanks also to our hypnotherapist Gordon Francis, who gave us the tools to reach our goal of an easy, peaceful birthing experience. We truly are blessed!

Oscar Adrian Gilbert

Darcy, Kirsten and Jacob are please to announce the birth of their second son, Oscar. Also born at home after just under 2 hours of labour - too quick for our midwife Barbara to make it for the delivery, on November 29 at 5:03 am. Oscar weighed 8 lbs 12 oz and was 21 3/4 inches long. A huge thank you to dad, Darcy for continuing to support me though this journey, to big brother Jacob for staying calm as you watched Mommy deliver your brother, and to Barbara for taking us on later in our pregnancy and for her fantastic care throughout our adventure. Thank you also to Viv MacLean for helping out after our delivery. You are truly a miracle, Oscar.

Oscar Adrian Gilbert

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Jedd’s birth story

Julia Ewaschuk

My sweet love, you’ve been almost the whole way around the sun now. You’ve grown and you’ve changed a little each day, and so have I. And on the day that is the anniversary of your birth, I know I’ll be reliving your entrance to this world moment by moment. These delicious memories have surely sweetened with time, part of the magic of birthing a brand new being.

Friends would tell me I looked ‘wonderful’, but I felt like a plump and doughy giantess, hefting myself from couch to bed as I waited the 13 days past your predicted arrival day. You’d grown easily inside my body; my pregnancy progressed without event. Perhaps your father would recall differently, and would mention the super-size jars of antacids I chewed through to relieve the burning in my throat, and the foot and back and hip and neck rubs he gently gave. The normal moans and groans of a Pregnant Woman, so easily forgotten. But I rejoiced in hearing your teeny and fluttering heart, sang when you first wiggled in my womb. And so with a squeeze low in my belly, I grinned to know I would soon meet my new babe, my first-born. It was a Tuesday, 4:30 on the dot, and I was making supper for your Dad and me. This moment of recognition that our journey had begun, as I stood in the kitchen, is forever imprinted in my memory. I get a bloom of excitement in my chest thinking of it still.

And so with a fairly regular rhythm, every 10 or 15 minutes, another squeeze, a low ache. I carried on, busying myself with this and that, wondering whether the impending blizzard would affect the travels of our beloved and wise midwife, Barbara. We called to let her know she’d be catching our baby soon, but that we were fine on our own for the moment. The evening passed with more steady squeezes. Rest and energy conservation were recommended, so we went to bed early, thinking this would be the last time our bed would sleep two. Dozing off and on, awakening to an aching belly now and then, the night went on. I’d moan a low moan, trying not to wake your resting father. I was still able to manage well that Wednesday morning, and so off he went to work. I was left to cozy myself in the house as the snow began to pile up in the streets.

It would be nice to say that I did something romantic and meaningful that wintry day – wrote to you in a baby journal or did meditative yoga – but what I really did was play computer games for most of the day. I gleefully reported to my online gaming colleagues (almost certainly disinterested teenage boys) that I was having a baby. I lost some epic battles as I focused in on a contraction and squeezed my eyes shut. These aches were getting a little sharper, but no more consistent, and no closer together. On and on they went through the afternoon. I was feeling cooped up and housebound, and a little discouraged, so once your dad returned home, we decided we should go out for a quick supper. I’m not sure if I attracted any attention, but if anyone was watching, they would have known I was a labouring woman. Every ten minutes or so, between bites of pizza, I’d bow my head low and close my eyes. But still no closer together, still no stronger, still not longer. I was ready for you. I’d had enough waiting, but no amount of willing or coaxing you intensified my contractions.

Your dad had a rehearsal for the play he was in that evening, and I sent him off, happy for more time alone. We were prepared – the pool was inflated and set up in the living room, ready to receive you. The littlest of sleepers and hats (mostly yellow – we didn’t yet know we’d be having a sweet baby boy) were washed and piled and patiently waiting. The walls were painted, the floors were clean. I passed the evening bouncing on an exercise ball and watching a movie, which I had to rewind periodically to catch parts I’d missed as I focused in on my belly. We called Barbara once your dad got home – surely tonight we’d be needing her. Another mom was having her baby too, so she was going to be at another house catching another baby during this January blizzard. I didn’t
think I’d be able to sleep through these squeezes, so your dad and I stayed in the living room. I bounced, he rubbed. I rocked, and I moaned, and he rubbed. The wee hours of Thursday morning passed by. I was getting tired. And discouraged. I needed Barbara. She was at the other woman’s birth, which thankfully was not too far from our house. She came, at six in the morning, bringing through our door comfort and calm. In the past nine months, this woman often seemed to know me better than I knew myself. An intuitive and sage friend.

I asked if she could please check my cervix, praying for five centimetres. Surely forty hours of squeezes yields five centimetres. Please, let me be five centimetres. Four, I could manage. Six, and I’d laugh in the face of childbirth. Oh, but my heart sank into my fuzzy green socks when she said one: two if she was being generous. I held in burning tears, something I’d not often be able to do around her, for I seemed to be forever weeping in her presence. But somehow I just nodded my head. I got it. Okay. Alright. Oh, I can still do this. I knew I had the strength. I wholly trusted my body to know what it was doing, what needed to happen to get this new life from inside to outside. I know now that this is the only preparation for birth that was important. Trust in my womanly form, my female corporeal being. It definitely knew what to do.

So back to bed we went. I’d wake every 5 or 10 minutes with a twinge of dread, knowing another squeeze was coming. I’d moan and groan, wondering how your dad managed to sleep through my noises. But we did manage, for a couple of hours, to rest. At 10:30, we woke for some toast and ginger ale, then slipped a dropper full of homeopathic and mystical birth tincture under my tongue. We got into the shower together, and then it really began. I started opening. I could feel it – this was different, this had seriousness and intensity. Your dad’s circles on my back became my addiction, my obsession. They needed to be clockwise, and they needed to be hard and I surely couldn’t survive without these circles. Circles and circles and circles. Opening, opening, opening. I’d yell it, among profanities, OHHHH-PEN. Here, time didn’t pass. Here, there was no light. Here, it was only dark and there were circles and nothing else.

I needed my midwife friend so badly and began asking where she was. Then without warning, a sudden pop and gush, and on my hands and knees your watery world poured out of me. Darkness and circles. And swearing. Yelling. I begged for her. Your dad phoned her, she’d caught the other baby and was on her way to us. No time passed and with a gust of wind and a blow of snow, in she came. With hoses for the pool. I’d forgotten about the pool. As Barbara arrived, my body started to push you out. I was a bystander, I didn’t participate in this. It wasn’t me, but some ancient woman inside of me who pushed. And she forced a startlingly loud roar out of my mouth each time. They worked at making a pool of warm water to welcome you. Suddenly I was in it. Your father held my hands and I squeezed them. And another ancient roar and another ancient push, and your body slipped from mine, between legs and up into arms. Oh, such joy. Such unimaginable relief. No language exists for describing that feeling. Beautiful light replaced darkness. You looked at me and I looked back, sucked each inch of you into my eyes. You were divine. You are divine. My boy.

And as I washed up and snuggled into our bed to nurse you, I was struck with unexpected bolts of pride – Oh, I really did it! I really did. But then again, I knew I could.  

---

**Kindermusik**

*a good beginning never ends*

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Courage to choose  
– part 1 Sydne’s birth

Michelle Maisonville

The first memory I have regarding the idea of birth was as a child when, after bumping my shin and wailing, my mother said to me, “They’re going to have to knock you out when you have kids.” I didn’t know then how much that statement would impact my future.

Sydne’s Birth

When my husband, Mike, and I first discussed starting a family, I went into research mode. I sat down at the computer and began surfing the internet gleaning all sorts of tidbits about birth, babies and childcare. One day I came upon a newsprint magazine with articles on natural childbirth and parenting choices. “Truly,” I thought, “there are not women out there who actually want to be in pain?” Certainly not when there is medication available to allow them to be awake and aware during labour, yet pain-free. How could a labour without any pain be undesirable?

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Shortly after becoming pregnant with our first child, my husband and I made the move from Lethbridge, Alberta to Edmonton. I remember telling my GP at one of my prenatal appointments, “I don’t want to be a hero. Sign me up for an epidural.” After all, if I couldn’t handle a bump on the shin, how would I do with real pain? My doctor was supportive and made the note in my chart. I also included it in my simple, one-page birth plan.

Soon after my due date I was tired of being pregnant. My mom had arrived from the States a week earlier and we had walked through West Edmonton Mall, went bowling and I trudged up and down the stairs in our home as much as possible. My doctor stripped my membranes twice and I begged for her to induce me. The night before I was scheduled to be induced, I went into labour on my own.

During one of my many nightly trips to the bathroom, I noticed goop in my underwear. I knew it wasn’t my mucus plug as I had lost it.
a week before and this wasn’t pink... it was a very pale clear yet cloudy grey-green (meconium-tinged). I called the local 24-hour nurse line. They said it was probably nothing. I wasn’t convinced. So, when I felt a little mini-gush, I knew it was my water breaking, or rather leaking at this point. It was around 2:30 a.m. when I woke first my mother and then Mike.

My contractions started on the way to the hospital, which was 10-15 minutes from our home. They were centred in my lower back. At the hospital, I settled into the bed in the assessment room. The fetal monitor was strapped around my belly and I lay in a semi-reclined position. I had only been in the bed a few minutes, when my water broke with a gush. The nurse confirmed that there was meconium in the water, meaning the baby had pooped inside the uterus.

I assume that at some point they must have moved me into a labour and delivery room, but I don’t remember when. The contractions were now coming one on top of the other and I had a lot of back labour. Lying on my left-side, I felt like I was going to throw-up with each contraction. Both Mom and Mike tried to help me focus, look at them and breathe through the pain. They tried encouraging me, but all I was aware of was the intense nausea and back pain.

I don’t know how long I was in labour at this point, but it didn’t even seem like an hour had gone by. I think I was around four centimetres dilated. A nurse asked me if I wanted a shot in the hip or the epidural. I enthusiastically replied that I was ready for the epidural. Once the epidural was in place, Mike and I both slept for several hours. The epidural had slowed my labour, so I was started on pitocin to increase the contractions. With each increase made to the dosage of the artificial hormone, the epidural lost some of its numbing effect, so an increase was made to its strength as well.

This up and down dance kept up throughout the day.

At some point in the afternoon a young nurse checked me and found me to be fully dilated. So, without feeling much of an urge, I started pushing. I pushed for almost four hours and moved the baby down, but my progress had stalled and my doctor arrived. She checked me and basically poked the baby in the eye, finding that she was head down, but face up. Unbeknownst to me, the doctor reprimanded the nurses for letting me push so long without her being called in and not recognizing the baby’s difficult position.

Because I had moved the baby down so far in the birth canal, a caesarean, which my doctor later informed me she would have called for otherwise, was out of the question. So, she called for the obstetrician on-call to come in and assist with the delivery.

The OB was a sweet, funny gentleman with a lilting Scottish accent. He was a comforting presence. Yet,
I was nervous when he mentioned that they would have to try using the vacuum to help the baby out. They tried. It didn’t work. So, the doctor brought out the forceps. Finally after an episiotomy our baby was out. The doctor held her upside down and Mike announced that she was a girl. We cried. It was Saturday May 10th 2001.

Our daughter, Sydne Mikaela, was whisked over to the other side of the room so the nurses and doctors from the neonatal intensive care unit could give her the once over. They had been called in due to the meconium in the amniotic fluid. While Sydne was examined, I delivered the placenta. The Scottish OB oversaw my doctor stitching up my large 4th degree tear. I was in a haze, from the long pushing phase and the effects of the epidural. Though, I do remember “Dr. Scottie” making some cute jokes to cut the tension.

Establishing Breastfeeding
When I finally held my new baby daughter, I noticed what appeared to be a large blood blister on her forehead. Her face was bruised from the forceps and vacuum and her nose squished from being stuck under my pubic bone. Still, I had never seen anyone so beautiful. We were moved to the postpartum floor and I tried to breastfeeding her, but between my clumsiness and fatigue and what I now believe was Sydne’s stress and pain from her difficult birth, we didn’t manage it.

That night, the nurses took Sydne to the nursery so I could rest. They fed her bottles of formula. I don’t remember much else from that first night.

We continued trying to breastfeeding throughout our stay in the hospital. Each time I attempted to feed Sydne, the nurses would try to help, but usually ended up shoving her roughly onto my breast. Sydne screamed and pulled away each time. Each nurse had a different idea about why she wouldn’t latch on. They said perhaps she was tongue-tied or she couldn’t breathe because her nose was squished, or maybe because her chin was recessed. Frustrated and hurt, I yelled at the lactation consultant and told her to leave me alone. Finally, my doctor told me just to tell the nurses that I was going to formula feed so they’d release me from the hospital.

The Monday evening after Sydne was born, we went home. I continued trying to breastfeeding, but pumped and supplemented with formula as she still refused to take the breast. I cried and she cried at each attempt. The health nurse visited the day following our release from the hospital and I continued to have a nurse visit each day throughout the week, still trying to establish breastfeeding. The day my mother was to return home, I began crying constantly; these were the begin-
nings of postpartum depression. Then, on my way to the bathroom, I lost control of my bowels. It was a painful reminder of my episiotomy and subsequent tear.

I saw my doctor a week after Sydne was born to see if she could increase the dosage of the medication I was already taking for depression. At the visit, she saw my anxiety, stress and sadness over our struggle to breastfeed and suggested we fully make the switch to formula in order to relieve some of my depression. Reluctantly, I agreed.

**Questioning**

As the months passed, I experienced intense guilt over not breastfeeding Sydne. I read about relactation and tried without success to get her to latch on and re-establish my milk supply. I just couldn’t understand how it seemed to come so easily to most of the women I knew.

One day, on a routine trip to the supermarket I came across an issue of the same newsprint magazine I had read when Mike and I were still in the early stages of planning our family. Reading the birth stories and articles inside, I felt as though someone had just told me that the sky was blue. I read page after page of research findings linking routine interventions with complications in postpartum. I started to go over Sydne’s birth in my head. I began asking myself if I could have done some things differently. Could the epidural I had in labour have contributed to my lengthy pushing phase? If I had been able to feel more, would we have known earlier that she was in the wrong position? Would we have breastfed successfully if the birth was less traumatic? I had to learn more. So, I began researching once again.

Birth had begun to encompass my thought. I felt the more I knew, the better I’d be able to heal the emotional scars of my first birth experience. I read about doulas. I was awed at the thought of someone being able to do such a special job. I saw in these wise women someone who supported others in finding their own strength and helped them create beautiful birth experiences. The more I studied, the more I wished I could be one of these women. But, how could I help someone achieve something that I didn’t?

Michelle is married and currently a student at Medicine Hat College. Sydne is nearly 5 and Nicolaus is 3. She also runs a consumer advocacy group called Women’s Options in Maternity Care & Birth (WOMB) http://www.freewebs.com/womb and has gone through the CAPPA Childbirth Educator distance program but has not yet become certified. She is also hosting and attending a DONA-approved birth doula workshop in Medicine Hat in August 2008.
Birth rhythms

Renee Walker

Last year in January my husband, Jody, and I decided to return to Maui where we had gotten married in 2002. This was an opportunity to be together as a couple before the arrival of our first precious child. Among all the memories that were made, one stands out in my mind. We decided to spend some time in the beautiful tourist town of Lahaina. While walking along the sidewalk along the ocean we came across a sign in front of a big black smooth lava rock just sitting in the waves. It had an unusual shape which resembled a chair with a low angled back and a hollowed out portion in the seat.

The sign described the Hauola Stone and how the ancient Hawaiians made use of this special stone. Hauola is loosely translated as extending life and health. It is located in an area where both salt and fresh water mix which is known for its healing powers. As far back as the 14th and 15th centuries the stone was used as a birthing stone for the ali‘i (royalty.) When a chiefess was ready to give birth, her attendants would help her into the stone chair, assist in delivering the child, and witness the birth.

This just seemed like such an amazing way to give birth! I loved the concept of having my tribe mates surround me while floating and relaxing in the ocean. I had such a romantic notion of how birth could be.

A little later, Jody and I stopped to buy some drinks to help cool down from the heat. While he went to find a washroom, I stood in some shade and a lady asked me if I was expecting. I was beaming and so proud of my little 5 month belly. She told me that she was a local midwife. I couldn’t believe my luck. I told her about the birthing rock and she said that there were several of them around the island. My mind just started spinning. Was it possible for me to come back to this beautiful island to give birth on a birthing stone? I knew
it wasn’t a feasible idea (at least not for this pregnancy). Some of the things that the midwife told me really stuck with me:

Giving birth is just like the waves of the ocean. The tide will come in and it will go out. There will be periods of strong surges that just keep on coming, and there will be times when the tide goes out and the surges lighten up and almost go away . . . . but they will be back. You can be floating along in the water and keep your head above the water with each wave. And then all of a sudden there will be a huge strong wave that wants to knock you down. So you hold your breath and just dive on under. The rhythms of the waves are unpredictable. So never turn your back on the ocean. You need to face it head on. Float above the wave or take a deep breath and dive under it if it’s too big. Don’t forget to come up for air and to breathe and rest between each wave.

So this is what I imagined I would do when I went into labour. I didn’t realize then how true it would be.

On May 23rd I woke up at 3 a.m. having cramps. I checked the clock and they were every 10 minutes, so I tried to sleep some more. I woke up at 4 a.m. and I realized the cramps were probably contractions, as they were coming every 5 minutes. I woke Jody up and told him what was happening and by 6 a.m. we decided to call Geri, my midwife. The contractions were coming quicker and were lasting a little longer each time. Jody and I started to panic. We weren’t ready. This was only day two of my maternity leave and I still had lists and lists of things that still needed to get done. I was planning on being at least one week overdue, and here I was having contractions two weeks earlier than the guess date! The baby room had finished being painted the day before but nothing else was ready and the house was in shambles. Jody called his mom and sister and they came over with cleaning supplies and started a clean sweep for which I was grateful. I called my girlfriends who were my ‘acting doulas’ and my parents.

My Dad started the long drive from Fraser Lake, BC and my Mom struggled to find an early plane ticket back to Edmonton, as she was in Toronto and wasn’t supposed to come home for a couple more days. As more people ar-
When I woke up, the house was quiet. My friend, Pam, and sister, Katherine, decided we would go for a walk to see if we could get things going again which they did. But as soon as I came home and sat down, things slowed down again. Around 8 p.m. I decided to have a bath. This really strengthened the contractions and I had to get out. My lower back was really bothering me but Pam was there to rub a couple of spots for relief.

Around 10 p.m. my Dad and his girlfriend Rita arrived from BC, just in time. I was on my hands and knees and was throwing up. This is where Rita’s magic hands came into play. She just kept running her fingers up and down my spine and then outwards to help release the energy. It felt like heaven. Then Geri suggested a Lomi Lomi massage which was so relaxing that I fell asleep again. When I woke up, I went to the bathroom and felt a little pressure so I gave a little push. My waters broke, whooshing right into the toilet. Awesome, no mess to clean up! It was time for me to get into the heated pool in order to ease the back pains.

My mother, who had managed to catch a plane, arrived just in time to hop into the pool with me and squeeze my hips during the contractions. I started chanting in deep guttural moaning voice, “DOWN AND OUT!” After several hours, I started to overheat, so Geri suggested I get out. I remember thinking that I didn’t want to get out because I knew it would become more intense. It did. Geri checked me for the first time and I was nine centimetres dilated. The waves were crashing hard now but I rested between every one. Jody got onto the bed behind me and I sat between his legs and leaned back into his strong chest and arms. Someone was feeding me melon. Someone was putting cold compresses on my head. Someone was putting a hot compress down low. Others were holding my legs.

It was getting really close and then . . . the head was out and I heard three little baby squeaky noises! I panicked because I was worried that I was suffocating the baby since the face was down into the bed, so I was lifting my butt up. And then out it came. I reached down to help pull its legs out and then it was on my belly. It was a boy! I couldn’t believe how big he was (8lbs 12oz.) He started crying right away and it took him another minute or two before he started getting some colour. I sang him my little song that I had made up during the pregnancy, “Happy and Healthy, and Strong and Smart, Confident and Compassionate!” I looked up and everyone in the room was so happy and crying. There he was. I could finally meet the little being in person. He was born at 7:15 a.m., May 24th, 2007. It was Jody’s and my 5 year wedding anniversary! And Alexandar Jamis Walker’s Birthday. It was perfect. It was not completely how I imagined it but it seemed that everyone arrived just in time to do their part. My tribe was there with me to welcome the newest member of our family into our home with so much love!
My birth story

Charlotte Lusson

I was birthed into this world in a hospital. My mother chose to feel nothing, to disconnect from the experience through the use of drugs. I was birthed in an environment where safety, logic, intervention and practicality superseded serenity, gentleness, respect, honour, love and peace. My life experience evolved from this first experience.

With my first pregnancy, 15 years ago, a longing was evoked in my being, a knowing in me stirred. I had a natural birth in a hospital setting. With the coming of my second child my longing had shifted to a state of wakefulness and I chose the experience of a homebirth supported by midwives. The overall experience was fulfilling; a healthy baby boy and no interventions, yet I had gaped into the mouth of an incredible fear; death, abandonment, rejection, betrayal, failure, etc. that lived inside of me. As I prepared to birth my third child, I battled with this fear, and like a thick oozing mass it smothered me. I tried as hard as I might to escape it, to dodge it, to release it, yet it clung like the tar on birds’ wings after an oil spill. The birth began at home as planned, with midwifery care, and ended in the hospital with an emergency c-section. I crumpled under the weight of a perceived failure, of a sense of betrayal of self....

For the next nine years I journeyed to the depths of my being, facing my fears, embracing my pain, opening my heart, loving myself, embracing harmony and trusting again. I rekindled my faith in self, by honoring myself.

Seven months ago a spirit baby and I met and began an amazing relationship. I shared with him my values of love and peace, and of honoring the latter. I told him of my successes and challenges in coming forth in this truth. I imparted my value of protecting and serving love, in order to create harmony and balance in my world, in this world.

I will soon give birth to a child I have yet to meet in physical form. The journey that lies ahead of us is full of mystery and unknown. I am clear that I want to birth this child with an open heart, a still mind and a strong body, nurtured and supported by those who love and believe in me, in the professional care of a midwife, surrounded by the familiar sounds and smells of my home. I look forward to a free flowing birth....
Makeba – light in the darkness

Hania Ollivierre

Author’s Note: I delivered my daughter at the Westview Birth Centre in Stony Plain in August of 2006. I was one of four women delivering at the same time with only one midwife on staff (the other midwife at the time was on a holiday). They have changed their methods of organizing as a direct result of my experience.

My labour and delivery broke me into motherhood like a new pair of shoes. I don’t associate my baby with my labour, however, they’re not connected. My fancy shoes out on the town don’t make me think of the times I wore the shoes at home to break them in. All I think of when I’m out on the town in those shoes is how beautiful we are. This is my new phase of life. Mama.

At 6am on Monday morning I lost my mucous plug. I was nervous to go to the Westview birth centre (Stony Plain). They told me I was 2 centimetres dilated. I thought, “Well, okay. I guess this is it. Here we go!” That night my best friends brought over a birthday cake with a “0” year old candle. We were so excited with the anticipation of seeing this belly as a child. The next 3 days and nights were spent at home labouring. I woke up after my first night of labouring alone – crying, panicked. I was stressed, tired, in pain, feeling trapped and like I couldn’t do it. Annand, my husband, put on his “birth partner” hat and taught me a good position and breathing technique for working through the contractions. I felt hopeful again. We squatted, facing each other, for the next three days.

My parents, in-laws, best friend, brothers and their ladies came over to help...set up bookshelves, installed the car seat, cooked, timed contractions, walked with me, listened to my recounting of how it felt to be in labour, picked up items for me from the store and filled my house with positive energy, calm excitement and teamwork. I was so tired by the end of the second day that I called my midwife and asked if it was time to go to the birth centre as soon as possible and have the baby. My water was still intact.

On the third day I told my husband and my mom that I would not labour alone at night anymore and I didn’t care if they got tired, they could deal with it and just support me. Annand set up the couch with pillows so I could hang over the back of it to take a load off. That dropped belly sure got heavy and my legs were tired! My dad brought me a TENS machine for the pain in my back. I invited my brothers to come over after work to distract me. They ate supper and watched a sit-com on DVD while I had short snoozes over the couch and drank soup broth (a la my mother-in-law) and smoothies, and of course the interminable contracting. At this stage I was feeling pretty strong even though I was so tired and sore. I felt that I could take it all on and get through the process of childbirth. I had my family around me and I had spent 9 months preparing. I felt good.

That night my mom and Annand were going to take turns staying up with me. That gave me another boost of inner strength. My mom started watching a movie with me while Annand took the first sleep shift. I was so tired. It was so frustrating that it was night time but I was not able to go to sleep. After an hour of contractions we phoned the birth centre and said the contractions were averaging 5-6 minutes apart. They said we had to wait more. We went for a walk. While we were walking and contracting down the street in my neighbourhood at 3am the contractions got closer together. We woke Annand up at 4am, finished the movie we’d started, packed up the car and went. Miraculously, I slept all the way there.

We arrived with euphoric energy around us. We felt forward movement finally. We smiled at the nurses and
got into our birthing room. They told us we were coping so well with the labour and gave us a lot of positive reinforcement. We put our music into the CD player, drank some Gatorade, the midwife broke my water and we got to it. Within a few hours I had dilated from 5 to 9 centimetres. We thought that meant we’d be finished so quickly, we were so encouraged! Makeba was born at 8:22p.m.. The next eleven hours were filled with agonizing pain and a feeling of being trapped. One last centimetre! I knew that baby had to come out of me, but I just couldn’t see progress. Makeba was facing my side so she needed to be turned.

The midwife was not able to give me the amount of attention and support I needed so I had to get a spinal anaesthetic. By the time the doctor came to administer it, he said they should have called him in a lot earlier. The midwife was talking about sending me for a caesarean, but there were no beds available. My mom was praying in the corner, which gave me confidence, and Annand was just walking right beside me the whole way, helping me stay focussed and pulling me out of my panic; he was so solid! I was so exhausted from contracting for three days and not sleeping, not to mention the major contracting, one on top of the other, for eight hours. It was eight hours of in the tub, out of the tub, in the shower, on the bed, walking back and forth, too hot, too cold, wet, dry, leaking amniotic fluid, squatting, breathing, panicking, focussing. I even had a twenty minute nap at one point. I was so happy to have the relief with the spinal.

They gave me oxytocin by IV while I was anaesthetized so that they could turn the baby by having me do exercises that had been too painful before. The midwife took too long to come in and coach me in the pushing phase. She finally came in when the anaesthetic was wearing off. I felt so light-headed. The nurse who was with me until the end, Carolyn, was so wonderful. She got me to go over the toilet to try pushing. I told her that I hated it. She was so supportive and told me we could try a different position. I ended up hanging over the edge of the bed and pushing. Annand and my mom were watching the baby begin to crown. Annand came to my head to tell me that the baby had dark hair. He was teary eyed. It was so great to hear that they could actually see the baby that had been inside my belly for so long!

I was fortified by the progress. I turned onto my back and Annand and Carolyn held my legs bent and the midwife coached me with the last stages of pushing. My mom held a mirror so that I could see what was happening if I wanted to. I was determined and focussed and working really hard. I was encouraged by the sight of the top of my baby’s head. I asked the midwife after crowning for a while, “how many more pushes?” She said to take it one at a time. “Is it five?” Annand said, “Just take it one at a time.” In three pushes her head was out, the fourth was the rest of her body and the fifth was the placenta. They gave me my

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*singing* *dancing* *rhyming* *instrument playing* *baby signing*

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Genea’s story

Kimberly Law

JEALOUSY – I am jealous. I am jealous of all those decisive women who “know” when they are finished having children. I wonder what that feels like. Is it feeling that your family is complete? Is it being tired of all the work that goes into those early years – changing diapers, wiping peanut butter off the windows, constant supervision of your 18 month old who will eat a box of kleenex if left alone for five minutes? Or is it feeling ready to move on to the older stages of raising children, like taking them skiing? I wonder if I will ever have that “I’m done” feeling.

LOVE – I’ve always said I wished I started having children earlier. Now I think it is probably a good thing that I didn’t start having children until I was in my 30s. Why? Because I would want to keep on having them. I love babies. Love, love, love them. I love the sounds they make. I love the way they smile with their whole body. I love feeling a tiny little someone squirming next to me at night. I love that babies’ needs are so simple – eat, change, cuddle, sleep, eat, sleep, cuddle, change. Think I am in love? Indeed I am!

REASON – Deciding whether or not to have a fourth child was not that easy – logically. After all, 4 kids is a lot for most people. I was the middle child of three boys and always said he wanted two or four.

FAITH – To my husband’s disappointment, it took but one evening to become pregnant. I knew I was ovulating. I asked, “Well, do you want to try?” (Perhaps I was unfair asking such an important question at that particular moment!) Afterwards, we both exclaimed, “What have we done!” It is surprising just how many emotions a person can feel in the same moment: excitement, anxiety, fear, joy. I commented to him that if after just one time we became pregnant then I guess it was meant to be. Two weeks later I was shocked. Considering the many things that have to happen in just the right way at just the right time, in order for conception to happen, I’ve always marvelled that pregnancies weren’t rare. My mother had said repeatedly when I was a teen “It only takes one time.” She’s right! It was meant to be.

SEPTEMBER 05 – I like to find interesting ways to tell Loren when I’m pregnant, like when I put one year-old Kierra in a t-shirt that said “I’m going to be a big sister.” It lost its effect a bit when he had to be told to read her shirt! This time I bought us matching Italian bracelets that had symbols telling him. He was happy and without reservation.

The pregnancy went along smoothly, much like my past pregnancies. I was tired much of the time. I became huge and my births have been uncomplicated and fairly short. In fact, I had had 3 wonderful home births that gave me nothing but positive memories.

FEAR – One night in April, at 36 weeks, I started having contractions. Because my babies are always early, I knew this could be it and I panicked. Instead of my usual excitement and focus I heard myself say, “I’m not ready, I’m not ready!” My water hadn’t broken as it usually does before labour but I called Barb anyway. She came over, even though things had begun to slow down. She told me this likely wasn’t labour, my body wasn’t prepared just yet, and I shared with her my fears. She said she had heard that some women who have been through labour several times sometimes become afraid of the pain. I found that reassuring somehow. I believe to this day that had I not told the baby I wasn’t ready, she would have come at 36 weeks. (Kierra, my first baby, came at 36 1/2 weeks.) As it was, I had three more weeks to prepare myself.

LABOUR – I spent the next few weeks relaxing and subconsciously preparing myself for labour. By 39 weeks I hadn’t had the baby. This was the longest I had carried. I was huge and walking had become quite difficult. I had but one article of clothing that fit, a dress. I could feel the baby’s head on my pelvic bones. I finally said to my visiting Mom, “This is it. Let’s have the baby today.” I started off the day shopping with my Mom and Tieran – lots of walking. After lunch and a nap I went to work in the garden. I tend to have one article of clothing that fit, a dress. I could feel the baby’s head on my pelvic bones. I finally said to my visiting Mom, “This is it. Let’s have the baby today.” I started off the day shopping with my Mom and Tieran – lots of walking. After lunch and a nap I went to work in the garden. I tend to have one article of clothing that fit, a dress. I could feel the baby’s head on my pelvic bones. I finally said to my visiting Mom, “This is it. Let’s have the baby today.” I started off the day shopping with my Mom and Tieran – lots of walking. After lunch and a nap I went to work in the garden. I tend to have one article of clothing that fit, a dress. I could feel the baby’s head on my pelvic bones. I finally said to my visiting Mom, “This is it. Let’s have the baby today.” I started off the day shopping with my Mom and Tieran – lots of walking. After lunch and a nap I went to work in the garden. I tend to have one article of clothing that fit, a dress. I could feel the baby’s head on my pelvic bones. I finally said to my visiting Mom, “This is it. Let’s have the baby today.” I started off the day shopping with my Mom and Tieran – lots of walking. After lunch and a nap I went to work in the garden.
while gardening, I didn't think much of it. At one point I was having a strong contraction and Tieran wanted a hug. Loren got out the camera and I now cherish a lovely picture of me in the garden in my dress, on my knees, one hand against the deck for support, and the other hand holding Tieran on top of my huge belly.

I had strong contractions on and off since gardening at 4 p.m. and chose to go to bed at 10 p.m. At 1 a.m. I got up to use the bathroom and had a really strong contraction there. I thought I'd try to get more sleep, but another contraction came immediately after the first and I felt a ‘pop, pop, pop’ that actually made me jump. I knew my water had broken, but hardly any fluid trickled out. The baby's head was so low, little could escape. Another contraction right away! Whoa! Better get Loren up and call Barb. My babies have come faster each time. I had only 1 1⁄2 hours of active labour with Tieran. I made Loren read the article we had gotten from Barb titled, 'What to do if the baby comes before the midwife.' I also had him wake Mom and show her how to use the camera. All this while having painful, but not unmanageable contractions. The pool was blown up and had been in our bedroom for weeks, but Barb had the hose. I had Loren fill the bathtub because I wanted pain relief. Contractions were on top of one another – everything was happening so fast! After just a few minutes of being in my wonderful soaker tub, a place where I spent hours relaxing during my pregnancies, I felt the urge to push. Barb just made it. (She told us later she raced towards Beaumont at 110 km/h!) Two pushes and baby was out! Genea (Jen-ee-ah) arrived at 2 a.m., after just one hour of labour. For this I was afraid? And Genea was a big baby too, weighing 9 lbs 2 oz.

While still holding the baby in my tub, I had Loren wake Kierra and Rowan. (We decided that Tieran could meet the baby in the morning after a good sleep. That he slept through all that activity and the noises I made is remarkable! I promised Kierra she could tell us the gender of the baby. She declared the baby a boy, until Barb suggested she look again! “It's a girl!” Kierra had been really hoping for a sister and finally she had one. Now our perfect family is balanced with two boys and two girls!

The older two kids took pictures on their disposable cameras and took turns holding the baby until finally Daddy got them all into bed. I was happily tucked in bed with baby Genea around 4 a.m. I remember thinking, “Labour is over already!” I thought that for at least a week afterwards!

EIGHTEEN MONTHS LATER – As I look back at my labour with Genea I am still surprised at how frightened I was. But hers was the most wonderful labour of all. The pain was irrelevant. I am left with the most warm, fuzzy feelings. It is no wonder then that I don't have that “I'm done” feeling. I likely never will!
My journey through postpartum depression

Stephanie E. Nyhof-DeMoor

My post-partum journey began at 9:21 a.m. on January 13th, 2007 when my daughter, Liesbet Johanna, was born by emergency caesarean section at Women’s College Hospital in Toronto.

I’ve had troubles with my blood pressure over the past few years and I knew that it could one day be an issue with pregnancy. It really became a problem at 22 weeks. Before Christmas and at 32 weeks I was hospitalized with high blood pressure at 162/124. The day after Christmas it stabilized, and I was sent home on bed rest. I stayed like that at home for the next couple of weeks while closely monitoring my blood pressure. On the morning of January 13th I developed a headache and a blood pressure of 140/104. We were told that if the diastolic (lower number) of my blood pressure moved to the triple digits we should go into triage to get it checked out. And so my husband and I went to the hospital and while I was in triage, my blood pressure suddenly spiked to 212/121. The doctors were quite worried about my blood pressure as it was continuing to rise. They explained the possibility of seizures and the consequences to my personal health and my baby’s. It was alarming and so it was decided that even though I was only 35 weeks along, that the best thing was to deliver my baby by caesarean that morning.

After the caesarean section was performed and my daughter was born, I wasn’t able to hold her for very long. I held her for about three minutes. Because I was feeling everything that was happening while the doctors were putting my organs back inside and stitching my body back together, I felt unstable and awkward holding her in the crook of my arm so my husband Michael took her, I concentrated on gripping the IV pole while I was stitched back up. While she was still close to me the doctors assured me that she would not have to go to the Neonatal Intensive Care Unit (NICU) even though she was a mere 4lbs 15 oz. She looked very healthy but about thirty minutes after she was born she started grunting and was taken to the NICU and put on Continuous Positive Airway Pressure (CPAP) for 12 hours. I didn’t see her again until the next day. Because I couldn’t see her and because the drugs were putting me in a haze, I felt disconnected from everything which made it difficult for me to believe that I had just had a baby.

The next day, I went to the NICU to see my little girl Liesbet. I was terrified; the NICU is a very intense place, isolettes everywhere with very tiny babies hooked up to beeping machines. I was wheeled to my baby and got to see her, so tiny, yet so big compared to some of the other babies there. I was scared to hold her yet I desperately wanted to. The nurse took her out of her isolette and showed me how to hold her and we started to learn the art of breastfeeding. Nursing was a challenge and a learning curve for the both of us. It is hard for preemies; it’s hard, tiring work. Although Liesbet latched on like a champ, she tired easily. The first two weeks while she was in hospital we took it slowly. Sometimes she would nurse very well and we would be so proud and excited, then later in the day she would fall asleep at the breast and no amount of tickling, undressing, or prodding could wake her. I was determined to breastfeed though, and with the help of the hospital lactation consultant and the breast pump loaned by the hospital we finally got breastfeeding down and Liesbet gained her birth weight back. We got to go home when she was 16 days old.

We were in for a big adjustment. We were not ready when she was born and frantically spent the days before she came home preparing to bring home our baby. My mother came from Michigan to help out. She had had experience with preemies since my sister was born at 33 weeks due to pre-eclampsia also. My mother was a major support in my life. I was so scared about being a new mom and I was worried about developing postpartum disorder. I had struggled with depression for most of my life so I knew that I was at risk for postpartum depression. I had noticed that I started having intrusive thoughts while Liesbet was still in the hospital but I was afraid to tell anyone about them.

When Liesbet came home, we started learning about caring for our newborn on our own. The first week went smoothly, Liesbet slept well and I was able to get sleep because I had breastfeeds and postpartum

photo by Little Bums, Fingers and Toes
my mother’s help for when Michael went to work. During the second week, Liesbet started getting her days and night mixed up and stayed awake during the night. It got harder, but having my mother there made sure that I got my needs met. However I knew my mother could not stay forever and I was getting apprehensive about when she would have to leave. These feelings motivated me to make an appointment to see a psychiatrist at Women’s College.

My first appointment was made for the day my mother left to go back to Michigan. The psychiatrist I was originally supposed to see was sick that day and so I saw a different doctor. This doctor made me uneasy from the beginning, but I knew that I needed some help with the feelings that I was having. We met and had our initial interview where she diagnosed me with moderate postpartum depression and told me to see her again the next Tuesday.

The Friday after the psychiatric appointment was very difficult. Not only had my mother just left but also my husband had to go back to work and I was terrified of being left alone. I spent much of the morning in tears. Over the weekend, I found myself crying regularly and felt very emotionally fragile. I was also feeling terrified by the intrusive thoughts that I was having. I didn’t feel comfortable sharing the thoughts because they were so alarming. I tried to keep myself distracted by watching television and keeping busy, but it only worked so well. I was terrified of being alone with Liesbet. Since it was February and the middle of cold and flu season we restricted visitors to protect Liesbet, but this had the consequence of causing me to feel very alone and isolated. Tuesday finally arrived and I went back to see the psychiatrist. I told her about the crying and the intrusive thoughts and she got very worried about me. She prescribed a hefty cocktail of drugs – Celexa for the depression, Klonapin for the anxiety, and Risperidone to make the medications work faster. She also told me I should stop nursing so that I could get more sleep and not expose my daughter to the medications. To top it off, she disclosed that she was very close to admitting me to the hospital. She subsequently called Michael and told him to call my mother to come back and help us until the medication started to work. I was devastated.

On the way home, I stopped at the grocery store to buy formula. As I stood there looking at the formula I could hardly contain my tears. My daughter was only 5 weeks old, she was a preemie and although I had failed to birth her vaginally at term I could at least breastfeed her and now I was losing that. I got home with the formula and again broke down in tears on the phone with my mother. That night I felt more and more panicked and could not stop from crying. Michael gave Liesbet her first bottle and I had to run out of the room sobbing. Poor Michael didn’t know what to do: attend his sobbing wife or his sobbing child. I was so upset that I told Michael to take me to the hospital emergency room. We called friends and left Liesbet with them while he took me to the hospital.

The doctors and nurses in emergency were very kind and understanding but I was still so scared. I spent a painful night in the psychiatric section of the emergency room and saw the psychiatric resident in the morning. My breasts were...
swollen and sore from not nursing. He decided I should be admitted to the psychiatric ward of Toronto General Hospital until my meds started working. I spent that night in the acute care ward where there was 24 hour monitoring, and very sick mentally ill people. There was a shortage of beds on the regular floor and they were worried I might be a suicide risk, so I spent the night there and it was terrifying. Michael brought Liesbet in so I could see her in the common lounge of the regular floor. When Liesbet rooted at my breast I cried, I wanted to nurse her so much. I was relieved the next day when I was moved to the regular floor and allowed to wear my own clothing. The resident who was assigned to me was wonderful. He recognized how important nursing was for me. He did the research and checked with MotherRisk out of SickKids and they confirmed that it was okay for me to nurse on the medications that I was on. He gave me the go ahead to start nursing again and I was overjoyed. Because I had not nursed in three days, my supply really suffered, but still it was a joyous day. I nursed Liesbet throughout the day and she was supplemented with formula.

I was in the hospital for one week. I met with the resident daily and a social worker that helped set me up with a plan for going home. They were very helpful and made me feel that I had made the right decision and that things would get better for me. I was hooked up with a homecare nurse who came daily at first and then once a week to check on me and see how I was getting along in my new life as a mom.

I still had some anxiety and it was essentially due to my psychiatrist out of Women’s College. I was nervous about continuing seeing her. Our appointments made me very anxious and I often felt worse leaving than I did before I saw her. I decided to visit my family doctor and she set me up with another psychiatrist that specialized in postpartum disorders and was not “med happy.” I felt she was so much better, her care was so much more appropriate. She understood the different symptoms of postpartum disorder and didn’t make me feel anxious about what I was feeling. She was also understanding about my frustrations with the side effects of the medications with weight gain (I gained 20 pounds in 4 weeks), vivid dreams, emotional plateau, and possible dependency. I appreciated that she didn’t disregard my worries about weight gain and the effect that that could have on my blood pressure and self esteem.

My milk supply suffered through this experience, but I was determined to keep nursing. At first I would nurse and then Liesbet would get a bottle. After a while we were able to cut out bottles of formula until she was only getting them at night, and then she was only getting one a day. She is now one year old and does not get any formula anymore. She is happy and healthy and a lovely little girl. I am still struggling at times with depression but I try to take one day at a time. My experiences have created a desire in me to become a birth and postpartum doula and to help other women in their experiences with high-risk pregnancies and the postpartum period. I want to turn my experiences into something positive that I can feel good about.

References

1 High blood pressure is defined as blood pressure of 140/90 or greater as measured on two separate occasions within six hours. However, a woman who normally has a low baseline blood pressure, such as 90/60, could be considered hypertensive at a blood pressure of less than that – especially if she has other symptoms. A severe and prolonged rise in the diastolic (lower number) of 15 degrees or more, or a rise in the systolic (upper number) of 30 degrees or more is cause for concern. It can cause fetal growth retardation, affect the flow of oxygen to baby, and bring about fetal distress.

2 Preeclampsia occurs only during pregnancy and the postpartum period and affects both the mother and the
unborn baby. Affecting at least 5-8% of all pregnancies, it is generally characterized by high blood pressure and the presence of protein in the urine. Swelling, sudden weight gain, headaches and changes in vision are important symptoms; however, some women with rapidly advancing disease report few symptoms. Typically, it occurs after 20 weeks gestation. Because it affect maternal blood volume it can lead to fetal growth retardation, fetal distress, maternal hemorrhage and convulsions. Preeclampsia and other hypertensive disorders of pregnancy are a leading global cause of maternal and infant illness and death. See www.preeclampsia.org

CPAP is an inhalation treatment designed for premature infants, especially those born before 28 weeks of gestation. They usually have underdeveloped breathing muscles and immature structures within the lungs which require the use of breathing support. It delivers slightly pressurized warm, humidified, oxygen-enriched gases throughout the breathing cycle through mechanical ventilation with a tightly fitting face mask or by intubation. Slight positive pressure is used to increase the amount of air breathed in without increasing the work of breathing. An alarm system alerts the neonatal staff to problems and monitoring of breathing and other vital functions will accompany the therapy.)

15-20% of women experience a prolonged and debilitating period of clinical depression or Post Partum Depression (PPD), which robs them of pleasure, fills them with self-doubt about their ability to care for their infant, reduces them to frequent tears, and instills feelings of hopelessness and guilt. Sleep and appetite are also disrupted but this is often confused with the disruptive impact of life with a new baby. PPD occurs within four weeks of childbirth. Women are often reluctant to share how they are truly feeling because it is out of keeping with “how it’s supposed to be.” This can mean that serious symptoms are ignored or overlooked until the depression is deeply entrenched and more difficult to treat. Receiving appropriate care and support is essential not only for the health of the mother but also for the infant as well. Although rare, some women may develop a psychotic depression with hallucinations that can encourage the mother to take her life, excessive concerns about the baby’s health or have impulses to hurt the baby. A previous history of depression can increase a woman’s risk of developing PPD after childbirth. No one is 100% sure what causes some mother to develop PPD. Researchers are exploring the role that hormones play in searching for causes of pregnancy and postpartum mood and anxiety disorders. It is believed that the rapid changes in levels of hormones that accompany pregnancy and delivery such as estrogen, progesterone and thyroid have a strong effect on women’s moods. See www.mooddisorderscanada.ca

The Motherisk Program at The Hospital for Sick Children in Toronto is a clinical, research and teaching program dedicated to antenatal drug, chemical, and disease risk counseling. It is affiliated with the University of Toronto and was created in 1985. Motherisk provides evidence-based information and guidance about the safety or risk to the developing fetus or infant, of maternal exposure to drugs, chemicals, diseases, radiation and environmental agents. See www.motherisk.org

SickKids Foundation is the largest non-governmental granting agency in child health in Canada. Established in 1972, SickKids Foundation invests annually across Canada in paediatric research, focusing on issues important to children’s health which have not been addressed elsewhere. The Hospital for Sick Children, affiliated with the University of Toronto, is improves the health of children by integrating care, research and teaching. See www.sickkids.ca

Stephanie E. Nyhof-DeMoor is a stay at home mom to her daughter. She has an MA in Education from Goddard College in Vermont and is an aspiring doula. She and her family recently moved to Edmonton from Toronto. •
Breastfeeding your baby

Claire Veiseire Birth Doula (CD) DONA

Main things to consider about breastfeeding:
- Prepare and educate yourself
- Nurse as soon as you can after birth
- Room-in with your baby
- Obey law of supply and demand
- Watch for baby’s cues
- Surround yourself with supportive persons

Resources:

Accessories
Breastfeeding is different for each woman and newborn. The first 6 weeks is a time for learning how to nurse (for both mom and baby) and building a healthy breastfeeding relationship. Many things can help you enhance this relationship. These include having a supportive and helpful person around, using a nursing pillow, having a baby carrier or sling, and a chair well-suited for breastfeeding. For those that experience problems and need to keep their milk supply up, consider renting a breast pump that fits your breast and using soft, naturally shaped anti-colic nipples for baby bottles.

ASAC Playgroup
Having a place to go to breastfeed comfortably and where you can learn from experienced families is important. The ASAC playgroups offer you that opportunity. They meet from 10:00 AM to noon on Wednesdays and Fridays at the ASAC office. Playgroups are free and take place at the office location (7219 – 106 St – side door). Parents are encouraged to bring any babies, toddlers, or preschoolers. There are plenty of toys, comfy couches, and good conversation. Contact playgroup@asac.ab.ca

Books on Breastfeeding
There are many books and most of them are good. Make sure that the one you choose fits your needs; i.e. are you wanting to learn how to position your baby or do you want to know why you are having thrush? Here are three of the best:
(2003: Harper Collins),

Breastfeeding Classes
Public Health Centre
Facilitated by Community Health Nurses and other professionals who have expertise in breastfeeding, these classes offer breastfeeding support and information to expectant mothers and fathers/partners. The classes focus on practical tips, information and support with the goal of a positive breastfeeding experience. It is recommended that the class be taken in the 3rd trimester. Partners are encouraged to attend. No referral needed. Call 413-7980.

Private
Lactation consultants and doulas offer private breastfeeding classes for a fee. Call
Doula Association of Edmonton: 945-8080.
Madeleine Hegholz (IBCLC, RN), New Beginnings Health Care Associates: 449-4158.

Breastfeeding Clinics – Hospital
BY REFERRAL ONLY from physicians or community health services nurses. Provides breastfeeding support for women experiencing major problems with establishing or maintaining lactation. Both mom and babe must attend classes. Contact hospitals:
Grey Nuns 735-7346
Royal Alexandra 735-4626
Misericordia 735-2577
Sturgeon 418-8296
Breast pumps
You do not need to purchase a breast pump as one of the many accessories before having your baby. However, if you experience issues breastfeeding in the first 2 or 3 days, or if your baby is sick, consider renting a breast pump to keep your milk supply going. You can rent Medela breast pumps from Madeleine Hegholz or from the Grey Nuns Hospital. The more you pump, the more milk you produce.

Doula Support
Birth and Postpartum doulas are private non-medical support persons who can help you during your pregnancy, birth and postpartum time. They can teach breastfeeding classes or come to your home (postpartum doulas) to help you adjust to parenting in the first weeks of life with your newborn. Breastfeeding support is one of the many services these doulas offer. Call the Doula Association of Edmonton for a referral 945-8080.

This Canadian video helps you to understand how breastfeeding really works. It is easy to understand. Many of us do not have a notion of what a baby looks like on the breast. This video is designed to make the breastfeeding experience a success and pleasure. Jack Newman and Edith Kerner answer a wide variety of questions. Available at your Public Library or ASAC library. www.drijacknewman.com

DVD – Breastfeeding Intensive [2005, 45 min] Dr. William Sears’ American video informs, instructs, and empowers mothers to breastfeed successfully. It provides information on the health benefits of breastfeeding for mother and baby and offers expert instruction in the techniques of successful breastfeeding. Includes interviews with renowned pediatricians, lactation consultants, and birth professionals. Experienced mothers from around the globe share insights and tips, guiding the expectant and new mother on everything from health and bonding benefits to the joys of fitting breastfeeding into life. Available at your Public Library or ASAC library. www.askdrsears.com

Health For Two
Health for Two is a prenatal program that offers health information, nutrition guidance, and breastfeeding support to promote the health of women and babies. This program is available to low-income women through a partnership of community agencies and Public Health Centres in Edmonton, St. Albert, Leduc County and Strathcona County. Call 408-5465

Lactation Consultant:
One of the best ways a mother who has problems breastfeeding, or who had breast or nipple surgery can maximize her breastfeeding success is to employ the services of a lactation consultant, preferably one who is an international board certified lactation consultant (IBCLC). She can provide expert assistance with breastfeeding at a cost-effective fee. Public Health centres as well as hospitals (including the Stollery Children’s Hospital) have free lactation consultants on staff. You can always request to see one during your postpartum stay after giving birth. Always ask if they are currently IBCLC certified as it will guarantee the kind of information you will receive.
LLLC – La Leche League Canada

Each Group holds free monthly meetings where LLL leaders facilitate informal, guided discussions. During these discussions mothers receive accurate, up-to-date and personalized breastfeeding information and support for their role as a breastfeeding parent. In addition, mothers are able to draw on the experience of other mothers who attend. LLL Leaders also offer phone support. Call 478-0507.

www.lllc.ca or see page XX in Birth Issues.

Relactation
Fenugreek (Trigonella foenum-graecum). has been used to increase milk production. The herb contains phytoestrogens, which are plant chemicals similar to the female hormone estrogen. A key compound, diosgenin, has been shown to increase milk flow. It has been found that fenugreek can increase a mother’s milk supply within 24 to 72 hours after first taking the herb. Once an adequate level of milk production is reached, most women can discontinue the fenugreek and maintain the milk supply through regular breastfeeding. Many women today take fenugreek in a pill form (ground seeds placed in capsules). The pills can be found at most vitamin, nutrition, and natural foods stores (e.g. Planet Organic). Take 3 pills 3 times a day. Prescription galactalogues are also available in extreme cases. Talk to your physician.

Terra
This centre for pregnant and parenting teens supports 14-19 year olds for their pregnancy and parenting needs. Prenatal classes, support groups and breastfeeding education are offered free of charge. Many accessories are also donated to the teens involved in the program. Call 428-3772.

www.terraassociation.com

W.I.N. (Woman & Infant Nutrition) Project
It provides education, support and assistance to pregnant women and teens including breastfeeding. Clients must be pregnant to enter the program. Coupons are available to help with purchasing healthy foods, and prenatal vitamin supplements, as well as information on healthy eating on a budget. Call Stony Plain: 960-4835
Evansburg: 727-2288
Devon: 987-8228

World Health Organization
The WHO endorsed a comprehensive Global Strategy for Infant and Young Child Feeding in 2002 and recommends exclusive breastfeeding up to 6 months of age and breastfeeding as complementary to solids until at least 24 months. This strategy was built on the International Code of Marketing of Breast-milk Substitutes (1981) and the Baby-friendly Hospital Initiative (1991). It reaffirmed the relevance and urgency of the targets of the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990). Contact them at nutrition@who.int or cah@who.int

Sacred Births Doula Services
Rebecca McKinley 953 7037 487 0186

Since the beginning of time women around our wondrous planet have been birthing naturally, experiencing their pains as purposeful, Embracing their innate ‘women-power’ and listening to the wisdom of women. Make every birth a Sacred Birth

Rebecca McKinley provides additional services for families

** Basic SBDS Package ** Advanced SBDS Package

CranioSacral Therapy for newborns
How to Really Prepare for Parenthood
Healthy Pregnancy Walking Groups
Couples and Communication
Advanced Postnatal Care
How to Calm your baby

For information on Doula packages, individual and group supports services, and weekly ’Meet & Greet’ Teas call Rebecca @ 953 7037 serving Edmonton & communities

sacred.births@yahoo.ca
I’m having a baby, and I have a plan!

In my head, I knew that being pregnant meant looking at my body, my food and exercise choices, my relationship with my husband, and my work and grad school plans in a new way. But, naively, I felt the major transitions would be over by the time the baby was born. Of course, I expected new responsibilities to fill our time. But, I expected life to settle into a new routine, so I could plan my studies and work tasks around the baby.

I’ve always been an organized person. I organized lists of what we needed for the baby, made a birth plan, and filled the freezer. I made plans for what would happen after the birth. Our baby was due in October, and I expected to take time off from grad school until January, and then get back to my studies, part-time from home. I made a conscious decision to cut back on my involvement at university, and I removed myself from all my extra commitments.

I need to do more than just look after my son

Our son was born early on a Thursday morning in mid-October, after a long and difficult labour. We brought him home from the hospital later that day. Right from the beginning, he was fairly easy to care for. He started sleeping through the night after about 6 weeks, and his temperament was basically calm and contented.

As soon as I was able to count on a full night’s sleep, I felt that I needed to be doing more than just looking after my son and myself. Maybe this was motivated by the fact that to maintain my healthcare coverage and scholarship income I needed to maintain my student status and because I also wasn’t eligible for employment insurance because of my student status. Together with my own sense of what I should be doing, these different pressures made me feel that I couldn’t just stop and leave everything for even a few weeks.

I easily found time to sneak in some schoolwork while my newborn son was sleeping. Instead of taking a nap myself, admiring my beautiful child, taking some time for myself, visiting with friends, or just vegging, I sat at

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Jenna Kelland

Life is all about learning – having a baby proves it
breastfeeding and postpartum

my computer working. This need to work cost me the complete immersion in my son’s first weeks and months. I justified it by saying that it wasn’t much work, it wouldn’t take long, and I needed something to do with my time.

I’m feeling trapped by the weather and confined to the house

By January, I was feeling somewhat trapped by the weather and being confined to the house with a baby. Yet, while I appreciated people asking, “How’s the baby?” I began to resent that the conversation seemed to end with them saying, “He’s sleeping through the night, now. That’s great. So then you can get some work done.” Why did they automatically assume that I wanted to get back to work? Was it something I projected, something I imagined or was I really surrounded by people who thought I should be getting back to work?

I started taking on paid work, on top of my own schoolwork, which provided the feeling I was doing something valuable and gave me a connection to the outside world where my actions and decisions were my own, where I could make plans, take action and see results, where my day wasn’t scheduled around breastfeeding, and where there was someone to talk to, something to talk about.

I listened to the stories of grad students bringing babies to school and letting them sleep in filing cabinet drawers, or bringing a baby and a play yard to a discussion group, or bringing a toddler with a colouring book to a meeting with a supervisor. I wondered if it would be possible to balance caring for a baby and grad school. I brought my baby to school a few times when I needed to pick up or drop off something, and I knew people would enjoy a visit, but I quickly realized the impracticality of it. There wasn’t a single washroom in the building with a change station. Thinking of it, there wasn’t really a private place or a comfortable place to breastfeed. All the areas in the building were either intended for quiet work where no one wanted a baby making noise, or intended for noisy social spaces where a baby could not sleep. And, now that my son is older, I know that my office is not baby proof!

I was secretly envious and secretly smug

Financially speaking, it would have been very difficult if I weren’t providing some income for the family. While getting some paid research work meant I was contributing to the family income, meeting those deadlines added a lot of stress to my life. It also required support from my husband, my mother and my friends so I had time to get my work done. I saw friends on maternity leave wondering how I could do it and I was secretly smug about their recognition. But I was also secretly envious of all the time they had without expectations or pressures. They could focus on being moms. No one seemed to expect anything else from them.

So why did I feel I had to be doing something more than caring for my son to feel valued? Why did I put
pressure on myself to move forward with my academic studies so quickly? I suspect it has to do with my need to feel I'm in control. Looking after my son was, and continues to be, a process of learning to let go of my ideas about how things should be. Right from the time he showed up a week after his due date with more than a day of labour, I realized that my plans about how things should be done were going to be challenged. I effectively organized my time around work and my studies but I struggled to give my self or my family enough time and attention.

How am I going to manage to be a mom, a wife, and a student... and to do it all well?

My son’s mellow temperament made it easy to try to work around him. But, breastfeeding, doing laundry, making baby food and looking after an increasingly active child who takes shorter and fewer naps demanded an increased amount of my time and attention. School and paid work, with external and self-imposed deadlines also needed ongoing attention. Having the flexibility to work at home on my own schedule made it easier to incorporate school and paid work. But, working while my son napped meant I had to work in shorter spurts and be prepared for imminent interruptions. What tended to get put aside was time for myself, for connecting with my husband, for visiting with friends, for keeping things in order, and for cleaning the house. I kept saying these things should get more attention, but I didn’t always make the time for them. Scheduling time for myself worked best so I signed up for a writing course, but other than that time each week, I didn’t make much time for myself. My husband and I learned to plan a date night every week or two and trade babysitting with friends to make that possible, but often we were so busy and tired, and it seemed easier to sit in front of the TV than to spend time reconnecting.

I have to keep rebalancing

Finding balance is an ongoing negotiation between my family, my own needs and my work. My son is now an active toddler who is learning to communicate what is important to him. In my relationship with my husband we are both learning about what matters to our family and us. I also need to constantly remind myself that my own needs are a priority. It is important to make time for the family and friends who provide both support and escape. And, I have to monitor my studies and paid work so they don’t take over.

My son is now 18 months old, and I’ve figured out that some things matter more and some matter less. I recognize now the little blessings that helped me through: The opportunity to see life through my son’s curious eyes, a husband who is patient and actively involved in caring for our son, a week away with my mom and my son where I didn’t have to do anything except relax, another mom who is also a grad student willing to trade babysitting and support, a great group of moms who meet regularly and keep inviting me even when I used schoolwork as an excuse, an exercise program that encourages me to get active with my son, and friends and family members who are supportive and available for babysitting. It is thanks to these experiences that I have started a new business developing workshops for moms to give them time, space and tools to explore the changes in their own lives. The process of finding balance continues in my life and our family. We’ve talked a lot about our priorities and goals, and we try to make decisions based on what we’ve identified as being important to us.

Bibliographic resources:

1. Between Interruptions: Thirty Women Tell the Truth About Motherhood, Edited by Cori Howard

The mothers in this book tell their own diverse stories of motherhood, but no matter how much their careers, communities, families or backgrounds differ from my own, each story rings true and reflects some aspect of own experiences.

2. Blogs by parents – They reflect highs, lows and funny parts of being a parent as they happen. I have links to my favourites in the resources section of my web site www.lifeslearning.ca

3. Brain, Child: The Magazine for Thinking Mothers. Every issue of this magazine makes me think about the activity of mothering and the role of mother.
Oh Life!

Hania Ollivierre

I always believed that when a baby is born, the first thing it should do is snuggle up to its mama’s breast. It would breathe in the scent of the mama, it would be nourished by the natural process of the mama’s body and would feel secure in this new world because it would be as close as can be to its mama.

The first thing I did when they handed me my baby was to put her up to my breast. That’s where the fantasy image stopped. I had no tools to actually help me carry out that beautiful, motherly image! I didn’t know how to breastfeed! The baby didn’t know how to breastfeed! This basic idea, this natural occurrence, this age old method did not just come naturally. It is a skill that must be taught! This really rattled me.

The next few weeks were filled with adjusting to my new life as a mother and discovering what that really meant. I had difficulty recovering from labour, my nipples were broken and sore every time I nursed, and my baby ingested a lot of lanolin! At night, my husband and I would wake up to the sound of our child needing milk, turn on the light, prop up the pillows in bed, find the nursing pillow, a glass of water, lanolin, a wet cloth, and while my daughter and I tried to navigate latching and positioning (football hold) just right so that she could feed, my husband would put “Frasier” on the little TV we had in our bedroom. He would stay awake with me until the feed was finished and then settle the room back down into appropriate sleeping quarters! He was such a great support! It was so good, emotionally, to not be the only one awake with the baby! In this case, the dada was essential! I don’t know how the single mothers make it, but I do tip my hat to them! I wouldn’t have made it without my husband.

My husband was a wonderful support, but I was still the one who was physically connected to the baby. I got very engorged and had to use my manual breast pump to relieve the pressure. Pumping is so embarrassing! To add to the massive confusion of being a first time mother – recovery from labour, lack of energy and dealing with a baby who cried all the time – I had to milk myself! I felt so used up. The nursing hormones made me sweat, gave me pretty bad body odour, gave me a fever, dehydrated me and gave me two giant rocks on my chest that would not get soft!

Breastfeeding was hard. I just never felt that I was doing it right. My daughter cried all the time, didn’t sleep well, and didn’t seem to get enough milk. Something was amiss.

I went back to the Westview health centre for a three week check-up and the midwife there was not very pleasant, but she did help us with latching techniques. That helped the milk flow better and enough to make my daughter get that “milk drunk” look. I think before that, she just wasn’t getting enough milk.

A week or so later, I had a lot of trouble with my left breast. Even when I pumped I could get hardly any milk. It just kept filling up, but not letting down. I was finally able to get in to see the chiropractor to whom my midwife had referred me. I walked in to his office and he asked me a few questions about why I was there. I had lower back trouble. He asked me how breastfeeding was going; at this point, I hadn’t even told him that I was breastfeeding. He asked me how breastfeeding was going; at this point, I hadn’t even told him that I was breastfeeding. I told him that I was having difficulty with my left side. He asked my permission to touch me and then, by barely making contact, he twisted it a little bit. I didn’t really feel anything. He said that my milk ducts

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were twisted and that it was like a kink in a garden hose – that was the cause of all my trouble. I nursed my daughter right away, and it went really well! I was so surprised, but it really helped us relax at feeding times and we were able to move forward with our lives!

The other question he asked me was whether or not I was experiencing any post partum depression. Yes, I was. I was struggling a lot with all of the challenges, both physical and emotional, of being a new mother. I felt like I had held it together so well during the birth and was disappointed that the first few weeks of my daughter’s life were not more rewarding. The chiropractor looked at my face and said he could see a restriction in my jaw. He said that he’s seen so many mothers with post partum depression who had this restriction and that he’s seen great results from adjusting a bone in the roof of the mouth. I gave him permission to try it.

When I left that office I felt that someone had pulled open a set of gray curtains that I had been looking through. Everything I saw looked brighter and more wonderful. I felt that my whole world was better! I had renewed energy and felt that I could suddenly see again!

Of all the advice I had received from the Community Health Centre, the midwives at Westview, and the Capital Health psychologist who specializes in post partum depression, this chiropractor was the most supportive, most effective and most helpful of all of them! I found that my back pain and a few other left over issues from childbirth were not permanently dealt with by him, so I began to see a classical homeopath. She is the one person who has continued with my health care and the care of my daughter to a point at which I no longer feel depression at all, I am happily and comfortably still nursing my 18 month old daughter, and my other health problems are well on their way to becoming issues of the past.

Becoming a new mother brings with it many challenges. I feel so blessed that I met these two health care givers who have made motherhood much easier and more natural. I now feel, and have since about 5 months after the birth, that my daughter and I represent that beautiful image of mother and child I’d hoped for. After 5 months, a whole host of new challenges have been presenting themselves and we’ve been meeting them with confidence and support. It has been a rough path, but the journey is only getting better and better! Good luck and lots of love to the mamas who are on their own journeys now. I hope that my experience can be helpful or comforting to you!

Hania Ollivierre delivered her daughter at Westview Birth Centre in Stony Plain in August of 2006. She is a stay-at-home mama to 18 month old Makeba (although they’re rarely at home!) and is currently taking courses towards her next career – being a homeopath.
Book Review: Mama’s Milk

By Michael Elsohn Ross, Illustrations By Ashley Wolff

Review by Victoria Twanow

I was reading to my 3-year-old son one night before bed. I don’t remember the exact book we were reading, but it was something to do with a boy becoming a big brother, which my son himself had recently become. We happened upon a picture of the baby being fed a bottle. My son laughed and asked, “Why is that baby drinking from a bottle?”

I explained that some Mamas feed their babies by bottle instead of breast. He seemed satisfied by that and he happily kept reading. But I was troubled. Even though I had breastfed my son and I was currently breastfeeding his sister, I was still worried that being subjected to so many images of artificially fed babies would leave my children with the impression that bottle feeding is just as good as breastfeeding.

This mission led me to find the book Mama’s Milk, which is, in my opinion, one of the sweetest children’s books ever written. The very first page boasts the line “Cuddle little baby warm and tight Mama’s going to feed you day and night.” This is accompanied by a beautiful illustration of a co-sleeping Mum nursing her baby. The rest of the pages are filled with pictures of different mammals nourishing their babies. The pictures of the animals are all labeled with what kind of animal it is, as well as, the correct term for their young, which will make it a hit with preschoolers!

The rhyme that begins on the first page is continued throughout the book, which ties it all together, giving it an almost lullaby like feel. One of my favourite pages shows a mom, wearing her baby in a sling, looking on as a mother cat nurses her kittens.

This book is a must for the library of any co-sleeping, breastfeeding or baby wearing family!

For more children’s books celebrating breastfeeding, look for these titles:
• Mommy Breastfeeds Our Baby by Theresa P. Carroll
• We Have a Baby by Cathryn Falwell
• Near Mama’s Heart by Colleen Newman
• Saturday with Mez, by Lauren Serafin, Jason Rohrer, and Mez
• I Love My Mommy Because . . . by Laurel Porter-Gaylord
• I’m Made of Mama’s Milk by Mary Olsen
Change is Good!

Jackie Michaels

They said everything would change. From before I got pregnant – I heard it everywhere. “Having kids changes everything.” I didn’t believe them. I understood that having a child would change some things – like going out for supper, or staying up late. But how could it change the things I loved to do? You can always find a way, right?

I’ve played soccer since the summer I turned 4. I’ve loved every minute of it. When I got pregnant I knew it wasn’t realistic to keep playing, so I coached instead, spending my time dreaming of when I would be able to play again. My baby was due in November. So I figured by the next spring I would be ready. What I didn’t realise is how different it would all be with the addition of one tiny little person.

As the season drew near I started to prepare. I pumped a small amount of extra milk when I was able every day and froze it. We did a few trial runs where I went out in the evening to buy groceries and my husband grew comfortable taking care of our baby, giving her a bottle of expressed breast milk, and putting her to sleep. It felt good. I fantasized in my head about that magically liberating day when I would go to my first practice. I wouldn’t have to wait until Natalie nursed one more time, or until I’d put her to sleep. The practice would be at a specific time – and I would have to leave to be there. I couldn’t wait.

However, when the actual day came, everything felt different. I knew that my husband would take good care of our daughter. I knew he could handle everything. I knew that she would be well taken care of. But I also knew that she would be happier with me there. If she had a vote – she would have voted for both mama and daddy to be with her. As I walked out to my car I felt so selfish. There was a good chance she would be sad and miss me. And I was going to be causing that. I didn’t have to go play soccer. It wasn’t a job that was going to pay our mortgage. Mentally, I was fine. This wasn’t an activity that I needed to do in order to be a competent mother. This was something that I wanted to do just for me.

Before Natalie was born, I was a full supporter of moms doing things just for them. And now that my baby is over a year, I am a supporter once more. But at that moment I felt like the worst person in the world. But, I kept going.

That first practice was interesting. I did my best to keep my mouth shut and not overwhelm everyone with tales of my baby. And, as a result, for one of the first times in my life I didn’t have anything to talk about. My baby had become my entire life. I didn’t have anything else that was interesting to talk to those women about. I hadn’t seen any recent movies, I wasn’t up-to-date on new TV shows, and I hadn’t been to “that new bar.” These were people who I’d previously had a blast spending time with.

Then came the logistics of being a nursing mother five months post partum trying to play a rather physically demanding sport. None of my sports
bras were ‘supportive’ enough, so I’d had to layer. This meant my breasts were under some uncomfortable compression which made them feel full sooner. Running is also different when you are lactating. It sounds absurd – but you have to balance slightly differently. And then there was the ‘issue’ that no one had warned me about with a vaginal delivery. Every time I came to a sudden stop, or tried to change direction quickly a small amount of urine would leak out. (I was alarmed enough that I made a doctors appointment the next week – where my GP couldn’t help herself from giggling with me as she told me that it can take up to 1 year for everything to return to normal. She recommended that I wear a panty liner next time).

The aftermath of that practice was pretty astounding. After about two hours of being trapped in my layered sports bras, my breasts were killing me. At each red light on the drive home I worked to free them. The guilt was also crushing. I’d had a lot of fun at the practice (besides peeing myself and being hopelessly unfit). As I neared our house, I felt again like the worst mom in the world for leaving my baby for something so purely optional.

My baby – she survived. She was happily playing with her dad when I ran into the house. (I don’t know what I was expecting, but I did sprint up the walk). We had a nice long nurse, but everything was fine.

As the weeks progressed, practices became easier. I adjusted to feeling OK about arriving at a practice right before it began rather than with enough time to warm up on my own. I figured out that if I pumped right before leaving it was much more comfortable to wear two sports bras (and they also worked better with less weight to hold up). I did my kegels and the peeing issue got better (although it did take the better part of a year for it to fully go away).

Games were the next hurdle. By definition they are much longer. The practices had been 2 hours, but with 20 minutes of travel time, I was away from Natalie for less than 2 and a half hours. Games were 100 minutes of play time, with at least 20 minutes to warm up beforehand (to avoid injury), and they are at least 15 if not 30 minutes away (one game took me 45 minutes to drive to each way). It could easily add up to being 3 to 3.5 hours. And that was a lot longer for all 3 of us. I had to inform my team that I wouldn’t be able to attend any of the games that started at 8 or 8:15 p.m.. Those were too late for my baby. And while they were all supportive, not all of them ‘got it’. I still got a few calls on the days of games I wasn’t going to, telling me they were going to be short that night and wondering if I would reconsider. And having been a ‘team player’ for so long, it took me a long time feel good about saying ‘no’.

Some days were better than others. Some nights I came home to a screaming baby who wanted nothing except me. And then I felt incredibly guilty. Other nights I came home to a peacefully sleeping baby and I felt rejected. (Aren’t the hormones of a breastfeeding woman amazing?) And in the end I realized that everything had changed. Soccer wasn’t going to be the focus of my free time until my child was older. It couldn’t be. I still enjoyed playing – but it took a definite back seat to spending time with my family.

I do think that it is vital for a mother to have some time to herself. If only as a time to reflect on how much she enjoys her children. I also think that it was really important that I played soccer this summer. It wasn’t a ‘good’ season by any traditional athletic markers. However, it satisfied my desire to see what it would be like to play after having a baby. I will never resent my child for changing my life. It was a natural, not forced, change. And I accept it. I hope at some point in the future I will be able to go play soccer without worrying about other people. And I look forward to that time. Until then I will continue to muddle my way through soccer seasons giving my availability not by when I work, but by when my baby sleeps.

Jackie is a breastfeeding, babywearing, cloth-diapering, and ec’ing mama to Natalie. She is working hard to include more quinoa and lentils in her life and finds balancing work and motherhood a challenging but worthwhile goal. ASAC playgroup saved her sanity during her year of mat leave and she still hangs out there whenever she can.
My milk tasted of chai tea
Claudia Villeneuve

The 5th anniversary of my VBAC, Vaginal Birth After Cesarean, was April 7 of this year.

From about April 5 (when my labour had tentatively started in 2003) to about April 7 at 7:30 p.m. (when my baby was born) I enjoyed the flood of amazing memories from my homebirth VBAC experience. It also made me pause and reflect.

When comparing my two birth experiences, the differences in the birthing process are obvious. While one was a cascade of obstetrical interventions which ended in caesarean for ‘failure to progress’ (I call it a failed induction); the other birth was a normal, but long and intense labour, followed by a very quick pushing stage. But it was the differences in how breastfeeding developed afterward that surprise me most to this day. Below is a side-by-side comparison of the steps in my breastfeeding journeys:

<table>
<thead>
<tr>
<th>Breastfeeding</th>
<th>After my Cesarean</th>
<th>After my VBAC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediately after birth</td>
<td>Both my arms were tied so I could not reach out to or touch the baby</td>
<td>My arms reached out for the baby as soon as the midwife caught it</td>
</tr>
<tr>
<td></td>
<td>I saw him quickly before he was whisked away to the nursery</td>
<td>Still tied to me by the cord, the baby was all mine to hold. She latched to the breast immediately</td>
</tr>
<tr>
<td></td>
<td>Even though I was awake for the surgery, I had to be put under (sleep) soon after</td>
<td>I should have been exhausted, but I have never been more awake or alert in my whole life</td>
</tr>
<tr>
<td>A few hours after birth</td>
<td>Woke up 3 hours after the surgery and was so groggy I could not hold the baby</td>
<td>Except to shower, I never let go of holding the baby</td>
</tr>
<tr>
<td></td>
<td>Bandaged and tied to tubes and wires, utterly uncomfortable, I finally tried to breastfeed my baby</td>
<td>By 4 hours after the birth, I had latched her many times, and now we were both ready to sleep</td>
</tr>
<tr>
<td></td>
<td>The baby was groggy too, and his mouth and jaw were very weak</td>
<td>The baby was fully awake, and feeding, for the first few hours</td>
</tr>
<tr>
<td>Days and months after the birth</td>
<td>Rented a home pump 5 days later and practiced for 29 days until he latched</td>
<td>Instead of resting, I overdid it and gave myself 3 breast infections</td>
</tr>
<tr>
<td></td>
<td>Breastfed for 1 year but combined it with formula and baby food</td>
<td>Breastfed exclusively for almost 1 year, and continued until year 3</td>
</tr>
<tr>
<td></td>
<td>I remember my first milk, the colostrum, tasted like Chai tea</td>
<td>I never got to taste my milk this time, since I never had to pump it!</td>
</tr>
</tbody>
</table>

When I was planning my VBAC, my preparation for childbirth was the most important thing to me. All my visualizations were about my baby’s head sliding down the birth canal. Breastfeeding preparations did not fit in. No prob-
When I was planning my VBAC, my preparation for childbirth was the most important thing to me. All my visualizations were about my baby’s head sliding down the birth canal. Breastfeeding preparations did not fit in. No problem. As it turned out, breastfeeding is hugely affected by the birthing process. My body and my baby were ready to breastfeed this time because the birth was allowed to unfold normally. Even if I had planned to only bottle feed (not a chance since I am quite the lazy mom), after that amazing birth, my animal instincts would have won anyway. When I touched and smelled my brand-new beautiful wet slippery baby, breastfeeding became a need for me, not just a want. It is genius how that works.

In a previous article in Birth Issues I wrote that breastfeeding my first child replaced the stressful experience of his birth. It allowed me to finally take full part in his birth. I truly feel I gave birth 29 days after our caesarean.

Claudia Villeneuve is a lifetime member of ASAC and a regular contributor to Birth Issues. She is the leader of the caesarean and VBAC support group in Edmonton and moderates their online list http://ca.groups.yahoo.com/group/EdmontonVBACsupportassociationICANofedmonton/.

Book Review:  
**Impact of Birthing Practices on Breastfeeding**  
Protecting the Mother and Baby Continuum by Mary Kroeger with Linda J. Smith  
Kroeger addresses the global lack of breastfeeding promotion and support along with the impact of certain childbirth interventions on the readiness of mother or newborn to breastfeed.

The book examines the bond between mother and newborn from the perspective of labour, birth, and breastfeeding. It addresses the failure of both western and developing country breastfeeding promoters to link the relationship of childbirth interventions with the readiness of the mother or newborn to breastfeed.

You may read a book review at the La Leche League International’s website  
http://www.llli.org/llleaderweb/LV/LVJunJul05p58.html

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Bisphenol A

Sam Mikes

The Government of Canada recently declared that bisphenol A, a substance used to make polycarbonate plastic (used in some water bottles and baby bottles, and the lining of some food containers), can be toxic to humans. The label “toxic” allows the government to take certain legal steps to limit the use of bisphenol A in the future.

Where is Bisphenol A found?

Bisphenol A was discovered in the late 19th century and has been in use since the 1930s. It is used as a stabilizer in epoxy resin, which is commonly used to line metal food cans, especially when the contents might otherwise corrode (rust) the interior of the can. For example, the white layer on the inside of a tomato can is usually epoxy resin, and contains some bisphenol A.

Polycarbonate plastic is made by linking bisphenol A molecules together with carbonate, to make a poly-carbonate-ester. Polycarbonate is hard, transparent, and nearly unbreakable and therefore has been introduced widely as a substitute for glass. Many Nalgene water bottles and some baby bottles (for example, some of those made by Avent) are made of polycarbonate.

You can identify polycarbonate plastic materials if they have a recycling symbol – usually stamped onto the base. Polycarbonate plastic will have the number 7 inside the recycling symbol and the letters “PC” stamped next to it.

What are the risks and how severe are they?

Our current exposure to bisphenol A is well under the amount that causes direct toxicity. But recently concerns have been raised that bisphenol A may be able to act as a hormone mimic and cause significant changes in cells even at very small doses. Some preliminary research seems to show a link between low doses of BPA and developmental changes, abnormal cell behaviour, obesity, and cancer. However, the Government of Canada is acting based on studies showing effects on neural development and behaviour changes only.

Human exposure to bisphenol A is still below the amount that may cause hormone-like effects. However, exposure for infants under 18 months is closest to the range where effects might be observed, and it’s for this reason that new limits are being put into place on the use of bisphenol A. Infant exposure to bisphenol A comes primarily from:

Cold leaching of bisphenol A from the lining of formula cans into infant formula. The highest levels of exposure come from pre-mixed ready-to-use formula, then concentrated, and the lowest from powdered. Expressed breastmilk contains virtually no BPA.

Hot leaching of bisphenol A from polycarbonate bottles, by water hotter than 60oC or 140oF. It’s never necessary when thawing breastmilk to heat it above body temperature.

What should you do?

Before you decide to throw out all the polycarbonate-containing plastic in your home, consider this – what will you replace it with? No container is perfect – soft plastics can give off-flavors, glass can break, metals can rust or give off-flavors as well.

Here are some tips for using polycarbonate plastics safely:

• Discard any polycarbonate that is pitted, clouded, or cracked.
• Do not put very hot liquids into polycarbonate containers (over 60oC/140oF).
• Do not wash polycarbonate plastics with bleach.
• Rinse polycarbonate plastics with cold tap water after dishwashing and allow to drip dry.

Where can I get more information?

Start with the fact sheet from the Government of Canada: www.chemicalsubstanceschimiques.gc.ca/challenge-defi/bisphenol-a_fs-fr_e.html
Slightly more depth is provided on GC’s Questions and Answers page: www.chemicalsubstanceschimiques.gc.ca/faq/bisphenol_a_qa-qr_e.html#3

For more about bisphenol A including links to industry and environmental group resources:
http://en.wikipedia.org/wiki/Bisphenol_A

Footnotes:

Sam Mikes has a B.Sc. in chemistry. He has three children who love their polycarbonate water bottles, and he hasn’t figured out what to do about that.

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Book Review:

When Survivors Give Birth:
When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women by Penny Simkin, PT, and Phyllis Klaus, CSE, MFT

Review by Victoria Twanow

This is a book that fills a void that has existed in pregnancy and childbirth text for too long. Estimates quoted in the book are that 25-40% of women have suffered some form of, physical, verbal or psychological sexual abuse before the age of 18. Most of them suffered the abuse at the hands of someone that was known to them. This book provides information for survivors of childhood sexual abuse, their families as well as healthcare providers on the effects such abuse can have on women in regards to fertility, pregnancy, birth and breastfeeding.

The first section informs the reader of the impact of early sexual abuse on children and adults throughout their lives as well as in all aspects of childbearing, including the ability to get pregnant.

The second section discus’s communication and counselling techniques and when each different technique may be useful. The third covers clinical challenges and solutions for doctors, nurses, midwives, Doulas, and others. Included are examples of birth plans, and charts of “triggers,” including how each trigger can be addressed. (A trigger refers to some action or problem that causes distress for the mother as it relates to her abuse history.)

Sexual abuse can have long-lasting implications. The process of pregnancy, birth, and breastfeeding can bring out new feelings and can create new challenges for childhood sexual abuse survivors.

This is why all caregivers of childbearing women, as well as survivors of sexual abuse, should have this book in their libraries.

If you or anyone you know is an adult survivor of childhood sexual abuse, help is available.

Sexual Assault Center of Edmonton
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www.newbeginningsdoulaservice.com

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www.birthissues.org
Group B Streptococcus Screening

Heather Beaudoin

What is it?

Group B Streptococcus is a bacteria which is normally found in the intestinal tract of healthy people. However, it may abnormally colonize other parts of a woman’s rectal, urinary or genital region. Between 10-30% of pregnant women are colonized with Group B Streptococcus (GBS +). About 50% of babies born to GBS+ moms will be colonized with GBS at birth. Approximately 2% of those babies will become ill. In 10% of the neonates who develop a GBS infection it may be fatal.

As an example, start with a population of 100,000 moms with unknown GBS status:

- 20,000 are GBS+
- 10,000 of the babies are colonized with GBS at birth
- 200 babies would become ill due to colonization
- of the 200 ill (infected) babies 20 babies would die and 50 babies would suffer permanent neurological damage

In theory this means there is a 0.02% chance of a baby dying and a 0.05% chance of the baby suffering permanent neurological damage due to GBS.

Benefits

When Canada implemented efforts to reduce the incidence of GBS infection in newborns during the 1990s, the rate of GBS disease dropped to 50/100,000 (compared to the 200/100,000 cited above). Thus, in-labour antibiotic treatment will reduce the incidence of transfer of GBS from mom to baby. The other alternatives for treatment are not as effective. For example, when babies who are at risk of developing a GBS infection are treated with antibiotics after birth, the GBS infection is curtailed, but there is a corresponding increase in penicillin resistant bacterial infections in the infant. Similarly, waiting to administer treatment until a baby is actually exhibiting symptoms of GBS infection may result in the infection being too far progressed for treatment to be effective. Treatment of GBS-colonized women prior to labour has also proven ineffective in reducing the transmission of GBS to babies.

Cons

The antibiotics to reduce the incidence of GBS transmission are given intravenously. For a comparison of the risk/benefits of IV use in labour, please refer to the Intravenous Fact Sheet, (published in the Summer 2007 edition of Birth Issues and available at the ASAC office). Antibiotic treatment in labour results in an increased rate of other blood infections (namely E. coli) in newborns. As some strains of GBS may be antibiotic resistant, treatment is not a guarantee that transmission or infection will be avoided.

In all people there is a natural balance between bacteria and other micro-organisms (fungi, such as yeasts) which live on and within our bodies without causing us any harm. Antibiotics target both disease-causing and normally-occurring bacteria. When antibiotics are used, they kill off the “good” bacteria, giving other organisms, such as yeast, an opportunity to overgrow. An overgrowth of yeast in various regions of the body can be irritating, painful and bothersome. Women who have received antibiotics during their labour are at a higher risk of developing a yeast overgrowth, called thrush, in their breasts. The mother and baby are at a higher risk of developing a yeast overgrowth.
nursing baby may then pass this yeast back and forth often leading to a thrush diaper rash and oral thrush infection in the baby. Many women find it takes a long time to clear up a thrush infection. The discomfort of both mom and baby and negative feelings this creates relative to breastfeeding can undermine the breastfeeding relationship.

The antibiotics which are prescribed to a GBS+ mom in labour need to be administered a minimum of 4 hours prior to delivery. If your labour is rapid and your baby is born before the antibiotic dose has effectively reduced the risk of being colonized with GBS, it may still increase your likelihood of developing thrush.

What are your other options?

According to the SOGC there are two acceptable options for screening for GBS. As an alternative to the routine screening at 35-37 weeks; some people, along with their caregivers, may choose to treat only those mothers who are at risk of passing GBS to their babies during the birth process.

The risk factors are:

1. Starting labour before 37 weeks gestation (with or without ruptured membranes). A full 25% of newborn infections in colonized mothers are in premature babies.

2. Membranes have ruptured (water broken) and it seems as through the labour will last more than 18 hours.

3. An unexplained, mild (>38°C) fever during labour.

4. Have already had a baby who had a GBS infection.

5. Have (or had) a bladder or kidney infection which was caused by the GBS bacteria.

An interesting regime for trying to minimize colonization and reduce the chance of newborn infection that can be found in Heart & Hands: A Midwife’s Guide to Pregnancy and Birth by Elizabeth Davis, follows:

Take twice a day, with breakfast and dinner:

- 2 capsules lactobacillus acidophilus (2 billion per capsule)
- 1 capsule echinacea, 350 mg
- 1 capsule garlic, 580 mg
- 1 capsule or gel vitamin E, 500 mg
- Also place one clove peeled, un-nicked garlic in vagina every other night, remove in morning.

If you choose to accept IV antibiotics in labour, you can request that your IV be saline blocked between doses so that you have more free mobility.

References

8. The Society of Obstetricians and Gynaecologists of Canada, MOREOB Program (Managing Obstetric Risk Efficiently)

This fact sheet was created only as a source of information and should be considered in conjunction with the information and advice offered by the caregiver you’ve chosen for your birth. The creator and distributors of this fact sheet assume no responsibility for the choices you make based on information provided here within.

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Directory of Registered Midwives

Barbara Scriver
Midwifery Care Partners 490-5383

Noreen Walker
Passages Midwifery 968-2784
Shared Care Maternity Program 968-3680

Maureen Fath
Shared Care Maternity Program 968-3680

Cathy Harness
Joy Spring Midwifery Care 464-2893

Joanna Greenhalgh
Shared Care Maternity Program 968-3680

Midwives are registered health professionals who offer comprehensive care during pregnancy, birth and postpartum. They provide counselling, education and emotional support which allows a woman and her partner to make informed choices thereby maintaining control of decisions in this healthy experience. The midwife, woman and her partner develop a trusting relationship which prepares them for the challenge of welcoming this new baby into the family. In some regions a midwife may have hospital admitting privileges, which allows for choice of birthplace i.e., home or hospital. If you need more information please contact the Alberta Association of Midwives (780) 425-5464 or visit www.albertamidwives.com

La Leche League

Helpline: 478-0507 or e-mail llc.edmonton@gmail.com
www.lllc.ca

Meeting dates and locations
It is recommended that you call one of the Leaders before attending a meeting to ensure that there has been no change in the date or location.

Edmonton Millwoods
Last Monday — 7:00 p.m.
(no meeting in Dec.) Mill Woods
Public Library Community Room
601 Millwoods Town Centre
2331 – 66 St.
Della 461-6519

Edmonton Strathcona
Last Thursday — 7:30 p.m.
Father’s welcome
(no meeting in December)
Strathcona Community League
10139 – 87 Av.
Kirsten 465-1188
Lee-Ann 967-3885
Linda 434-8823

Edmonton West
3rd Thursday — 10:00 a.m.
Please call to confirm dates in July and August
Laurier Heights Community League
14405 – 85 Ave. (enter off of 80 Ave at 144)
Nancy WS. 489-9704

Braemar School — Teens Only
First Monday of the month during the school year. 12 noon (No meetings during July and August)
Braemar School, Terra Office
9359 – 67 A St.
Fiona A. 464-1864/

Sherwood Park — a.m.
3rd Thursday – 10:00 am
#44 – 48 Brentwood Blvd (in the Brentwood Professional Bldg).
Cheryl 464-2662/
Leah 410-0899

Sherwood Park — p.m.
1st Thursday — 7:00 p.m.
Father’s welcome
Sherwood Park Health Unit
Brower Dr. & Baseline Road
Fiona 464-1864
Kim. 485-6992

Vermilion
Call for meeting information
Kathleen 780-853-6711

St Albert
4th Monday — 7:00 pm
Salvation Army Community Center
165 Liberton Dr., St. Albert
(corner of Liberton & Giroux)
Tammy 460-4460

Stony Plain/Spruce Grove
3rd Monday of the month — 7:30 pm
Lion’s Log Cabin
454 King Street, Spruce Grove
Lee-Ann 967-3885

Camrose
2nd Wednesday — 7:00 p.m.
Camrose Community Centre
Indoor Playground
4516 – 54 St.
(please call to confirm meeting info.)
Katelyn 672-9389

Edmonton North/Sturgeon County
1st Tuesday — 7:00 p.m.
A “cafe au lait” style gathering held at the Lakeside Landing Second Cup.
15303 Castledowns Road.
Arie 922-0686

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Association for Safe Alternatives in Childbirth (ASAC)

ASAC is a nonprofit volunteer organization active since 1979. We are a resource for parents and parents-to-be seeking information about pregnancy, childbirth, parenting and related topics.

Membership in ASAC, open to all people concerned with birthing issues, includes borrowing privileges from ASAC’s library; a subscription to Birth Issues quarterly magazine; free classified ads in Birth Issues; free birth announcements in Birth Issues; and opportunities to meet midwives, doulas, and new and expecting parents. ASAC also lobbies for safe childbirth in hospitals, birth centres, and at home.

ASAC provides information on options in childbirth and postnatal care:
- questions to ask potential caregivers (midwives, doctors, doulas)
- natural childbirth
- pain management
- interventions
- yoga, massage, herbs, wholistic care
- safety and outcomes in childbirth
- vaginal birth after Caesarean (VBAC)
- parenting

ASAC also offers:
- a library of books, periodicals, and videos on pregnancy, childbirth, breastfeeding, and parenting — open to the public for reference; ASAC members have borrowing privileges
- Birth Issues magazine
- information about midwives and doulas
- a monthly film and information night for the public, featuring a guest speaker and a video
- fact sheets on options in childbirth
- a free Planning for Birth booklet

ASAC address
7219 – 106 Street, side door
Mailing address:
Box 1197, Main P.O.
Edmonton, Alberta Canada T5J 2M4
Phone (780) 425-7993
Fax (780) 497-7576
E-mail info@asac.ab.ca
Website www.asac.ab.ca

Birth Issues delivered to your door
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For just $20 a year (or $100 for an entire lifetime) you can support the organization that supports safe childbirth and parenting alternatives!

Yes, I would like a membership
☐ $100 — lifetime  ☐ $35 — two years
☐ $20 — one year  ☐ FREE for one year to new parents (who aren’t already members)
Baby’s due date is ____________________

Do you know about ASAC playgroups?
☐ Yes  ☐ No

Where did you hear about ASAC?
☐ Birth Issues magazine  ☐ a friend
☐ from a midwife or doula  ☐ other:
_________________

Yes, I would like to make a donation to ASAC of $___________ (tax receipt will be issued)

Please make cheques payable to ASAC. ASAC also accepts Visa and Mastercard.

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Address ____________________
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Postal code ___________
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Fax ___________ E-mail ___________
☐ Visa/☐ Mastercard number ___________

Expiry date ___________ Signature ___________

Return this form to: ASAC
P.O. Box 1197 Main Post Office
Edmonton, Alberta Canada T5J 2M4
Fax (780) 497-7576
E-mail office@asac.ab.ca

Send your birth announcement or classified ad to bi_layout@asac.ab.ca.

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Book Review: *Settling in with Baby Catcher*

A review of *Baby Catcher – Chronicles of a Modern Midwife* by Peggy Vincent

Review by Monica Eggink

The first time I tried to read this book, I was pregnant with my first child. Having never given birth before, I was naturally both excited and a bit fearful about how my baby's birth would go. I was volunteering at the ASAC library and *Baby Catcher – Chronicles of a Modern Midwife* by Peggy Vincent caught my eye on the shelf. It had a sweet ocean blue cover with a flying baby on it. I picked it up, and proceeded to read the first chapter. It started off with humour and charm, in 1962, when the author was a young, green nursing student trying to deal with a woman who was labouring in a rather outrageous fashion, as far as her experience so far had shown her. I got lured into this anecdote; the dialogue was great, with Vincent saying things like, "But the baby might fall out!" The tone of the story seemed to promise a happy ending, but I was jolted into anger at the violence that this woman ended up receiving at the hands of the doctors in charge. I put the book back on the shelf. My pregnant self did not want to read Jekyll and Hyde horror stories.

But recently I decided to review books for Birth Issues, focusing on the books I’d come across at the ASAC library. I thought that maybe I was too sensitive the first time around with *Baby Catcher*, so I dove into it again. And I was glad I did. This book takes a few turns, from funny, to horrific, to funny, then dead serious.

In the funny parts (most of which didn’t have surprise-horror endings), I can’t count how many times I laughed out loud at Vincent’s stories. She reminded me of James Herriot, the post WWII English veterinarian, whose books were full of tales of country farmers and their animals. In this case, Vincent tells us mostly about the hippy trippy home births of women in the San Francisco Bay/Berkeley area in the 70s and 80s. Her passion for helping women achieve natural home births is established in the beginning of the book, as she describes her evolution from nursing student, to nurse, to midwife. She captures well the attitude of some doctors toward birth, through her recounting of her interactions with one particularly cranky doctor:

"‘Normal birth is a retrospective diagnosis,’ he said. ‘No birth is normal until after the fact. All births are complicated until proven otherwise.’ I realized that he had just provided me with the definition of the difference between doctors and midwives. Midwives believe birth is normal till proven otherwise. Doctors don’t.” (p.58)

Despite overall resistance from the local medical establishment, Vincent was able to develop good relationships with a few back-up doctors and hospitals.

I learned a few tips here and there about what was typical in a birth, things I had not learned when I was pregnant. For example, Vincent recounts:

"In all my years of doing home births, I never once took a woman to the hospital because of unmanageable pain. Not once.” (p.217)

For most of the book, I thought that Vincent’s writing style was too corny and light to satisfy on a meaningful level. Even the story of a baby stillborn ends well, as everyone involved is convinced of the existence of spirit babies, and the woman goes on to have another baby later on, the spirit baby finally getting its chance to live in
the world. The purpose of her book seemed to be mostly about entertainment, with too many sensational stories of women holding in their nearly-born babies, in small cars, careening down mountains on emergency trips to the hospital. Many chapters end with either humorous quips, or sappy lines that embarrassingly beg the reader to get bleary-eyed. It felt too Disney-esque at times.

However, Vincent delivers sincere sadness with the tale of a Christian Scientist woman, whose religious beliefs lead her to do nothing to treat the grotesque tumours growing throughout her abdomen. I admired Vincent’s husband and children, and how they accommodate the highly unpredictable life that comes with having a midwife as wife and mother. The last section of the book hits the hardest. Vincent is present at a home birth where a baby is born almost dead. There is an emergency trip to a hospital, and the hospital team keeps working on the baby until it regains life, weakly. The baby is severely handicapped from lack of oxygen, and Vincent becomes embroiled in an ugly lawsuit brought on by the parents. After reading what Vincent goes through with this birth and the following lawsuit, her corniness in subsequent tales was refreshing.

There is no ultimate happy ending to this book. As a result of the lawsuit, Vincent can no longer obtain malpractice insurance to attend home births. This is the case for all “certified nurse midwives” in the U.S. for many years after this lawsuit. Vincent tries to end on a note of hope, passing on the torch to a young midwife, and mentioning that insurance for home births has once again become available. But this book seems to have been an exercise of nostalgia for Vincent, of pining for an exciting time when she did home births regularly and had access to medical facilities when needed. In her Epilogue dated in 2001, she does not hide the fact that midwives continue to face a lot of resistance from doctors and hospitals; she laments that this has not changed since the days when she felt she was a pioneer in helping women birth naturally at home.

Do I recommend this book? Yes. It is really funny, and in the end, it is honest. I was able to ignore or forgive the author’s occasional corniness, in light of the real struggles she goes through and the honesty she finally exhibits in telling her story.
PRENATAL CLASS OPTIONS
Prepared by Claire Veisseire (CD)DONA

Barbara Scriver, RM
Midwifery Care Partners
Location: Edmonton South
Phone: 490-5383
E-mail: barb@midwiferycp.ca
Description: Three consecutive evening classes at the Midwifery Care Partners office to prepare families for their home birth. Also covers the psychology of birth, dealing with pain, stages of labour, comfort techniques, water birth, emergency childbirth, the normal newborn, breastfeeding, and the postpartum period.

Capital Health
Twin + prenatal classes
Location: Royal Alexandra Hospital
Phone: 735-4204
Description: 6 weeks of classes available to anyone delivering multiples (twins, triplets, quads) in the Capital Health area. Classes are taught by Registered Nurses who work in Labour and Delivery. Topics covered are vaginal birth of multiples, c-sections, medical concern unique to multiple pregnancies, premature babies, NICU tour, breastfeeding multiples, car seat safety, parenting and managing at home.

Capital Health
Health for Two program
Location: Edmonton, St. Albert, Leduc County and Strathcona County
Phone: 408-5465
Description: Classes offering health information, nutrition guidance, and overall support to promote the health of women and babies.

Capital Health
WIN (Women, Infants & Nutrition)
Project Stony Plain: 960-4835
Evansburg: 727-2288
Devon: 987-8228
Description: Provides education, support and assistance to pregnant women and teens. Information about healthy eating in pregnancy, labour and delivery, support and education for breastfeeding, and support in making healthy lifestyle choices.

Capital Health
Prenatal class program
Location: Capital Health region hospitals
Phone: 413-7980
Description: Childbirth classes offered by Capital Health taught by registered nurses.

Capital Health
Shared Care program
Location: Westview Hospital
Phone: 968-3680
Description: Offers classes using the Birthing From Within philosophy. Classes are not restricted to patients registered in the program.

Christiane Benoit, DiHom
Baby Piskwa
Location: Edmonton
Phone: 996-1146
E-mail: babypiskwa@gmail.com
Description: Classes consist of a prenatal relaxation segment, birth positions, things to know for hospital or home birth, and how the birth partner can help during the birth.

Emphasis is on holistic non-medicated birth experiences.

Claire Veisseire, MA, (CD)DONAConscious Doula Services
Location: Edmonton area
Phone: 218-7697
E-mail: cveisseire@yahoo.ca
Description: Private prenatal classes for hospital or home births focusing on birthing and parenting consciously. Emphasis is on informed decision making free of fear, speculation or disempowerment.

Friends of Freebirth Foundation of Alberta
Location: Edmonton area
E-mail: friendsoffreebirth@yahoo.ca
Description: Free, informal, individualized birth preparation sessions and resource sharing using a peer education approach as part of a supportive community for families choosing the freebirth option.

Karon Menard
Shambhala Sacred Touch
Location: St. Albert
Phone: 460-8403 or 289-0886
E-mail: jyotilight@hotmail.com
Description: Prenatal class for labor and delivery and also sessions for overdue and posterior babies.

Lisa Cryderman, R.N.
Motherizing Childbirth Education
Phone: 901-1178
E-mail: lisa@motherizing.com
Description: Using the Birthing From Within philosophy, these classes focus on accessing ones cop-

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Prenatal, Family & Kids Yoga
www.asac.ab.ca
ing skills and celebrating becoming parents.

**Suzanne Moquin, B Ed, CBE, (CD)DONA**  
Gentle Touch Services  
Location: West Edmonton  
Phone: 440-6105  
E-mail: gentletouchdoula@shaw.ca  
Description: Prenatal classes on weekends. Focus is on positive birth experiences as defined by individual participants.

**Tara Tilroe**  
Birthhands Maternity Services  
Location: Edmonton and Sherwood Park  
Phone: 289-2275  
E-mail: tara@birthhands.com  
Description: Two 3-hour private classes to couples in their homes on late pregnancy nutrition and preparation, the phases of childbirth, pain management and interventions (and writing a birth plan if desired), postpartum and newborn care.

**Terra Association**  
Location: Edmonton  
Phone: 428-3772  
E-mail: terra@terraassociation.com  
Description: Classes are offered for two consecutive evenings every six weeks to pregnant young women up to 19 years old, and one support person. Course materials and activities target teen moms and their coaches in a comfortable environment. Classes are facilitated by a public health nurse in partnership with Eastwood Public Health Centre. Supper is provided.

**Tina Dala, LCCE, (CD)DONA**  
Great Expectations  
Location: Edmonton North  
Phone: 435-4806 or cell 919-0499  
E-mail: birthwelldoula@aol.com  
Description: Lamaze Childbirth Educator and doula offers group and private prenatal classes based on up-to-date information.

**Trish Walker**  
Birthing From Within certified mentor  
Blooming Bellies  
Location: Edmonton area  
Phone: 907-0228  
E-mail: talker1@telusplanet.net  
Description: Birthing from Within classes offer a soulful and holistic approach to birth preparation integrating both intuitive knowing and a modern intellectual knowing. Prepare you to birth-in-awareness whether birthing at home, in a birth center, tipi, taxi or hospital.

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**Jackie Yurko B.Sc. N.D.**  
Doctor of Naturopathic Medicine  
10730 – 71 Avenue  
Edmonton, Alberta  
T6E 0X6  
Phone 430 4553  
Fax 430 0851

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**Photo by Little Bums, fingers and Toes**

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www.birthissues.org SUMMER 2008 birthissues 53
calendar of events

You are invited to
ASAC’s Annual General Meeting
June 8, 2008 9:30 am
at
North Glenora Community League Hall
13535-109 A Ave, Edmonton
Toys and play space for kids, light brunch provided.

This is an especially important AGM, as we will be enacting some bylaw changes. It has come to the attention of the board of ASAC that our bylaws need some clarification. The bylaws of an organization state the roles of board members, guide its function and is a legal document. A review committee was formed to identify and revise the sections listed on page two and three. The new wording was developed in conjunction with the regular general meetings of the organization. The Bylaw changes below require a Special Resolution that involves 21 days written notice to the members. The vote must be passed by 75% of the members present. Please consider these changes and come prepared to vote.

ASAC members and Birth Issues advertisers can submit to “calendar of events.” E-mail bi_layout@asac.ab.ca

June
3  ASAC Film and Info Night. Meet a midwife, a doula, and a family who hired a midwife! 7:30 – 9:30 p.m. at the ASAC office. No fee, but call 425-7993 to pre-register.
5  Motherizing Childbirth class series based on Birthing From Within. Dates: June 5-12-19—1000-2100 hours and June 24 1000-1700. I can be reached by cell after 9AM AND TIL 1400H @901-1178 hOME 973-5699
6  10-11am Healthy Pregnancy Walk and talks with Rebecca McKinley of Sacred Births Doula Services. 4 week pre registration. Call for details 953-7037 Share an hour with other women journeying into parenthood. sacred.births@yahoo.ca
9  1pm-2pm Meet Sacred Births Doula Services Block 1912 10361-82ave same block as Princess Theatre ‘Meet and Greet’ Rebecca McKinley, Birth Doula, and facilitator for healthy families in pregnancy and beyond. Call to confirm 953-7037
8  ASAC’s Annual General Meeting 9:30 am at North Glenora Community League Hall 13535-109 A Ave. Toys and play space for kids, light brunch provided. This is an especially important AGM, as we will be enacting some bylaw changes.
11  Are you a new or expecting mother? You are invited to the Welcome Wagon Baby Shower on June 11th at Festival Place in Sherwood Park. Doors open at 6pm. There will be lots of great door prizes. Go to www. havingababy.ca or phone Heather at 417-0893 for your FREE invitation.
16  10-11am Meet Sacred Births Doula Services at Cargo and James Tea 10634-82 ave. Meet and Greet’ Rebecca McKinley, Birth Doula, and facilitator for healthy families in pregnancy and beyond. Call to confirm 953-7037
18  3-4pm Meet Sacred Births Doula Services Steeps Urban Teahouse 12411 Stony Plain Rd ‘Meet and Greet’ Rebecca McKinley, Birth Doula, and facilitator for healthy families in pregnancy and beyond. Call to confirm 953-7037
22  Cesarean Prevention and VBAC Class. From 6:00-7:30 PM at Le Soleil #15, 9353-50 Street, Edmonton. Cost $25 for the mom and birth team. RSVP 444-3041 or www.edmontonVBAC.com Please RSVP.
22  Cesarean and VBAC Support and Discussion Meeting: theme ‘Mother’s Day: Ask Her

Usborne Books at Home
Ask me how to earn FREE books for your home or school OR have your own home based business
Ruth Wadley
Phone: 780-432-3908
e-mail: wadleyruth@hotmail.com
Visit the catalogue online at: www.usborne.ca/ruth

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- Fatigue
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Valerie Plante, B.A., L.Ac, Doula
#15, 9353-50 Street, Edmonton
(780) 414-1465
info@solmed.ca | www.solmed.ca
About Your Birth. From 7:30-9:30 PM at Le Soleil #15, 9335-50 Street, Edmonton. No fee. RSVP at 444-3041 or www.edmontonVBAC.com Please RSVP.

24 & 25  Prenatal Class weekend series on the West End of Edmonton, taught by Suzanne Moquin, BA, B Ed, CBE. Excellent feedback received! Focus is on empowerment and positive birth experiences. Call Suzanne at 440-6105 for more info, or email suzanne@gentletouchdoula.com

27 Cesarean Prevention and VBAC Class. From 6:00-7:30 PM at Le Soleil #15, 9335-50 Street, Edmonton. Cost $25 for the mom and birth team. RSVP 444-3041 or www.edmontonVBAC.com Please RSVP.

24 Cesarean and VBAC Support and Discussion Meeting: theme ‘Mother’s Day: Ask Her About Your Birth.’ From 7:30-9:30 PM at Le Soleil #15, 9335-50 Street, Edmonton. No cost. RSVP at 444-3041 or www.edmontonVBAC.com Please RSVP.

September

3  ASAC Film and Info Night. Meet a midwife, a doula, and a family who hired a midwife! 7:30 – 9:30 p.m. at the ASAC office. No fee, but call 425-7993 to pre-register.

5 10-11am Healthy Pregnancy Walk and talks with Rebecca McKinley of Sacred Births Doula Services. 4 week pre registration. Call for details 953-7037 Share an hour with other women journeying into parenthood. Call to confirm 953-7037

23 & 24  Prenatal Class weekend series on the West End of Edmonton, taught by Suzanne Moquin, BA, B Ed, CBE. Excellent feedback received! Focus is on empowerment and positive birth experiences. Call Suzanne at 440-6105 for more info, or email suzanne@gentletouchdoula.com

ASAC’s office address:
7219 – 106 Street, side door
Please call 425-7993 to confirm events.

ASAC’s Playgroup and Office Hours:
Wednesdays 10 to noon
Fridays 10 to noon

ASAC’s Library Hours:
Wednesdays 10 to noon
First Tuesday Evening of each month, 7:30-9:00 p.m. (During ASAC’s Film and info nights)

ASAC Film and Info Night. Meet a midwife, a doula, and a family who hired a midwife! 7:30 – 9:30 p.m. at the ASAC office. No fee, but call 425-7993 to pre-register.

4 10-11am Meet Sacred Births Doula Services Block 1912 10361-82ave same block as Princess Theatre ‘Meet and Greet’ Rebecca McKinley, Birth Doula, and facilitator for healthy families in pregnancy and beyond. Call to confirm 953-7037

8 10-11am Meet Sacred Births Doula Services Block 1912 10361-82ave same block as Princess Theatre ‘Meet and Greet’ Rebecca McKinley, Birth Doula, and facilitator for healthy families in pregnancy and beyond. Call to confirm 953-7037

30 1-2pm. Meet Sacred Births Doula Services at Starbucks Coffee co. 2578-Guardian Rd. Located @ White Mud Drive West, Left at Guardian Rd. Left @ Safeway, Left @ Yield down to the end. ‘Meet and Greet’ Rebecca McKinley, Birth Doula, and facilitator for healthy families in pregnancy and beyond. Call to confirm 953-7037

26 Doula Association of Edmonton The new location is the Unitarian Church which is located at 10804-119st.

27 Cesarean Association of Edmonton The new location is the Unitarian Church which is located at 10804-119st.

Suzanne Moquin, BA, B Ed, CBE. Excellent feedback received! Focus is on empowerment and positive birth experiences. Call Suzanne at 440-6105 for more info, or email suzanne@gentletouchdoula.com


Prenatal Class weekend series on the West End of Edmonton, taught by Suzanne Moquin, BA, B Ed, CBE. Excellent feedback received! Focus is on empowerment and positive birth experiences. Call Suzanne at 440-6105 for more info, or email suzanne@gentletouchdoula.com
Giving birth at home only confirmed Ann’s belief:  
There’s no place like home.

Ann Kuehn always dreamt of home birthing her children. Although a C-section prevented her first son, Jack, from being born at home, she was more determined than ever to accomplish this goal with her second son, Carter. When her dream became reality, it only reinforced Ann’s belief that there is truly no place like home.

Ann’s unique understanding of “home” is put to good use in her career as a premier South Edmonton real estate professional. So when the time comes for your next move, look to a professional who understands what’s at stake for you and your family and who will do everything in her power to provide you with a seamless transition to your new home. That’s Ann Kuehn. Give her a call today.

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