I didn’t know I was in labour! The empowering story of a teen mom

Giving birth over 30 is a conscious decision
An encouraging article on the positive contribution older mothers make

featured photographer:
Little Bums, Fingers and Toes Photography
Birth issues
CURRENT OPTIONS IN PREGNANCY, BIRTH AND PARENTING

Volume XXVI, Number 1 FALL 2010
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Birth Issues welcomes unsolicited electronic submissions of birth stories, articles, poetry, reviews, birth announcements, artwork, and photographs. Please submit them to the Editor-in-Chief at bi_editor@asac.ab.ca. For more information, please read the editorial policy on page 7.
Each issue prominently features an advertising photographer. This is a wonderful opportunity to showcase your work and obtain extended advertising exposure. For more details on how to become a featured photographer, please check the ASAC website at www.asac.ab.ca or email the ad rep at bi_ads@asac.ab.ca.

UPCOMING THEMES

Send us your birth stories, articles, and photos at any time during the year (or by the deadlines if you want your article to fit the upcoming theme). If you have a topic or a story that is dear to you, and does not fit the theme, please submit it anyway. We want to publish those too!

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contents
Fall and Age. This issue is about giving birth when you are a teenager or when you are over 30. Women talk openly about how excited they were about their pregnancies but how they also suffered from the judgments and assumptions people had about their age. I am grateful that they opened themselves and shared their experiences with us. It’s not always easy to be against the norm. I hope that reading this issue will be an opportunity to stand up and expand our minds about the beauty of women of all ages who give birth in our community. I sure have learned so much from them.

As you have already noticed, Birth Issues looks a little different. We have given it some more love and we hope you like it. We have a new layout team, Jess Hogan and Joanne Meredith of vrs design. Read their bio to get to know them a little. We also have a new ad rep, long-time ASAC volunteer Jackie Michaels. We also have 2 new editors, Heather Beaudoin and Lindsay DuChene. They are very well known mothers and doulas at ASAC. We are very excited that Birth Issues these women have joined our team.

Birth Issues

I also remember coming to your house before getting married. I also remember coming to your house and seeing the art. That is as much part of Birth Issues as words! Thank you Cathy.

I wanted to say a personal thank you to Cathy MacMillan who was the woman doing layout for Birth Issues for 6 years. I met her when I started volunteering as an editor with Birth Issues three years ago, and now she is a friend. It has been fun to work with you on every issue. What a team we had to be sometimes, not always sure what we were doing yet still doing it! I always felt I could chat with you and you would find creative ways to fit it content; I am grateful that you understood that women had thrown their heart and soul in their submissions and you always made sure they had a place in Birth Issues...I remember you asking me for more content last year and I was scrabbling in France to find wireless and re-type a story that had been previously published a couple of days before getting married. I also remember coming to your house and learning that you were an artist. I hope that you will continue submitting your beautiful pieces so that the readers are reminded that art is as much part of Birth Issues as words! Thank you Cathy.

Midwifery news

Midwifery in Alberta has never looked so promising and with so many students we are well on our way to the healthiest midwifery community yet! As of May 2010 there are 49 full and restricted midwives in Alberta and 28 active midwifery students. (21 Midwifery College of Utah, 1 Frontier School of Midwifery, 5 Seattle Midwifery School, and 1 Université Trois Rivières). Mount Royal University (MRU) in Calgary is still awaiting government funding and recruiting faculty. According to the last update, the MRU program scheduled start date is September 2011. If you are interested in being a midwifery student, you need to get in contact with the Multi-jurisdictional Midwifery Bridging Program (MMBP). Call them at 1-888-642-2322. For more information, go online at http://cmcm-ccosf.ca/node/213/.

At the last Alberta Association of Midwives’ AGM there was much talk about getting more organized as well as talk of starting a College of Midwifery of Alberta. Other news is that there may also be plans in the works for a Birth Centre in Edmonton and Alberta. Midwives will be able to order and carry a lot more medications for the antepartum and postpartum periods.

Have you all heard about the Lois Hole Hospital for Women? It opened in May 2010 and is part of the Royal Alexandra Hospital in Edmonton. The first baby born in the new Labour & Delivery Unit was on May 16th. Many of us were very excited when we saw plans of the new Labour & Delivery unit. However, for those of you that have now been at births there you may have noticed that the rooms were disappointing.

We were told that there would be tubs where moms could labour in. We all had in mind that the design would be similar to the one at the Westview hospital, where women have access to a large tub and a separate shower. But it isn’t the case. The Lois Hole labour & delivery bathrooms look like any standard bathroom you would find in a family home: small tubs with a shower overlooking the tub. This is not an improvement from the Royal Alexandra Hospital. The tubs are not large enough for full immersion, they don’t allow women to move around, and they are not large enough to hold an exercise ball. At least before, a woman could take a ball of any size in her shower or fully squat into any direction. It seems that the new design restricts rather than enhances possibilities.

We are happy, however, to report that the manager at the Royal Alexandra Hospital has given permission to some women to bring in a kiddly pool to labour in... but as you know it would be much easier for staff and couples if they did not have to haul and move around such equipment.

Although the Westview hospital, and a plethora of research, has demonstrated the safety of waterbirth, the Lois Hole has no protocol about giving birth in water. It unnecessarily places families and their caregivers into confrontation. Many women who are labouring comfortably in the tub do not want to leave the warm water once they are pushing. This pulls nurses, doctors, midwives in a bind – how do I honour this woman and at the same time follow the rules that regulate the hospital that I work in? We don’t want either group, labouring women and their caregivers, to have to make such decisions and we hope that soon the protocols about waterbirths will be created.

Another issue that women have reported is that the Lois Hole Hospital had planned to align itself with all other hospitals in the area by eliminating the Nursery (the room where healthy newborns are brought for newborn care and bath). Although there was no official Nursery, staff quietly and quickly resumed its old habit and found a way to have a nursery – on a different floor away from the (postpartum) rooms where moms are. This is shocking. Most parents dread any separation from their newborn and we regret that the Lois Hole Hospital still holds onto nurseries for healthy children. Parents usually prefer newborn care to be done in their room in their own time. We hope that the Lois Hole Hospital honours its original plan soon.

I hope that you all know by now that the Canadian Association of Midwives (CAM) is getting together in Edmonton this October. I have attended one of these annual conferences when it was in Vancouver and I had such a fabulous time. It is a great opportunity to unite the birthing community, to learn about the latest research, and be around hundreds of midwives. So mark the date on your calendars – October 5 – 8, 2010 at the Sutton Place Hotel. More information is posted on CAM’s website at www.canadianmidwives.org. Please attend and volunteer!

We are ranked #5 out of the 8 provinces for the number of midwives practicing. In comparison to other provinces Alberta should have at least 180 midwives. Make sure you remind your MLAs and Alberta Health minister to increase access to midwifery care.

Share this issue and play with it – Birth Issues is only useful if its pages are worn and cover torn!
Joanne Meredith’s love of graphic design began as a youngster attending press-checks with her father, and she’s been hooked ever since. A nine-year veteran of the industry, she graduated from Macewan’s design Studies Program. She also loves any activity that is outdoors, even in the evenings with her husband. She hopes that very soon all women in Alberta will have the opportunity to give birth at home. She loves music of all kinds but is a self-proclaimed music snob. She also enjoys gardening, reading, laughing with and about kids and watching television in the evenings with her husband.

Layout
Jess Hogan brings over eight years of extensive experience in illustration and print design. Having graduated as an illustration major from MacEwan’s Design Studies Program, she holds a unique set of award-winning development skills. Jess has worked on various print and media projects for small and large business, not-for-profit organizations, charities and publication companies. She is passionate about using her skills to raise awareness for organ and tissue donation, in memory of her little brother Christopher. Jess devotes her time to web and print design and is also a part-time faculty member at Macewan University for the Design Studies Program.

Lindsay Snyder DuChene uses Oxford commas and ellipses with flair. This ability is wasted on the two 3 year olds she hangs out with all day, but her ability to run fast sure comes in handy. Proofreading Birth issues keeps her from editing apostrophe errors on signs under cover of darkness, although it does remain tempting. Michael Sharek lives on the planet Earth and enjoys proofreading Birth issues in his spare time. During the birth of his second daughter at home, he was bitten by his wife, but unfortunately the only super-power this granted him was the ability to make really good grilled cheese sandwiches. He is toying with the idea of starting the world’s first “dudela” service. You can read some of his writing on the internet.

Calendar
Crystal Tracy is the proud, contented, sometimes overwhelmed mother of three home birthed children, ages 6, 2 and 3 months. She keeps her dreams in check with the help of her son, Jack, by spending time with him outdoors. When she’s not driving her kids hither and yon, she’s volunteering for various causes and organizations. She is a strong advocate for midwifery and women’s rights, and she looks forward to the day when our society accepts these professionals as the birth attendants they are. She hopes that one day midwives will be celebrated as important as doctors or nurses.

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8) All claims in the text of a submission must be supported by a citation/bibliographic reference from research published in an article or book. Magazines, book reviews, and websites are not reliable sources. When quoting, use a superscript instead of the punctuation marks (e.g. !!!), or automatic formatting. The text of all submissions should be void of italics, bolds, underlining (unless it is a bibliographic reference), excessive capitalization, repeated punctuation marks (e.g. !!!), or automatic formatting. The text of all submissions can be postponed to allow further time for discussion.
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10) Author biographies are not promotional spaces. They should not include phone numbers, business names, or websites.
11) Letters to the editor will be published under a pseudonym, at the discretion of the editors and the ASAC board.
12) Submissions will not identify birth attendants (i.e. doctors, obstetricians, nurses, midwives, doulas) or businesses neither by full name nor by initials, except in birth announcements. They can be referred to by their title (i.e. ‘my doctor’ or ‘the midwife’).
13) If a submission includes a criticism of the care provided by a birth attendant it should not be slanderous. Editors would advise the author to provide contextual information and to communicate non-violently rather than write a diatribe on a person. Authors can for example share their disappointment about how their care did not promote team building and how it fragmented their commitment to their vision.
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APOLOGIES
In the summer issue on Home Birth, Monica Eggink and David Boroditsky wrote the home birth story of their son Louis. “Yet another garden variety midwife-attended home birth.” Unfortunately we forgot to print David’s bio. So sorry, we sure don’t want our men to think we don’t value you! So here is who our ASAC president’s hubby is:

David Boroditsky merely watched Monica give birth to his son on October 15. Oh, he did some things to help out too. He’s a bit squeamish about bodily fluids and is immensely grateful to Rita and Glen from Baby Birth Pools rentals for their excellent pool rental, delivery, cleaning and pickup service. He also wonders why there isn’t a line of breastfeeding-friendly clothes called “Peek-A-Book.”

ASAC’s Film and Information Sessions are back!

Different time, same place!

WHEN:
The second Saturday of each month at 11 am

WHERE:
ASAC – 7219 106 Street (side-door)

Come for information about midwives, doulas, prenatal class options, home birth, hospital birth and upcoming ASAC-sponsored lectures. Enjoy a relaxed, kid-friendly environment with an opportunity to ask questions and find local resources.

Confirmation of attendance is appreciated, but not mandatory!

Please call the ASAC office at 780 425 7959 (and leave a message) or email donna_kempster@hotmail.com if you would like to attend and/or would like to meet a midwife during this session. (Due to the very busy private practices of local midwives, an effort to have a midwife attend for a Q & A session is only made if there is confirmed attendance & interest.)

See the “Calendar of Events” printed in this magazine for dates and times.

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9) Letters to the Editor will be published space permitting at the discretion of the Editor-in-Chief, along with a response. Authors will not be notified if it is published. The letter is never edited. If it exceeds the word count, it will not be published at all.
10) Author biographies are not promotional spaces. They should not include phone numbers, business names, or websites.
11) Submissions by advertisers will be printed on a separate page from their ad and must fit within the stated Goals & Missions of ASAC.
12) Submissions will not identify birth attendants (i.e. doctors, obstetricians, nurses, midwives, doulas) or businesses neither by full name nor by initials, except in birth announcements. They can be referred to by their title (i.e. ‘my doctor’ or ‘the midwife’).
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President’s Message
Hello there, my name is Monica and I will be your president this year. ASAC’s president, that is. We are not the Edmonton branch of a bigger organization, we are just us. What does ASAC, the acronym, stand for? The Association for Safe Alternatives in Childbirth. And what does ASAC, the organization, stand for? Hmm, a bigger question!

On our website, we have some bullet points that outline our goals and our mission. My personal favourite item in our mission statement refers to parents’ rights to “childbirth with dignity.” ASAC members have traditionally been oriented toward midwifery and homebirth, but birthing at home is not a prerequisite for membership! In fact, one of our stated goals is to support families in their choice of birth setting (home, birth centre, or hospital). And even if you want a midwife at your birth, with the shortage of midwives in our community, you can’t always get one.

After achieving public health funding for midwifery last year, ASAC’s new focus became supporting the education of midwives, to increase their numbers among us. ASAC started a grant program for midwifery students, and you can read about the first three recipients of that grant in an article of this Birth Issues.

Unfortunately there is still no midwifery training program in Alberta. Even if the planned program at Mount Royal College (Calgary) starts in the fall of 2011, it will still be a few years before those new midwives will be practising. Many Edmonton and rural women are frustrated now because they can’t get a midwife. How do we support these women, as they yearn for an alternative to a technological birth, but end up with a caregiver who might intervene with their birth more than they would like?

What is next for ASAC, as a focus or project? I have some ideas. I invite you to our monthly business meeting, the 2nd Tuesday of the month (Sept. 14, Oct. 12, Nov. 9, etc!) at 7 p.m., to hear them, or to contribute your own. Any plan will fall flat without volunteers to put it into action. ASAC volunteers already do a lot of the important work (and fun!) of putting out Birth Issues, having a presence at parent-oriented trade fairs, running a lecture series, film and info sessions, plays, and library. If you love Birth Issues, and you believe that all women have the right to give birth with dignity, then join us. Help us do more for families in our community.

A final note: ASAC is organizing billets for the Canadian Association of Midwives conference in October. If you would be willing to open your home to a midwife or student midwife from out of town, please email info@asac.ab.ca or check our website for details.

...and to have an amazing homebirth with a remarkable midwife and her fantastic student.

Gabriel Anthony Allers
Cory and Amanda Allers are blessed and delighted to announce the birth of their son, Gabriel Anthony. Gabe arrived February 28, 2010 at 10:05 am weighing 8 lbs 4 oz and measuring 21.5 inches.

Many thanks to everyone at Westview and Westside Midwives for all your support and care. Special thanks to Carmen and Kerra for all your support and to Paula for the use of your pool. Thanks also to Dorothy and Merry for all your assistance post-partum. We are forever grateful to our family for their help and support, especially Grandma S and Grandma A. Gabe we love you to the depth and breadth and height our souls can reach, we are overjoyed that you have joined our family.

Quinn Austin Kuzio
Stephanie and Shawn Kuzio are thrilled to announce the April 5th birth of their son Quinn Austin Kuzio weighing in at 8 pounds 12 ounces and 29 inches long.

Born at home after 13 hours of labour and 15 days late (might I add) he arrived in the warmth of our bed. He is absolutely perfect from his big blue eyes down to his long monkey toes. We waited a long time for you Quinn and you were worth every minute. Mommy and Daddy love you so very much! A huge hug and thanks to Barb Scrivener and Teiya Kiely our friends and midwives for all the love and support you gave us and for guiding Quinn into our arms. You will forever be a part of our family, we miss you!

Makahya Anne O’Keefe
Abby and Kurt are so proud to announce the arrival of our 2nd daughter Makayla Anne. Makayla was born at home on February 23rd at 3:35pm. She was welcomed by her big sister fyles, her mommmy and daddy, her bepe, her aunty Ashley, and midwife Barbara Scrivener and her student Teiya Kiely. We were thrilled to be introduced to the world of midwifery care with this pregnancy and able to have an amazing homebirth with a remarkable midwife and her fantastic student.

Violet Imogen Barr
Our third baby, Violet Imogen Barr was born at home on March 25th 2010 with the help of our midwife Barbara Scrivener and student midwife Teiya Kiely. She is loved to death by her older sister and brother. We are thankful she is part of our lives.

Mikah-Rhane Cameron Jaynes
We did it! Erin and Christina Barnes are ecstatic to share the arrival of new Tikos 6oz son Mikah-Rhane Cameron Jaynes! Contently brought into our world at 10:14am the morning after a full moon April 29 2010. A large thank you to some of the best support in the city our Doula Claire MacDonald and Physician Marlene Lidkea. Lots of love to our Moms Wendy Barnes and Dale Sweeney for in home support and knowing just what to say and when to say it. We could not be happier!
Birth announcements

Waylon Jeffrey Murphy
Born at home, April 8, 2010 at 1:21 p.m. Waylon was welcomed by his parents Lenny & Leah, and big sister Ruby. The first to meet Waylon were his grandparents Tanya, Grandma Tennesse, and Grammy Debbie.

Violet Adele Gratton
Amy Roy Gratton and Jason Gratton are proud to announce the birth of their first baby, a beautiful 6 pound 12 ounce girl named Violet Adele Gratton born May 9, 2010 – Mother’s Day. Amy and Jason would like to thank Barb Scriver, Teilya Kiely and Claire MacDonald (the awesome birth team) who helped them experience an amazingly beautiful home water birth that created a gentle and loving welcome for Violet. We were very well cared for before, during and after our birth. Violet is the fifth grandchild for Adele and Gerry Roy; the tenth grandchild for Annette and Josef Gratton; the 15th great-grandchild for Della and Jim (RIP) Walsh and the 75th great-grandchild for Germain and Rolland Gratton. We are truly blessed.

Rachel Yvaine Deannabeth Maendel
Lisa Lunn and Joel Maendel, along with newly minted big brother Adam, recently welcomed their newest family member into the comforts of their home. Rachel Yvaine Deannabeth Maendel was born Friday, May 28, 2010, at 8:40 PM MDT, weighing 9 lbs and measuring 21” in length. She arrived 10 days early after 16 hours of prelabour and one hour of active labour. The “no-push wonder” crowned & delivered in one contraction. Like her big brother, she wasn’t concerned that midwife, Cathy Harness, was en route. Unlike Adam, she couldn’t wait and good friend Ashleigh Brown caught her in between the pool and the bed. Rachel’s grandma Elaine, father Joel, neighbour Masha and midwife Cathy joined the party moments later.

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ASAC Event
With Barbara Harper, RN, CD, CCE

Water Birth and Gentle Birth Choices Workshop
On July 10th, 2010, ASAC sponsored waterbirth expert and “Gentle Birth Choices” author Barbara Harper to join us here in Edmonton to share her wisdom with us! Over 70 of us, local midwives, doulas, parents, and parents-to-be, attended a deluxe full-day event at Lister Hall to listen to Ms. Harper and her message of hope. For some of us, the day was a refresher, a time to review information about birth we have learned in the past. For others, it was an introduction to basic principles of birth physiology and helpful practices during labour and “fetal ejection”. For all of us, it was a chance to visit with old friends and meet new ones. Thank you’s go out to Miriam, Victoria and Claudia for all of their hard work in organizing the event; to Jackie for working at the registration table; to Sarah-Jane and Casey for their thoughtful care of the wee ones in the childcare room; to David for making name tags; and of course to Barbara Harper for all of the work that she does and for making time for us on July 10th.
I couldn’t have known I was labouring!

By Kyla Greyson

Oh boy, to think back on my life as a whole it’s pretty depressing. There are many things I regret saying and doing but I am a firm believer in fate and everything happening for a reason. My story differs from others but comes back to hit on the same topic as many before me. I am a teen mom.

I started off as a spoiled rotten kid that everyone adored. With my chubby little face, blonde “Shirley Temple” curls, and a ridiculously entertaining personality, everyone immediately fell in love with me. Little did everyone know that I would be setting them up for disappointment. My mother separated from my dad (who had been unfaithful) when I was only three months old and she kept trucking on alone and miserable, using alcohol as an escape. I raised myself. I had great dreams and aspirations and had beautiful marks in school. I was on top of the world so to speak, but it all came crashing down quickly. I suppose you could say my life was turned completely upside down by grade nine. I met some people dabbling in all the wrong things and, unfortunately, I found solace completely upside down by grade nine. I met some people dabbling in all the wrong things and, unfortunately, I found solace in these dangerous acts.

By the time grade eleven came, I was bored with school and life. My friends had all either moved away from me or got kicked out of school. I was alone and barely passing so I gave up completely. So I had a lot of time on my hands and wound up meeting my boyfriend. I stopped my life for him, threw my family out the door, along with my morals. I stopped being me. I moved in with him and his parents and I started working. My boyfriend frequently ran out on me and could not make up his mind whether he wanted a relationship or just wanted me around when it was convenient for him. I was becoming increasingly depressed.

And then I found out I was pregnant. Terminating my pregnancy seemed like the best option at the time, however, my boyfriend convinced me to keep our child (the best thing he ever did) and agreed to lend me his phone. No one was answering their phone. I thought to myself, “No problem, I’ll call my mom. Right, no phone. It’s been disconnected because my family is in between moving. Don’t panic Kyla, there is no time to panic, think.”

Thankfully the roommate in the basement answered his door and to turn around. The nurse put jelly onto my belly like they did in the ultrasounds and attached one of the fabric strips to my belly and told me it was to check the baby’s heartbeat.

Still going through contractions, and being alone with no support at that time, I began to shake. My water hadn’t broken and my mucus plug did not disclude so I started psyching myself out thinking I was going to have this child on my own with no knowledge of anything, and what if it was a breech birth because I was early. So many things ran through my head.

My neighbour finally got hold of my mom and family and they were on their way. My boyfriend on the other hand left early in the morning and was not excruciating like some women experience but all I could think about was how hungry and tired I was so I didn’t think I could manage the pain long term.

Later another nurse came into the assessment room and told me she was going to check to see if I was dilated, sure enough it was 4-5 cm. Immediately she stuck the other fabric on me and told me it was to monitor my contractions. She also stuck a little contraption on my finger to monitor my heartbeat. Attached to this monitor they finally moved me to my birthing room.

And finally my family was notified and showed up to see how I was doing and to wish me luck. A new nurse came into my labour & delivery room and asked me if I wanted the epidural. I didn’t think I really needed it but I didn’t know how long I was going to be in labour, so I said yes. Once that started kicking in she tried to set me up with a catheter (to prevent the bladder from getting full, which can prevent baby from descending and cause postpartum hemorrhaging), but I was not having any of that. I was too stubborn to have yet another thing attached to me!

With great support from my Auntie and my mom, after an hour of pushing my beautiful daughter Kaliya was born at 2:29 in the afternoon on April 26, 2009. It was a beautiful moment, but to be honest for weeks before I worried about the delivery. However, when the moment arrived my anxiety ceased and only my daughter mattered. She arrived healthy and happy; the most beautiful day of my life.

I had Kali, the nurses wrapped her up and put her in her own little makeshift bassinet hospital-style; and brought a wheelchair for me and moved us down the hall to our postpartum room. The nurses checked my bleeding and checked up on Kali every hour with the routine check-ups: ear temperature, weight, breathing, cleaning out possible mucus left over, shining light into her eyes etc. She was 8 pounds 4 ounces! The first day was all a blur. Once my uterus had some time to rest I sat myself up and just watched Kali in her little hospital bassinet cooing and searching for my face.

The hospital staff was amazing. I know that some of my friends who are teen moms did not have a beautiful experience when they gave birth. Some staff were extremely judgmental and made decisions for my friends without their consideration. They heard all the whispers and felt all the stares. On the contrary, my experience was wonderful. The nurses treated me with respect and saw me as a mother, not a teenager and gave me the same experience was wonderful. The nurses treated me with respect and saw me as a mother, not a teenager and gave me the same experience was wonderful. The nurses treated me with respect and saw me as a mother, not a teenager and gave me the same

It was great to be at the hospital. The nurses came into the room and made sure I had fresh linens and pads and enough diapers and clothes, and fresh gowns when I needed them. They brought in my 3 square meals. When I asked for items they were more than happy to get them for me. I needed Tylenol once because I had been up all night trying to breastfeed and exhaustion was starting to get to me. The nurses pretty much gave you your privacy; they would come in when they were supposed to, asked if you needed anything extra and left promptly. I believe it’s because they were trying to give you your deserved freedom and gain independence as a new mother.

I stayed an extra day because Kali didn’t latch on. Sure it was strange to have staff help me breastfeed but I soon got used to it as I knew my daughter needed my milk. It also helped feel refreshed and moving more without any responsibilities apart
from feeding my baby. My boyfriend made it back a few hours after the birth. I was sad that he missed everything, but I was overjoyed with Kalicia. When he finally came to visit us he watched her while I went for a very painful shower. After birth and the epidural it’s almost like teaching yourself to walk again, you are weak and tired and it’s a struggle to move and hold yourself up properly, but your mom instincts kick in and tell you that you have to get moving and to be strong for your new little one.

It was easy for me to cope with having the new baby in my life because it’s so genuine. All of a sudden you have this new little life that gets thrust into your hands that you are solely responsible for and the parenting and caring emotion just drives into your brain. You are just so excited yet scared but happy and proud all at once, it’s immediate love like no other in the world. All I could do was smile and wait for the joys and challenges I was about to overcome with this sweet bundle of love.

What has been difficult is providing a healthy, stable environment for my daughter. The late nights, the dirty diapers, and balancing school is manageable; the struggle is to provide a safe, healthy place for my daughter to learn and grow in. On a limited budget that leaves me below the poverty line, safe and affordable housing is an oxymoron. But once again thanks to Terra I just moved into Hope Terrace; a safe and affordable apartment complex.

I was so fortunate to find Terra when I had, because I would probably still be stuck in a downward spiraling relationship and probably still living with an abusive parent. Terra has been an incredible support to me. Now, I am a member of the Terra Youth Leadership Program and an agency ambassador because I want to make a difference in the community. I want to tell students the challenges of being a teen parent and I want to make the path smoother for other parenting teens. I graduated from high school 2 months ago and I am excited to move on to post-secondary so I can be a Laboratory Assistant, help others and provide a safe home for my daughter.

Today my precious daughter is 14 months old and she is the love of my life. Her father has other priorities but my priority is my daughter. She is the world to me, she lifted me out of a downward spiral, she is my reason I am succeeding, she is everything I strive for. Kalicia thank you for your love, you bring me joy and I hope you will be proud of me some day.

Kyla Greyson has just graduated from high school. She was a teen when she gave birth to her daughter. She is proudly starting her university studies in Biological Sciences. She lives in Edmonton.
IT’S ALL ABOUT THE BOYS...

By Chantell Simmons

Being a mom to three boys is the most challenging adventure of my 41 years...it is also my most cherished.

I had my first son, Jacob, at 30 years old. Let me tell you, it certainly wasn’t easy! My contractions began in the morning of May 18th, 1998. They were very manageable and I was able to breathe through them with the help of my wonderful husband, Craig. We were both a little bewildered by this whole process, but were determined to avoid going to the hospital too early. I tried to rest as much as possible, but my brain just wasn’t cooperating...the excitement of finally meeting this little person inside of me was just too great to deny!

By 5:00pm Craig had barbequed us some dinner, which I tried to eat, but I just felt nauseous. The contractions were coming every 5 minutes and they were getting increasingly difficult to talk through. I decided to get into the bath for some much needed relief. The warm water felt amazing and I laboured there until the water turned cold.

By 6:00pm the contractions were coming every 3 minutes and we decided it was time to head to the Sturgeon Hospital. Much to my embarrassment, I felt incredibly nauseated as my husband flew down the highway to the hospital. In my mind I thought that if I just stuck my head out of the window I would feel better, but I ended up vomiting and it subsequently rew straight into the back seat all over the newly installed car seat! Wow...that was definitely a learning experience!

Once at the hospital, I was immediately hooked up to the fetal monitor and the nurses proceeded to tell me that I wasn’t in labour as my uterus wasn’t thickening...well, my only thought was, if this isn’t labour then please shoot me now! We finally convinced them to check for dilation as they could clearly see that I wasn’t in labour. By 8:00pm I felt an uncontrollable urge to push and we called for some help. The nurse helped me to the bed where I lay on my side and she said that the baby was right there and I should go ahead and push. Within minutes, the baby was out, but it was definitely not what I expected. He was born within the amniotic sac and I immediately saw her digging him out, and looking extremely nervous while doing it. There was no “it’s a boy!” I actually asked her what I had as they checked him over and I finally got to see my little man...wow, love at first sight for a third time! It never ceases to amaze me just how much love we have for each of our children...there is always more than enough to go around.

Being a mom in my thirties and forties has been an amazing journey. I know myself, my shortcomings and strengths...my family makes me complete.

Craig and I are so fortunate to have our three healthy boys. I love our life together and look forward to the future. At almost 42 I still dream of having just 1 more...I would love to experience a home birth with a midwife. Perhaps a little girl to help balance things out...time will tell.

Note:
1. Meconium is the dark green fecal matter that makes up an infant’s first bowel movement. Its presence in the amniotic fluid may indicate fetal distress. Chantell Simmons is a stay at home mom of three wonderful boys. Prior to having her second child, she worked full time as a correctional officer and is now excited to be starting a new journey as a doula. She recently attended her first birth, and found it absolutely amazing. She looks forward to the future and the adventures that lie ahead.

My third baby was conceived when I was 39. I was definitely ready to do this again, but was regularly questioned if this was a planned pregnancy. Apparently, my age and the number of children we had didn’t make sense to some people. We couldn’t have been happier and giving birth at 40 seemed like an amazing way to start this new season of life.

On August 11th, 2008, my contractions began in the early afternoon and were very sporadic. They went from 11 to 5 to 8 to 3 minutes apart for a few hours so I knew enough that things were starting and I should rest up for the night ahead. By 4:00pm I was increasingly uncomfortable, and being that things moved so quickly with Nicholas, we felt it was time to head to the hospital. Once there, they checked me and I was 3cm dilated. We walked the halls to keep things moving...My two boys and my parents-in-law were there keeping them entertained. After an hour of this it was too painful to walk anymore and we opted to try the birthing ball. I swayed on this for another hour breathing through my contractions until, again, I needed to get into the shower. My back labour was very painful and the contractions were right on top of each other so this gave me some much needed relief. By 8:00pm I felt an uncontrollable urge to push and we called for some help. The nurse helped me to the bed where I lay on my side and she said that the baby was right there and I should go ahead and push.

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And Then There Was Light...

By Heidi TrueArrow

14 years ago, I was 17; I was in high school and on the honour roll (even though I rarely attended classes).

I could be found in the Art room painting pictures. Having honours, and skipping the majority of classes, meant that the teachers didn’t care too much and left me to my own devices...they didn’t know what to do with me. I had been struggling to find the light on the earth, I had been diagnosed with clinical depression at 13 and really could not understand what the point of this life thing was. I hated almost everything. I found some solace in paint on canvas, and made myself get out of bed every day.

At this same time in my life I was involved in a relationship with a patient, decent guy who put up with my constant, nagging emotional pain. We met when I was 15. We were both not working steadily and living at my mom's house. We had no direction, we had no money, and we had no future...we were teenagers, not knowing what we wanted to be when we grew up...

I woke up one morning thinking something was weird. I seemed to be, after checking the calendar and doing some calculations...late! I had never been late, not in the 5 whole years of my menstruating career. The funny thing is, I wasn’t scared. I wasn’t in a panic, and I was experiencing a feeling that I was unfamiliar with, as I hadn’t felt it in a long time...I was excited! I drank 3 glasses of water and drove to the drugstore in my mom’s car. At the store I picked out a nicely coloured box that said “over 99% accuracy.” That would drive to the drugstore in my mom’s car. At the store I picked out a nicely coloured box that said “over 99% accuracy.” That would mean that the stick was soaked, I left it alone to think. I didn’t want to feel it in a long time? earlier in the day, before I learned the secret, I didn’t care about anything, especially myself. Now I cared more sincerely and strongly about something than I had ever before...

I spotted him...the boy who would be ruined. The boy that stuck by me through all of my emotional downs, the boy that expected me to do something stupid or reckless, sooner rather than later.

He was a boy looking for a job...a boy, a father. We sat in the food court, across from one another. I said very clearly and directly. “I am pregnant”. No beating around the bush. So I waited for the freak-out...and waited some more. It never came. He calmly said, “I’ll be right back.” I wondered if he would return at all.

Within minutes he came back with a smile on his face and in his hand, flowers, redly bear. We began fumbling towards parenthesis...never a second thought or even a first thought about the ‘options’ we had.

The pregnancy seemed normal. I was crabby, but I liked the boobs and the belly. I chose a family GP that delivered babies. I wanted a safe, natural, family-friendly birth. Everything was pretty smooth until I hit about 24 weeks. That’s when the contractions started...fairly regular Braxton hicks, every 20 minutes, some painful, some not so much. As it turned out, not only was I crabby, but so was my uterus.

One evening in my 26th week, I noticed these contractions were becoming stronger and closer together. My mom said it would be a good idea to go in to get it checked out. At the Emergency room at Royal Alexandra hospital, I was strapped to the monitor, and checked. I was going into labor, contractions every 5 minutes, this didn’t seem so good. I was scared. Soon I was hooked up to some labour-stopping medicine. I didn’t know what it was, but it made me feel like I was hit by a truck. I later found out it was magnesium sulphate which helps slow down or stop contractions.

The grand total of days spent in the hospital was 12. That was an eternity. There were other ladies there as well, ones whose water broke too early, and ones who were dehydrated. None who were having contractions like me, and none who were 17...

I had the parade of doctors, nurses, and specialists informing me about the complications and responsibility of having a newborn at 26 weeks, complete with pictures and everything. It was one of my scariest experiences...it seemed as though the ‘light’ that I had found would be extinguished if I moved the wrong way or too much.

So there I was, already making major decisions for the life that I was responsible for. I was already a mother. After the 12 days at the hospital, I was sent home with a bottle of pills that would ‘tame’ my contractions and told to rest in bed, indefinitely until the baby was out of danger. Three months is a very long time when you are confined to your bed, still having minor to major contractions every 20 minutes, still on crazy medication. I spent a lot of that time dreaming of my little one ‘playing’ with baby clothes.

By 37 weeks I was off of bed rest, and couldn’t wait for my love to be born. I had the regular contractions every 20 minutes...but no change. It seemed the baby had decided to hang around in my ribcage a while longer. That was when I began to question the baptism to bed for 3 months.

Finally around the 39th week mark...March 5th, 1996, my contractions became slightly different: stronger and longer. I didn’t recognize that I could be in labour...I was too tired being pregnant. My back took the biggest beating. I had started to really feel the pregnancy weighing 95 pounds and weighed out at 155! Yes, folks...that was 60 pounds!

The glorious contractions weren’t easing up so at around 2 am I hopped into the bath. Those contractions carried on and on...getting closer, stronger. I finally woke up baby’s dad at about 3am and I said, “I think this it is” We were excited. Then I woke up my brother (he was the designated driver), and told him the baby was coming. We got in the car, me in the front seat having contractions every 4-5 minutes, dad in the back seat and my brother driving like a crazy man. We got there at about 6 am.

I waddled on to the case room floor and announced to the staff that I was in labour and was met with contempt and snickering.

One nurse asked me, “What makes you think you are in labour?” I explained myself. She smiled a smile, like, “you poor YOUNG girl, you don’t even know what labour is...take this.” I said, “We’ll get you set up in the case room, and give you a check.” We waited in the assessment room for someone to check my cervical dilation. It seemed like we were in this uncomfortable little space on an uncomfortable little bed for hours. I had many, many contractions...it hurt, but it wasn’t unmanageable.

Finally, at about 7 am, a doctor came in to “check my progress”, and to determine if really was in labour. He asked me endless questions through endless contractions, and did an internal exam. He said then, “Oh...Whoa, um yes you are in labour!” Then he called the same nurse who “just knew I wasn’t in actual labour” and he announced to her that “You must call her doctor, get her to the labour room, she is 8 centimetres dilated”

I was whisked off to the delivery room, at which time I began my short journey through transition...They told dad to stay out of the way...I can’t remember if he did or not. They offered me drugs and distracted me from the birth with their many tricks. I said “No, I don’t want any.” They offered me more drugs and said no again. They said, “Come on here, try this...it will help.” It was nitrous oxide. I wasn’t really in unmanageable times so I said no thank-you, I didn’t want any. They said that an enema was necessary...ok...so they hooked me up. But this was still not the worst part of the birth. Then they shaved my ‘areas’ because it was cleaner and necessary...ok...still not the worst part.

My mom finally got there and suggested that I get into the shower...the shower was great, along with the watermelon gum, which she had brought! Contraction, on top of contraction...

I was ready to push...and bore down, then the medical staff said I needed to have my legs in stirrups...ok...so I was pushing on the bed against gravity, over and over, and over...2 hours of pushing, the staff decided that wasn’t working, and then they told me they were going to try something else...ok...

So soon, I had an army of people in the room with me. My mom said she could see the head...the baby’s hair was black. Then they brought this contraption that had a suction cup on the end. It was the vacuum. So they stuck it to the top of my baby’s head, and...
started yanking hard…so hard that the suction broke and slipped off her head. They pulled and pulled and I pushed and pushed. I looked at how scared my mom was…I could see in her eyes that what was happening was bad. I could barely hold myself onto the bed from all the pulling.

I was lost, and tired and almost on another planet. It was decided that it wasn’t working. The baby was stuck, her heart rate was dipping, and it was time for the baby to come out. They prepped me for an emergency C-section. I cried and cried and pushed, and pushed…all the way to the operating room…I can remember putting until the last thought left my head…general anesthetic. I was gone. Birth would take place out of my control, out of my consciousness. They told me later that the baby was born at 12:44 pm, on March 6th, 1996…8 hours of labour, 2 ½ hours of pushing ending in an emergency c-section.

When I woke up, I couldn’t remember if I had had the baby yet. I was groggy. I asked 3 or 4 times if it was a girl or a boy. I just couldn’t remember. I slipped in and out of sleep, I wasn’t allowed to hold my baby, because I might have dropped her, and I just couldn’t stay awake. That night, they assured me that the baby was “safe in the nursery,” all fed and happy, but I couldn’t remember feeding her…I’m sure I didn’t.

As the hours passed I became more aware of my surroundings and made sure that the baby was beside me at all times…so there she was, a beautiful Rhayne Taylor Roy. My light on this earth, my new reason for getting out of bed…so being that she was a newborn, I got out of bed a lot. She was 7 pounds 3 ounces, 18 inches long…a little little light. She made me a mother…a survivor…she gave me a purpose, a gift of life and I began the journey of believing in myself…for her sake…and then later for my own.

They told me that I would never have a vaginal birth; the doctors said I was too small. Instead of looking back on the birth, I have looked forward to the next. I have gone on to have 3 more tiny lights, all VBACs (vaginal births after cesareans), two of them at home. And one of those home babies was 9 pounds 12 ounces!

If someone were to ask me if I thought my journey through teenage pregnancy and parenting was a success, I would introduce them to Rhayne, who at 14 still tells me that she loves me anytime we part company or at the end of a telephone conversation, no matter who is around her. They would meet a loving, responsible, beautiful being. And I would say, “As successful as I wanted it to be.” There were many times that parenting was and is hard, even overwhelming, but perseverance and love carries us through those tough times. When I had my 4th child at 29, it didn’t feel any easier, it felt like mothering, which is never easy. Amazing and crazy all at once, but not easy.

Taking the time to build a support system probably would be my best bit of advice, by talking with other mothers, educating oneself on issues that they are facing or might face as a mother. The second piece of advice would be, toss all expectations out the window, mothering is never what one expects it to be and at any given moment, when you think you have everything down pat, it changes! That’s what having 4 children has taught me, that I really don’t know anything, but I wouldn’t change it, not for the world.

Heidi TrueArrow is the mother of four, 3 girls, 1 boy, 14, 8, 6, and 2 years old. She is a birth and postpartum doula and aspiring midwife. She currently works at the YWCA of Edmonton, with people with disabilities. She does some hip hop dancing, painting pictures, and just recently got into motorcycling.

birth stories | AND THEN THERE WAS LIGHT...
Finding out we were pregnant for the third time, we were excited, but a bit overwhelmed. We have two boys ages 1 and 3, and had just bought a house that we were planning to move into in a few months. Quickly anxiety turned to joyful anticipation, and we contacted our beloved midwife who had attended both our sons’ home births. The pregnancy progressed normally although I was measuring a bit large. However, this was normal for me.

By 23 weeks, I started complaining of muscle-stretching in my abdomen that caused me quite a bit of discomfort. At 25 weeks we finally decided to get an ultrasound to examine my rapidly growing baby.

January 4th 2010 I went for my first ultrasound and lay on the uncomfortable bed talking feverishly to the tech. I couldn’t help myself. I told her I was a twin, and that my mom was convinced I was having twins, but “I knew there was just one baby.” After all, it was my body. I would know if something was so different.

Then the tech broke the news saying, “There are in fact 2 babies in there.” I was shocked despite my mother’s insistent predictions, I was feeling terrible, but figured I was probably dehydrated as I hadn’t been drinking. Meanwhile, my husband stayed at home with our sons, who I hadn’t seen for days, and hadn’t been eating or drinking.

My parents arrived about 10 minutes after we called them, and my twin sister was also on her way over. My dad took the little boys into the kitchen to find them some breakfast. My mom looked at me, still sitting on my perch on the toilet, and asked me what I wanted to do. My mom had been a midwife’s apprentice 30 years ago. She had given me her midwifery kit when I was a teenager and first became interested in midwifery. It was mostly full of defunct equipment, vials for blood collection, ancient alcohol swabs, a prehistoric fetoscope and a bulb syringe. Even though the equipment was outdated and mostly useless, I always kept this kit with me, hardly dreaming I would ever use its contents. I knew there were some old cord clamps in the bag, so I asked my mom to grab them and clamp off the cords. I passed the babies to my husband, and left the bathroom to climb into my bed. Meanwhile, my mom boiled some water to sterilize the clamps and some scissors.

I was feeling terrible, but figured I was probably dehydrated as I had been sick for several days, and hadn’t been eating or drinking very well… plus, I had just given birth to two babies! After the cords were cut, my mom brought me my daughters and gave them a quick nurse. They were very sleepy, and noticed for the first time how tiny they were. My second one had been over 10 pounds at birth, so I was used to big babies. These girls were definitely the smallest babies I’d ever held. My mom said she wanted me to bring the babies to the hospital to have them checked out because they were so small, but I didn’t want to. I was feeling really sick, and just felt if I could stay still and rest I would feel better. I also suspected the doctors would want to keep the babies for observation at least over night, and I didn’t want them to be in the hospital at all.

I finally agreed to go in to have the babies weighed and assessed. I was moving very slowly and it took another hour before we got ourselves ready to leave. I suggested we call the case room before we went, to give them a heads up that we were coming. When we arrived at the hospital, the whole unit was abuzz, and nurses quickly took possession of our babies to assess them. They were premature babies, born at 35 weeks gestation. I practically fell into a bed, and asked for an IV, as I thought I was dehydrated.

The next week was a blur. The babies were whisked off to the NICU (Neonatal Intensive Care Unit), and my husband followed them. It was quickly determined that I had a serious infection throughout my entire body, which had caused me to go into premature labour. I spent the next week in the hospital, being poked and prodded to determine the cause of the infection. I was able to visit the babies briefly each day by wheelchair, but mostly I was in a haze of my own illness. I couldn’t walk on my own, and could only tolerate being out of bed for 30 minutes. This caused me a lot of distress as I wasn’t involved in the care of my daughters. Since I wasn’t breastfeeding, I started to pump, but because I hadn’t been eating, was sick, and wasn’t in contact with my babies, my milk was slow to come.

The babies were completely healthy, just small. Isha, the smaller baby, was born at 3 lbs 10 oz and her sister Saffa was 5 lbs 8 oz. They never showed any signs of the infection I had developed. After a week in hospital, I was discharged. I was still incredibly weak, unable to walk more than a few steps unassisted, and suffering pain with every step. I decided I wanted to put all my attention on my babies who I had hardly had the chance to meet. I spent the next 3 weeks in the NICU with my daughters.

Meanwhile, my husband stayed at home with our sons, who I saw only for 2 hours each morning. I went to the hospital after breakfast and returned after they were in bed. This time away from my family was horrible; every day felt like a week, and I couldn’t
see an end to it. I felt depressed and defeated, crying every day at the losses I had suffered. My babies weren’t home with me, and barely breastfeeding. Our time in the NICU was incredibly difficult. We were only there to wait for my daughters to learn to nurse and grow strong enough to come home. I had nursed my sons, each well past a year and a half. There was never any question in my mind that I would nurse my daughters, but I had another thing coming.

My desire to breastfeed was poorly supported, and in some instances discouraged by the hospital staff. I met with a lactation consultant who encouraged me to use a bottle, so I “could still go to movies.” A dietician told me that “formula was better than breast milk.” A doctor said, “The way home is with the bottle,” and we could worry about breastfeeding once we got home. One of my nurses confided to me, “Most mothers of twins will never have enough milk to nurse two anyways.” Another nurse told me, “The bottle will teach them how to suck, and will encourage them to nurse better.”

This seemed so backwards and illogical that I felt sometimes like I was losing my mind. Every day felt like a battle, and I was already running on empty. I spent all day at the hospital with the babies, exerting my opinions, nursing every 3 hours, then pumping right after. Eat, drink, nurse, pump… over and over and over.

For all the bad, there were equal amounts of good. Every day of this experience I was accompanied by one or several family members and friends who would spend hours on end at the hospital with me. For the entire month after our daughters’ birth, our friends brought dinner to our house each night. We had people clean our house, walk our dog, care for our children, and send their love and strength. We could not have come through this without this support.

We also had some wonderful nurses along the way. Once we figured out how to communicate our goals of breastfeeding, and made it clear we expected their support, we got much better results. One of the saddest things I realized was that many of the nurses and doctors working in the NICU didn’t have the skills to help us. They had never breastfed, and didn’t know how to support a woman trying to encourage two sleepy preemies to learn how. 29 days after their birth, Saffia and Lhasa were finally discharged from the hospital with me. For the entire month after our daughters’ birth, my mind that I would nurse my daughters, but I had another thing coming.

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But getting good support to breastfeed isn’t normal and sometimes is almost impossible. Right now in Toronto, The Newman Breastfeeding Clinic & Institute (NBCI), a world leader in breastfeeding education and support, is in serious danger of closing down. NBCI lost all Government funding in 2005, and since then has relied on the support of a few private donors and charitable contributions. Unfortunately, when the economic downturn hit the world it hit NBCI’s donors as well.

The Clinic helps over 2500 mothers every year, and is a place of last resort for mothers who aren’t able to find help from other clinics or private lactation consultants, doctors, or public health nurses. Many times mothers and babies have to wait weeks to get an appointment due to an extremely full schedule and the lack of funding.

But help is still only a click away. Dr. Jack Newman and Executive Director Edith Kemenner answer thousands of emails every year from concerned mothers looking for help. Emails are usually answered within hours and have saved mothers from stopping or quitting breastfeeding as well as helped to keep babies out of the emergency room. Newman and Kemenner also receive emails from other healthcare professionals looking for information on how to help guide their patients in breastfeeding. As well, NBCI also brings a variety of education services in lactation management and breastfeeding support to communities through educating doctors, naturopaths, midwives, nurses, and dieticians.

Mothers and their families who come to the clinic are seen by an experienced lactation consultant for at least 90 minutes for the first visit and 60 for the follow-up visits. Every mother and baby is also seen by a second set of experienced “lactation eyes” and a pediatrician as well. So, in essence, there is a built-in second and third opinion helping to advise and empower the mother to achieve her own breastfeeding goals.

Many groups of people have struggled to bring the plight of NBCI to the government’s attention, including mass letter writing, 2 nurse-ins at Ontario’s Queen’s Park, and numerous phone calls and emails and petitions. We hope that they are listening, but in the meantime the Clinic needs financial help NOW.

Donations can be made online at www.canadabreastfeedingfoundation.org. Please direct your donation (Fund/Designation) to NBCI - The Newman Breastfeeding Clinic & Institute. Here is another way to financially help NBCI at no extra cost to yourself. NBCI has joined up with www. charityservices.ca. The way Charity Services works is that you purchase gift cards to your favourite grocery stores and gas stations and a portion of those proceeds are donated to NBCI. Most of us shop at the same stores on a regular basis so why not contribute to a good cause at the same time? For more details about this program, please go to the NBCI website at www.nbcia.ca

For My Daughters

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Breastfeeding isn’t Best, Breastfeeding is Normal.
When I was pregnant with our first child, my husband and I hadn’t considered home birth as an option. We were living in Regina, Saskatchewan at that time and had never come across the idea of midwifery in the modern sense. It was during that pregnancy that we met three wonderful midwives who taught the prenatal class that we took with them in Regina, and it was there that the idea of home birth was first introduced to us.

We decided to go ahead with our original plan for our first birth, of having our son in the hospital. Midwifery and home births were not funded at that time…they were not even legal in fact. But because of the empowering wisdom of those three fine women and their loving and mindful teachings, we formulated a clear list of ‘important to us’ details pertaining to our baby’s birth that we gave to our doctor and the hospital staff who in turn were aware and respectful of what we expressed in that birth plan.

Our first son’s birth on March 23rd, 1996, was intervention-free and sacred. Only a few hours after he was born, I was home in our own bed nursing him and basking peacefully in the blissful miraculousness of finding myself a mother to a beautiful and healthy baby boy.

Four years later, when I was once again preparing for birth, I knew that home birth was the option I wanted to experience with my baby, my husband and our four-year-old son. I did, after all, labour naturally and birth in the hospital environment with interventions the first time around. I felt that the step of removing myself from my comfortable home to continue to labour towards birth in the hospital was an unnecessary and cumbersome detail. I wanted to birth at home.

We did, however, run into a little snag. At the time of my second son’s birth, Saskatchewan, our home province, had recently begun the process of legalizing midwifery. on May 5th, 1999 the NdP son’s birth, Saskatchewan, our home province, had recently begun the process of legalizing midwifery. on May 5th, 1999 the NdP government had passed legislation to legalize midwifery in the province on May 5th, 1999, the Midwifery Act was not proclaimed until March 2008. This meant that there were almost nine very long years of birth in Saskatchewan that midwives were in deeper danger of lawsuits and being banned from their profession than ever before. The government seemed to be trying to stave midwives right out of the province. But I knew that a home birth was very important to me, my baby, and my family and once again I consulted my heart, my spirit and the heart and spirit of my wee one within. And so we again faced the situation of staging another renegade home birth.

Seven years later in October of 2007, as birth was again upon us, home birth was still not an easy road to choose in Saskatchewan. Although the NDP government had passed legislation to legalize midwifery in the province on May 5th, 1999, the Midwifery Act was not proclaimed until March 2008. This meant that there were almost nine very long years of birth in Saskatchewan that midwives were in deeper danger of lawsuits and being banned from their profession than ever before. The government seemed to be trying to stave midwives right out of the province. But I knew that a home birth was very important to me, my baby, and my family and once again I consulted my heart, my spirit and the heart and spirit of my wee one within. And so we again faced the situation of staging another renegade home birth.

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The Universe stepped in and provided us with a young midwife who could attend home births without putting their careers and families at risk.

I turned inward and consulted my heart. I asked my baby what he wanted. We both felt strongly about staying home for his birth. My husband was in full support of this desire, he believed in me and our baby and knew that we could birth our baby into this world together. And so, we planned for an unassisted home birth.

To some this might seem reckless, but for me, after this decision was made, I began to become so attuned to my own body and to the movements and rhythms of my baby, as if for the first time, the light of birth had illuminated inside me. I had thought myself aware during my first son’s birth, but it soon became very obvious to me that I had relied heavily on the hospital environment to provide me with their feedback to be assured that everything was progressing as it should.

I began to meditate each day on the coming birth of my second child. I talked to him…asked him how he was feeling…afraid? Ready? It was a clear message from my baby that he wanted to birth at home, and to this day my heart is incredibly plugged into who he is, what is important to him and what he wants to spend his time doing. He is thoughtful, insightful and aware of himself.

I talked to the women around me who had had home births. I read about home birth. I watched home birth videos. Most of all, I listened to my heart and connected each and every day to the heart and spirit of my baby. I asked him to let me know if he needed greater care than we could give him at home. I promised him that I would listen. Each time I found myself wondering how my baby was doing, he would give me a kick of reassurance, and I knew in my heart that he was doing fine.

For this second birth, I learned to trust my intuition and nature, and that of my two birthing women friends who so kindly offered their wisdom and assistance to me. Our second son was born to us in our own home on March 8th, 2000…International Women’s Day.

no less! He was a healthy and strong baby. His brother was the one to proudly announce his gender in his most solemn words; “It’s my brother.” My husband Joel wept tears of joy and basked in the miracle of the moment that our family became four. He thanked me, and he told me that he knew I could do it… I never once, during that labour or either of the other two, felt Joel’s faith in my ability to birth our children into the world waver one little bit. What a gift to give me and our three boys! We did, however, run into a little snag. At the time of my second son’s birth, Saskatchewan, our home province, had recently begun the process of legalizing midwifery. on May 5th, 1999 the NdP government had passed legislation to legalize midwifery in the province on May 5th, 1999, the Midwifery Act was not proclaimed until March 2008. This meant that there were almost nine very long years of birth in Saskatchewan that midwives were in deeper danger of lawsuits and being banned from their profession than ever before. The government seemed to be trying to stave midwives right out of the province. But I knew that a home birth was very important to me, my baby, and my family and once again I consulted my heart, my spirit and the heart and spirit of my wee one within. And so we again faced the situation of staging another renegade home birth.

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And I know that a deep connection exists for my husband and for each of our sons to each other too, because they were waiting on the threshold ready to greet with love the one who chose to come to us. We are all bonded to each other through this miracle, the beauty and the power of birth, and I often find myself asking, “What would any one of us do without that?” It is my belief that the reclaiming of natural birth through the movement of midwifery in our modern-day society will play a huge role in the healing of our world, in our reconnecting with ourselves and real values and ways of living and being with each other and on this beautiful green earth. I believe that a woman who is honoured in her journey to motherhood by her midwives, her partner and family, her community, is strengthened by that faith and can discover something inside of her that she may never have known was there before her sacred journey through birth. To be honest, I am not sure if I would have changed anything about my birth experiences...that I would have chosen different midwives had they been available to me. My birth experiences were beautiful and everything I could imagine meaningful in their hearts but don’t have a supporting and loving community to back them up? Those women need to be able to access that support in the form of accessible midwifery. We owe that to our birthing women, to our babies, to our families and our communities. There is so much potential for healing in this journey, that I often find myself wondering why it is taking so long to unfold.

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I cannot think of Miranda’s birth as an isolated event. What took place in the hospital room where Miranda was born was shaped by events that began over two years when we began our journey into parenthood. Before Miranda there was Mia – our precious, Mia whose short life ended at only four months gestation due to an abnormal chromosome condition termed “not compatible with life”. I ache for Mia to this day. I was 42 years old and feared our chance to bring a child into the world was gone. It seems like a lifetime ago that we were sitting in a dark auditorium, listening to a doctor give an information session about fertility treatments. Despite all the nasty things I had read about the odds of getting pregnant when you are over thirty-five - I had become pregnant easily and naturally at the age of forty-one. I felt out of place in the auditorium. My family doctor had recommended that we come here to get tested. We wanted to ensure there was nothing physically wrong with us before we attempted another pregnancy.

The lecturing doctor made a comment about women over forty who thought they could fool mother-nature by focusing on their careers before starting a family. I’ve learned there are many misconceptions about older mothers - about their health, about their state of mind, and especially about their ability to nurture a pregnancy.

I knew there were increased risks with pregnancies to moms who are of “advanced maternal age” (I hate this term). The risk of birth defects, similar to the one we had encountered with Mia, increases incrementally with the mother’s age. We’ll never know for sure what happened with Mia - but the risk factors undermined the faith I had in my body moving forward. The invasive fertility testing revealed that my thyroid was severely under-functioning. Hypothyroidism is common, often triggered by stress, and easily treated. However, if not properly controlled, an impaired thyroid can cause fertility problems. Despite my treatable thyroid problem, the doctor concluded that it was not likely I would have another child.

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This story is dedicated to Mia - our daughter we will meet again in the future, and, to Miranda - our daughter who we are blessed to share our lives with today.

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void Mia had left. Michael (my partner) and I were devastated by the news. It wasn’t long before it dawned on me that my period was late – very late. Unbelievably, the pregnancy test came back positive! It was only a month after I had been told I was infertile.

Our experience with Mia made me nervous about this pregnancy. I was worried that my body would somehow do something to harm the precious load I was carrying. It seemed inevitable that I would when the standard pregnancy glucose tests indicated that one of my glucose levels was borderline. I had another label now, “glucose intolerant”. Glucose intolerance is one step below Gestational Diabetes.

I was blind-sided. There is no diabetes in my family and I had not shown signs of any problems pre-pregnancy. Gestational Diabetes is serious and if left untreated can cause infant mortality and overly large babies that are considered too big to birth naturally (among other complications). I now had to visit a diabetes clinic regularly and was assigned a young doctor who wanted me to start on insulin immediately. Insulin is usually reserved for severe cases. I didn’t understand why I had to have it since my sugar levels were not out of control. I suspected the insulin recommendation had more to do with my age than my health. After another round of in-depth research, I decided to go against medical counsel. I refused to go on insulin. I was not willing to introduce a synthetic hormone to my system, and therefore to my baby, unless it was absolutely necessary.
Around this time I hired a doula. I wanted someone on my team to support my desire to have a natural childbirth. To ensure the health of my baby, I continued to go to the diabetes clinic every week. I stuck to a strict diet and exercised as much as I could to control my blood sugar. My baby was past the stage of pregnancy where it is advisable to introduce insulin.

No sooner was I clear of the insulin threat, than my OB began to talk about setting a date for my labour to be induced. I was eight months pregnant and my doctor wanted me to induce two weeks prior to my due date of November 2, 2009. By this time we had had many tests, and there was no indication that there was anything wrong. My OB even said something to the effect of “I have every confidence that the baby is not affected by diabetes.” When I asked why, he should be induced he simply answered that it was “standard procedure” for cases of glucose intolerance. The induction date was set.

I knew there were risks associated with induction of labour - to both mother and child. I had heard horror stories about the pain of induction leading to more and more medical interventions. Again, I considered my options carefully. I decided induction was not the best choice for me. I canceled my induction date.

It would be easy if I thought my OB was an evil conspirator who did not have my best interests at heart. I think my OB’s a good guy. When I spoke to him about pushing the induction date I saw genuine concern in his eyes. Instead I agreed to daily non-stress tests at the Royal Alexandra Hospital. On Tuesday, October 28th 2009, I saw my OB who told me that he did not believe labour was close. The next day I had my second appointment with an acupuncturist. I felt acupuncture would be a kinder and more natural way to encourage labour. I had been feeling tired all week. It was difficult to exercise, sleep and travel to the hospital for daily monitoring. My whole body ached. I didn’t feel like myself.

It was very early Thursday morning when it dawned on me that the pains I was experiencing were labour pains. I had missed all the signs my body had been telling me all week. Labour was here now. I hadn’t been induced and it was starting to hurt! I woke Michael and he helped to record the time between contractions. The night passed and the pain intensified. I called my doula in the morning. I told her that my pains were not coming at regular intervals, which meant that the baby was still facing the wrong way. I was convinced to squat during contractions to help turn the baby. The pain!

By this time I was using every aid available to help me through the contractions - hot baths, birthling balls, hot packs and back massage. Everyone would help me by counting when I had a contraction. Michael was shown how to do the double-hip squeeze in a squat position during contractions. Despite all the time and work, I was still experiencing periods of active labour followed by long periods where nothing much happened. Things were progressing, but slowly. I managed a few unsettled moments of sleep. Our doula slept on the floor beside my bed and in the hallway where she still managed to support me while keeping a record of all my contractions. Another night passed. It was Saturday morning now.

I have little memory of the next day – more contractions, more pain. The initial excitement about being in labour and having achieved labour naturally was long gone. The pain was real. I began to vomit periodically. It was now well over the 24 hour mark since my water had broken. At long last we decided to go to the hospital. It was late in the evening. By this time labour had advanced to an all-consuming level. I was extremely nauseous and extremely tired. It was excruciating. Oddly, I don’t remember thinking about painkillers. The only thing on my mind was getting through contractions.

We were an odd crew headed to the Sturgeon hospital in St. Albert. I flung myself against the backseat with my face pressed against the rear window each time I started to contract. The contraction seemed to help with the pain. There was a vomit bucket beside me and I was sitting on plastic garbage bags. Marianne bravely sat beside me to help count through contractions.

We arrived at the hospital and my labour was intense. I was checked out and was a whopping six centimeters dilated even more importantly, the baby’s heartbeat was strong. Our nurse was kind and supportive. The doctor on duty was reputed to be very respectful of his patient’s birth plans. I began to walk the hospital corridors and stairs - the coping method of choice at the time. Everything finally seemed to be on track.

And then contractions slowed down, again. I was checked once more - I have no idea what time it was - but I was still only 6 centimeters dilated! This was really more than I could handle. I failed to progress”. I will never understand why it’s okay to tell a woman she has “failed” when she is in the midst of labour. I had not failed. My labour was simply taking longer than usual.

The doctor talked to me about augmenting my labour with synthetic oxytocin. I was discouraged and frustrated. I had worked so hard for so many days, and although I was still not ready to augment, I could not lose myself that the uneven contractions were because the baby was turned the wrong way. My uterus was tired. I was tired.

At some point the results from a blood test came back indicating that I had the beginnings of an early infection (from my water breaking over 24 hours). It was not a serious infection and I did not have a fever. I stupidly agreed to antibiotics which meant I now had to lug IV pole around with me during contractions. The nurses could not attach the IV properly and my hand became a bloody mess.

There was a shift change and a new nurse took over. Soon the new nurse was also talking to me about introducing synthetic oxytocin to increase labour. I knew that augmentation was not the same as induction, but I was afraid that I couldn’t handle more intense contractions. I felt close to the end of my strength. I again refused the augment.

Some time later the nurse came back again and this time she was more forceful with her approach. She told me I would kill my baby if I didn’t speed up the labour soon. Michael and our doula overheard her. She told me I would kill my child more than once. Instead of being angry and frightened, I remember feeling confused. If my baby’s life was in danger, then why wasn’t there a doctor there? I was quite sure that my body would somehow harm my baby. I didn’t quite believe the nurses.

Our doula had also talked to me about considering augmentation. She asked me if I could endure another night of labour - I didn’t think I could. I was tired, which meant that my labour was not going to speed up. I needed stronger contractions to rotate the baby. I agreed to a low dose oxytocin, with the caveat that I must be consulted before the dosage could be increased.

The augmentation worked. Contractions were now every four minutes lasting one minute. Everyone was finally happy with my progress.

Again, I’m unclear as to the exact order of events, but one of my more vivid memories is when the nurse was having problems finding the baby’s heartbeat. She asked if she could put probes in my baby’s head in order to monitor the heartbeat. The idea of poking probes in my baby’s head horrified me, but I began to fear that there really could be something wrong. With my doula’s support I found the courage to say no to the probes. Not only would this type of monitoring have prevented me from moving freely, they would have also forced me to give birth lying down. The head nurse came in and had no problem finding a strong heartbeat. We were doing okay.

I was in active labour now and using laughing gas to help with the pain. I knew I had to be awake for the moment of exuberant effacement to progress. I therefore had decided it was safe to use prior to labour. My doula, everyone was helping by counting me through contractions.

I don’t remember how it all came about, but suddenly it was time to start pushing. It seemed the baby was far enough down the birth canal and all the squinting during contractions had successfully turned her. She was now facing my back - the right way for birth. The unfortunate part was that I had no desire to push. Days of labour had taken their toll. Our doula and nurse coached me how to push.

I think I was slightly delirious by this point. I was there but I wasn’t there. There was discussion about what position I should give birth in. The nurse wanted me to lie down on the bed on my back because this, she said, was the position my doctor preferred. So I went on my back. The pain of the contractions lying down was excruciating. I had already endured days of back pain. The added pressure was unbearable.

The doctor entered the room. He had a strong and calming presence. Our doula asked if the doctor would mind if I gave birth using the birthing bar in a squat position. For me, squatting was the position that was the most effective for pushing. He said

### Image

**Michelle and Michael Sharea First Glimpse of their Daughter**

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**birth issues | NEGOTIATIONS: GIVING BIRTH AFTER 40**

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although it wasn’t his preference, he would go with what I wanted. He also asked the nurses if they had read my birth plan. It was clear by the expression on a few faces that some of the nurses had not read it. There were many people in the room now. The doctor asked for the lights to be dimmed.

I was nailed and fully exposed to everyone while I squatted on the bed and hung on to the birth bar for dear life. My sister, who had not even planned to attend the birth, was madly taking graphic photos of me. I didn’t care. A thought entered my head that it was probably too late to turn back. The baby wasn’t going to go back in.

I was standing on the bed towering over all the little people in the room. I couldn’t understand why there were all these people here. I asked what was going on. A nurse looked at me, slightly annoyed. “You’re about to have a baby!” I was still confused. Why did everyone think I was going to have a baby soon? In my delirious state, I imagined my baby had “shoulder dystocia”. Babies born to mothers with uncontrolled diabetes can have this condition. These babies may have unusually wide shoulders, which can impede progress down the birth canal. Who cares about the stupid head, I thought, it’s the shoulders everyone should be worried about!

Using every ounce of strength I had, I focused on pushing my baby out. I screamed as I pushed so hard that I feared all my organs - everything inside me - would soon be on the outside. The doctor studied me intently. My sister appeared and helped the doctor put on his scrubs - yes, my sister. Suddenly, the doctor yelled, “Stop!”

I stopped pushing. The pain was agonizing. oh so slowly, the doctor made his way over to me and carefully reached toward where the baby was crowning. I could see his hand turn clockwise. I have seen doubts that I was ever diabetic or glucose intolerant to begin with.

I find it sad that during both the pregnancy and delivery, I felt the need to fight medical interventions at every turn. I believe that some day mainstream consciousness will come to realize the great physical and emotional harm we are doing by interfering with the body’s natural birth process. I am forever grateful to our doula who protected us and went far beyond any expectations I may have had. My birth story would have turned out much differently if I had not had such amazing support from everyone. Our doula said that Miranda’s birth was the closest experience to a home birth that she had ever seen in a hospital. I consider this statement high praise. In the end, Miranda was perfect and we were over the moon.

A million beautiful clichés are not enough to describe the day Miranda finally entered our world. It is true our lives have changed forever. I’ve spent hours simply staring at her, and felt a love so powerful wash over me that I’m left feeling humbled and vulnerable in its wake…

I’m proud of myself too. Despite a challenging pregnancy and labour –I stuck to my belief system. I’m not even sure I would have had a belief system if I had given birth when I was younger. I find I have a belief system if I had given birth when I was younger. I find I have a belief system. I’m not even sure I would have had a belief system if I had given birth when I was younger. I find I am able to make decisions with a new confidence. I have no doubt that this new confidence is due, in part, to Miranda’s birth and the knowledge that I made good decisions at every step of the way. I was 43 and used to having some control in the life I’d created, but giving birth was still something I was doing for the first time and it came with a dose of humility. I had to learn (I am still learning) how to trust in the Universe and my instincts and to let things go. Despite doubts, I had the courage to question and fight the medical system when I didn’t think I was getting good advice. I wouldn’t have had the courage or foresight to fight the battles I fought when I was younger. It feels wonderful to know that I did everything within my power to give my daughter the best possible start to life. I am a mother. Hear me roar.

Michelle loves to take long walks and hang out with Michael - her long time friend and soon-to-be husband (Sept 4, 2010) - and their daughter Miranda Taya. In addition to being a new mom, Michelle is a filmmaker and has a special love for script writing. Michelle thinks giving birth is a big deal and considers Miranda to be her greatest production yet.

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THE ART OF TRANSFORMATION: A MOTHER'S STORY OF STILLBIRTH AND SURVIVAL

By Miranda-Jordan Smith

For my husband, Martin, who kept me alive on days I no longer wanted to breathe.

And for my grandmothers, L.D. Clarke and V.M. Jordan - I will always admire your strength and perseverance.

I can't explain what it feels like to hold your own dead baby in your arms. For my husband and I it was bittersweet. It was a hello and a goodbye at the same time. We were overwhelmed with the pain of losing her just as much as we were overwhelmed with joy at the sight of her and meeting her for the first time.

On my due date, May 23rd 2007, I tried to buy myself. It was a beautiful day so I took our dog for a walk. I only walked a block with her because I felt uneasy. I returned home and sat down. I felt strange. I phoned my brother-in-law and we talked for about an hour.

When I hung up the phone, my stomach felt funny. I thought I was starting to have contractions and I thought to myself, "How perfect? On my due date!" I stayed on the sofa and tried to time them. When my husband came in from work I told him I thought I was having contractions so we started timing them together. They were inconsistent though so we went to bed that night.

On May 24th, my husband and I both woke up at 4:30 a.m. We tried to time the contractions again, but they were erratic having not been pregnant before. I wasn't certain they were really contractions either. I phoned the hospital. I told the nurse that we would like to come in because I had not felt the baby move. It was the truth, but I thought this was normal because many people told me that the baby would not move around as much when she is in position and ready to come out. I only told one of the nurses I was feeling the urge to push and she told me not to. She told me we had to wait for my doctor. But even without pushing, she was coming. I could feel my daughter's head between my legs when one of my nurses confirmed it was time to push. I only pushed for about 25 minutes and it was over.

The room was quiet when she came out. It was not filled with screams of excitement like we all see in the movies. Two nurses delivered our baby, our doctor didn't make it in time. When the nurse handed me our daughter and told me she was beautiful, it was as if the world stopped just for us.

Our precious daughter, Presley Rae Anne, was born at 1:20 a.m on May 25th 2007. She weighed 7 pounds, 5 ounces. She was so beautiful. She was fresh-faced and full of colour when she was born. She looked just like any other newborn baby would. Her body was warm. She looked so peaceful. We were in awe of her.

We couldn't hear or see anything else going on around us. We just stared at our daughter. We held her. We smiled and marvelled at her little features. We examined every detail of her - her nose, her lips, her hair, her chubby cheeks, her hands and feet, and every other inch of her. She was so tiny and delicate and so perfect.

We cried some, but not a lot at the time. It was as if we were programmed to be sad later and to just enjoy these few precious moments.

One of our nurses bathed her and dressed her in her take-home outfit, which was a white sundress that we bought and a little yellow cardigan and hat that I wore home from the hospital when she was born. She also had little white frilly socks and booties on. She looked so adorable in it, even though everything was so big on her tiny frame.

At 3:00 a.m. we decided it was time to let her go. Her little body was starting to give way. Her eyelids were turning a pale shade of blue, unsupported by oxygen, and we did not want to see her suffer. We wanted to remember her how she was when born, appearing as she would have in life if she were able to take a breath.

Once Presley was gone, the nurse gave me a sleeping pill. I drifted to sleep. My body was numb. My mind was replaying a montage of all the events that just took place in a scattered, fragmented fashion. My husband stayed by my side.

I woke up around 6:30 a.m. The sun lit up the room. It was a beautiful day. I knew it would be, the day Presley was born. My husband stirred a few minutes later and crawled in bed with me. He crieded and we cried. When the nurse appeared, we asked to go home. The nurses quickly examined me and I filled out all the necessary papers. We were discharged by 10:30 a.m.

We saw other people leaving the hospital with their babies. We were jealous. We felt robbed. We couldn't leave with our baby. Instead, we left with a keepsake box containing some clippings of Presley's hair and some other mementos (her birth card, footprints, etc.). From the hospital, we went straight to the funeral home.
home to start making arrangements for Presley’s funeral. Her funeral was held in Edmonton on May 31, 2007.

Months later, Presley’s autopsy report revealed that she died in utero due to a chronic abruption of the placenta. This is a rare occurrence where the placenta detaches from the uterine wall, depriving baby of her oxygen and food supply. We thought finding out what the cause of her death was would help us in our grief, but it didn’t. It didn’t bring her back. And reading about every little incision made on our baby girl’s already vulnerable body didn’t help either. We were consumed with grief.

Now three years later, I share Presley’s birth story with you in honour of her. I hope to raise awareness about infant loss as there are many other women and families that can relate to my story. Many others have experienced the delicate and complex grief that comes along with losing a baby either through miscarriage, stillbirth, SIDS (Sudden Infant Death Syndrome), and other adverse circumstances.

Unfortunately, while others can readily share their birth experiences, there are few occasions where people like me can talk freely about my birth experience because the outcome is not seen as positive. Nobody wants to talk about the dead, let alone a dead infant. It’s not socially acceptable. Dead babies undermine the natural order of life where parents and the old are supposed to die first.

But Presley and others like her deserve to have their names spoken out loud. I don’t say her name in a hushed tone. She is not a secret. What I’ve come to realize is that my birth experience with her was still positive. Even though my birth plan was thrown out the window and we didn’t get to take her home, Presley and I went through everything together. And I loved meeting her, holding her, and smelling her. I loved every moment with her. If the only time I was given with her were the nine months I carried her, the birth experience, and the brief time we had in the hospital, I would do it all over again. It was worth it. She brought us so much joy, even if only for a short time.

Losing Presley forced me to transform. After she died, we returned home to an empty crib with broken hearts. Our whole world was turned upside down. Now I don’t take life for granted. I now have two other daughters and I cherish every moment I have with them. I know I am a good mom, a loving mom, always present in the moment. While Presley is not physically here, she is with us. I see her around me in things. I see her in her dreams, I feel her energy. And I see her in my dreams. She is forever a part of me. She is forever a part of our family.

People say time heals, but I disagree. Time can pass and one can always live in pain. It is what one chooses to do with the time that can bring healing. For me, I wouldn’t say I am healed. I don’t know if it’s possible to be fully healed. It is hard for me to look at my two girls and know one child is missing all the time. But I can tell you that I accept that this happened to me and to my family. It is part of our family history now and Presley will always be loved and remembered. Miranda Jordan-Smith is the mother of three children, predeceased by her first daughter. She holds a degree from the University of Alberta and works in public relations, but is currently on maternity leave. She is a trained doula, working on her DONA certification. She lives in Edmonton with her husband and two daughters. ❖
My Harmonious Home Births: Maeb & Gwyn
By Robyn Hicks

June 2004
When my husband Liam and I found out we were pregnant, there was no question in our minds that we were going to have our baby at home.

The very first thing I did was tell my closest friend Denise that I was pregnant. It was her home birth that informed me about this option. Prior to Denise’s VBAC (Vaginal Birth After Cesarean) home birth I had no idea that having a baby at home was possible. I had never heard of a midwife, doula or a VBAC. No one in my immediate family or circle of friends had delivered their babies at home. But after her birth I knew it was what I wanted too.

So with Denise’s help and Liam’s 100% support I hired my support team. I first contacted a midwife and we met July, 21, 2004. When we first entered the room there was a board covered with photos from families. Then we entered her office and saw more photos. We knew instantly we were in good hands. We had so many questions, we sat and chatted with this midwife and we felt so comfortable we hired her on the spot (at the time midwifery was not funded by Alberta Health).

On August 11, 2004 we met with a doula. She also had photos! She showed us a video and an album full of cards from other thankful families. We knew she was going to be a great support to us.

So the journey to motherhood began. We attended both our doula’s and midwife’s prenatal classes, and over the next nine months I gained knowledge and with it gained strength and power to believe in myself and my body. I hosted a Mother Blessing and had only those women who truly supported and believed in my choice to birth at home. What an empowering and energetic event. We painted my belly casting, read poems, and told stories of birth.

Monday, March 7, 2005 was my last day of work. I also had a prenatal appointment with our midwife. I was having discomfort in my back and once or twice it moved forward to my baby belly. The midwife and I agreed this was most likely Braxton-Hicks contractions. I really thought my baby would not come until my March 13 due date. Surely this was just my body preparing me for the upcoming event. So we booked an appointment for the following week with the thought that Murphy’s Law would show we weren’t going to need it.

All that evening the lower back discomfort continued. At midnight I got up to use the bathroom and saw the mucous plug. I went down to the basement so that Liam could sleep as he had to go to work. I still believed I was experiencing Braxton-Hicks and tried to sleep with a heating pad on my back and a hot water bottle on my belly. I got up to use the bathroom in the basement and could not get it to stop flushing, and upon trying to fix it I broke the float handle. Hubby had to shut off the water to the entire basement to get it to stop trying to fill up the tank.

Liam went back to bed and I tried to go back to sleep. Then around 4:30–5:00 am I needed the bathroom again but had to go to the upstairs bathroom—that’s when there was bloody show. I called to Liam in the bedroom “Liam we have show!” I was excited. It was happening. I immediately climbed into the bathroom tub to labour in comfort and Liam called our doula. The contractions became more frequent and then I knew it was the real thing! We were going to see our baby today.

Our doula arrived at 6:30 am and determined that I was in active labour and advised Liam to contact the midwife. She arrived at 7:10 am and helped Liam with filling the birthing pool. They had to run a garden hose from the kitchen sink upstairs to the pool in the basement. Once it was all prepared the midwife and doula encouraged me to get out of the bathtub and ventured downstairs to the pool. The candles were burning, the music was playing, and the fireplace was lit. It was perfect! The midwife checked my cervix at 8:45 am. It was 6-7 cm dilated.

We became very close with our midwife and doula - they were there to send their positive energy and words of encouragement when I really needed it.

I laboured in and out of the pool and adopted numerous positions to move our baby down. I could not lie on my back as the pain was too much, squatting was the most effective position and really helped push our baby down and out. At 10:50 am the midwife confirmed I was fully dilated. At 12:42 pm our beautiful, dark-haired, rosebud-mouthed baby girl was born. Maeb Elizabeth weighed 7 lbs and was 19 3/4 inches long.

Though I did not deliver her in the pool, it was the most memorable and exciting time of my life. I would not have changed it for the world. I was so proud of myself, our baby and support team, we did it all in the comfort of our home. I was able to climb back into the pool with Maeb in my arms and we could just relax and get to know each other. It was what my friend Denise had said it would be – Empowering.

Saturday, March 17, 2007
My maternity leave began the week prior and I still had two weeks before baby number two was due. But Murphy’s Law would prevail. Hubby and I had put the baby crib and new rocking chair into the newly painted baby room. That Saturday I also had a prenatal massage (heaven!) and decided to get a haircut afterwards. While sitting in the stylist’s chair the contractions began. This was not Braxton-Hicks as I knew well from the first birth. They would come and go throughout the day. We put Maeb to bed at 8pm and went downstairs to watch a James Bond movie – “Casino Royale”. Around 9pm I could no longer concentrate on the movie. I called our wonderful doula and gave her the heads up.

Then I called our midwife and told her the news. We all went to bed. I tried to sleep but the back labour was so intense I had a stopwatch at my side and was checking how regularly our contractions were coming. I wanted to wait for the contractions to become more regular before hopping into the tub and calling in our support troops. By 5am the contractions were becoming regular and I climbed into the tub. Liam called his mum and she came and took Maeb to her house, then he called our doula. Oh how happy I was to hear her soft voice enter the bathroom! She determined that it was best to call the midwife as the contractions were strong and regular. She did not want to be the one to catch this baby! Not long after 7 am our midwife arrived. It was déjà vu all over again this time no broken toilet.

I was able to go downstairs and labour in the birthing pool that Liam and our midwife had set up. This time the back labour was so intense I found it hard to breathe, talk or concentrate on moving our baby down. A friend of our doula, who was training to become a doula, arrived and did some lovely massage on my lower back. Our midwife suggested a technique to help relieve the back labour pain that we had not tried with the first birth. I was willing to try anything and so our midwife did water injections at pressure points in my back. When she was done the pain was gone and I could talk and sit comfortably in the pool. Aaahhh heaven!

I would get in and out of the pool for the next while until around 10am when I started to feel a lot of pressure and a big need to push. I did as I had done before and asked for Liam to be my birthing stool. He would hold my hands while I squatted in the pool. Our midwife would check the baby’s heart and we could hear the strong beat.

10:45 am, Sunday, March 18, 2007. Gwyn Margaret, with her strawberry-blond hair and round cheeks was finally in my arms. The labour and delivery for both of these beautiful girls was intense and exhausting but I would not have changed it for the world. They were the most empowering events in my life.

We became very close with our midwife and doula - they were there to send their positive energy and words of encouragement when I really needed it. To this very day I continue to send them emails with progress on our family activities. They are and forever will be a part of this family.

Robyn Hicks is currently a stay at home mom with 2 young princesses, Maeb just turned 5 and Gwyn just turned 3. They keep her quite busy with playground & play dates. Liam works full time which allows this stay at home momma to be able to stay at home, right where she wants to be.

Maeb & Gwyn

Support Team

Our Family
I am 35 and I plan on having children. I feel young. I am active. I eat healthy. I am in a fun and committed relationship. I go out and I travel. I don’t sleep enough. I dress however I want. I do extravagant things. I learn every day. I feel young and I don’t feel limited in any way physically or mentally.

Despite this, the feeling I am aging was suggested recently when I started reading Sheila Kitzinger’s book “Birth Over Thirty” where she explains that the medical profession considers me an ‘elderly primagravida.’ Doesn’t it sound horrid? Sincerely? Offensive? Perhaps? It means that women over 30 who are pregnant with their first child are ancient… sorry, I mean old. Of course, I wasn’t in my 30s as I would simply be a ‘primagravida.’ Sounds nice, don’t you think? But for some reason I am labeled ‘elderly.’

I will admit that I am aware I am getting older. But I have never thought I was an elderly person. I always thought that being old was when you retired, you knew, around 65 or so… when you are at the end of things; at the end of your career, when your joints are aching perhaps, or when your hair is a beautiful shade of white. I guess I need to wake up and face the facts.

The elderly primagravida

Elderly primagravida are women who have never given birth and are over the age of 30. Some generous caregivers will push that age to 35. We used to represent a limited proportion of the Canadian birthing population. In 1974, when I was born, only 20% of women who gave birth were over 30 years of age. However our ranks have been steadily filling and in 1998, this number rose to 45%. In 2007 it came to a record high of 56% — a near 300% increase in 35 years. In Alberta 44% of women who gave birth in 2005 were over the age of 30. Similarly, Ontario (54.8%), British Columbia (54%), Nova Scotia (44.9%) and Quebec (44.5%) all had a significant number of ‘elderly’ birthing women.

Not only are there more women over thirty giving birth these days, but also the proportion of first births occurring among women over thirty has been increasing steadily. While only 4% of first births in 1987 occurred among women aged 35 and up, by 2005 the rate had nearly tripled at 12%. Over this same period, the proportion of first births occurring among women in their early thirties also increased, from 15% in 1987 to 26% in 2005.*

Since 2000, the fertility rate in Canada has also been on the rise, reversing a trend of declining fertility that began in the early 1980s. In 2007, the fertility rate saw a 3.7% increase, the fastest annual increase since 1989. And guess who was responsible for this civic behaviour? The ‘elderly’ pregnant women. CBC reported that ‘Canada’s fertility rate hit a 15-year high… Women aged 30 to 34 gave birth to 115,435 of the 367,864 babies born in 2007, more than any other age group.’¹

Encouraging findings

So I learned that more ‘elderly’ Canadian women are giving birth, and many also wait until they are well into their 30s before giving birth to their first child. By helping to reverse the decline in the fertility rate they help boost the economy (well… that’s me saying that because we are paying for our aging population’s pension). That’s all good news.

The better news is that not only do we conceive and carry our pregnancies to term, but also, our babies are also generally as healthy as those born to younger moms.

Rochelle Garner and Tracey Bushnik co-authored a study for Statistics Canada on the overall health and development of children born of mothers in their 30s and 40s. When the results were presented by Garner and Bushnik at a conference in The Hague, everyone was surprised and encouraged that the overall health and development of our children after birth was similar to other maternal age groups.²

The study found that the children of older mothers were more likely to have been breastfed and breastfed longer compared to children of other mothers. 43% of children of mothers over 35 were breastfed for more than 6 months compared to 26% of children of mothers in their mid-twenties.³

Researchers also looked at social (e.g. aggressive or hyperactive child) and cognitive behaviours (e.g. ability to read or calculate) there were no significant differences between the children of mothers in their mid-twenties and those older.

The study also demonstrated that higher socio-economic status, which is more common in older mothers, was positively associated with positive outcomes. The more educated and financially stable the parent was the more a child scored positively on the developmental tests.

Overtural risks

The study also highlighted that women over 30, and especially those over 35, who are expecting a baby tend to experience more prenatal and birth-related complications than younger mothers. In 2007, women who were over 35 had the highest indicators for gestational diabetes (10.2%), gestational hypertension (22.5%), premature babies (17.4%), and caesarean sections (39.6%).⁴

These findings are supported by numerous studies of older mothers that have found increased risk of gestational hypertension (Carolan, 2003; Prysak et al., 1995), Tofflemire, Benzie, Fraser-Lee, & Newburn-Cook, 2007), and preterm birth (Carolan, 2003; Prysak et al., 2006; Heck, Schendorf, Lenz, & Kiely, 1997; Zaidel & Yahaya, 2001; Tough et al., 2007) and caesarean delivery (Carolan, 2003; Heck et al., 1997; Zaidel & Yahaya, 2001; Prysak et al.; Tough et al., 2007).

Here appears the dreaded label ‘high-risk’. This is the crux of the ‘elderly’ label. Older women have bodies that often are not as healthy or, to a certain extent, do not function as efficiently as a younger woman’s. When they become pregnant their bodies are potentially more worn out by the changes imposed to grow a baby and more exhausted by the marathon of labour. Because of this older women have more pregnancy and birth-related complications.

If you are around my age, these are the words you will have to start studying and become familiar with: infertility, fibroid, miscarriage, birth defects, twins, diabetes, high blood pressure, stillbirth, premature labour, prolonged and difficult labour (dystocia), shoulder dystocia, and cesarean section.

They are words that women in all age groups need to know about, but when you are older you will probably hear about them more often than you would like to and have to manage the perceived risks, increased statistical evidence, and fears from everyone involved in your prenatal care and birth.

Sheila Kitzinger warns that “the older pregnant woman, especially one having a baby for the first time, has all the odds stacked against her. Obstetric and midwifery textbooks sometimes discuss her as if she had one foot in the grave…It is understandable that the doctor who does not have much experience of the normal, healthy older pregnant woman may become anxious and then convey her anxiety to his patient. When a woman’s blood pressure goes up for example, this may be a direct result of a proliferation of investigations that threaten confidence, warnings from doctors, and stressful prenatal appointments. The woman goes in feeling happy and fit and comes out feeling reproducively incompetent and sick with fear, frustration, and, often, suppressed anger. It would not have an effect on her blood pressure.”⁵ Remember to keep calm and leveled.

Leaving room for interpretation

“In human reproduction, the analogy of the production line or the conveyor belt is inappropriate: it implies a uniform, repeatable, and flawless standard of product, anything less than this being instantly and rightly rejected. In laying too great an emphasis on the goal of faultless excellence, we may have done a disservice to some children and their parents. Every person is the result of many interacting influences, some beneficial and others inimical to growth. The mother’s anxious scrutiny of her new baby to assure herself that he is unblemished and her overreaction to the slightest deviation from an ideal norm are intensified by the tacit professional assumption that perfection in the parturition.”⁶

Many researchers warn about the mirage and fear-mongering imposed by numbers. A closer look at available research also suggests that age itself is not the only determining factor. Many midwives will tell you that the health, prenatal care and perinatal education of any mother will improve obstetrical outcomes.

That means that a woman in her 30s or 40s – who eats a balanced diet and a variety of foods, takes folic acid before conception and during pregnancy,⁷ keeps a healthy weight for her body type, stays physically active by exercising on a weekly basis, does not drink alcohol or smoke, has no pre-existing health conditions, controls her diabetes, is in a supportive relationship, has access to community, is educated about childbirth, is aware of her ability to give birth, is not afraid to make informed decisions, and has access to caregivers who are positive and supportive of her – has the ability to give birth just as smoothly as any other woman in a younger age group. Keep in mind that the increased risk, even for the oldest woman, can usually be successfully treated.

Early and regular prenatal care can increase your chances of having a healthy baby. Regular appointments with your caregiver throughout your pregnancy are important to monitor your baby’s health and prevent or control any problems that develop during pregnancy. In addition to medical care, prenatal care includes education on pregnancy and childbirth, plus counseling and support. The more you gather will enable you to have balanced knowledge about both sides of any possible intervention. With this in hand you are well equipped to role-play and make objective and informed decisions on any possible obstetrical development.

Having a preconception visit with your midwife or doctor is also a way to put all your chances on your side. Jeanine Parvati Baker called this “Conscious Conception.”⁸ Doing this ensures that you enter conception in awareness and empowered. You may also want to visit with a fertility specialist, naturopath, acupuncturist, and herbalist. This will help ensure that you are in the best possible health before getting pregnant. A preconception visit is especially important if a woman has a chronic health condition. For example, poorly controlled diabetes can contribute to birth defects and miscarriage, and poorly controlled high blood pressure can slow fetal growth. These specialists can treat conditions, give you lifestyle advice, refer you to other professionals, and make any necessary changes in your medications to help you conceive and carry your pregnancy to term.

Being an elder

“Some women are not so Luddite as to be shown into hysteria at the sight of gleaming machinery, or so childlike as to need to depend on Daddy the Doctor or Mommy the Midwife.”⁹
There have to be some advantages to being older. I have found much reassurance and strength in the fact that as a 35 year old I can benefit from my years of wisdom and life experience. I may not be as physically fit as I used to be, but I have acquired a special mind. It is a cross between a marathon runner and a postdoctoral fellow in statistical analysis.

As an elder I have developed my character. I am a well-respected individual and I am used to contributing to my community. I am an independent, intelligent, and confident person. I have developed my own unique set of tools that can support me during my pregnancy and childbirth experience.

Pregnancy may come with a slew of medical procedures but I have life experience and a brain that knows how to decipher and analyze information. I have informed myself about the latest evidence and how to navigate protocols. I am not afraid of being inquisitive and to have my own informed opinion known. I know what my options are and am aware that there are many alternatives to the mainstream.

I am no longer the stereotypical young’n that you can intimidate. I am old enough that my caregiver could be younger than me. Or we may belong to the same cohort and have common interests. We are both accomplished professionals who can communicate on an adult-to-adult level. It is easier for me to receive the same level of respect due to my status and age. If you are still intimidated, Sheila Kitzinger has a great tip: “Think of him [your caregiver] in pajamas.”

As a mature woman, do not fall back into the goody-good-girl or the good patient. Canadians are raised to be mild mannered and polite, and that often leads women to leave their prenatal visits feeling disempowered and frustrated. I am not giving you ‘Carte Blanche’ to start insulting anyone. I am, however, encouraging you to advocate for yourself. This may require all the suaveness, intelligence, humour, firmness and, at times, acting skills acquired as a 30 or 40 something. Your caregivers and you are collaborators during your pregnancy and childbirth experience. Work together as a team, where both are equally important and knowledgeable.

As an elder I have developed my character. I am a well-respected individual and I am used to contributing to my community. I am an independent, intelligent, and confident person. I have developed my own unique set of tools that can support me during my pregnancy and childbirth experience.

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Braemar School: Interview with Carolyn Nault, Administrative Assistant

By Angela Anderson

What is the enrolment rate at the Braemar School?
There are typically 125-140 students enrolled at Braemar School.

How important is it for the students to attend Braemar School? Does it improve their quality of life?
If the student regularly attends classes and does the required work, her quality of life does improve, because she opens more doors for opportunities to further her educational experience.

Is the school more expensive? What is offered to help the girls pay tuition?
The school fees are $75.00 for the year, the lowest high school tuition fees in the district. Some students are eligible to apply for government funding to assist them with living expenses while they attend school. Financial support for transportation is offered. It only covers the cost of a monthly bus pass.

Academically, does attending the school increase the girls’ grades as opposed to attending regular public school?
We do have smaller classes, thus allowing the students the opportunity to receive more individual time with the teachers; as a result, some of our students do in fact increase their grade point averages while attending Braemar School.

Does it make a difference if the girls have support of family or the community?
The more support the girls receive, especially from home, the better their chances for success.

What kind of birthing support is offered to the students?
Terra Counselling staff provides the students with guest speakers and offer other supports as required.

Does the school offer help with breastfeeding?
Yes, Terra Counselling staff housed at our school to assist with our students in particular.

Are birthing and/or prenatal classes offered at the school?
Prenatal classes have been offered in the past at our school through Alberta Health Services. The classes were not available this school year because of the H1N1 immunization program. However, we anticipate that the prenatal classes will resume in the fall, but have no firm commitment from Alberta Health Services to date.[as of June 28, 2010].

What is the goal of the school in regards to pregnant girls? What does the school hope to accomplish by making education available to parenting teens?
At Braemar we are committed to empowering students to realize their full potential academically, individually and socially. The innovative and flexible staff inspire students to develop the confidence necessary to build a solid foundation designed to ensure the future security of both mother and child.

How can family and the community of pregnant teens help and support them?
Students require non-judgemental adults in their lives who offer listening ears, warm shoulders and gentle advice when requested. They also need practical help with obtaining supplies and equipment to accommodate the upcoming changes occurring in their lives. This help and support is all available to them through the school and the association.

What is the most important advice you would give a pregnant teen?
Accept the change in your circumstances, and move forward. Commitment and courage will see you through to a bright future.

What kind of support is offered during pregnancy?
The Terra counsellors are skilled in assisting students with post partum depression and any other mental health issues. We also have two medical doctors who visit the school weekly and are able to offer assistance and/or prescriptions when needed.

Does the school offer help for postpartum depression?
The Terra counsellors are skilled in assisting students with post partum depression and any other mental health issues. We also have two medical doctors who visit the school weekly and are able to offer assistance and/or prescriptions when needed.

Are the students given the opportunity to make informed decisions about their prenatal care and delivery options?
The students are given every opportunity to make informed decisions through the Terra Association. We do have five of their staff housed at our school to assist with our students in particular.

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What is the most important advice you would give a parent of a pregnant teen?
Accept the change in your teen’s circumstances with grace and dignity. Let her know that you love her unconditionally and that you will care for her and will provide emotional support for as long as she wishes.

Angela Anderson is a 28 year old stay at home mom. She married Prince Charming 3½ years ago. Together they have 2 children, a girl (2) and a boy (4 months). During her second pregnancy she became passionate about women’s freedom to choose their prenatal care and their birthing options as she was considered high risk due to her BMI. She sings, sews, and scrapbooks.

Jill Koziey BA (Psych), HHP, RFC
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How did the idea for Mommy Connections come about? Carol: After hearing so many of my new mom friends tell me that they couldn’t get into the program at their local health unit (I also got into the program on a cancellation) and then digging further to find out that the program had been suspended, I decided to create a modernized version of the program and thus, Mommy Connections was born.

What inspired you to join Mommy Connections as a Program Leader? Sarah: As a new Mom in 2006, I was far away from a traditional support network (my mom, aunts, and childhood friends were all a few provinces away) and I was lonely. When my husband went to work I felt stranded in my home, with a newborn I didn’t quite know what to do with. We spent a lot of time walking in the neighbourhood, wandering the mall and striking up desperate conversations with other moms at the park — not an effective networking strategy!

I decided to take matters into my own hands and start an online meetup group in our town. The connections made with those women have changed my parenting experience in so many ways, and with the birth of our second child last spring life with a newborn has been very different. I was thrilled to find out about the Mommy Connections program, and believe that it is a well-designed program that will give moms a solid foundation.

How are your programs different than others out there? Carol: Mommy Connections is a modernized version of postnatal groups that exist through Alberta Health or the lecture series designed by ASAC. We have expanded the scope of theme to include what moms have told us they are interested in after having given birth — fitness, nutrition, back to work strategies and childcare options etc.

Sarah: Our program is unique in that we really celebrate moms and want to help make the transition to motherhood (or mom-off two or three!) as positive as possible. One of the fun things that we offer is a free 5x7 photo taken by a local photographer at one of our sessions. All too often, moms are the ones behind the camera and don’t have too many photos of themselves with their babies — we think that’s a shame, and we’ll make sure they have at least one great photo of themselves with their little one!

What are your goals for the program? Carol: I am very excited by the response to the program so far, and plan to expand into other communities in Alberta and cities across Canada. We’ve already started programs in South Edmonton, West Edmonton, Leduc, Sherwood Park, Spruce Grove, Red Deer and South Toronto and have had interest from other communities as well.

Once the moms in our programs have found a connection with other participants, we hope that they will continue to grow those friendships. We offer a monthly newsletter to keep them up to date with events happening in their neighbourhoods and any important updates to pre- and post-natal information for moms who are expanding their families! We also plan to offer future Mommy Connections events to support those smaller groups in week 1 and beyond, giving them a chance to get together at a larger group event.

Down the road, I can see potential for programs that include dads, toddlers and pre-natal sessions.

How does your passion for connecting new moms play into your business? Carol: The business is all about connections and building relationships. We want to get moms talking to each other, making friends, learning and exploring new concepts and strategies for those parenting issues that we all struggle with. Mommy Connections is accessible to past, current and future participants on Facebook and Twitter, where we are keeping up with parenting trends and posting about events and resources around the area.

Connecting moms starts in the 6-week session, but it doesn’t end there at all.

We’re also connecting moms through the program leaders who’ve joined me to expand the program throughout the Edmonton area. Our speakers are often local mompreneurs who are broadening their business networks through our programs as well.

What advice do you have for other aspiring mompreneurs? Carol: The biggest one... lose the mommy guilt. This is a tough one for mompreneurs to get over as being a working mother seems to be the hardest job of all. Let’s face it: most women are the heads of their households, finding the time to balance catering, cleaning, extracurricular classes, errands etc, PLUS working is very demanding. On the days where you feel like you are working more on your business than on your home and family, don’t forget that you are most likely doing this so you will have more future freedom (aka time to spend with your kids) as well as build financial stability for your children.

I think a great way to mitigate this burden is to join a networking group with other entrepreneurial women in business. They understand what it’s like to be constantly pulled in a million different directions and be an expert juggler! I am a huge supporter of connecting women, whether it is through connecting mothers or women in business. Either way, there needs to be more support for women in whatever they are doing and my goal is to make that happen!

Why is it so important for new moms to have a support network? Years ago, when women had a baby they often had their own mother, aunts, cousins, sisters, and long time friends nearby to help and offer support. In 2010, women have to work a lot harder to build their own networks, with family and childhood friends often far away. Being home, alone, with a new baby for hours on end can be isolating. When a new mom has a support network of even one or two friends with babies of similar age, they find a shared bond that allows them to discuss the challenges and joys of parenthood. It can also alleviate problems with baby blues and depression. Knowing there’s someone you can call when you’re having a hard day with a cantankerous baby, or wondering why you ever thought having a baby was a good idea, can make all the difference!

Carol McBee is first and foremost mom to her daughter, Madelyn. Five years ago she started her first business in Edmonton and now as a mompreneur her passion is connecting women. In her spare time, Carol loves to cook and entertain, scrapbook and attend aerobics classes. Carol and her husband, Daniel, are avid travelers and are instilling that in their daughter as well!
FACT SHEET: Procedures offered to Pregnant Women over 35

ULTRASOUND:
A test in which high-pitched sound waves are used to produce an image of your baby. The sound waves travel through your skin and are focused on a certain part of your body by a scanning device called a transducer. It picks up the sound waves as they bounce back from organs inside the body. Ultrasound is used early in pregnancy to determine viability of baby, the presence of more than one fetus, to determine baby's gestational age (i.e. due date) and if there are any problems with mom's uterus and fallopian tubes. Later in pregnancy, ultrasounds may be used to see how the baby is growing, to determine placenta location, birth defects (such as cleft palate, cleft lip, club foot, heart defects, larger than normal head circumference, etc.) and the amount of amniotic fluid around the baby.

SINGLE, DOUBLE, OR TRIPLE SCREENS:
Blood tests done between weeks 10-14 detecting markers which indicate low or high risk levels for certain abnormalities. Single screens look for alpha fetoprotein (AFP). A high level would suggest an increased risk of spina bifida and a low level suggests an increased risk of Down Syndrome. The test will pick up approximately 30% of babies with Down Syndrome. More information can be provided by a Double Screen which measures both AFP and Human Chorionic Gonadotrophin (HCG). The combination of these two tests will pick up approximately 60% of infants with Down Syndrome. A Triple Screen measuring AFP, HCG, and Estriol, a hormone produced by the placenta, improves the pick up rate to approximately 70%. A low or high result does not necessarily mean that the fetus has an abnormality. It can mean that the fetus is older or younger than thought to be, that there are two or more fetuses, or there could be other conditions relating to abnormal levels. It is important to note that a 'positive' result from this blood test is not definitive for a birth defect.

AMNIOCENTESIS:
Amniocentesis, also called an amnio, is a procedure in which a small amount of amniotic fluid is removed from the bag of waters, or membranes, surrounding the fetus and tested for birth defects. An insertion is made through the belly, uterus, and the sac to collect the sample. The cells are examined for the chromosomal pattern of the fetus. An amniocentesis is offered at about 15 weeks gestation and results are available three weeks later. The test carries a risk of losing the pregnancy of about 1 in 200 or 0.5%.

CHORIONIC VILLUS SAMPLING (CVS):
A test done at 10 weeks in which a needle is inserted into the womb and a sample of cells is taken from the placenta where it attaches to the wall of the uterus. Because this test carries a higher chance of miscarriage, CVS requires appropriate genetic counseling, including a detailed discussion regarding the risks and benefits of the procedure. It takes about 2 weeks to receive results back.

MATERNAL SERUM SCREENING (MSS):
A test done at 15 to 16 weeks by taking a small amount of blood from a vein in the mother’s arm. This testing cannot tell if the baby has or does not have a chromosomal problem but instead gives an estimate of risk. The couple is then faced with deciding whether or not to have more definitive testing, such as amniocentesis. Results are available in two weeks.

TERMINATION OF PREGNANCY:
Although no one desires to terminate a pregnancy, your caregiver is required to offer you the option. You should know that the latest time in a pregnancy when a termination could be performed legally in Canada is generally between 20 and 24 weeks at most. This is why if you have genetic diseases in your family, or, you are more than 35, a decision regarding prenatal testing should be made early in a pregnancy. Usually, the next step is to offer the mother an amniocentesis to evaluate the baby's chromosomes as well as an ultrasound to evaluate the baby's body for signs of birth defects.

To a New Young Mom with Love

By Jacqueline Kinley

Dear New Young Mother

When asked to write advice from one young mom to another I was at first unsure on what to write. I have learned so much in the past 2 years since the birth of my daughter Abby (my first child). There is so much information out there, so much knowledge to be acquired. I thought of all the wisdom I would like to pass on about baby wearing, cloth diapering, the advantages of breastfeeding, homemade baby food, whole foods and homebirth. Then I thought to myself that this is all information I acquired long after the birth of my daughter, so I tried to put myself back in the mindset I had when I was a freshly 19 year old mom. I didn’t know anything off it! I like most new pregnant women, was clueless in the world of motherhood.

The advice from 19-year-old me would have been focused on one area: Talking to your child. I did a lot of things as a new mom that I look back on and regret such as smoking (which I have since quit) and bottle-feeding my daughter with formula. There are so many things I would do differently if I could go back, but one of the things I believe I did that was invaluable to my daughter was talking to her all the time from day 1. It has shown in her intelligence and articulateness to this day.

It may seem like your baby has no clue what you’re saying and doesn’t understand what you are telling them at all but I guarantee you this is not the case. Children will learn if you teach them. If my daughter was awake I made sure she had my undivided attention. I would talk to her about anything. “Now we are going down the stairs. It’s bumpy isn’t it?” and “Do you feel the blanket? It’s very soft.” or “This is water. Water is wet!”

As she got older to see things a greater distance away, I would describe them. Instead of just pushing her along in her stroller, I would describe each thing as we passed. “Do you see that? That’s a tree!” and “Look at this, this is called grass” or “Look! A bird. It’s flying!” To some it seemed silly. She couldn’t possibly understand what I was saying, could she? I don’t think so. She heard what was said and it stuck 

I attended everything that was available to me. I read books off of the Doula certification mandatory reading list and went to any ASAC events I could; which was also a great way to get in touch with other mothers with the same values. I signed up for a more in-depth set of prenatal classes, joined online communities and watched birthing videos. It all made such a difference. I am so much more confident as a mother.

Making choices about my son’s birth and parenting are so much easier, and breastfeeding is going wonderfully. My son gained over 2 pounds 3 weeks after his birth. Doing the work to become informed was what made all the difference. So, to you I say, coming from someone who has done much growing and learning exceptions (one in hospital and one a water birth at home). I think what made the biggest difference this time around was how informed I was. I went to a 4-hour breastfeeding lecture towards the beginning of my 2nd pregnancy and found out that the information I had been given by a healthcare professional about my ability to breastfeed my daughter was false. I was shocked and devastated but at the same time was instilled with new hope. I might be able to breastfeed this time! I wondered what else I could learn that would better me as a mother and vowed then and there to get as informed as possible this time around.

I have just given birth to my second child, my son Amadeus. This birth experience was very different from my first. Both were

Fact Sheet: Procedures offered to Pregnant Women over 35
Began painlessly so I remembered thinking, “This can’t be it.” As I didn’t think I was in labour for the first few hours. My contractions time now” and then I was shocked once I went into labour. I first child was not knowing what to expect. I kept thinking, “Any another thing I remember from my birth experience with my labour progressed, contractions became more painful, but I think my anxiety outweighed my pain. At the time, I was living in my boyfriend’s parent’s smoky, half-renovated basement. I knew I wanted to get out of there so we went to the hospital earlier than we needed to. With a new environment my anxiety lifted and I was able to focus on labouring. What I felt was amazing! I felt so primal and I had never felt as connected to the universe as I did at that time. It was so exciting! After my beautiful daughter was placed in my arms, I couldn’t help thinking, “That was what the fuss was about?” Even though it was extremely painful towards the end, it was only one day out of my life, and it was the best day of my life! I remember actually longing to relive the experience of her birth for quite some time after.

I quickly fell in love with my new little person. I remember gazing at her for hours (I probably should have been sleeping). She was so perfect. Hearing her little coos and watching her facial expressions brought me instant joy. Of course with the good came the bad. Sleep deprivation was hard on me, our breastfeeding relationship was going poorly and my relationship with my partner was failing. All these factors and my living conditions at the time had me extremely depressed. I felt love for my daughter but aside from that I felt completely empty. I was a hollow shell. When Abby was 3 months old I decided to leave my partner and that household. Branching out on my own was a struggle. I encountered unexpected prejudice based on my age and relationship status. When taking my daughter for vaccinations the nurses would treat me with disrespect. They assumed I didn’t know how to parent or didn’t care about my daughter’s well being. I got asked questions like “…and you know not to put pop in your baby’s bottle right?” People seemed amazed when my daughter met and surpassed developmental marks as if she should be behind due to my poor teenage parenting. I noticed people glaring at me or giving me pitying looks quite often. Despite knowing that I was a good mother I felt hurt by other people’s comments and judgments. It was really important at this time to surround myself with positive people who encouraged me and praised me for what I was doing. Without the support I received from my mom and my friends, I may have returned to my previous relationship which would not have been the best choice for my daughter. With the help of these individuals I was able to stay strong in my principles.

I stayed with a friend, a wonderful woman, for 6 months while I just went to prenatal classes. Attend the free ASAC prenatal lectures. Pile on as much information as possible. Put yourself out there and learn! Another thing I remember from my birth experience with my parents or family about your life choices, the challenge of being unmarried or single and the judgments of others to deal with. Another thing I remember was grieving. I cried a lot that first year. I had so much loss to grieve. I had to grieve the loss of my youth, the loss of my plans for life, the family I had planned to have, the career I had wanted and the traveling I had wanted to do. I had to grieve the loss of certain dreams, and after I left my partner, I had to grieve the loss of my new family. It was extremely difficult to watch my friends move away to college and go out on weekends without me and travel. I had to grieve the loss of my young life.
AMNIO OR NO?

By Jen Mallia

When you picture the birth of your child, you might envision a skinny, squalling, tiny being placed in your arms. Holding your baby for the first time, you might want to look the sweet babe over, counting fingers and toes, looking for Grandpa’s ears or Mom’s nose. You probably don’t imagine having a baby with spina bifida or trisomy 13. If you are an older mom though, you may have played out such a scenario in your mind if you were considering genetic testing. Be assured, most babies born are healthy babies. If you are a gambling sort of person, know that the odds are on your side, regardless of your age. While there may be an increase in babies with chromosome defects born to older moms, most of the babies born will be healthy.

The increase can seem scary: for babies born to mothers aged 25, one baby of every 476 born will have a “significant chromosome abnormality (including down syndrome)”. One baby of every 476 born will have a “significant chromosome abnormality”.

At the age of 35, it is 1 in 204. By the age of 42, the risk jumps to 1 in 40. Presented this way, the odds seem daunting.

But look at it this way: at the age of 35, there is a 99.5% chance a woman will give birth to a baby with normal chromosomes. At the age of 42, it is still a 97.5% chance that the baby will be born without a chromosome defect. For those of us who have been out of school for a while, 97.5% is an A+!

The best-case scenario in prenatal care is “informed consent.” This means you have researched the options, carefully weighed the pros and cons, and arrived at the best decision for you and your baby, for every aspect of care.

Regardless of how it is presented to you, every prenatal test is optional; but this is not to say you should refuse every test. This is completely your right. Women are encouraged to discuss their concerns with their health care provider and with a genetic counsellor.

In Alberta, a midwife may not offer an amniocentesis. If a midwife client has received screening results that indicate an increased risk of chromosomal abnormalities after being referred to Maternal Fetal Medicine, she may decide to proceed with the amniocentesis. Your midwife will be able to discuss all your prenatal screening options. The Alberta Association of Midwives takes an unbiased stance on prenatal screening for women over 35.

The amniocentesis is performed usually between the 15th and 20th weeks of pregnancy. The doctor will use an ultrasound to guide a long, thin needle into your uterus to withdraw about two tablespoons of fluid and cells (which float in the fluid) from the amniotic sac. Some women describe a pinching sensation as the needle punctures the sac. There may be some cramping and spotting following the test, and women who have undergone the procedure are advised to refrain from exerting themselves for a few days: no heavy lifting or strenuous exercise.

The fluid and cells are separated at the lab. The cells are grown in the laboratory for 10 to 12 days, then studied for signs of genetic birth defects and chromosomal irregularities. The fluid is analyzed to measure levels of alpha-fetoprotein (AFP). Fetuses with neural tube defects often have elevated levels of AFP. Your results will take about 2 to 3 weeks.

Part of the consideration when deciding whether to undergo amniocentesis is what you and your partner would do if you were to receive results indicating the fetus did have a serious chromosome condition or neural tube defect. The thought of becoming the parent of a special needs child, or of having to face the prospect of giving birth to a child that may face a lifetime of medical interventions and pain may be more than you can bear. Some women will decide, when faced with positive test results, to terminate the pregnancy. It is not an easy decision and your counsellor may help you cope with the range of emotions inherent in abortion.

Because of personal beliefs, some women are unable to contemplate abortion. In these cases, a woman may decide to forgo an amniocentesis. However, deciding to terminate the pregnancy is not the only reason to have the test done. You may want to have the opportunity to research your coming child’s special needs. Seeking out support can make it easier for you. For example, the Down Syndrome Society has parent peer counsellors who will come and visit people who are expecting a child who has Down syndrome to share their story, listen to yours, and provide information on available resources.

Amniocentesis is not the only prenatal test available to you. There are other screening and diagnostic tests you may want to investigate. Each carries some risk and has benefits to consider. As a parent, there are many decisions you will have to make, choices you will face that may not be easy. In your pregnancy, your parental responsibility has already begun...what an exciting journey!
Breastfeeding Reality: The Challenges and Joys of Teens Who Breastfeed

By Laura Manuel

When I interviewed seventeen-year-old Ciera Kozak, I immediately discovered that I was not speaking with an average teenager. Sounding mature beyond her years, Kozak told me about her experience as a young mother. Specifically, she shared her insight as a teenage mother who was determined to breastfeed her daughter, Arianna.

“I knew that I wanted to breastfeed throughout my pregnancy,” Kozak explains, “I knew that I would have a better bond with my baby.” While she was pregnant, Kozak confessed that she read a lot and received information about breastfeeding from her school. She learned that there were many benefits to breastfeeding for both her and her daughter. Immediately after birth, Kozak began to breastfeed Arianna, “it hurt a lot at first, but I kept trying.”

Kozak had no idea that her actions were so exceptional. According to the 2005 Canadian Perinatal Health report, the overall rate of Canadian women who initiated breastfeeding was 87 per cent. The initiation rate amongst 15-19 year-olds was 76 per cent. The rate of exclusive breastfeeding to six months was 36.4 per cent for all Canadian mothers; interestingly, the rate for 15-19 year-olds is not listed because the sample size was too small.

“The biggest difference between teen mothers who breastfeed and those of other ages is whether or not breastfeeding is the norm in their family,” explains Fiona Audy, a La Leche League Leader with 26 years of experience. A support system is important for all mothers who plan to breastfeed. For teen mothers, however, a support system - usually their immediate family - is paramount. Audy explains that a majority of young mothers plan to breastfeed during pregnancy but if they don’t receive support after the birth, then it is unlikely that breastfeeding will continue.

Fortunately for Ciera Kozak, she comes from a family where breastfeeding is the norm. “My mom breastfed all her kids,” Kozak reveals. “She had tips for me and ideas on how to hold Arianna.”

Kozak describes how her daughter “caught on really quickly” to breastfeeding and how they learned techniques like lying down to feed.

Kozak also found breastfeeding support outside of her family by attending Braemar School, an Edmonton Public School for pregnant and parenting teens. Braemar works in partnership with the Terra Centre for Pregnant and Parenting Teens. This organization provides on-site daycare for the children of Braemar students. If a student is breastfeeding, they are equipped with a pager. When the young mother’s child needs to feed, they are paged. Students are allowed to leave class in order to breastfeed and/or bring their baby back to class with them.

The breastfeeding support at Braemar School contributes to above average breastfeeding rates for teen mothers who attend; explains Audy who runs a monthly La Leche League meeting at the school. The drop-in meetings at Braemar usually have anywhere from one to ten participants. These informal meetings take place during the lunch hour to assist breastfeeding mothers. Similar to other La Leche League meetings around the world, these meetings are designed to facilitate a discussion about breastfeeding and offer an opportunity for mothers to access information and support. Audy is an advocate for La Leche League meetings specifically for teenage mothers. Even though they are welcome at any La Leche League meeting, the teens often confess to feeling left out of what are deemed the ‘regular’ mom groups.

“They are very frank,” comments Audy when asked about the mothers who participate in the Braemar La Leche League meetings. “They ask questions that mothers from other age groups may not ask.”

So how is breastfeeding support different for a teenage mother than for mothers from older age groups? Audy emphasizes that a teenage mother’s reality is one that is very different from the norm. She explains that teenage mothers are granted only two weeks of recovery after giving birth before the school system expects them to return to class. This is in stark contrast to the year maternity leave that most Canadian mothers of other ages receive from their paid employment. Then there is the tendency for teenage moms not to have a supportive partner. They may also be living by themselves and taking public transit. They are concerned about household duties while also finishing their schooling. To breastfeed under these conditions at such a young age is remarkable.

Audy notes that breastfeeding advice needs to be modified to account for these circumstances. “For example, it is common advice to not use a pacifier until breastfeeding is firmly established, this may be around six to eight weeks. But if a one-month-old baby of a teenage mom is crying on the bus, a pacifier is extremely useful to help the mother get to a place where she can breastfeed comfortably.”

Audy also comments that body image is more of an issue for a teenage mother. “As a society, we sexualize the breasts,” says Audy. She explains that most mothers need to get over this mental hurdle in order to successfully breastfeed. But for teenage mothers, this may be a larger hurdle than for mothers from other age groups. “Teen moms tend to not be as comfortable with their bodies.”

Audy also points to other challenges for young mothers when it comes to breastfeeding. “Free formula appears easily,” says Audy. Since there are many channels through which formula is donated, it becomes easily accessible. When it comes to teenage mothers, Audy has a hard time arguing that breastfeeding is less expensive than formula feeding. The teenage mothers are also still growing emotionally and may “tend to rely on immediate rewards,” says Audy, “If they are having difficulty breastfeeding, they give up before finding a solution.” Audy comments that teen mothers often don’t know that their breastfeeding problems are fixable.

I also asked Ciera Kozak what she thought of the challenges that teenage mothers face when trying to breastfeed. Kozak points to the social stigma, “Breastfeeding in public is awkward. People still think that a seventeen-year-old shouldn’t have a kid.” Even though Kozak states that most of her peers at Braemar breastfeed, she commented on those who do not have babies, “I have friends who think that breastfeeding is weird.”

So what do people think about Kozak breastfeeding her daughter, Arianna? “Older people make the assumption that [teens] wouldn’t breastfeed. They think we are too lazy. Most of my family members and friends were surprised to learn that I was breastfeeding. They thought it was good, but were surprised.”

Kozak comments, “Breastfeeding was a rewarding experience. Even though I was called out of class every two hours for about half an hour and it was a struggle to get homework done, I stuck with it because I knew breastfeeding was best for Arianna.” She wants to send the message that breastfeeding may be difficult, but to not give up and remember that it is best for the baby. Kozak recalls her feelings of closeness with her daughter when she breastfed, “they feel like they are part of you.”

Fiona Audy recommends that teenage mothers connect with a support system outside of their peer group, such as La Leche League. She suggests making connections prior to giving birth. Audy also wants to remind any mother who is breastfeeding or planning to breastfeed that, “it is not supposed to hurt. If it is, then ask for help.”

It should also be noted that teenage pregnancies are decreasing in Canada. Audy comments that in spite of a public perception of rampant teen pregnancies, the rates have actually been dropping over the past 30 years. According to Statistics Canada, in 1974 there were 53.9 pregnancies of every 1,000 Canadian women younger than 20. By 1994 the rate was 48.8 per 1,000 and by 2003 the rate had fallen to 27.1 per 1,000. The pregnancy rates also vary by age, region, and culture. The rates are highest for 18-19-year-olds (54.1 per 1,000) and women in this age group are more likely to have planned pregnancies. The 15-17-year-old rate is 16.8 per 1000 and the under 15 rate is two per 1,000.

Ciera Kozak’s daughter, Arianna is now one and a half years old. This fall, Kozak will begin her final year of high school. She is planning on attending university in Saskatchewan with dreams of becoming a veterinarian. Fiona Audy continues to work as a La Leche League leader in Edmonton. She can be found at Braemar School on the first Monday of every month during the lunch hour.

If you are a teenage mother who is looking for breastfeeding support, contact La Leche League in your area by visiting www.llc.ca. If you are within Edmonton, Alberta, the Terra Association can also connect you with breastfeeding support. Information about Terra Association can be found by visiting www.terraassociation.com.

Notes:
• June 21, 2010 phone interview with Fiona Audy
• June 25, 2010 phone interview with Ciera Kozak

Laura Manuel is the mother of two young girls. Laura also enjoys blogging, perfecting her bread recipe and being a part-time graduate student. Laura lives in Edmonton, Alberta.
Experts on their own experience: Engaging parents about the costs of preterm birth

By Thea Comeau, M.Ed; Leora Raphael, B.Sc.; Gerri Lasik, RN, PhD; Stephanie Tonkin, Nursing Student & Christine Newburn-Cook, RN, PhD

Preterm Birth in Context
The birth of a new baby is an exciting and joyful time for most families. The awesome responsibility of caring for a tiny and helpless being can also make it a time of uncertainty and worry. Very soon after bringing a new baby home, watchful parents are greatly attuned to their child’s preferences, personality, and daily rhythms. Small changes in bodily functions or routine can quickly become a big concern, even in seemingly healthy infants. Why won’t she eat? Why is he always hungry? She never nap! I can hardly wake him up even to eat! What does it mean when...? Is it normal to...? Imagine how this uncertainty may be amplified when an infant is born preterm.

A preterm baby is one born before 37 weeks gestation. There is no one Alberta study that will seek to determine the full economic impact of preterm birth. The results will help to design a larger project that will seek to determine the full economic impact of preterm birth on families, the healthcare system, and society in general. This study will also indicate how other researchers might best access the parents’ knowledge and expertise about the unstudied financial burden of preterm birth. Parents are not always given a voice to talk about their experience of preterm birth. Because we recognize that parents are the experts on their own experience, we are seeking information that only they can provide. With that in mind, we are interviewing parents about their experience of having and caring for a preterm infant/child. Through review for this study, we found that parents experience both emotional and financial impacts related to preterm birth, and that it is nearly impossible to separate one from the other. The stress, shock, and multitude of emotions that are experienced by parents often overshadow the financial ramifications of prematurity. In order to address this challenge, we developed an outline of open questions to encourage parents of American parents to that of Canadian mums and dads. Primarily, our healthcare system is structured as a socialized institution, which directly alters how Canadians interact with healthcare providers and hospitals. Thus, the fact that our hospital care is “free” may have a direct impact on how we conceptualize our costs of care. With that in mind, we were sceptical of the ability of American studies to inform us about the Canadian experience.

Through review of the research, we at the Women’s Health Research Unit realized that there is a serious gap in the information available. Though it appears researchers have focused on some aspects of both the emotional and financial ramifications of a premature baby, the financial impacts on families have been largely neglected.1 It is our hope that the results of our study will inform healthcare providers about the unstudied financial burden to parents.

Our Study
The aim of our study is to learn more about the costs associated with preterm birth. The results will help to design a larger project that will seek to determine the full economic impact of preterm birth on families, the healthcare system, and society in general. In order to address this concern, the Alberta Institute of Health and Wellness (AIHW) gathered a group of experts together for a conference in May 2007. The AIHW is an independent, non-profit organization that conducts research in health economics and uses the findings to identify best healthcare practices and guides policy-making. The question at the heart of the May 2007 conference was: How do we prevent low birth weight and preterm birth? After examining limited available evidence, the expert panel called for “…research on the economic impact of preterm birth that includes a more comprehensive analysis of both direct and indirect medical costs…” to better evaluate the cost-effectiveness of new policies or intervention.2 This means that a comprehensive estimate of the costs associated with preterm birth must include:

- long-term health costs (e.g., emergency room visits, home care, outpatient drug costs, day procedures, occupational therapy, physiotherapy and speech therapy, residential treatment centre care, and capital costs)
- the cost of illness related to preterm birth
- out-of-pocket expenses incurred by parents (e.g. transportation costs, accommodation expenses, lost wages, home renovations to accommodate the child’s special needs, food supplementation, aids to daily living, child care, respite services, and special education)
- the non-financial burden of preterm birth including adverse psychosocial and emotional impacts including family disruption, breakdown of relationships, changes in self-esteem, deterioration in general health, mental health, and domestic violence

Although complex, the first three types of cost listed above are tangible and therefore easier to identify and measure. The latter costs may be harder to grasp, more difficult to perceive, and even more difficult to prepare for. One of the hopes of our study is to assist the system in preparing these parents, so they are better equipped to cope with such an unforeseen event. Though these less tangible costs are very difficult to predict, they are frequently very real elements of parents’ experiences. To support parents in coping with these costs, we must first get a handle on what they are. Some examples of these less tangible costs are seemingly healthy infants of the family, lost work opportunities, difficulties with (or no) breastfeeding, and less focus on other parental-child relationships. Additionally, the loss of the expected or typical birth experience can be quite traumatic for some families.

In a typical birth, parents have the opportunity to bond with their baby shortly after the birth. When babies are born premature, they are often whisked away to the neonatal intensive care unit (NICU) and there is a great degree of uncertainty as to the baby’s health and wellness. Additionally, parents may not have the opportunity to hold, see, snuggle, and breastfeed their baby for an extended period of time. At this time, parents often report feeling a sense of fear and loss of control, related to their own shattered expectation, and the baby’s often precarious health status.2

As well, a family’s quality of life may be seriously altered by complications in pregnancy, preterm labour and birth, and stresses related to the infant’s uncertain health.3 For example, if a mother is required to stay on bed rest during part of her pregnancy, her quality of life may change. Another example is that parents may feel overwhelmed when their infant (they may even have twins, they are often born prematurely) is at the NICU. They have to drive every day to the hospital, pay for parking, pay for food at the cafeteria, find someone to care for other children, dads need to negotiate with their work to get time off and have employers understand their right to bond with their child and care for their family. Although it is clear that families bear financial and non-financial costs associated with having a preterm baby, there is little research that asks: “What does it cost families to have a preterm infant?”

The Canadian Perspective
Through an extensive and thorough review of existing research, we began preliminary identification of some impacts that families may experience. For instance, one paper from Pennsylvania reported that a preterm baby costs parents approximately nine times the cost which they would spend to rear a full term baby.4 Though the information in studies such as this is extremely valuable, it is not necessarily possible to translate the experience of American parents to that of Canadian mums and dads. Primarily, our healthcare system is structured as a socialized institution, which directly alters how Canadians interact with healthcare providers and hospitals. Thus, the fact that our hospital care is “free” may have a direct impact on how we conceptualize our costs of care. With that in mind, we were sceptical of the ability of American studies to inform us about the Canadian experience.

To measure all direct medical and non-medical costs associated with preterm birth, we developed an outline of open questions to encourage parents

1. 57

We are also interested in recruiting additional parents for participation in the study.

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My Experience as a Mom in her 30s

By Stephanie Fowler

I had my last three babies in my 30s - Anaia was born in 2004 (aged 31), Ulysses in 2006 (aged 33) and Mielie in 2008 (aged 35) following a miscarriage.

They were all waterbirths. They were my fifth, sixth, and seventh children and the last two were unassisted homebirths.

While the pregnancies were harder, the births themselves were maybe easier than the four births in my 20s. Anaia was born in one hour - 45 minutes of which was the drive from Evansburg to the Shared Care Maternity program at the hospital in Stony Plain. 15 minutes were the three contractions in the warm tub of water in the wee hours of the morning, in the half light of one shaded lamp bulb, with the midwife and one very hands off nurse in attendance. After it was over, the midwife said “You could have done that at home” and I thought, “I could have.”

It seemed so simple to me and so right when my husband finally gave in to my desire, and I began to accumulate the things I would need - cord clamps, a lot of sheets and towels, more cloth diapers and pins, a fish scale. We poured over Elizabeth Davis’ midwifery handbook Heart and Hands and when my mom got there for Ulysses’ birth, she read Emergency Childbirth by Dr. Gregory White and seemed excited to be involved.

When I finally went into labour, seventeen days overdue, we filled the tub, stoked the fire in the woodstove, and put on Jason Upton’s Cd Great river Road. My children had just been put to bed and put on Jason Upton’s Cd Great river Road. My children had just been put to bed and I waited through three hard contractions in a row, three minutes apart, and realized that slow or not, it was time to call my husband home from work. He was home right away and started filling the pool that had stood inflated for a couple of weeks already. We had bought a special adaptor so that we could fill it from the bathroom sink, and my mom had brought along a sump pump. I sat in an office chair with a full shiatsu back, letting the massage pull out the tension from the contractions, but finally, I couldn’t sit any longer. I pulled off the clothes I had on and barely made it into the pool before another hard contraction hit me.

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and Temple played in my upstairs bedroom - and I still love it.
This labour was different again. Most of my labours have been fast: my first was 4.5 hours, my second 3 hours, my third 3.5 hours, my fourth 3 hours, my fifth 1 hour, my sixth 5 hours, and my seventh took a little over five hours - but instead of the exhilaration and adenalin of the labour that starts out “Bang!” with hard contractions three minutes apart, I had larger spaces in between contractions - where it felt like God just stopped the labour and let me regain a little peace. It was long, but much easier this way!

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I didn’t go for regular checkups, but I did keep a weekly record of my weight gain, fundal height3 and anything else that was new or different in the pregnancy. I love these little books now as I also wrote down my thoughts and dreams for my little children, as well as the things that were happening in the household while we waited...

One nice thing about being an older mom was that I was more confident to take responsibility for my pregnancy, and choose what things were truly helpful to me, and avoid everything that stressed me out like doctor visits. Instead of explaining myself to yet one more doctor, I wanted to be free to just enjoy this pregnancy and birth without someone else’s fears clouding it. I am so glad I have been able to be a mother in two decades, and I hope my experiences help other mothers clarify their own desires/thoughts/fears about childbirth.

Notes:
1. Vernix is the white, waxy coating on a newborn that protects the skin while immersed in amniotic fluid in utero.
2. A rebozo is a long scarf or shawl worn by women in the Yucatan Peninsula of Mexico. It can be used as a sling to rock the pregnant belly, which can help a labouring woman cope with the intensity of contractions.
3. Fundal height refers to the measurement of the uterus, from the pubic bone to the top of the uterus. It is used to measure the growth of the fetus. Generally, fundal height will equal one centimeter for each week of gestation.

Stephanie has been married to T for almost 16 years and has seven children. She and her two sisters are all tied at seven children each, and Christmases are so much fun! She homeschools her brood in the Rocky Mountains of Hinton, AB.

In 1971, a group of teen moms formed a small organization called ‘Move’ to support each other during this challenging time in their lives. ‘Move’ was soon re-named Terra. The informal support which started between young women dealing with a similar situation became an official agency.

Terra – Centre for Pregnant & Parenting Teens has provided programs and services to thousands of teen parents in Edmonton and area during the last 39 years. Terra is a non-profit agency and currently supports approximately 600 young moms, dads and their children every year. The agency mission statement is “Empowering teen parents to succeed”. We focus on encouraging teen moms and young dads to recognize their potential as nurturing parents and successful members of our community. Terra has 75 employees on three different sites. We offer 12 different programs for teen moms and young dads, some of which are: community outreach, a clothing bank, a childcare centre at Braemar School
The Youth Leadership program has received nominations in this category. The Youth Leadership program has in philanthropic activities. Terra ambassadors were one of five organizations and as part of the annual United Way campaign to raise awareness about Terra and teen parents. The Terra youth leadership program. These ambassadors share the challenges they face as well as their experiences and support each other in an interactive setting. There is also a Family Literacy program called “Books, Babies and More.” This is a series of literacy sessions which help teen parents develop pre-literate skills in their children with free books and literacy activities. The program contains eight models for young parents.

In the fall of 2008, Terra started a Youth Leadership program. This past year, more than 40 young parents participated in the program. These ambassadors share the challenges they face as teen parents and their personal stories at Terra events like our Annual General Meeting and fundraising breakfast Promising Futures. Ambassadors also speak at different community organizations and as part of the annual United Way campaign to raise awareness about Terra and teen parents. Youth leadership participants gain confidence, improve self-esteem and develop leadership skills in this program which helps them when they enter the work force or pursue a post secondary education. They are eligible to receive high school credit for completion of 70 volunteer hours in this program.

Last September, the Youth Leadership program won a gold Laurel award for innovation and creativity in a not-for-profit organization. Law firm Duncan and Craig has sponsored the awards for the past 12 years. A total of 39 organizations were nominated for the 2009 awards. The Terra youth leadership ambassadors also won the “Outstanding Youth in Philanthropy” award in November 2009. The Association of Fundraising Professionals (AFP) presents this annual award to an individual or youth group who have engaged in acts of charity, give their time and talent to better their community and set an example to encourage other youth to create or join in philanthropic activities. Terra ambassadors were one of five nominees in this category. The Youth Leadership program has the time of the application. The income of the teen parent is also taken into account. Teen moms must be attending school fulltime somewhere to receive funding. Just because they are attending Braemar does not mean they will receive funding.

For the school years 2004/2005 to 2008/2009, it is estimated 638 new students enrolled in Grade 10, 11 and 12 at Braemar School. Of these students, it is estimated that 41% left within the first 10 weeks largely due to lack of funding and availability of infant childcare. In the 2004/2005 school year, it is estimated that 36 teens enrolled for the first time in Grade 10, five years later only 6 completed high school – a completion rate of 17%.

Terra and Braemar School want to make a focused effort to improve high school completion rates. Research shows better outcomes for teen parents and their children if the teen completes high school. Terra is currently working with various government ministries to determine strategies on improving high school completion rates for teen parents; childcare and financial support are crucial as the majority are not residing at home. Terra helps teens but we also appreciate the support of many Edmontonians who donate their time and believe supporting teen parents makes a difference in the long term growth and health of our community. We really appreciate the assistance of our community partners. Here are a few examples of those who help us make a difference:

- For the past 10 years, Eastwood Health Clinic has offered free prenatal classes on site at Terra downtown for the pregnant teens and the Bonnie Health Clinic offers prenatal classes on site at Braemar School.
- Kid’s Furniture Gallery makes regular donations of baby furniture and bedding.
- The Edmonton Food Bank supplies food for our teen moms.
- A couple of years ago, Bon Ton Bakery in the West end celebrated their 50th anniversary with the “Bon Ton Celebrating Milestones Campaign.” The owner of the bakery approached 4,000 of his customers and asked them to donate to the campaign in honor of the anniversary with all the proceeds from the campaign going to Terra. In one month they raised $50,000.00. This allowed Terra to expand the Childcare Centre.
- Doula, non medical childbirth support professionals, also volunteer their time. They make themselves available 24/7 for free and offer physical and emotional assistance during pregnancy and birth to our teen parents. The relationships that they build during pregnancy provide the comfort and encouragement necessary for young women to have a positive birth experience. Doulas are referred by the Doula Association of Edmonton, DONA Trainer Suzanne Moquin, or just present themselves at the Terra office.

Following are some quotes from the 2009 Annual Talk Back Survey completed by participants of Terra.

- Increase in social supports 100%: agree since being involved with Terra they have met new friends. 77% agree they don’t feel so alone as a young parent since being involved with Terra.
- “When I’m stressed, I feel like there’s always somewhere I can go”.

For the past 10 years, Eastwood Health Clinic has offered free prenatal classes on site at Terra downtown for the pregnant teens and the Bonnie Health Clinic offers prenatal classes on site at Braemar School.
Despite numerous difficulties, many teen parents overcome financially, emotionally and with the challenges of raising a child. The community because of their age. Most young parents struggle with pregnancy still exists, as it did decades ago. Many teen parents say that if they did not have the support of the Child and Family Support Center, they would not have had the will to continue attending school and probably would be in an environment that was harmful to myself and my son" 100% of students agree that the Child and Family Support Center has contributed to attending school on a regular basis. “This has been a blessing second chance. I am able to further my education and I am so grateful my schooling has improved and I’ve realized what’s important to me in life. Being able to come to school. I don’t know what my life would be if I couldn’t come to school” Teen parents face many challenges. The social stigma about teen pregnancy still exists, as it did decades ago. Many teen parents say they experience negative comments and feel judged by people in the community because of their age. Most young parents struggle financially, emotionally, and with the challenges of raising a child. Despite numerous difficulties, many teen parents overcome challenges and lead successful lives as contributing community members. Their children motivate them to complete high school and pursue careers and post-secondary education. Teen parents want a promising future for their children, just like other parents. At Terra we believe their dreams can become a reality with community support.

**Notes:**

- For more information about Terra, go to www.terraassociation.com. Please contact Terra if you are interested in attending a Terra Tour at Braemar School, volunteering or making a donation to our teen parents and their children. Terra Centre for pregnant & parenting teens, 9530-106 Street, Edmonton, AB T6K 1C7. Phone: 780 428 3772.

**Bibliography:**


Tara Tilroe has worked at Terra since 2009 as the Coordinator, Public Relations and Communications. She is a graduate of the MacEwan Public Relations program and the mother of two sons.

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**ASAC Student Midwifery Grant Program**

ASAC congratulates the 2010 winners of our new student midwifery grants, Tracy Kennedy, Marianne King, and Tara Tilroe (in alphabetical order).

**Tracy Kennedy,** from Edmonton, has wanted to be a midwife since she was 5 years old. She used to play with other children by putting a doll up her skirt and then “delivering” the doll. She has been a registered nurse in labour and delivery for 11 years, most of that time at the Royal Alexandra hospital and 15 months at the Westview Health Centre. She has four children, all born with midwifery care. She is enrolled in the Masters program at the Midwives’ College of Utah. Her clinical practicum has been with Westside Midwives and she will be returning to clinical practicum next year. Tracy wants to encourage and uphold women in their journey to motherhood, as pregnancy is a time of change and growth where women are receptive to making their lifestyle healthier. She strives to make every interaction positive and loving. She wants to empower women to find and develop their own strengths to sustain them toward an empowering birth and positive parenthood.

**Marianne King** will be attending the Laurentian Midwifery Education program in September 2010. She lives in Lac La Biche but will be moving to Sudbury, Ontario with her four children while her husband stays behind to work to support their dream. When she has finished her program, she will return to Lac La Biche to start a practice. Marianne’s first baby was born via emergency c-section. The emotional work of processing her cesarean birth has been one of her most powerful teachers. Through the healing process, she began to recognize that birth was so much more than a physical event and that birth touches the very essence of a woman. The more she learned about the significance of birth and the more she learned about midwifery care, she realized she was called to be a midwife. After her cesarean section, she went on to have three homebirths. As a future midwife, she is guided by two core beliefs: birth is a normal life event and is guided by two core beliefs: birth is a normal life event, and positive parenthood.

**Tara Tilroe’s midwifery journey began in early childhood, and was characterized by an utter fascination with pregnancy and childbirth. She vividly remembers flipping through her mom’s 1970’s childbirth books regularly; in them, pregnancy and birth were portrayed as normal, natural, wonderful events, both to be welcomed and embraced. Her mother’s perception of her children’s births was largely positive and strongly oriented to natural birth. That perspective, and the awe of a woman’s amazing ability to grow a baby, followed Tara into her teens, and it was then that she recognized her calling to midwifery. She spent twelve years supporting women as a doula, until she finally had the opportunity to pursue her dream of becoming a midwife. Her interest in midwifery stems not only from her love and awe of childbirth, but also from her desire to make a difference in the families in our community, as she currently lives in Sherwood Park. Tara says, ‘A midwife believes that through surrender to the process of giving birth, with patience and perseverance, a mother will discover abilities and power she never knew she possessed!’ She is enrolled with the Midwives’ College of Utah.

**Criteria:** This grant is available to all Edmonton and area midwifery students currently enrolled in a program of study (please include the name of your program). Please note, this grant is intended for midwifery students intending to stay in the Edmonton area. All applicants must submit a biography (500 words minimum) describing your philosophy and beliefs regarding midwifery. Each grant will be $1000 with a maximum of five grants to be awarded each year. Students are allowed to apply each year they are enrolled in the program, however priority will be given to new applicants. Application deadline will be May 5th each year and grants will be awarded in September 1. To apply, please email application to president@asac.ab.ca

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**Waldorf Education**

**Head Heart Hands**

Music, singing, painting, drawing, modeling, movement, and handwork supplement a broad academic curriculum and encourage a Head, Heart and Hands approach to learning.

Inquire about our Parent-Child, Nursery, Kindergarten and Grade School programs.

Contact WESE (Waldorf Society)
780-466-3312, www.wwse.ca for more info.

“Receive the child with reverence, educate the child with love, and send the child forth in freedom.”
— Rudolf Steiner
Midwives are primary caregivers who offer comprehensive care during pregnancy, birth and postpartum. Their services are fully covered by Alberta Health. You do not need a doctor or a referral to have a midwife. They provide counseling 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 and couple develop a trusting relationship, which prepares them for the challenge of welcoming this new baby into the family. All midwives have hospital admitting privileges, which allow 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.

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ASAC Lecture Series

7pm Wednesdays Oct 6 to Nov 24, 2010 FREE
Prenatal and Baby Care Lecture Series

Located at the ASAC office
Please pre-register at 780-425-7993 or presentations@asac.ab.ca

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>October 6</td>
<td>Nutrition for Fertility and Pregnancy, Pelvic Floor Health</td>
</tr>
<tr>
<td>October 13</td>
<td>Alternative Health care During Pregnancy: Homeopathy, Naturopathy, Chinese Medicine</td>
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<tr>
<td>October 20</td>
<td>Birth and Postpartum Doulas, Prenatal Class Options</td>
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<td>October 27</td>
<td>Making the Most of Your Hospital Birth</td>
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<td>November 3</td>
<td>Cesarean Prevention</td>
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<td>November 10</td>
<td>Art of Breastfeeding</td>
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<td>November 17</td>
<td>Baby Wearing, Cloth Diapering, Communication Elimination</td>
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<td>November 24</td>
<td>Becoming a Midwife</td>
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<tr>
<td>October 24</td>
<td>Community Resource Listing</td>
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<tr>
<td>Edmonton North/ Castledowns</td>
<td>Cesarean Prevention Support Association/ICAN of Edmonton</td>
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<tr>
<td>Edmonton Strathcona</td>
<td>Cesarean Prevention Class. rSVP to Sherwood Park – p.m.</td>
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<td>Edmonton West</td>
<td>Cesarean and VBAC Parent Meetings.</td>
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<td>Vermilion</td>
<td>Cesarean prevention class. SVS to sausage Prenatal Doulas</td>
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<td>St Albert</td>
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Providing Breastfeeding Support in the Edmonton Area

Helpline: 780-478-0507  |  LLC Website:  www.LLLC.ca  |  Email Help:  lllc.edmonton@gmail.com

~ 2010 Meeting Dates and Locations ~

Mothers, children, and female support persons are always welcome at La Leche League meetings. Fathers and partners are welcome in some groups as noted below. Please call one of the Leaders before attending a meeting to ensure that there have been no changes to the date or location.

<table>
<thead>
<tr>
<th>Location</th>
<th>Meeting Date</th>
<th>Time</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Edmonton North/ Castledowns</td>
<td>3rd Friday - 10:00 a.m.</td>
<td>Sherwood Park – p.m.</td>
<td>Barbara Scriver&lt;br&gt;Midwifery Care Partners&lt;br&gt;780-490-5383&lt;br&gt;<a href="mailto:barb@midwiferycp.ca">barb@midwiferycp.ca</a></td>
</tr>
</tbody>
</table>

Community Resource Listing

Doula Association of Edmonton
Are you pregnant? Have you just given birth? Would you like extra professional support during your pregnancy, birth or even after? Talk with a doula from the Doula Association of Alberta: www.edmontondoulas.org or 780-945-8080 or info@edmontondoulas.org.

FBC Planning to freebirth? Experienced freebirth? Support the freebirth option? Our growing community of families shares wisdom and resources: friendsoffreebirth@yahoo.ca.

Edmonton VBAC Support Association/ICAN of Edmonton
Cesarean and VBAC parent meetings. Cesarean prevention class. RSVP to Claudia Villeneuve (780) 444-9527 or email edmontondoula.org or info@edmontondoula.org. Visit www.edmontondoula.org and join our free online email group.
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 address: 7219 – 106 Street, side door
Mailing address: Box 1197, Main P.O. Edmonton, Alberta Canada T5J 2M4
Phone (780) 425-7993 | Fax 1-888-237-6457 | E-mail info@asac.ab.ca | Website www.asac.ab.ca

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 session for the public, featuring a guest speaker and a video
- fact sheets on options in childbirth
- a free Planning for Birth booklet

ASAC CONTACTS

President
Monica Eggink
president@asac.ab.ca

Vice-president external
Renee Walker
vp_external@asac.ab.ca

Vice-president internal
Stephanie Nyhof DeMoor
vp_internal@asac.ab.ca

Vice-president finance
Jackie Michaels
vp_finance@asac.ab.ca

Treasurer
Amanda McEchern
treasurer@asac.ab.ca

Secretary
Niko Palmer
secretary@asac.ab.ca

Casino
Victoria Twanow
v.powell@shaw.ca

Int’l Day of the Midwife
VACANT

Display
Niko Palmer
display@asac.ab.ca

Film & info session
Donna Ritter
donna.kempster@hotmail.com

General info and Email address updates
Heather Beaudoin
info@asac.ab.ca

Lecture Series
Joey Kuzminski
presentations@asac.ab.ca

Library
Stephanie Nyhof DeMoor
library@asac.ab.ca

Membership
Donna Ritter
membership@asac.ab.ca

Office manager
VACANT

Phone
Lana Gilksy
phone@asac.ab.ca

Political action
VACANT

Playgroup
VACANT

Volunteer Coordinator
Crystal Tracy
crystaltracy@gmail.com

✓ Birth Issues delivered to your door
✓ Access to the ASAC library and playgroups
✓ FREE birth announcements and classified ads
✓ and more!

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.

Name ____________________________________________
Address __________________________________________
City/Town __________________________ Province ______
Postal code __________________________
Home phone __________________________ Work phone ________
Fax __________________________________________
☐ Visa / ☐ Mastercard number __________________________
Expiry date __________________________ Signature __________________________

Return this form to ASAC
P.O. Box 1197 Main Post Office
Edmonton, Alberta T5J 2M4
Fax 888-237-6457
E-mail office@asac.ab.ca

Send your birth announcement or classified ad to bi_editor@asac.ab.ca
CONSCIOUS PRENATALS: CLAIRE MACDONALD, MA, (CD) DONA
Location: Edmonton ASAC office | Phone: 780-218-7679
Email: cveissiere@yahoo.ca
Description: Prenatal classes for midwifery patients and families desiring an undisturbed birth. Five consecutive evening prenatal classes focusing on birthing and parenting consciously. Anatomy of birth, neurotransmitters and hormones, protocols, medical interventions, making informed decisions, comfort measures, water birth, trust, optimal positioning, postpartum, breastfeeding, and parenting. Emphasis is on informed decision-making free of fear, speculation or disempowerment.

EARLY PREGNANCY CLASS: ALBERTA HEALTH
Location: Alberta Hospitals | Phone: 1-866-408-5465
Description: This hospital class covers fetal development, prenatal care, nutrition, healthy lifestyle choices, exercise, coping with the discomforts of pregnancy, hazards to avoid while you are pregnant, and signs and symptoms of complications.

EARTH MOTHER BIRTH: JENNIFER SUMMERFELDT AND SHERRY DAWN ROTHWELL
Location: Edmonton and area | Phone: 780-850-0538
Website: www.eartmothemberth.org
Description: Offers holistic and nurturing services as well as soulful, informative and dynamic approach to childbirth education. These classes emphasize the scientific validation of the art of natural birthing and practical application of holistic birth education. Classes are 3.5 hours long. Bimonthly webinars are also available.

ENERGY OF BIRTHING: AVA CURTOLLA R.N., HYPONOTHERAPIST, REIKI MASTER
Location: Edmonton | Phone: 780-963-3111
Website: www.TheEnergyOfBirthing.com
Description: Birthing preparation and hypnosis class using reflexology, acupressure, energy points, and meditation to have a very easy, comfortable delivery. Classes for all expectant parents, support friends and doulas. Receive ‘The Energy of Birthing’ book and 2 meditation CD’s.

FRIENDS OF FREED BIRTH FOUNDATION OF ALBERTA
Location: Edmonton | Email: friendsoffreerbirth@yahoo.ca
Description: Classes offer 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.

GENTLE TOUCH SERVICES: SUZANNE MOQUIN BED, CBE, (CD) DONA
Location: West Edmonton | Phone: 780-440-6105
Email: gentletouchdoula@shaw.ca
Description: Prenatal classes on weekends. Focus is on positive birth experiences as defined by individual participants.

HEALTH FOR TWO: ALBERTA HEALTH
Location: Edmonton, St. Albert, Leduc County, Fort Saskatchewan, Parkland County, and Strathcona County
Phone: 1-866-408-5465
Description: Health for Two offers prenatal information, nutrition supplements, and support to at risk women during their pregnancy and following the birth of their baby. Women in the program have social and economic risks to a healthy pregnancy such as teen pregnancy, low income, poor nutrition, smoking, substance use, language or cultural barriers, or violence in their relationship.

INTERNATIONAL CESAREAN AWARENESS NETWORK (ICAN) CANADA: CLAUDIA VILLENEUVE
Location: Edmonton, East; web seminars | Phone: (780) 444-9527
Email: edmontonVBAC@gmail.com
Description: Monthly classes on cesarean prevention and VBAC preparation in Edmonton. VBAC is vaginal birth after cesarean. Class is 1.5 hours long. Bimonthly webinars are also available.

MIDWIFERY CARE PARTNERS: BARBARA SCRIVER, RM
Location: Edmonton South | Phone: 780-490-5383
Email: barb@midwiferycp.ca
Description: Three consecutive evening classes at the midwifery office to prepare families for their birth. Also covering the psychology of birth, dealing with pain, stages of labour, comfort techniques, water birth, emergency childbirth, the normal newborn, breastfeeding, and the postpartum period.

MOTHERIZING CHILDBIRTH EDUCATION: LISA CRYDERMAN, R.N.
Location: Edmonton | Phone: 780-901-1178
Email: lisa@motherizing.com
Description: These classes focus on accessing ones coping skills and celebrating becoming parents.

NATURAL CONNECTIONS: KRISTAL HOOPLE RN, BSCN, IBCLC
Location: Stony Plain/Spruce Grove | Phone: 780-907-3481
Website: naturalconnections@shaw.ca
Description: A four evening or on-weekend session designed to enhance your birthing experience. Understand labour, the comfort cycle, natural comfort measures, conscious parenting, and how to use a car seat. Spend time preparing to get breastfeeding off to a good start and learn the behaviour of a newborn from a Lactation Consultant.

BABY PISKWA NATURAL BIRTH & BABY CARE: CHRISTIANE BENOT, HAPPEST BABY EDUCATOR
Location: | Phone: 780-896-1145
Email: BabyPiskwa@shaw.ca
Website: www.freewebs.com/naturalbabycare
Description: Birthing from Within classes offer a soulful and

BIRTH & BABIES CHILDBIRTH AND PARENTING EDUCATION: ALBERTA HEALTH
Location: Calgary and area | Phone: 403-781-1450
Website: www.birthandbabies.com
Description: Calgary and area education for prenatal and parenting classes. It offers over 30 different courses for expectant and new families as well as an interactive website for the family as well as their support team, including grand-parents.

BLOOMING BELLIES: TRISH WALKER AND SKYLA BRADLEY BIRTHING FROM WITHIN CERTIFIED MENTOR
Location: Edmonton | Phone: 780-907-0228
Email: 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. Our classes prepare you to birth-in-awareness whether you are birthing at home, in a birth center, tipi, or a hospital.

COMMUNITY PERINATAL PROGRAM: ALBERTA HEALTH
Location: Edmonton area
Phone: 780-342-4719 or 780-413-7658 or 1-866-408-5465
Description: A multi-disciplinary team offers prenatal, labour, delivery and postpartum care to pregnant women with risks due to lack of medical access, socio-economic difficulties, isolation, language and cultural barriers, poor nutrition, substance abuse, and domestic violence. Services include prenatal visits, prenatal education, hospital tours, transportation support, nutrition counseling, help with housing, parenting, nutrition, addiction, and family violence.

TWIN AND PLUS PRENATAL CLASSES: ALBERTA HEALTH
Location: Alberta Hospitals | Phone: 1-866-408-5465
Description: 6 weeks long classes available to anyone delivering multiples (twins, triplets, quads). 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.

WIN (WOMEN, INFANTS & NUTRITION) PROJECT: ALBERTA HEALTH
Location: Alberta community health centers
Phone: 1-866-408-5465
Description: Provides education, support and assistance to pregnant and women and teens. Information about healthy eating in pregnancy, labour and delivery, support and education for breastfeeding, or support making healthy lifestyle choices. For those clients who are on a tight budget, coupons can be provided to help with purchasing healthy foods, and prenatal vitamin supplements.
SEPTMBER 2010

1. Spend an evening or afternoon before your baby is born with a Certified Lactation Consultant to get breastfeeding off to a good start! Understand how your body prepares to feed your baby. Learn how a proper latch and position will benefit you and your baby. Become aware of newborn feeding patterns and behaviours. Get all your questions answered...become informed, empowered, and confident in your choice to breastfeed. For more info, contact Krystal Hoople, R.N, BScN, BCC, at 780 425 7993 or presentations@asac.ab.ca.


23. Cesarean prevention class - for your first birth or your VBAC.

23. Water Massage Class in Spruce Grove. New, innovative and relaxing. Learn how to use water to heal, calm and relax muscles for mom and baby too. So easy and made to order for you. You will be amazed at the results. You will both sleep better. The use of massage, Reflexology, Acupressure and Craniosacral will benefit the whole family. More info: Ava Curtola R.N, Hypnotherapist, Reiki Master at 780 963 3115. www.TheEnergyOfBirthing.com

OCTOBER 2010

2. Spend an evening or afternoon before your baby is born with a Certified Lactation Consultant to get breastfeeding off to a good start! Understand how your body prepares to feed your baby. Learn how a proper latch and position will benefit you and your baby. Become aware of newborn feeding patterns and behaviours. Get all your questions answered...become informed, empowered, and confident in your choice to breastfeed. For more info, contact Krystal Hoople, R.N, BScN, BCC, at 780 807 3445 or www.naturalconnections.vpweb.ca.

6. Prenatal Class weekend series at From Within Wellness Centre, taught by Suzanne Moquin BA, B Ed, CB, RBT, CBE. Excellent feedback received. Focus is on empowering home births, empowering home births, empowering home births, empowering home births, empowering home births. Call Suzanne at 440 6105 for more info, or email gentlesouchadoula@shaw.ca.

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20 Babywearing Workshop for Expectant and New Parents. Hosted by the Doula Association of Edmonton. Learn the benefits of babywearing for baby and parents, babywearing safety, how to choose and use the carrier that is right for you. Hands on opportunities with a variety of carriers. 1:00 pm – 4:00 pm. Babies Welcome. $20.00 per person or $25.00 per couple. Zion Baptist Community Church, 9802-76 Ave. To register call Joey at 780-850-3250 or Mitzi at 780-450-5083.

20 Babywearing Workshop for Professionals. Hosted by the Doula Association of Edmonton. Learn the benefits of babywearing for baby and parents, babywearing safety. Hands on opportunities with a variety of carriers. Learn how to teach the proper techniques of babywearing and the benefits. 9:00 a.m. to 12:00 pm, Zion Baptist Community Church 9802 76 Ave $20 per person. To register please call Mitzi at 780-450-5083 or Joey 780-850-3250.


25 Cesarean prevention class - for your first birth or your VBAC. Cost: $25 for the mother and her birth team. From 6:00-7:30 pm. Le Soliel office #15, 9353-50 Street in Edmonton. Register with Claudia Villeneuve at (780) 444-9527 or email EdmontonVBAC@gmail.com. Visit www.EdmontonVBAC.com

25 VBAC and Cesarean parents meeting - get information and support. No cost. From 7:30-9:00 pm, Le Soliel office #15, 9353-50 Street in Edmonton. RSVP with Claudia Villeneuve at (780) 444-9527 or email EdmontonVBAC@gmail.com. Visit www.EdmontonVBAC.com

26, 27, 28 DONA Intl Birth Doula Workshop: A Professional Labour & Birth Support Course, 3-day intensive, taught by Suzanne Moquin BA, BEd, CD, BdT, CBe. Doulas are becoming part of the obstetric team, as interventions are minimized, and families are experiencing positive and empowering births. Maximum 18 participants. Call Suzanne at 440-6105 for more info, or email gentletouchdoula@shaw.ca

DECEMBER 2010

1 Water Massage Class in Spruce Grove. New, innovative and relaxing. Learn how to use water to heal, calm and relax muscles for mom and baby too. So easy and natural. You will be amazed at the results. You will both sleep better. The use of massage, reflexology, Acupressure and CranioSacral will benefit the whole family. More info, Ava Curtola r.N., Hypnotherapist, Reiki Master at 780-963-3111 www.theenergyofBirthing.com

8 Spend an evening or afternoon before your baby is born with a Certified Lactation Consultant to get breastfeeding off to a good start! Understand how your body prepares to feed your baby. Learn how a proper latch and position will benefit you and your baby.

specializing in prenatal, postnatal and pediatric care

health | wellness | education | support |

DONA INT’L BIRTH DOULA WORKSHOP

Learn how to “mother the mother” in this comprehensive weekend Birth Doula training workshop with Suzanne Moquin BA, BEd. Call 780-480-6105

GENTLE BIRTH CHILDBIRTH EDUCATION

HypnoBirthing® weekly classes & Meditative Birth® weekend classes provide a simple approach to gentle birth. Both classes include relaxation, visualization, breathing and fear release. Focus is on body trust and awareness. Learn more at www.fromwithin.ca

PREGNANCY WELLNESS & DOULA SERVICES

Take care of you and baby with our wellness therapists, offering massage, acupuncture, naturopathic medicine, homeopathy, doula support, hypnotherapy and organic spa services. Visit www.fromwithin.ca for more information

YOGA & MASSAGE CLASSES

Prenatal Yoga, Baby & Me Yoga, Infant Massage Classes and more! Learn more at www.fromwithin.ca

babywithin

a division of

wellness within health centre

#126, 6104-172 Street, West Edmonton
780.489.7799 www.fromwithin.ca