A mother’s rebirth: Her successful home birth after two traumatizing hospital births. A story of doubt, courage and faith.

The Limbic Imprint: The long-term psychological impacts of your birth on your baby and how to overcome birth trauma.
Members of Edmonton’s birthing community are gathering in one place to give you a chance to chat with the practitioners; ask them any questions you may have regarding childbirth or their specific services; browse the goods and services available; and maybe do a little shopping in preparation for your new adventure. While you’re there, we welcome you to attend a screening of “Born in Mexico”, a film by Maurizio Parro. A positive look at Mexican Midwifery and the natural potential of women to give life; he aims to strengthen and defend the work of midwives throughout the world.

Entry to the Fair: by donation (minimum $2)
Entry to Documentary Screening: $10
All proceeds to ASAC

Sunday, 2 June 2013
10:00am to 5:00pm
Alberta Avenue Community Centre
9210 118 Avenue

Movie Screenings:
11:00am
1:00pm
3:00pm
Copies of the DVD will be available for purchase
Volume XXVIII, Number 2 Spring 2013

To contact an ASAC board member, please see page 8.

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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 the website www.birthissues.org.

Each issue prominently features an advertising photographer. This is a wonderful opportunity to showcase your work and obtain extended advertising exposure. For more information, please read the writing guideline in the ‘Get Involved’ tab of www.birthissues.org

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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UPCOMING THEMES & SUBMISSION DEADLINES

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!

Due May 1, 2013: Midwives: Freely available for all
Due Dec. 1, 2013: Orgasmic Body: pleasurable pregnancy, sensuous birth, and postpartum sex

www.birthissues.org | SPRING 2013 birthissues
Spirituality. Birth is more than a medical event, it has a profound effect on a woman and her family and is an experience that is never forgotten. Thanks to the advances of medicine and of women's rights, a healthy woman with a healthy baby can now demand a satisfying birth experience just like she would ask for a satisfying work or family experience. Today’s woman does not want what her mother and grandmothers experienced before them.

Today’s woman is no longer stuck in the 19th century paradigm when death was so prevalent. She has also gone beyond the 20th century’s fear of pain. The 21st century woman wants an empowering, beautiful, respectful, and satisfying birth experience. The new frontier of childbirth is not to have a healthy baby or a painless birth but rather to have a meaningful experience.

Why does the initial romantic comedy (I’m going to have a baby!) have to turn into a thriller (I’m a ticking-time-bomb)?

It doesn’t. A woman today can be intimate with her lover while in labour, stand naked in her glorious pregnant body, move sensually about her space, moan and groan, perhaps float in a pool of warm water, throw herself into the arms of a caring circle of support people, catch and lift her baby up ‘Lion King’ style! She knows she doesn’t have to be an Amazon, or a marathon runner, swim with dolphins or dance naked in the forest to be able to do so (she can if she wants to though). She has been on YouTube and watched movies such as Orgasmic Birth or Birth into Being. She wants to be like these real women who look powerful and sexy.

Meanwhile I see myself as a priestess holding space and vibrating a positive and protective energetic field around a birthing woman. Birth is a spiritual experience for me, so much so that I find it addictive. Apart from the grace I feel when I make love, being present at a birth puts me in the purest most inspiring state I have ever experienced. Where else do you see Goddesses and divine beings in real life? I am ever so grateful each time I am invited to a birth, as I always feel so close to Eternity when I am. Thank you to all of you Mothers, Karen Love who taught me during the birth of all her children (I can’t believe Yashua is about to be a teenager!), and Niko, our ASAC president, who gave birth in February and allowed me to witness, yet again, the birth of one of her children. I just love you.

As always, I am ending my editorial with the latest data available on midwives in Canada. Because Birth Issues is “made in Alberta” we are happy to say that there has been an improvements in the number of Registered Midwives working in this province. We are no longer losing the race, albeit we are still lagging behind most Canadian provinces. Alberta now places 7 out of 10 (instead of 9 in 2011) provinces and territories in the number of Registered Midwives available per person in it’s province or territory. When we consider that Alberta is the economic engine of Canada, this number is still too low.

**We, the consumers, need to keep the pressure on our provincial and territorial governments to attract more midwives to our Canadian cities, towns, and villages.**

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<th>PROVINCES</th>
<th>MIDWIVES (RM)</th>
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* Population numbers extracted from Statistics Canada 2011 Census. The number of registered midwives was published online by the Canadian Association of Midwives in November 2011. The provinces and territories that are not listed do not have any registered midwives (RM). If there are any mistakes please contact the Editor in Chief at bi_editor@asac.ab.ca

Share this issue and play with it – Birth Issues is only useful if its pages are worn and cover torn!

Claire MacDonald believes in the natural cycle of life, where each season reminds her of how each woman, despite the advances of cosmetic surgery and anti-wrinkle creams, will unequivocally pass from the maiden, to the mother and eventually the crone and be reborn and transformed all over again to continue the cycle of life. Her husband calls Birth Issues her “full-time volunteer job”. She does it because she believes that birth matters and unites all. ♡
YOUR LETTERS

Dear Birth Issues,

I am excited to have my story published in your magazine, whether it’s sooner or later. Thanks for what you do for pregnant women and new mommas in Alberta!

Rosie Macdonald

Editor: Thanks…and thanks for now being one of the newest members of the Birth Issues team.

February 18th, 2013

Dear Birth Issues,

Last Wednesday I attended “Let’s Talk: Invitation to Community Information Session on Obstetrics in the Bow Valley Corridor”, co-sponsored by Covenant Health and Alberta Health Services. The session was a response to community concerns raised about the recent contentious decision to close the birthing unit in Banff Mineral Springs Hospital and centralize such facilities in Canmore.

From the point of view of public participation the Let’s Talk event was a fiasco. It was a disappointment for community members who came to express their concerns about the decision to close obstetrics in Banff, and an opportunity lost to engage public input by those sponsoring the event. The apparent attempt to mollify community opposition had the opposite affect making a bad situation worse, in my opinion.

I’m not a medical doctor, but I do have a doctorate in community and regional planning. Community engagement and public consultation are areas of my expertise. My work is mainly in the natural resources sector but the lessons are analogous. From what I saw, Alberta Health seems behind the resource sector. It reminded me of the disastrous forestry information sessions we used to see 10-15 years ago.

I told as much to Patrick Dumelie, President and CEO of Covenant Health. Whatever the evening’s intention, the result was to alienate people further. Community members came prepared to speak at the invitation to Let’s Talk, yet were consistently shut down when trying to share their point of view. The information session was set-up in rather one-way fashion with audience members only allowed to ask questions. If community members appeared to share point of view the facilitator cut them off demanding the process be respected and a question posed. Coupled with the fact that over 100 people showed up with only 30 minutes allotted for questions, it gave the appearance there was little interest in hearing what people had to say. It looked more like an attempt to stifle dissent than obtain input. Thus, community members left even more disgruntled and determined to fight a decision in which they felt they had no voice.

I had also scrutinized the Community and Rural Health Planning report for the Bow Valley Corridor (AHS and Covenant Health 2012) and discussed this with an AHS official. There was little on obstetrics. This community engagement process was closed-door by invite only. Various public health stakeholders were included but one of the most important was left out: those who would be using or denied service. The greatest tragedy is that pregnant women seem the most politically marginalized in all this.

The whole affair gives the impression of a decision made prior to community engagement, of using the process to justify a decision rather than make it. The result will limit the range of choice for women and their families with regards to health care in the Bow Valley. I am not convinced this limiting of

(Calgary Herald, 14/02/13). This gives the impression the event was somehow structured for community members to give input. It was not. Whatever the intention, the meeting was structured and conducted in a manner that curtailed authentic audience participation.

My hand was raised for 30 minutes throughout the session but I didn’t get a chance to speak. Like others in attendance, I had prepared for the opportunity by reading public health literature and studying reports. Several research papers suggest rural hospitals maintain obstetrics to sustain community health and quality of life. One of the most compelling is the “Joint Position Paper on Rural Maternity Care”, approved by the Council of the Society of Obstetricians and Gynaecologists of Canada, the Canadian Association of Midwives, the Canadian Association of Perinatal and Women’s Health Nurses, the College of Family Physicians of Canada, and the Society of Rural Physicians of Canada (J Obstet Gynaecol Can 2012;34(10):984–991).

You can Book the ASAC office Space! Contact us at president@asac.ab.ca

ASAC Annual General Meeting, June 9, 2013 @1-3pm ASAC office.
Address: 7219 - 106 street (next to Whyte ave and Gateway Boulevard)

(www.birthissues.org | SPRING 2013 birthissues 5)
choice will improve delivery of obstetric and family medicine
and believe it may lead to a decrease in the quality of health
care posing a risk to community sustainability. It’s hard to
avoid the conclusion that this was a politically motivated
decision made behind closed doors. Lesson from the resource
sector: notification does not constitute consultation.

David Lertzman, Ph.D., Canmore Resident

Editor: Closures of rural maternity services are a
real issue. Our hearts go out to all Banff doctors and
residents. We are glad that Dr. Michael Klein went out to
Banff in your support. ASAC continues to support you!

January 4th 2013

Dear Birth Issues,

As a community member and medical doctor practicing
obstetrics in Banff I am deeply concerned about the recent
decision to close obstetrics in the Banff hospital and
consolidate services in Canmore.

I believe that the decision making process was not
transparent. Only 0.44% of the Bow Valley community was
chosen to sit on the planning committee. How were these
individuals selected? How well were they informed of all the
facts, options and consequences of consolidating obstetrics
in Canmore? Whose interests did they represent?

70% of the Banff community said, “Yes that they are loosing
an important service,” Question of the Week, in the Banff
Crag and Canyon. However, research shows no improvement
in the quality of care in consolidating services. If anything
there will be added risk to the labouring mother.

While Banff and Canmore might appear close, they are
separated by a good portion of highway that is periodically
closed due to winter conditions. As community members
loose confidence in their hospital, expectant couples will be
under stress as they will have to consider the added travel
time, intensified with winter driving conditions. Over time
the population will be required to travel to Canmore for an
increasing numbers of medical issues, not just those that are
birth related, overburdening an already stretched medical
service in Canmore.

On December 11th, 2012 a memo was released from Barb
Shellian Director of Bow Valley Community and Rural Health
to Banff Hospital staff explaining the changes pending to
medical service profiles for the Bow Valley. I would like to
bring to the community’s attention some inaccuracies in this
memo that have been relayed to the press.

The low risk obstetrical clinic in Canmore is not a specialty
clinic. The physicians are general practitioners just as they
are in Banff.

Increasing the number of deliveries at a given hospital
does not on its own ensure quality, nor does it guarantee
appropriate staffing, safety and long-term sustainability.

The Canmore Hospital does not have better outcomes
compared to the Banff Mineral Spring Hospital. Indeed, the
caesarian section rate is substantially higher in Canmore as is
the rate for severe maternal vaginal trauma. These statistics
are undisputed and readily available from The Alberta
Perinatal Health Program. Canadian National Guidelines
show that there is no required number of births to maintain
competence. The nurses and medical staff at the Mineral
Springs Hospital maintain their skills through an established
ongoing Obstetrical Risk Management program and on site
workshops.

Research shows that while centralizing maternity care may
seem like a good idea, it exposes mothers and babies to
unforeseen complications that can result in far reaching
effects on the functioning of a community and its long-term
sustainability. Among the consequences of loss of maternity
care is the shift from a fully functioning community to one
known as a ‘high outflow community.’ In such communities,
physicians and nurses become less satisfied with their work
and less committed to their communities. Physicians, nurses
and the community suffer the loss of an entire skill set related
to women’s health.

The loss of one service, obstetrics, often means the loss
of other services such as general surgery and ultimately
more rapid turnover of medical/nursing staff and difficulties
in recruitment of a stable medical/nursing workforce.
Ultimately loss or reduction of medical services has a
negative impact on social and educational services. As the
community spirals downhill businesses find it difficult to
recruit employees where medical, health and community
services are limited. Centralizing maternity service will lead
to the de-skilling of the maternity service providers at the
Mineral Springs Hospital along with other services as well.
Some of these workers will leave as their work brings them
less satisfaction. This will put the hospital in a precarious state
as maternity cases will inevitably still present at the Mineral
Springs Hospital in conjunction with other services as well.
Paradoxically, and tragically, a decision thought
to improve risk and outcome will have the opposite effect.

Birth, and its support services, is a central pillar of community.
We need to maintain maternity care in Banff so that health
care providers can continue to care for the women and
children of our community and bring new members into the
world.

Dr. Jane Fowke G.P., Banff

Editor: Having visited the Banff hospital and met you,
I know how passionately you dedicate yourself to
families in the Bow Valley. You are much loved and a low
intervention, pro natural birth doctor like you should be
put on a pedestal. Instead the maternity services, and
personnel that you have been training for so long, is in
danger of closing. We are appalled. ✶
A few days ago, I attended the screening of the Ina May Gaskin’s documentary “Birth Story”. One of the things she said stuck with me - about how in our modern maternity system, one of the most important aspects of birth is often disregarded - the atmosphere, the sacredness of birth. Those of us who have witnessed babies being born in different settings can certainly affirm this. Birth is more than a medical event.

As I am writing these lines, I am preparing for the birth of my 4th baby. And by preparing I don’t just mean getting the logistics in place: diapers, clothes, car seat, etc. After all this was done I still felt that I was not ready. What I needed was time and space to go within myself and connect with my core beliefs. I needed to center myself and find my inner strength.

Birth is a powerful process that brings us beyond what we normally believe we can do. And although I have had 3 empowered, natural births, doubts are coming up - can I do this again, how is it going to be? Birth is always an unknown field where we will be put to the test. Instead of wishing my fears away, I acknowledge their presence. They might come up at times but they do not need to control me. I am also connecting with what I know to be true - that I am strong and I can do this.

I see giving birth again and for the last time in my life as an opportunity for growth and transformation. I know that my body and the body of every woman is perfectly designed for giving birth. All that is required is that my body can take over, with my mind being perfectly aligned and ready to let go, to be patient and open.

I wish all of us getting ready to give birth (in the near of far future) a blessed birth experience. It is special to give birth to another human being - cherish this miracle and take it as an opportunity to grow and expand your love.

This issue is dedicated to spirituality - in whatever shape or form fits each individual woman. I hope you will find some things to take away with you from the birth stories and articles on the following pages.

PS: A day after writing the above, I went into early labour and laboured for two days. The hard part of a long early labour has always been to conserve my energy and not get frustrated with the seemingly never-ending recurring contractions that don’t appear to go anywhere. Finally, on day 3, gears shifted and labour progressed quickly. Everything seemed just perfectly aligned and I enjoyed this labour. I felt lucid and grounded throughout with every contraction. The arrival of every person (midwives, friends, etc.) seemed timed exactly right.

When my baby’s head emerged, I felt like an opening flower and it was amazing to hold his little head in my hands for a while. Then he started to jerk backwards which was quite painful and disturbing. He probably needed a bit of extra wiggle room to rotate and after my midwife had helped him a bit, he slid out. Birth is such a miracle, over and over again, and being able to give birth or witness a birth are incredible blessings. I am still in awe.
Kavi Leo Peter Palmer
Niko and Antoine Palmer are full of joy and excitement about the arrival of their first son Kavi Leo Peter on Feb 16, 2013. He was born at home and in water, surrounded by midwives, doulas/ friends, photographer, his dad and three big sisters. Thank you everyone for your support and holding such a beautiful space.

Arianna Rose Allers
Cory and Amanda Allers, along with big brother Gabriel, are blessed and delighted to announce the birth of their daughter Arianna Rose. Little Rose arrived October 19, 2012 at 5:07 am weighing 9lb and measuring 20 inches. Special thanks to our midwife Noreen Walker and Ava Curtola for assisting with the 90 minute labour. Thanks also to Dorothy Espiau for her support and encouragement, and to my doula Rebecca McKinley for her work with Rose right after the birth. Rose we love you always and forever! We are overjoyed that you have joined our family.

Shay and Shasta are pleased to announce the arrival of Ariana Tavia Raine born on July 26th in the comfort of our home at 11:35pm, weighing 7lb 8 oz and 19.5 inches long. Shay was thrilled to assist in the delivery as well as announce, “It’s a girl” after a precipitous labour, just over 2 hours. She was welcomed by her big brothers, Marix and Teigue! We are very grateful for our midwife, Noreen Walker, and assistant Ava Curtola who brought much comfort as they arrived with 15 minutes to spare and made our home water birth such an amazing experience! We welcome you baby Ari and the love you have brought to our family. You truly are a gift!

Hayden Trinity Leduc
After an unexpected journey of bedrest and hospital stays, beautiful and healthy baby girl, Hayden Trinity joined Tara and Roger Leduc and her very excited big sisters, Rileigh and Tristyn, on July 19th, 2011 (35 weeks), at 4:00 pm, weighing 4lb 13oz and 18” long. Thank you to Westside Midwives for the best prenatal care, and to the Misericordia Hospital. And a very special Thank you to my mom for all the love, support, and care, when we needed it most.

Titus Alexander Hughes
Titus Alexander Hughes was born at home into his Mother’s waiting hands, with the assistance of our midwife Heidi Coughlin. After only four hours of active labour, he barely made it into the water in time for his Mother’s dream birth; a trying and healing experience after a previous cesarean, and one made possible in part from the presence of a dear friend Angele Bedard, and the loving patience of our experienced doula Claire MacDonald. The proud parents Erin Mayou and Scott Hughes, along with an amazing big sister Niaouli and several ecstatic grandparents, one who was lucky enough to witness the birth of her first grandson, are busy enjoying watching this little boy turn into one big happy baby!
Niko River Langdon
Niko River Langdon was welcomed by his parents, Cinnamon Stacey and David Austin-Langdon, and by his big brother, Teio, on March 8, 2012. He was born gently into the water at 9:50 pm and weighed a whopping 8lb 12 oz. Our eternal thanks go out to our incredibly supportive midwives, Mia Fothergill and Megan Dusterhoft for all their love and support during the pregnancy, labour and post-partum period. Many thanks are also due to Niko’s Auntie Shea for her calm presence during the labour and delivery, as well as for all the meals she provided for us during the post-partum period.

Zéa Whitley Dupuis
Jessa and Eli Dupuis welcomed Zéa into the world on February 5th at 1:48am in the most positive and powerful home water birth experience. She weighed 7lbs 4 oz and we fell in love with her instantly. Much love to our most amazing birth team - midwife Heidi Coughlin and doula Pam Davey. We were so lucky to have our home birth unfold as planned and now we’re enjoying this new adventure called parenthood!

Layne Anthony Arbour
Proud first time parents Jaycee and Ryan Arbour are delighted to announce the arrival of Layne Anthony Arbour at 5:27am on Father’s day June 17, 2012 and weighed 8lb 0.5oz. He was welcomed into a warm pool of water at the Lucina Center after a short but intense labour. We would like to thank our midwives Kerstin Gafvels, Marie Tutt, Maureen Fath and Leesa Mafuru for the wonderful care we received. And a special thanks to Beverley O’Brien for opening our eyes to the beauty of midwifery care.

Isaac Michael Milligan
Proud parents Rhonda Kelln and Scott Milligan and big brother Quinn are pleased to announce the arrival of Isaac Michael Milligan. Isaac was born at home on February 21, 2013 at 6:02 pm and weighed 8lb 13oz and was 22 inches long. A special thanks to midwives Heidi Coughlin and Barbara Scriver for their wonderful care. Isaac is a wonderful addition to our family and was worth the wait.
For just $25 a year (or $100 for a 5-year membership), you can support the organization that supports safe childbirth and parenting alternatives!

Your ASAC membership includes:
- Birth Issues delivered to your door
- Access to the ASAC library of books and DVDs
- Weekly playgroups for babies and toddlers
- Free birth announcements in Birth Issues
- And more!

To be a member of ASAC and to receive *Birth Issues* at home, fill in membership form found online on the ASAC website [www.asac.ab.ca](http://www.asac.ab.ca)

Note: Due to budget constraints, ASAC will no longer be issuing lifetime memberships or free one-year memberships. Existing lifetime and free one-year memberships will be honoured.

---

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MOTHERHOOD AS A SPIRITUAL PRACTICE:
THE TEEN YEARS

“In our journeys of Motherhood our children offer us the sacred opportunity to overcome our deepest fears; challenging us with our life issues, our fallibility, and our humanness.”

At first I think, “Wow, I still agree with this, fifteen years later.” But soon, I am not so sure.

I am not so sure.

At the time I wrote the quote above, the turn of the century, I was immersed in the chaos and crisis that came with my new mothering. I was trying to figure it all out. Came to some conclusions. Nail it down to secure myself in the knowing of why, what, where, how, and who, and you-name-it. Nothing wrong with that, but my thoughts have changed somewhat, now that my child is in her teen years. I can’t believe I have been a mother this long, and yes, in some ways I am not as sure. Not as sure of the security I was certain existed back then. A security I believed I would find. If I sought after it enough. Believing there was always an answer if one decides to work hard to find it. But I am learning to live a new answer, there is no answer, no one answer, no always answer. Now I think, “Yes, our children are our teachers, but they are so much more. “We must grow beyond how much they serve us in our personal explorations and growth.

They are not all about us.

Yes, they are not all about us. They can’t be, at least after a point, as they more fully grow into themselves and grow into their own lives, without us. My friend states that the process of demarcation (separation by distinct boundaries) begins as soon as they are born. Leaving their mother’s body beginning their separation into the world, with just their skin and individual body marking this distinct boundary. We, as parents, recognize the delicate balance of the separation process. It is a daily, hourly, minute by minute practice. Yet, before you know it, us and our children reach a tipping point. Where they are who they are, independent of us, and we are who we are. We have the opportunity to take another leap of faith, or a new leap of faith, and trust they know what is right for themselves and what their life path incurs. At the same time as we are perhaps yet to (if ever) understand what they choose, are doing, or are needing. We need only offer respect, meeting them where they are. M-m-m-m-m H-m-m-m-m-m-m-m-

Years ago when I first wrote about motherhood as a spiritual practice, I thought I had it all figured out, or a good bit of it figured out. At the very least, believed, that if I explored often and deeply enough, the divine wisdom, would come to me. And it did then and still does regularly if I ask. It could be applied indefinitely, like the Ten Commandments, to most if not all situations. It would hold me/us in good stead, so I could be the Best-Mother-in-the-World to my children. Yes, the wisdom still comes if I seek and ask, but usually it only applies to the day or situation at hand, a one-day best-before-date or a one-situation clause.

I now see, that although I would not say the opening quote (“In our journeys of Motherhood our children offer us the sacred opportunity to overcome our deepest fears, challenging us with our life issues, our fallibility, and our humanness”) is entirely untrue. I would more accurately say, that perhaps, more often than not, way back when, I had more intellectually figured things out; and with that, emotionally less so. Because, in knowing something as true, it does not necessarily make it easier to actually experience it or practice it. If we are so fortunate, Motherhood, is never over any more than life is over, until it is. How much the intellect wishes for security and domination.

There are no conclusions when it comes to mothering and motherhood. Nor, as I realized after a time, years ago are there experts. Perhaps only love is the expert. Perhaps, you are the expert, about you. How much, many of us, want some things to be different for our children. And there have been wonderful changes to many things that affect us and our children. Things like longer parental leaves and home birth being recognized as not risky for most. At the same time, as things we know the consequences of, like computers, and the effects on young children in our new and increasing paradoxically impersonal cyber-lifestyle. We were recently talking to our daughter about the time when she was born and there were barely any websites going on. Can you imagine?

Are there ever any conclusions about our lives that hold forever? Perhaps, when we die, as if we get a chance to conclude then. Death is perhaps the only conclusion at this point. Why do we want to conclude anyway? Are there ever any conclusions about our mothering that hold forever? Of course. As we occasionally assess our practice of mothering, and I must say I find myself assessing it with a similar intensity now, with my daughter in her teens as I did way back when. I would say I am The-Best-Mother-in-the-World to my daughter because, as I think wryly, I am the only mother to her. And she continues to offer me sacred opportunities to overcome my deepest fears, challenges with my life issues, my fallibility and my humanness. But, I must say, somewhere in this journey of motherhood, as she travels over the bridge from child to young adult, her life is about her, not about me. It has taken me some time to see this. I am not sure I could have done it sooner. Maybe nobody has. Maybe they have. I am not sure...

Editorial Notes
I look at him today, my bold, fearless son keeping up to his older brother and sister. I remember in 2009, I stood there, suspecting, knowing that I was pregnant. “How could I have been so stupid?” I thought to myself, “I can’t do this again.”

I was the mother of two children under the age of 2, living on low income, in a small basement apartment suite we could hardly afford. We barely had enough money for food, being hungry was a matter of life. My then-husband Jacob and I had moved 3 times over the past few years, for work and re-training. It had been lonely and exhausting. I had just recently started to feel like myself, gotten my body back. I had even started a workout routine at the gym. Sadly, I felt this was not the right time to have another baby.

As it neared Christmas I went to church. I thought of Mary being told of her pregnancy. I felt I could understand her feelings. And yet, unlike me, she had accepted this news from God calmly; allowing His will to flow through her. As I pondered this, acceptance began to flow through me. The shame of this unwanted pregnancy, the shame that had kept me from sharing the news of our new arrival slowly started to lift. “It will be a girl,” I thought, “A beautiful girl who I will treasure.” The thought blossomed within me. I clung to it with everything I had. Her name was all picked out. I happily shared it with my family and friends. I stopped feeling so apologetic about the ‘situation’ we were in, about our daring to have a child we so obviously couldn’t afford. A few weeks later Jacob lost his job and I found out I was pregnant with another boy, not the girl that had brought me so much peace. So many disappointments but I continued on...hungry, broke, and fearful.

The summer progressed. I got bigger and spent a lot of time visualizing how the birth would go. Every time I spoke of my previous births I would tear up. They were both very long and painful. For my first birth I laboured for 24 hours and accepted an epidural at 4 cm dilation. I felt disempowered by not being able to give birth without pain medication. For my 2nd birth I decided to hire a doula hoping that it would help me have a more satisfying birth experience. I had a day of pre-labour and then I spent 16 hours in labour at the hospital without the use of pain medication. However, I felt threatened by my doctor. Within 5 minutes of pushing, my doctor wanted to use the vacuum to bring my baby out. There were no signs of distress so I didn’t want her to. As I saw her reach out for a scalpel and the vacuum, I used all the motherly instinct I had and pushed my baby out in one huge push. My doctor still intervened by squishing his head down and yanking him out while I pushed him out. His cord was wrapped around his neck but he breathed immediately. I had a very large perennial tear, my son’s eyes were bruised and did not open them 3 days, and he had nerve damage in his shoulder. The treatment I received during this birth traumatized me. I felt the doctor had interfered needlessly and did not respect my autonomy.

This is partly why this time I had chosen to be under the care of midwives. I wanted a different birth, one that empowered me. I had read the books ‘Pushed’ and ‘Birthing from Within’, which made me re-think the hospital birthing experience. The midwives were so encouraging. They told me “You can do it!” and “Focus on how you want it to go!” I liked being around them, they lifted my spirits.

Then one day, things turned around for us: we had been approved for a 3 bedroom townhome, more than twice the square footage of our current basement suite. We almost didn’t allow ourselves to believe it. Having a home brought an immense sense of safety, peace, and hope to us. At home too we began a more positive focus. We shifted our way of thinking. The world was not out to get us as we had previously thought. It was ours for the taking. I also tried to change my way of thinking about labour. I had been concerned about all the energy that I would expend during labour. Energy I didn’t possess. Although I had no energy to spare at the
end of the day I realized that if I could visualize a beautiful future I could use that vision to inspire and encourage me when I felt low.

So, I did just that. I visualized myself as a mother of 3 healthy vibrant children. I had always wanted a large family and I would have it. The energy started to flow through me. Every time I would think about the tiring process of labour and delivery I would change tracks and think about my beautiful three children skipping about me as well as having my figure back. I also reminded myself that I had given birth twice, vaginally, naturally and successfully. I could do this. I had to do it!

Meanwhile, despite the fact that I did not eat 3 meals a day due to our impoverished financial issues, my baby and I had been very healthy. His kicks were strong and powerful. “He is going to be a big boy,” I said. We disregarded my smaller measurements on the charts. I measured small with my other two children and they had both been well within normal birth weights at 7 lb 8 oz and 8 lb 10 oz.

My baby was due on August 8th. I was hoping for a quick and smooth birth. My due date came and went, which was very disheartening. I wanted it to be behind me. Finally, a week later, on Sunday, August 15th, I woke up with contractions that were 10 minutes apart. I was hopeful. I dropped the kids off at my parents but my contractions stopped shortly after. Jacob and I walked around the mall to bring them back but they didn’t. Disappointed we collected the kids and went back home. The next contractions came and went. They were painful, but sparse, with no discernible pattern. They were still Braxton Hicks pre-labour contractions.

I went to bed and had a good night’s sleep, trying to put the thought of labour out of my head. In the middle of the night, I woke up with a stomach splitting contraction! They were once again 10 minutes apart but stiffer, more intense. I called my Mom asking her to pick-up the kids. Jacob and I relaxed on the couch. We watched a movie about Johnny Cash. I distracted myself, taking it all in.

Jacob kept urging me to call the midwives but I was enjoying this time alone with him, letting him know when the pain was strong and keeping it to myself when I could. I knew I was in it for the long haul. As much as I wanted my labour to progress I also knew I didn’t want any interventions to move the birth along. My last birth had gone overdue and I had felt pressure to give birth in an exact time frame. I regret accepting an early breaking of my waters and the ensuing difficult birth. This time I was committed to allow my body to have all the time it needed. I had confidence. I could do this. These thoughts comforted me.

After the movie we decided we would take a long walk to Dairy Queen. “We’ll go eat sundaes,” I laughed. It was about 1 p.m. at this point. It was a bright sunny day. On our walk back from Dairy Queen, big contractions hit me and I would lunge into them, tackling the pain head on, staying on top, riding the wave. I was doing it.

We got home, put in another movie. I was so thankful for Jacob’s patience, for giving me this day, for just being with me, doing nothing.

At suppertime Jacob suggested, “Call your midwife, and let her know so she can plan.” I finally agreed and called. I said we were planning to order food and she said it would be a while yet. As long as I still felt like eating it meant my body still hadn’t switched into active labour gear. I was not in a hurry any longer. I was enjoying this journey.

Halfway through our movie I just couldn’t focus any more. The surges were too intense. “Get in the birthing pool!” Jacob said. I didn’t want to because the books said to wait until later on in the labour, but I had been at this all day and I needed to relax. This is it, I thought. I got in the pool (which was installed in the kitchen). The pool allowed me to focus on other things than the pain. I could feel the water flowing around my body and I was able to move my body to a more comfortable position when contractions hit. It was getting dark outside. Time flew by yet stood still.

By 10 p.m. the contractions had subsided a bit. I was tired. I had thought it would be over by then. It had taken a lot of energy to concentrate at relaxing and being positive, allowing the pain to wash over me, not rejecting it, working with it. I felt my body had failed me again. Anger set in. I told Jacob, “That’s it! I can’t take it anymore.” I ran our flight of stairs, up and down, up and down. Then I decided to go in the little bathtub in our upstairs bathroom. With angry tears running down my face I called out, “Why God? Why must I go through this, after everything I’ve gone through already?” After, I went to bed, determined to sleep.

All of a sudden I woke up. Searing pain just ripped through my body. Well if it wasn’t before it was coming. It was about
12:30 a.m., August 17th. Jacob called the midwife and he said, “She says call her back in half an hour to let her know if this is really it.” I thought she needed to come now and I told him so. The feeling of enjoyment, of intimacy with Jacob was no longer to be found. I no longer wanted to be alone. This birth was happening.

I made my way downstairs, went to the toilet but waited for the midwife to arrive before I got back into the birthing pool. She got to us half an hour later. “Let’s check you and see how you’re doing.” She said. I was confident… This was it, progress. “Well, you’re a good 4 cm.” The words hit me like a ton of bricks. Nothing had prepared me for that. I had laboured for days, so patiently, I felt like I was in transition, and all I had was 4 cm? Surely not!

It was a little after 1 a.m. in the morning, we were tired, and the news just knocked all the wind out of my sails. It was all I could do to not give up. I think I cried, the next contractions were harder than ever. I struggled not to just let the pain take over. It was all I could do, but I knew I had to refocus. I was not going to let this get the best of me like I had with my first birth. Something had prepared me for that. I had laboured for days, so patiently, I felt like I was in transition, and all I had was 4 cm? Surely not!

With every ounce of strength that remained I put aside the distraction I felt from my own body. I again had intense back labour, just like with my other two babies. Jacob used a huge brick of silver (we had bought with our tax return), which we had frozen, and applied it on my back at the beginning of each contraction. There was no time to talk or negotiate anything, and it provided needed counter pressure while I was on my hands and knees, the only position I could tolerate. I was so happy he was helping. After maybe a half hour of this I got in the pool again. The water made it easier to tolerate my hands and knees position by helping to support my body, taking the weight partially off. We continued with the counter pressure. This went on forever.

By 3:30 a.m. I couldn’t take it anymore. “Let’s get you out of there, I’ll check you and see how you’re progressing,” the midwife said cheerfully. I balked at the idea; worried I would be just as far along as before. Finally I agreed, on the condition she did not tell me how far along I was. So between contractions I got on my back and allowed her to check me. Her face softened and brightened. “Good news! You’ve definitely progressed,” she said. “I think if I break your bag of waters, which are bulging right now, you could have your baby in half an hour or the next 20 minutes!”

“He shot out into the water, “Like a rocket with a trail of blood behind him,” said Jacob. I lifted him up. Sounds erupted from the back of my throat, high pitched, like a shriek almost, I couldn’t control it, I was so happy he was out. I had my naked baby in my arms. He looked big, powerful even, perfect… just as I knew he would be. He breastfed immediately.

Austen was born on August 17th 2010 at 4:10 a.m. weighing 8 lb 15 oz and measuring 22 inches. My biggest baby yet. He was home, I was home. There had been no hurry and he was just so calm. I was a mother of three. I had arrived. After this birth I had the tiniest of abrasions, no tearing. It made such a difference during recovery. I attribute the no-tearing to the water environment which supported the baby coming out, and the ability I had to let my body dictate how I pushed the baby out.

Immediately after the birth I felt powerful, like I could accomplish anything I ever wanted to do. This confidence allowed me to see the reality of my marriage, which was an unhealthy situation for me and my kids, and a year and a half later I was able to leave and start a new life for me and my 3 children. We aren’t looking back, we are looking forwards at our beautiful future.

Austen continues to have amazing motor skills, is exceptionally bright (as are his two siblings) and is much loved by both his brother and his sister.

Emily Hiller is excited to share her homebirth story which followed her two hospital births. In August 2010 she became the mother to 3 beautiful children, all under the age of 3.
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“Our highest endeavor must be to develop free human beings who are able themselves to impart purpose and direction to their lives.”

Rudolf Steiner
In 2010, after a surprise pregnancy and much mourned miscarriage at 40, my husband, daughters, and I decided we should undertake once more the sacred journey towards bringing a new life into this world. My older daughters, Lucia (10) and Cecilia (9) had both been born at home. With Lucia I had been a proud part of IMSEP, an Alberta study that helped prove that homebirth was as safe as hospital birth. Homebirth for low-risk pregnancies was an intellectual decision, founded in research, and also gentle and intuitive, which was part of my approach to parenting based on the Sears’s Attachment Parenting philosophy.

My two previous homebirths had been beautiful, spiritual experiences, attended by competent, gracious midwives; however, I also experienced excruciating physical pain. By the end of this pregnancy, in the fall of 2011, I would be 42, and this would be my final opportunity for birthing. My wonderful midwife practiced 10 minutes away from my house, and happened to be working with a student midwife who had attended ASAC playgroups with me a decade earlier. To get me back in the mood for natural birth, my midwife recommended I read Ina May’s Guide to Childbirth, which reminded me not only that, barring a few rare medical conditions, 95 to 98% of births can happen naturally, but also that if a woman can relax enough, birth can be joyful, pleasurable, orgasmic even. I read and prepared myself for this birth and thought mostly of my two lovely daughters, on the brink of puberty. I wanted them to see birth as a natural and spiritual process, not the terrifying medical procedure so often portrayed by media and by a number of acquaintances: harrowing hospital births where mother and/or baby had supposedly been ‘saved’ from near death, or terrible calamity, at the last minute by invasive medical interventions. I was prepared, experienced even. Everything seemed in place.

That’s when the curve ball hit. A few bouts of dizziness and shortness of breath on vacation in Cancun at 6 months’ pregnant and then the day I got home from vacation—boom—in my car in the turning lane in the midst of traffic, suddenly I couldn’t breathe; the world was spinning in and out of focus, my heart beating 188 beats per minute. I was rushed to the hospital by ambulance where I was cardioverted (my heart was restarted with electricity), subjected to a number of tests, and released a few days later with my diagnosis of a heart arrhythmia problem, exacerbated by pregnancy.

Suddenly, I was back in the medical system. I knew I needed competent medical professionals to help me with my heart, but how could I, once in the hospital, avoid submitting to the patriarchal view of birth, with woman as the ‘Object’ being ‘delivered’ of her baby? From my first diagnosis until the end of my pregnancy, I met many compassionate, well-meaning, medical professionals who gave me great care and kindly spent hours discussing my concerns with me. Yet I constantly came up against the same view: birth is so painful it would certainly stress my heart and require intense monitoring.

I educated myself and had counter arguments, “With a natural birth, endorphins will cancel out the adrenaline. I don’t see any reason for me to be under stress if I am just left alone and allowed...
to birth naturally without interference.” The various specialists I saw recommended the epidural from the onset of labour. I had reason to believe the epidural would lead to other interventions and actually trigger or exacerbate my heart problem, but strangely, intervention after intervention was seen as normal for the medical community in birth, and preferable to the supposed intense pain and stress of labour. However I argued effectively, backed by my research, and they conceded to try my way: to birth naturally with the idea that being relaxed and happy might best reduce the stress on my heart.

At 7 months’ pregnant, I visited the hospital with a positive attitude. The staff kindly offered to show me the birthing rooms. I was crestfallen by the uniform sterile shades of grey and lack of decoration. The bed was a high narrow dais on which to display the mother, and the baby warmer looked like equipment from Star Trek (to be used, I guess, instead of the warm mother who, presumably, might find it hard to warm the baby herself on the narrow bed). The room reflected the hospital’s view of birthing as a medical procedure: no acknowledgement of any spiritual or emotional aspect whatsoever, nothing to show that birthing a baby was any different from extracting a tumor or a hemorrhoid. How could I have a natural birth in that medical room, under extra monitoring of painful, concentrating on the joy of the impending event. All night I had these contractions. I was exhausted so I would lie on the bed or the couch, and all night, for each one, I had to get out of bed and kneel on the floor or I would start to experience pain. “This is not pain,” I kept telling myself. “If I get into this position, it is only a wave of each contraction. I practiced relaxing my jaw and singing out. I practiced trying to refocus the intensity as pleasurable instead of painful, concentrating on the joy of the impending event. During the next day, after labouring about 20 hours this way, my midwife came to check my dilation. Not only was I not dilated, but my cervix was also 2 cm thick. After all this work, I wasn’t even in active labour?

At 8 months’ pregnant, I saw the obstetrician my midwife recommended. Right away he reversed the medical verdict, proclaiming my midwife could admit me to the hospital. He agreed I should plan to birth naturally; he would only come in if a medical problem arose. His confidence in my ability to birth made all the difference in the world to me.

I began working on factors I could control. In my earlier births, I stopped progressing whenever other people were around. When alone, I would very quickly dilate. However, when progressing quickly, I would become frightened and experience pain. So, I decided: 1) to learn to relax regardless of my surroundings, to dilate even with others around, and 2) to work on tactics for trusting and giving in to my body once the contractions picked up, to avoid fear and pain.

I practiced Hypnobirthing techniques6 and read Orgasmic Birth5. I learned controlled breathing and relaxation exercises through a Qi Gong class: an ancient Chinese form of energy work. My daughters made decorations for the hospital walls, including a beautiful, enormous sign that said, “Happy Birthday, Carolina,” the baby’s chosen name. I packed pillows and blankets, and visualized birthing behind the high bed, where I could feel safe, hidden, and private. I asked my midwives to think of ways to protect me from other intrusions. I wrote a hospital birth plan. My daughters and I watched many birth videos and discussed them. I was beginning to feel ready for this birth. We kept thinking the baby would come early, as I kept having long bouts of ‘false’ labour.

My husband, Armando, had been putting off a business trip crucial to his career and our finances, hoping the baby would arrive. Eventually, he had to go. Another hurdle. I knew I had to birth without my husband’s help. We planned that either my mother or my Comadre Teresa2 would be with me whenever I had contractions, and that my midwife would take me to the hospital when the time came.

On the morning of September 1st, the contractions I was having had begun to regularize: coming every 10 minutes, then every 5 minutes, then back to every 10-15. Teresa came to stay with my daughters and I. We walked around the neighbourhood and I hung on to trees with each contraction; she helped me with the household while I had contractions.

I had forgotten how contractions felt. I believe opening up in this unaccustomed way feels so strange that many women panic and fight back against it. I decided to use these milder contractions to practice letting myself give in. I practiced relaxing and riding the wave of each contraction. I practiced relaxing my jaw and singing out. I practiced trying to refocus the intensity as pleasurable instead of painful, concentrating on the joy of the impending event. All night I had these contractions. I was exhausted so I would lie on the bed or the couch, and all night, for each one, I had to get out of bed and kneel on the floor or I would start to experience pain. “This is not pain,” I kept telling myself. “If I get into this position, it is only wonderful pressure.”

During the next day, after labouring about 20 hours this way, my midwife came to check my dilation. Not only was I not dilated, but my cervix was also 2 cm thick. After all this work, I wasn’t even in active labour?

My mother came over and Teresa left to attend her own family. The midwife said, “Wait to call me until contractions have been 5 minutes apart or less for at least half an hour.”

The rest of the day I laboured in a similar pattern. As night approached, I began to wonder whether staying up another night might be too much for my heart. I called my midwife, desperate and panicky. She suggested taking a small amount of wine, which she said may stop the contractions long enough for me to sleep and rest. The suggestion worked, and for one whole hour I fell into a deep sleep. I awoke to contractions that felt stronger but still too far apart. I let my mother continue sleeping and enjoyed these stronger contractions. After a while I noticed that I was shouting out loudly with each contraction. I was in a sort of daze, by myself, enjoying this unique experience, appreciating that it would be my last birth. At about 1 a.m. on September 3rd, I noticed the contractions were
5 minutes apart. I remembered what the midwife said about waiting half an hour, though, so I started writing them down: 5 minutes from the last, the next was 4 minutes, then 5 again.

I felt an intense sense of hunger, like I had just run a marathon, and thought I’d eat in case we would be going to the hospital soon. As I stood in the kitchen, trying to pour cereal, I felt this incredible force of my hips opening and the baby descending between them. I shouted out to wake my mother at 1:25 a.m. “Call the midwife,” I said, “And tell her we need to go to the hospital right now!”

I went between the couch and the floor, calling out orders, “Wake the kids, Mom. Call Teresa to come over.” I could feel the baby descending more and my hips opening, the head beginning to emerge, so I realized it was too late to leave the house. I felt so great, so empowered. There was no fear or pain, just a welcoming of the sensations. I walked around the house and gathered supplies, including a plastic sheet which I spread over the nest of blankets which I had on the floor. “Call the midwife back, Mom,” I said. “Tell her we won’t be making it to the hospital.” It was 1:35 a.m.

I kneeled back on the floor leaning forward over the couch, as my daughters got up out of bed. “Mom, we can see the baby’s head, and the midwife’s not here yet,” they said. What an amazing feeling, as the head started to come out; my heart felt fine. I was not in the least bit anxious, as I know fast births are generally a sign that everything is well.

“I’m going to wash my hands now. I’ll catch the baby, mom,” said my daughter Lucia, who has always been interested in medicine. Cecilia sat by me and comforted me. All those birthing videos had paid off! The midwife and Teresa both rushed in at 1:50 a.m. and found Lucia behind me ready to catch as I was pushing the head out. 10 minutes later, Carolina Jessica was born, into the midwife’s hands with Lucia assisting.

Then, for the first time, I meet my dear little third daughter. When you look into the face of your newborn child, for most, I believe that it is as close as we come in this life to seeing the face of God. Lucia, Cecilia, my mother, and Teresa all got to meet her too, comfortably, right there in our home, a very woman-centered birth.

Active labour had been a total of one hour. I had prepared so well to relax that my relaxed body must have tuned in to my longing to have the baby at home, and held off true labour until it was primed to do it so quickly that getting to the hospital would be impossible. I had not in any way planned this outcome, but I couldn’t help feeling delighted that my body had been on my side: had not betrayed me.

My mother brought in carrot cake with a number 0 candle on it, and we sang ‘Happy Birthday’ to Carolina. Teresa and my daughters unpacked the hospital bags and decorated our house with the homemade decorations. We had a lovely birthday party with the midwives. Happy Birthday, sweet Carolina Jessica!

Birth is the doorway to eternity. The woman’s body serves as a portal to bring, from nothing, a life into being. It is the closest we get in our lifetime to preparing for when we ourselves will one day inevitably suffer through our own surging physical transition, our own rebirthing, to meet our Maker. Wrapped up in an attempt to control and in a fear of the death that lies just beyond our reach, we so easily can lose track of the sacredness of the act of birth. Let us never forget to approach it with reverence.
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THE UNASSISTED BIRTH OF AOIBHEANN BREE HOLLY SIEVER

By Mary Siever

Well, what to say? Aoibheann (pronounced Eve-een) has surprised me throughout my pregnancy. I honestly thought she was a boy, especially with how active she was. I ‘planned’ she would come a little later in the week, closer to her due date, but this little girl fooled me.

I knew I had been getting closer to giving birth for the 4th time. Saturday, February 28th, 2009 started out normal for me: I went to the gym, where I had a bit of a run and a good spinning class. I listened to my body and I didn’t push too hard, but I did get a good workout going. My husband Kim and I went to the temple in Cardston in the afternoon for a session, and my mum watched our 3 children for us. Everything was fine; I didn’t feel uncomfortable or anything. No signs!

That evening, we had a church activity. Kim planned and prepared everything. It was a pizza party at the church. Everything went well and there were no signs of labour.

As we were leaving around 8:45 p.m., I felt my first sensation. I wasn’t too sure what it was, initially thinking my baby moving around was funny. The sensations were low down, which kind of confused me since my labours generally start higher up. A second thought told me this might be labour. I realized I hadn’t cleaned the washroom yet! It was on my to-do list for Monday!

After getting the children into bed, my husband and I did some preparations getting out our birth supplies, although it seemed like there would be plenty of time. I was tired, expecting to go to bed, but first I washed dishes, cleaned the toilet and switched laundry. I had a few sporadic sensations, which varied in intensity; some were light, some were stronger.

Later on, possibly around 10 p.m., I decided to have a bath, and that felt good. The sensations didn’t give me any sign things were progressing although I could tell I was dilating. To what degree I didn’t know. I did go to bed and though I didn’t sleep, I was able to relax some.

Kim got the crock-pot going with washcloths to support the perineum, and put the plastic sheet on the bed (just in case I gave birth on the bed, to protect the mattress from stains or contamination). Kim did some preparations for our church meetings in the morning and went to bed. I followed soon.

Off and on I woke up, using the washroom. The timing of my sensations varied: sometimes 10 minutes apart, other times 20–30 minutes apart. I did need to relax through them, but they weren’t too painful. I realized in spite of not doing Hypnobirthing preparations extensively, I knew how to relax and what I needed to do. Perhaps my previous 3 births helped, too, in knowing how to cope! I focused on staying as relaxed as I could and told myself it didn’t hurt. It certainly didn’t hurt as it normally had in my other births.

The last time I got up, I realized I needed to stay up. I wasn’t sure I was close to anything. It had already been about 6 hours of fairly moderate and sporadic labour. I did a quick self-check and did feel the head. Maybe 4–5 cm dilated? I didn’t venture to guess, nor did it concern me because I know how dilation works. You seem to be hardly dilated and then dilate considerably in a short period of time. I have not checked dilation before in labour, yet it always progresses!

Close to 3a.m. on Sunday morning, I had my husband Kim come into the washroom. I was labouring rather intensely while standing over the toilet, which felt the most comfortable to me. I knew I was in transition by how my body felt. The sensations were beginning to intensify, my legs were shaking and I had to concentrate more. I started vocalizing through stronger sensations, and I could feel the head moving down.

Checking myself again, I felt the bag of waters, which first kind of confused me (remember, I had never checked myself before, but then my other births, after transition hit, were all hands and knees so I couldn’t check myself at this point). I thought I was wrong and
that perhaps what I was feeling was not a bag of waters but a bum! I wasn’t unduly concerned though as we had educated ourselves about this possibility and knew what to do if a breech was a possibility. After all, breech is just another variation of normal. It felt good to either sit on the toilet seat and lean forward with each sensation or stand and lean on Kim. He brought me water, let me lean on him and encouraged me of course. The bag of water had obviously given way as I was dripping water. The liquid was clear. I was over the toilet because of that! Less clean up.

I could feel the head of our baby moving down, and as it got closer and the pressure built, I tried to hold myself back from pushing as I think it is unnecessary to push. However, I did have a natural need to push and so let myself push to a degree. Her head moved back and forth somewhat while I pushed. It was possibly around 3:15 a.m. or 3:25 a.m.

A few more sensations and I wasn’t standing over the toilet anymore. We had put chux pads on the floor, and as the birth was becoming imminent, I moved to stand a little away from the toilet, but still beside it. I was even feeling during transition that this was a much easier birth than my others had been. Even in transition, I felt more in control. I was focusing on being as relaxed as I could. It worked to a degree!

By about 3:30 a.m., I was supporting my perineum as her head was starting to show. After a few more sensations, her head came out, quickly followed by her body. I had hold of her, and Kim’s hands were there too, to help and support. This is the first of my children I have been able to catch myself! It was pretty wonderful although at the time I was just thinking of logistics. It was about 3:35 a.m.

We realized she was a girl and not a boy as we had been expecting throughout my pregnancy! She still had some vernix on her. She breathed easily and pinked up right away. We then untucked the cord which was around her arm and shoulder (and a short cord again). It was 3:38 a.m. Sunday, March 1st, 2009.

Before I even had a chance to sit down, there was our 11-year-old daughter Sinéad at the door. She had been sleeping upstairs on the couch and had heard Aoibheann make a sound and came to investigate. I found out later she had heard me from transition until the birth. As she was used to us birthing at home, it didn’t phase her. She just said later she figured the baby was coming.

Shortly after this, our other children, Aisling and Regan, woke up and came to meet their sister. I sat waiting for the placenta to come out, and it did about 40 minutes later. A little while after this, Kim clamped and cut the cord with clamps from our birth kit and sterilised scissors.

Aoibheann had tried to nurse some, but wasn’t quite getting it yet. She did want to be wrapped up though! After showering and cleaning up the washroom, we headed off to bed at about 5:30 a.m. No sleep for me though since I was too energised to sleep and the afterpains had begun. My afterpains were much less painful this time, which I attribute to the Polly Block's formula I had taken for the last four weeks along with calcium and floradix.

I felt so good after the birth of Aoibheann. I felt much more energetic and my recovery was much better. This was really a great birth and a wonderful learning experience for me as I realised I could reduce the pain strictly through my own preparation and thoughts. Each birth has brought a new lesson. With my first I realised I could manage and become stronger through the greatest pain I had ever experienced, with my second I felt I could go through the whole labour and birth a second time and with my third I understood the most important need for extensive mental preparation. We are so blessed to have our little Aoibheann Bree Holly.

On 23 April 2012, we had our fifth baby and fifth unassisted birth. Quillan Max Lamoni Siever was born into his father’s hands, in the shower after a wonderful, peaceful labour and another standing birth. The home is louder, but not really due to Quillan!

Editorial Notes

1. Aoibheann is our 4th baby born at home. My husband and I chose to birth all our children with only each other as support. Although it may not be everyone’s choice, we recognise that birth is an individual decision, not one that should be made by anyone else for anyone. We felt it was the right decision to birth this way. We prepared ourselves by reading and studying pregnancy and childbirth. I am a childbirth educator and was a student midwife a number of years ago. My husband Kim is very peaceful and confident in our births and we have a strong belief that birth, when free of outside influence, will most often happen without incident. We also believe in personal revelation (or intuition as some might term it) and believe that God is very interested in the births of His babies and will guide mothers in their births.

2. Although many in the medical community believe breech birth is risky, we believe that when handled in the correct way, breech is just another variation of normal. Even now, the medical community is coming out with the knowledge that vaginal breech is safer than c-section and this follows our philosophy. It’s when things are overly managed that it becomes risky.

Mary Siever is the homeschooling mother of five children and resides with her husband Kim and children in Lethbridge, Alberta. She is a nutritional consultant, loves to read, is passionate about natural, normal birth and breastfeeding. Her desire, outside of her family is to see a milk bank established in Alberta, and after that to see them established across the country and the world. In her spare time she runs, does yoga and tries to keep an organised house. The latter doesn’t happen very often.
MY SPIRITUAL BIRTHING ADVENTURE:
HOW TRUSTING MY INTUITION
HELPED ME HAVE A BEAUTIFUL
PREMATURE BIRTH

By Glenda Lane

It was Friday, July 29th, 2011 and we were off on our summer holidays. I had just finished my last day of work as a physical therapist the day before and my husband, Tom, my 23-month-old daughter, Sophia, and I were packed up in the car on our way to Kamloops, BC. I was 33 weeks pregnant and was looking forward to relaxing with friends and heading to the Shuswap for the first time. After a few hours of driving, we stayed overnight in Hinton and set off for Kamloops the next morning.

We had just stopped for some lunch, which we had picked up in Jasper, AB, and were back on the road. I wasn’t feeling great. I felt like I was getting a cold or a flu bug. It was 1:00 p.m. and I had been handing something to Sophia in the backseat when it happened. My water broke! For a split second I thought I had peed myself, but knew right away that was not the case. I was definitely shocked. A number of thoughts immediately flooded my head: How fast is this baby going to come? What position is she in? Will I need a c-section if she is breech? How will my baby fare being a preemie?

This is where my transformational energy coach training kicked in. In the past, I would have been stressed, focusing on every negative thing that could go wrong. Instead, I centered myself in the present moment, grounded myself and connected with energy from the universe. I set my intention that both the baby and I would be safe and well-looked after. I kept my focus on my breath and surrounded my baby with golden light to protect her. I relaxed and told my baby that everything was fine and there was no reason to worry. We immediately headed to Clearwater, which was about 30 km away, to find out where the closest hospital was.

As luck would have it, there was a hospital right across the road from the information center in Clearwater. As luck would have it again, it was the only hospital between Jasper and Kamloops. At 1:30 p.m. I walked into the hospital with a change pad between my legs and was welcomed immediately by two nurses. The doctor on call was actually from Kamloops and was covering the long weekend. I was given a steroid injection for the baby’s lung development and an ambulance was summoned to take me to Kamloops, as they didn’t deliver babies, especially not premature ones, in Clearwater.

It was a 1 ½ hour drive to Kamloops by ambulance with Tom and Sophia following behind in the car. I was a little disappointed that they didn’t turn the siren on! The hospital staff was waiting for us on the maternity floor at the hospital in Kamloops when we arrived. After a vaginal examination was performed and it was confirmed that my water had broken, I was put on bed rest with the hopes that the baby would stay in as long as possible. The doctor was hoping for at least another week so our baby could be at least 34 weeks old. Delivering my baby as close to 37 weeks as possible was best for our baby’s organ and neurological developments. My baby, however, had plans of her own.

Tom and Sophia stayed at my friend Holly’s place while I was in the hospital. I had lots of time to reflect on this adventure while lying in bed. My plans to spend my labour in a tub with my doula guiding me were out the window. My birth plan had been to give birth at the hospital with my obstetrician and my doula. I had been hoping to labour in a tub since I did not get to do this with Sophia’s birth. I was a little disappointed about what having a preemie meant to my birth plan, that my birth was now considered high risk, but I accepted that this was my current reality as resisting it would have been pointless. I focused on sending my baby lots of love and reassured her that I was there for her. I tapped into my intuition and had this deep knowing that both my baby and I were going to be just fine. I felt well looked after. I set my intention that my baby and I would remain happy and healthy and released it to the universe.
Two days later, on Monday morning at 10 a.m., I began having some mild contractions about 20 minutes apart. They didn’t seem to be progressing much until mid-afternoon when they became stronger and more frequent. I called Tom to tell him to come to the hospital, which he did leaving Sophia with our friends Marcus and Lisa who were vacationing from Edmonton as well.

My nurse was a lovely lady with 30 years of nursing experience who had actually delivered babies in England. This was very fortunate, as you will soon see. I spent most of my time on the physio-ball, rocking away. There were no showers or bathtubs in the rooms so I was unable to use hot water for relaxation during my labour. Things weren’t progressing as quickly as I expected them to. By 6 p.m., I was only 4 cm dilated.

I began to get the shakes at 8:30 p.m., so I moved to the bed and lied on my side. While lying there I was able to catch my breath and relax for a while. But then, all of a sudden, I had a huge urge to push. Tom and the nurse were telling me not to push, as we didn’t think I was fully dilated yet, but there was no way I could hold back. The nurse yelled for the doctor as she karate-kicked a chair out of the way and put her gloves on with Tom’s help. I was oblivious to it all as this baby was about to appear. Three pushes were all it took and out came a beautiful little girl with dark hair at 10:59 p.m. The nurse supported us during the birth, as our daughter was not about to wait for the doctor to arrive.

My baby was on my chest for just a moment before the neonatologist took her off to the side of the room to examine her. My little girl cried when she first arrived but then was very quiet. I wasn’t worried, as my first daughter didn’t cry at all when she was born and the neonatologist said this baby was doing well. She weighed 4 lb 7.9 oz (which is a great weight for a preemie), and was breathing on her own (also a great sign). In fact, she scored 9’s on her two Apgar scores so she was quite the little superstar. I was still in a state of shock at the suddenness of her arrival. I felt a mixture of relief, happiness and emotional fatigue.

As is protocol for all preemies, our daughter later went to the Neonatal Intensive Care Unit (NICU) for further observation. Tom and the nurse were telling me not to push, as we didn’t think I was fully dilated yet, but there was no way I could hold back. The nurse yelled for the doctor as she karate-kicked a chair out of the way and put her gloves on with Tom’s help. I was oblivious to it all as this baby was about to appear. Three pushes were all it took and out came a beautiful little girl with dark hair at 10:59 p.m. The nurse supported us during the birth, as our daughter was not about to wait for the doctor to arrive.

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As is protocol for all preemies, our daughter later went to the Neonatal Intensive Care Unit (NICU) for further observation. Tom went with her of course! At 11:45 p.m., after a wonderful shower, I was wheeled up to the NICU to see my little girl. For a baby born at 33 weeks and 2 days, my daughter was amazingly healthy. Even her blood sugars were good, which was a concern since I had gestational diabetes. The nurses couldn’t get over how well she was doing and said that they had never seen a baby born at that gestational age doing so well.

We chose a beautiful quilt with ducks on it that the Kamloops Quilters had donated for her isloete. Sophia loved ducks at the time so it made our choice very easy. I practiced kangaroo care and held my new daughter skin-to-skin against my chest with a blanket wrapped around us. She snuggled in and fell asleep. I felt such a sense of peace and joy that would last our entire stay in Kamloops. Tom was even able to stay the night with me in an enormous private room that had a beautiful view of the mountains. At 2:30 a.m. we closed our eyes, giving thanks for the safe arrival of our gorgeous girl, Julianna.

The next morning we phoned our family and friends who, as you can imagine, were a little shocked and overjoyed. Marcus and Lisa offered to take Sophia to the Shuswap for the day, which was wonderful as it gave Tom and I time to rest and bond with Julianna. Julianna had a great night and both Tom and I held her that morning in the NICU. We were still in a bit of amazement that all this had happened.

Because the sucking reflex only starts at 34 weeks gestation, Julianna couldn’t feed on her own yet. To feed her, Julianna had to have a nasogastric tube filled with breast milk inserted into her nose. I would hold my daughter during her feeds and had her on my breast when she wasn’t too tired. The staff was pretty sure Julianna would be at the hospital for at least a few weeks until she could feed independently and pass the car seat test.

I was released from the hospital on the Wednesday. Neither Alberta nor British Columbia provincial health care would foot the bill to transfer Julianna to Edmonton, so I had to stay in Kamloops until our daughter was released from the hospital. Tom and Sophia returned to Edmonton at the end of the week. I sobbed as they drove away, partially due to my hormones and partially due to being away from them for at least several weeks.

Despite missing them terribly, after spending some time to myself, I realized that this whole experience was a real gift. I actually had time to rest and take care of myself. My recovery was phenomenal. My baby was being so well taken care of and I had a chance to just focus on her. I was so rested that I easily produced enough breast milk, which I pumped religiously and left at the hospital for feedings throughout the day. Had I delivered Julianna in Edmonton, I would have spent my entire days at the hospital and then come home in the evenings to look after Sophia. I would have been exhausted. I got to feel so much better 6 weeks earlier than if I had carried Julianna to full term, as I hadn’t felt great throughout this pregnancy. I got to enjoy the beautiful summer weather in Kamloops and spent time with my fabulous friends.

On August 23rd, Julianna bottle-fed throughout the night so the nurse thought we should attempt 48 hours of bottle/breast feeding only. Julianna passed with flying colours and aced the car seat test as well. We were allowed to go home! Woo hoo! I even had 4 litres of frozen breast milk to bring back to Edmonton. I booked a flight home for the next day. I was so grateful to be home with Tom and our 2 girls and was looking forward to starting life as a family of 4.

Not once during my whole experience in Kamloops did I worry. I trusted my intuition and everything magically fell into place. We were so well looked after. Staying grounded and in touch with my intuition served me well. Using the energy tools I had learned helped keep me calm and in the present moment. A mother’s intuition is so strong and powerful. All we have to do is listen to it, trust it, and act from it. Intuition is one of our greatest gifts if we choose to use it. It just requires some practice. There is so much information available to us and everyone has their own opinion on matters. It is easy to feel confused and inadequate with all the conflicting advice coming at us. What really matters is what is right
for you. What is in alignment with your values as a mother? What is your inner wisdom telling you? Instead of looking outside of yourself for the answers, listen to and trust your intuition. If you do this you will live your life feeling empowered and confident instead of constantly second-guessing yourself. The peace that comes with that is priceless.

Nine months later, Julianna is thriving. She is crawling, saying “Mum-Mum” and can be found laughing with Sophia all the time. She is a Momma’s girl, which is not surprising since we had that initial bonding time together. I often look at my 2 girls and feel so blessed that I get to be their mother. I’m looking forward to experiencing future adventures with them and teaching them how to use their intuition to guide them on their life journeys!

Editorial Notes
1. A breech baby is when a baby is presenting its bottom (frank breech) or feet first (footling), rather than the head. Today the Society of Obstetricians and Gynecologists of Canada (SOGC) encourages women to give birth vaginally, rather than having a cesarean section—even if your baby is breech when you go into labour.

2. Babies don’t breathe with their lungs while in utero, they use the oxygen provided by cord blood. Because lungs are the last organ to mature, usually around 36–37 weeks gestation, steroid injections are given to help mature the lungs of a fetus who is suspected to be born premature (so that they can breathe after their birth).

3. Neonatologists are called to a Labour and Delivery room after a birth if babies are showing signs of distress during a birth, immediately after a birth, or if they are premature. They may also come if the delivery was difficult or if it was an instrument delivery. They are highly trained to support compromised newborns.

4. The Apgar score was devised in 1952 by Dr. Virginia Apgar as a simple visual method to quickly assess the health of newborns immediately after birth without taking baby away from mom and to know whether or not baby needs urgent help. The score is determined by evaluating the newborn baby on five simple criteria. The criteria are appearance, pulse, grimace, activity, and respiration. It is done silently in the caregivers head at one, five and ten minutes after birth.

5. For most women, gestational diabetes is pregnancy-induced diabetes. It is an increase in blood sugar levels due to the pancreas being unable to keep up to the extra demands during pregnancy. It can be harmful to the baby as it can increase the blood sugar levels of baby: this can have future problems such as an over-taxed pancreas, low blood-sugar levels after birth, or an increase of weight particularly in the upper body, around the shoulders and head which could cause difficulties during delivery.

Glenda Lane is a transformational coach who helps people make changes in their lives when they don’t know how. She lives in Edmonton with her husband, Tom, and her two daughters, Sophia and Julianna. Glenda loves the outdoors, road cycling, and dancing with her girls. ✤
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REMEMBER ME: A JOURNEY OF FAITH

By Krysta Koppel

For as long as I can remember I wanted to be a mom, and I always believed that it was part of my faith’s plan for me. Little did I know that my journey to becoming a mom would be a difficult one, full of ups and downs and constant surrender.

There are so many things in life that we take for granted and unfortunately, it sometimes takes a hardship to make us take a step back and recognize where we need to put our trust. I just assumed that becoming a mom would be as easy and natural for me as it was for so many others around me. However, it took 2 years of trying before we got pregnant for the first time, and 10 weeks into that pregnancy, we found out we had lost our baby, who we named Poppy. We were absolutely devastated. How could this happen? Where was God in the midst of our heartbreak? Thankfully we have a wonderful community of family and friends that helped us work through our loss and I was reminded that we needed to continue to put our trust in our faith.

We lost Poppy in the summer of 2010 and that fall and luckily I had a new, amazing teaching position. While I knew that I always wanted to be a mom, I really came to be at peace with my calling as a teacher and put all my energy into my teaching. In the back of my head and heart though, I couldn’t shake the desire to still be a mom.

I kept giving my dream over to my faith and began meditating on verses from the Bible that talked about having children. As I began to search out scriptures, I came to realize that every barren woman in the Bible eventually was able to conceive (Sarah, Rachel, Hannah, Samson’s mother, Elizabeth). My faith began to build as I realized that even though my journey had not turned out the way I thought it would, it was far from over and God still had good things in store for me and my husband, Ty.

One of the women in the Bible that I have always been drawn to is Hannah, the prophet Samuel’s mother. Hannah was barren and it obviously troubled her so she made a prayer of petition and surrender. She asked the Lord to remember her and grant her a son. She promised that if she had a son she would give him back to His service. According to the story, the Lord did remember her and acted on her behalf, with favor. This shed a whole new light on the subject!

It was January 2011, when after meditating on Hannah’s prayer for some time, I stood in the shower and simply said, “Lord, remember me”. Instantly, I heard in my heart, “I did remember you, on the cross”. I was so blown away by this realization. The realization of my dream that I was striving and often begging God for had been available for me all along. According to my beliefs, God acted on my behalf by sending Jesus to die on the cross and break the curse of sin and death. Even though I had not seen the fulfillment of the promise as a direct promise to me, I found hope knowing that my desire to have a child was remembered on the cross and already taken care of. All I had to do now was trust and wait on Him. This was so freeing for me. I didn’t have to worry whether I was going to get pregnant again or bear children, my beliefs helped remind me that God had remembered me on the cross and that it was His will that I be fruitful and multiply.

About that same time (January 2011), Ty and I started noticing the number 11 popping up everywhere we went. I was teaching grade 7 at the time and randomly, students would pipe up and mention when it was 11:11. It seemed every time we looked at the clock it was 11:11. At first we didn’t think too much about it, but after a while we began to wonder if it was more than coincidence (and we do happen to believe that not much is coincidence with God!). We were not really sure what it all meant at first, so we began searching out scripture for different 11:11 verses. I stumbled upon one verse talking about Sarah having power to conceive, even though she was old (and it should have been impossible), because “she considered Him faithful who had promised”. We also discovered, after talking to different friends and leaders, that 11 represents transition (mostly from disorder to order and alignment) and double faithfulness.

Toward the end of February, to our surprise and excitement, we discovered that I was pregnant again. Along with the joy and anticipation, came a heavy dose of fear and trepidation. Of course, my mind continually wanted to wander back to what happened with Poppy and it was a struggle to constantly bring my thoughts and fears to submission to my faith. On top of that, we had different situations throughout the pregnancy where fear wanted to enter in. Different ultrasound results showed the potential for areas of concern and while I understand that the role of medical professionals is to provide different case scenarios, I was so thankful for our wonderful midwife who brought us balanced perspectives and gave us the power of choice!

The chance of our baby actually having health issues was very small but hearing them nonetheless definitely tested our faith. After having two ultrasounds, we turned down the third because we had been praying and believing for the health and wholeness...
of our child and we weren’t going to stand for anything less. Again, we used scriptures and declarations to speak life and health into our baby and to bring peace to our own hearts and minds.

One of the blessings of having the second ultrasound was that we found out we were having a girl, which we were super excited about. We had chosen the name Sophie Grace long before we ever conceived and we really believe that her destiny is rooted in her name. Sophie means wisdom and Grace is God’s unmerited favour and operational power. Sophie’s due date was November 6, 2011, which I thought was cool because it contained the numbers 11. But Ty took it a step further, hoping for her to be born on November 11th, 2011.

As the days drew closer to her due date, Ty and I had really established in our hearts what we wanted for labour and delivery. I believe that the pain and strife of childbearing was brought on by the curse when Adam and Eve originally sinned, but that the curse of sin and death was broken when Jesus went to the cross. So I really began to ponder what redeemed childbirth could look like. What did God originally have in mind when he designed a woman’s body for childbirth?

I was so moved by articles and birth stories from the Fall 2011 issue of Birth Issues which gave new perspectives on pain and childbirth. Society and media have created this picture of how miserable giving birth is, it’s a little wonder anyone does it anymore. And in the midst of their portrayal, they strike fear in the hearts of women (and men) about how difficult childbirth will be.

Now, it doesn’t take much investigation to figure out what fear will do to the body. When we are frightened, we tense up, have restricted breathing and our heart starts racing. For a woman who is trying to deliver a baby, that is going to complicate matters! The prenatal classes Ty and I took, talked about the importance of relaxing every muscle, breathing calmly and deeply and settling your heart and mind. In other words, allow your body to enter into peace. I believed that if I walked in rest and peace, I could have a natural, pain free, complication free labour and delivery.

Sophie’s due date came and went and Ty really began going for the possibility of an November 11th, 2011 delivery. I, on the other hand, wasn’t so sure... I had an appointment with our midwife in the morning of Thursday, the 10th. She didn’t think I was progressing along very fast, but we used a couple of tricks to try and naturally induce labour. Our midwife gave us a disclaimer that if the baby or labour were not ready, the tricks wouldn’t work.

My mom arrived around noon. We had lunch and did some errands and I didn’t feel a thing. At 3:00 p.m. I took an herbal cocktail, which included lemon verbena and castor oil. My midwife told me to rest for a couple of hours while it absorbed into my system. The hope was that it would be a natural way to augment my uterine contractions.

By 5:00 p.m., I started having some dull cramps in my lower
abdomen. I had them off and on the past couple of weeks, so I didn’t think too much of them, so we ordered supper.

By 7:00 p.m., the cramps were coming fairly frequently so I figured they were probably contractions. We shipped our dog off to friends and I tried to settle in to watch a movie, because I knew the early stages of labour could take several hours. However the contractions were coming every 5-7 minutes, so it was a little difficult to focus on the movie!

We had decided to have a homebirth and deliver in the water, so Ty went to setup the birthing pool in our living room. I decided to move to our bed to wait out the contractions. I started playing worship music and Bible verses. Ty joined me and was a champ at rubbing my back through each contraction. While I certainly felt the contractions, they were by no means unbearable and I probably had only one moment (just before my water broke, I believe) where I thought, “If I was in the hospital, I would probably want something for the discomfort”. But I pushed that thought aside and focused on working with my contractions to get my baby out.

Around 9:45 p.m., our midwife arrived. We also had our prenatal coach with us, which was great because she made sure I stayed hydrated. My mom was there too getting things done around the house.

By 10:30 p.m. I was in the birthing pool (my only regret was not getting in there sooner) and I remember being amazed at how fast the time seemed to be going by.

At about 11:00 p.m., my body wanted to start pushing, but I still had a couple of centimeters left to dilate3. Our midwife had me making motor boat sounds with my mouth to prevent my body from bearing down, which even then seemed hysterical, but totally worked!

The longest part of the whole labour was probably from 11:00-11:30 p.m. while I waited to finish dilating. I actually had to turn so I couldn’t look at the clock and I just focused again on the music and letting peace wash over me.

At 11:30 p.m., our midwife declared that I was fully dilated and could start pushing. I was ecstatic! I knew we were close to midnight, and November 11th, but I told Ty I wasn’t going to hold the baby in! I honestly found nothing more satisfying than to be able to push and work with my body as it was trying to get our baby out. And while it certainly didn’t tickle, it wasn’t at all unbearable. In 3 to 4 pushes, her head was out and on the very next push, the rest of her followed. Everyone was so surprised; our midwife said after all this time she didn’t expect me to be so efficient!

We quickly got our newborn daughter Sophie up and out of the water and onto my chest, at which point I discovered that she had been born at 12:05 a.m. on November 11th 2011. Remembrance Day. God is so faithful! She was so calm and peaceful and alert. Sophie heard my voice and looked up at me right away and then heard her daddy and looked up at him. It was spectacular and truly supernatural. I couldn’t have asked for anything more in that moment. God’s goodness, faithfulness and love so overwhelmed me. He truly had remembered me and our beautiful Sophie Grace had arrived.

Sophie is one year old as I write this, and as I look back over the past year, I am in awe of what an incredible gift we have been given. Sophie brings so much joy and life, not only to us, but everyone she comes in contact with. We are so blessed and thank God every day for entrusting us with her.

Editorial Notes
2. Castor oil causes mild irritation of the bowels which stimulates the uterus to contract and can cause labour to start. It should only be used if the cervix is favourable, that is, stretchy. If the cervix has not started to change you run the risk of exhausting yourself, getting dehydrated, and compromising your baby. It can be taken with apricot juice, verbena oil, and almond butter.
3. Generally the pushing stage of labour begins once the cervix has dilated to 10 cm.

Krysta Koppel resides in Spruce Grove, Alberta with her husband Ty and daughter Sophie. Along with being a mom to Sophie, she is also a part time substitute teacher for Parkland School Division. Krysta loves to cook, garden, read and watch football on Sundays. She enjoys sharing her story of hope with anyone who will listen and be encouraged! ✿

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WITH GRATITUDE: OUR THANKSGIVING BABY

By Sarah Krikke

January 2008. Partway through graduate school and enjoying my work at a large social care agency in Edmonton, I nonetheless sensed my heart homing down into another realm. When my husband and I discovered we were pregnant, I couldn’t have been more perfectly and peacefully content. We were going to have our first baby.

I grew up listening to my parents’ telling and retelling stories of remote West Coast births: My dad flipping through a “support-your-wife-in-labour” type of book while my mom was in labour with me. My mom labouring in a boat and then in a float plane while en route to the hospital. Due to our family history, my view of birth has always been one of journey and adventure.

My husband and I knew we wanted to do things naturally, but we didn’t have the confidence (nor the exposure or the education) to birth at home “the first time around”. We planned to give birth at the Westview Hospital with the Shared Care Maternity Program out in Stony Plain¹.

The care I received was different than in most hospitals. I had registered midwives as my primary caregivers (an obstetrician was on call) and group prenatal visits², all of which was covered by Alberta Health Services (at the time midwifery care was not covered by AHS). The Shared Care Maternity Program was only for low risk pregnant women who were expecting low-risk births³ (which becomes relevant to our story later). I enjoyed the group sessions and appreciated the informal but professional level of care.

We decided to hire a doula, figuring we could use the extra support, in addition to the excellent birthing environment we knew we’d have at the Westview. My pregnancy was beautiful… spring and summer were lovely times to be abloom and biking through the river valley to work. We looked forward to giving birth around Thanksgiving!

Thursday, October 9, 2008. My husband, Josh, looked at me as we settled into bed and said, “you’re going to have this baby soon”. Fatherly intuition! The next morning at about 8 a.m., I rolled over and my water broke⁴. I called the Westview to check in with a midwife, who asked about other signs of labour. When I had none to report, she recommended that we head out to the birth centre the next morning to assess progress. The midwife was warm, relaxed, and very reassuring.

As I wasn’t experiencing contractions, or any other pain or anxiety, I baked a couple pumpkin pies for a family gathering and called my mom to bring my grandparents and aunt over for tea. I phoned my husband, but told him that it was still early and he didn’t need to come home yet.

Other than feeling a bit of a buzz, and needing to run to the washroom to change pads every so often, the day passed pretty normally: I drank lots of water, kept an easy active pace, and packed our bags. Later in the evening, I had a bit of bloody show⁵ and loose stools. I didn’t get a lot of sleep that night but also didn’t experience a lot of pain either. It was still pre-labour.

Saturday, October 11. A brilliant morning and our due date. Josh and I went for a vivid walk up and down a couple of ravine staircases to help move things along. The silver frost was ablaze on bronze grass and copper leaves; our breath was as pale as the husk of the moon still in the sky. At about 8 a.m. we loaded our bags into the car and set out for Stony Plain. It was a ride of peaceful silence and anticipation.

Once we arrived at the Westview, a nurse got us settled into a birthing room and hooked me up to a monitor to check for contractions. Although I couldn’t feel them, the monitor said I was having very gentle surges that had no particular pattern. The midwife on-call did an internal exam to see how my cervix was doing and to confirm that my water had indeed broken. After the internal exam the midwife left the room, saying she would be back after consulting with an obstetrician at another hospital on the phone.

Wait… Why did she need to consult an obstetrician?

Josh and I were starting to feel slightly edgy. I sensed some anxiety on the part of the midwife, which rattled me a little. When the midwife returned, she explained that the obstetrician had recommended a transfer because my cervix was still firm, hardly dilated, and my membranes had been ruptured for more than 24 hours⁶. The obstetrician surmised that perhaps the cord was wrapped around baby’s neck, keeping my baby’s head from dropping down which could be preventing the head from putting pressure on my cervix. I was dilating, but much more slowly than was to be expected.

I put my head on my husband’s shoulder and wept quiet tears. I was now considered high risk and could not give birth at the
Westview and would no longer be under the care of midwives I knew. The ambulance ride to the Royal Alexandra Hospital was the most difficult stretch of my entire birthing experience. I continued weeping, resisting the sudden change in our birthing plans. But the trip and the tears were a good opportunity to emotionally and spiritually let go, even as I was being physically carried away from our hopes and intentions.

Once at the Royal Alexandra Hospital, Josh and I settled into an assessment room with two beds and picnicked on bread, cheese, and tomatoes. It simply felt good to be together. Our doula, who had met us there, asked how we were doing and I remember looking at each other in the sunlight and saying, “I think okay,” and really meaning it.

Enter the obstetrician. She took one look at little tiny me with my big belly and said, “There’s no way you’re delivering this baby vaginally”. Then she asked my shoe size and murmured, “Well, maybe”. She gave me a painful internal exam (hard as a rock) and ordered an application of prostaglandin gel to help soften my cervix because I was only about 1 to 2 cm dilated at that point. After the meeting with the obstetrician Josh and I headed back to our sunny room to cheer up. I did lots of hall walking, had some secret snacks, took some catnaps, and drank lots of fluids.

All of our nurses were lovely – we had a couple dozen in the time we were there! The obstetrician respected our desire to limit interventions, but I was shocked and insulted by the way she related to me; my husband was angry and appalled as well. At the time, I felt protected by an inexplicable sense of peace, but after the birth once we were home again, I realized I had some emotional residue to deal with. In any case, Josh and I eventually asked the resident shadowing this obstetrician to do subsequent internal exams. She was supportive and discreet; we never saw the other doctor again until I was on my way to a delivery room and she was on her way off shift.

Around 6:45 p.m., our doula and I went on a sunset walk through the halls of the Royal Alexandra. Through the windows I could see the spires of the nearby Orthodox Church silhouetted dark against the sky. After the walk, Josh and I requested and paid for a private room for the night (we were still not admitted in Labour & Delivery). My contractions picked up in frequency and intensity as the night wore on and while my cervix softened after a few applications of prostaglandin gel, it continued to open at a very slow rate.

The whole experience was entirely unexpected. Our doula was a godsend, helping us navigate hospital protocols, consider possible interventions, and advocate for the gentle, steady birthing process we desired. She was also just an incredibly intuitive, affirming presence, which freed my husband up to be everything I needed him to be. My favourite place to labour was kneeling over a birth
ball on the bed, with Josh’s hands kneading my lower back, lights
low, and soft sounds. Time in the shower, calming scents, and a
heated hemp bag also helped too.

After a cervical check indicated that I was dilating more rapidly,
we made our way to a delivery room just as the sun was rising.
I remember pausing during that walk to hold onto the hallway
handrails to breathe through contractions, but I don’t remember
much pain. The nurses on the unit were welcoming and remarked
on the peace we brought with us.

I was hooked up to a monitor to track my contractions and baby’s
heart rate. It was a lot more restrictive, in terms of movement,
and a lot more uncomfortable so I asked if I could be taken off
the monitor. On one level I felt like a beached whale, wracking
through contractions and heaving into a puke pan; on another
level, I felt very peaceful, squeezing Josh’s hand with surges and
floating into brief moments of sleep between contractions. I think
the nurse who had hooked me up to the monitor was on her break
because after an hour and a half another nurse finally unhooked
me. Once I was free to move again, I alternated between labouring
on my hands-and-knees on the bed, squatting and standing in the
shower, and swaying back and forth while holding on to
Josh’s shoulders.

I felt myself getting foggy so someone suggested a glucose IV
for energy and hydration8. Josh and I agreed to that, and shortly
thereafter our doula helped me move positions again. Just as
I was squatting down on the bed I felt a big gush of fluid, which
was tinged green: meconium9. This vaulted us closer to the high
risk label we had been dodging, so an order was put in for some
oxytocin10 to be added to my intravenous. Our doctor wanted us
to give birth as quickly as possible as our baby was showing signs
of exhaustion.

However, before actively receiving the oxytocin drip, I started
wanting to squat down and push... it was happening! I did not need
any more interventions. In a flash, the room was full of people,
and I was unhooked from the oxytocin drip and positioned up
on the bed on my back, with nurses bracing my feet. I was a little
taken aback (no pun intended!) with the “viewing gallery feel” of
everything – bright lights, small crowd, and mundane chitchat.
I felt I had to dissociate from the room, needing to shut everything
and everyone out to give birth.

More deeply, though, I was just so very sweetly relieved to be
birthing our baby!

October 12, 2008, 6:45 p.m. Sunset again! After 45 minutes of
intense, fantastic pushing, Theo Jeremiah, 7 lb 1 oz, made his
timely appearance. Theo Jeremia, which means God gives and
the Lord lifts up. Josh remembers thinking, “There’s no way that’s
a head coming through” and then a slurp and a slide and a baby
boy! Theo’s cord was immediately snipped and he was whisked
away to be suctioned to prevent any meconium from entering and
infecting his lungs.
I remember a huge surge of elation and then the only question that mattered, “Where’s my baby?” The obstetrician, who was a relaxed soul, helped me ease out my placenta and tried to distract me by holding it up and talking about the tree of life. Meanwhile, Josh was standing in a whirl of medical personnel, shivering with his shirt off, trying to obey my command for some “skin to skin!” He did have a chance to hold Theo and brought him close to me before going upstairs with him to Neonatal Intensive Care Unit while I was being stitched for some tears. Theo was put on Continuous Positive Airways Pressure, as he seemed gaspy after the suctioning. He was also given intravenous antibiotics to offset the risk of infection due to early rupture of membranes and meconium.

I held our baby boy about an hour later, bubbling over with tender words, deeply proud of our new little family. I wasn’t allowed to nurse yet, as Theo was still hooked up to the breathing apparatus, but holding him was deeply satisfying. I couldn’t believe how long and floppy his limbs were, how soft his skin, and how wise his sleepy little eyes were. I kept thinking, “So those are the big feet that were kicking me all along!” It was incredibly hard to leave Theo in Neonatal Intensive Care Unit overnight, but Josh and I were so exhausted we fell right to sleep.

Josh and I were back upstairs to see Theo first thing in the morning—about twelve hours after he was born—and kept him with us for the duration of our hospital stay. Theo’s breathing was fine and there was no sign of infection, but we had to stick around to finish his antibiotics. We were discharged about 3 days postpartum. Thankfully, breastfeeding got off to a good start, and Theo thrived.

The birth of our son was also the birth of myself as a mother. Because I birthed Theo as naturally as I did in the hospital, I felt strong, upheld, and instinctively able to handle motherhood. This isn’t to say my postpartum period was without a measure of grieving, especially in regard to our first night apart and the delay in breastfeeding. Only recently, in praying through some of my anxieties as a mom, have I realized how deeply the experience affected me. I believe God is challenging me to forgive that first obstetrician; not to excuse her cruelty, but to take the poison from the sting, so to speak. And I do still carry the inevitable handful of wondering questions: Why did my water break so soon? Why the meconium staining? Why couldn’t I hold Theo and nurse him right away?

The hospital part of our first birth journey and adventure gave us the confidence, exposure, and education we needed to choose a healing home birth in 2010 for our second son, Reuben. And just four months ago, Josh and I had a little girl, Hazel, also at home. I have learned that each birth is a spiritual experience, transformative and empowering. With Theo’s birth, I grew in confidence and trust as a brand-new mom, and also bonded with...
my husband in a powerful way. Reuben’s birth showed me more of
my own strength (to carry and deliver a hefty 10-pounder), which
I needed for his also physically intense babyhood. Hazel’s birth
was saturated in prayer, and revealed to me the gentle beauty of
a worshipful spirit. And while I can’t say that gentle beauty always
characterizes me as a busy mother to three young children, an
attitude of worship definitely helps!

Editorial Notes

1. The Westview Health Centre in Stony Plain, Alberta, closed its maternity
services in 2011. It had been the only hospital to offer waterbirths in Alberta
and to be run by a team of registered midwives. The need for emergency
beds and a change in focus from hospital administrators ended this unique
birth program.

2. The Shared Care Maternity Program was based on the Centering Model:
Instead of having private one-on-one visits with a midwife, I would get
together with women who had a due date around the same time as I did.
We shared our stories, asked the midwife questions, weighed ourselves, and
entered all the data ourselves in our files. One of the midwives would be
with us at all time to listen to baby and discuss our pregnancy, health and
state of mind.

3. We were triaged before being accepted into the program and our care
could be transferred if we developed any health issues or if we needed
medical interventions during our labour. If at any time baby showed signs of
distress, we would also be transferred. Women with gestational diabetes or a
previous cesarean section were not accepted in the program.

4. The membranes surrounding your baby in utero can rupture at any time
after 37 weeks: 30% rupture before labour starts and 85% when a woman
is pushing. When the bag of water breaks before the start of labour,
contractions can take between 1 to 30 hours to start. Most caregivers will
want you to go into labour within 24 hours.

5. Some women notice spotting when they are in labour. It looks like a mixture
of blood and mucus. This is because when the cervix dilates little blood
vessels can break and bleed. Some women have a sensitive cervix and have
bloody show fairly early, others show blood when they are in transition.

6. The reason why most caregivers will want you to go into labour within 24
hours is that there is an increased risk of infections to both baby and mom.
Babies can be infected by bacteria because the bag of water that used to
protect them is now open and any bacteria can travel into the water and to
them. They are more sensitive to infections because their immune systems
are more vulnerable than adults’, especially premature babies. Infections can
occur because of lack of personal cleanliness, if they are sick (e.g. they have
a cold or the flu), they are exposed to bacteria in the environment (stores,
schools, other children, sick people, hospitals, etc.), the presence of vaginal
bacteria (STDs and Group B Strep), and vaginal exams (fingers will push
bacteria up the vaginal canal closer to baby).

7. The cervix needs prostaglandins to become stretchy and to dilate. It is
produced naturally by a woman when she goes into labour and it can also
be produced by men through ejaculation. A synthetic form can be applied
on a woman’s cervix by a doctor as a way to soften the cervix further.

8. Drinking and eating in labour is natural. Hospitals have a wide variety of
protocols, including ones for solid and liquid intake during childbirth.
Some hospitals are more conservative than others, that is they do not
allow anything in the mouth while others do. It is up to you to make an
informed decision regarding eating and drinking. No athlete would ever
accept if his coach told him he could not drink during a game, think about
it. Dehydration can cause muscle cramping, increased pain, ineffective
contractions and exhaustion. Lack of calories too!

9. The presence of meconium during childbirth, also called meconium
staining, is when a baby has a bowel movement in utero. It is only noticed
when the bag of water breaks. The amniotic fluid isn’t its usual clear colour,
it has a yellow, green or brown tinge. When a baby lacks oxygenation, even
for a split second, it causes an automatic bowel movement. This can indicate
that the baby may be compromised. However, sometimes it just means
that the umbilical cord is kinked and the labouring mom needs to adopt
a different position. Or that the baby is presenting breech. Intervention is
dependent on the colour, thickness of the stain, the stage of labour, and
fetal heart rate.

10. Oxytocin is produced naturally by women who go into labour. It contracts
smooth tissues in the body, which causes uterine contractions. Synthetic
oxytocin is used to further contract and is administered via an I.V. drip.

Sarah Krikke lives in Edmonton with her husband, Josh,
and her children, Theo (4), Reuben (2), and Hazel Romina (4
months). Sarah enjoys reading and writing great literature
(kidding! when is there time to write?), cooking and eating great
food, and exploring the great outdoors.

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PATRON SAINTS:  
A WAY TO REMEMBER A LOST CHILD

By Rachel Friesen

In Alice Sebold’s novel The Lovely Bones, a mother is left to deal with life after the disappearance and probable death of one of her daughters. In meeting anyone new in the years that followed, had they asked if she had children, she would answer two, but in her head she would say three. As a mother of three, but only two living, I often fall into a similar pattern. When it comes to early loss, there’s very little to say – especially in comparison to the continuing adventures of my obvious offspring – and while it takes little effort to bring even strangers to share in our joy, it is considerably less comfortable to share our pain, even once time and prayers have dulled the edge of grief. I cannot say that it is always the best choice, but it is certainly the easiest.

I do not know what day my middle child was born. October 2009 was our first month trying to conceive another child, and I do chart my cycles, so I have a ballpark of when that life may have begun. The date of my baby’s death is no clearer; the blood tests I took over Thanksgiving weekend which confirmed the miscarriage showed pregnancy hormones at levels so low that the child had probably been gone for more than a week, meaning the faint positive on my one pregnancy test told not of a very new life but of one so brief that it had already ended. It was just one more of many things I do not know about this child, but if it were not for such garnered knowledge on human procreation I may have never known at all. I very well may have mistaken that brief pregnancy as a late period and wondered why I felt so awful.

Given what I do know, I was left with an unhealthy choice: to brood over my loss and all the knowledge it denied me for the first half of every October, or to leave honouring my baby’s existence to a whenever-maybe-never limbo-land. Thus, it was a great comfort to find a patron saint for my lost little one, for she had a life with a clear beginning and end, and she is remembered on our church calendar on a particular day: March 10th.

We named our child Anastasia Innocent. Anastasia (Greek: Ἀναστασία) is the female form of the less common Greek male name Anastasius or Anastasios (Koine Greek: Αναστάσιος) meaning resurrection. Picking a non-gendered name proved more difficult than I had anticipated; we had gone looking not in a baby name book, but the synaxarion, an encyclopaedia of sorts that lists the saints remembered on each day of the calendar year. Naming a baby after a saint of the day is part of our larger Orthodox Christian tradition, though not one we had practised in naming our first child. It is meant to provide a child with someone to pray for them and an example to emulate.

We read through the list for October, but these names would never pass the test of the playground. They felt foreign to our Anglo-mouths and how were we to remember if we couldn’t pronounce our child’s name? In the end the resurrection proved the most fitting name, the time when we believe we will finally get to meet. And if it turns out that feminine Anastasia is really the less familiar masculine Anastasios, we pray he will forgive us.

It was not until several months later that I stumbled upon St. Anastasia the Patrician. That Christmas, I had been given a book of daily Bible readings that also included a short write-up of one of the saints remembered on that day. So on March 10, I read about a lady-in-waiting in the 6th century court of Constantinople who had fled the unwanted advances of Emperor Justinian, first by entering a convent in Alexandria, and later by hiding in the desert under the name of Monk Anastasios. She lived out the rest of her days in prayer, her true gender and identity known only by the abbot who had provided her hiding place until after her death. She seemed a perfect fit for my own Anastasia or Anastasios, and she gave me a day to remember.

It never fails to surprise me how a life so limited can be missed so much. I suppose it is one of the many mysteries that love makes. I am so very grateful for the children I have been blessed to raise, much as I forget in the thick of things, and for the faith that has given me an avenue in which to process this grief. I am thankful for this day, a mnemonic hook to hold my child lest she flee from my thoughts entirely or prove spiral for despair.

Memory eternal, little one.

Editorial Notes


Rachel Friesen lives in Edmonton, Alberta with her husband, Micah, and acts as a full-time caregiver for their children, Sarah and Levi. Rachel enjoys reading, writing, and cooking, and sings in a small chamber choir. Once both kidlets are in school, she hopes to do the same, and train to be a midwife.
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BLESSED VBAC BIRTH

By Jordana Baker

Birth is a very important memory in a family’s life. It gives them a milestone, a new beginning to think of and remember the moment their life changed. Birth for me was always something that was a necessary part of life. I was nervous, but more so to experience it than endure the pain.

The birth of my first daughter had an eventful beginning. My husband was working up north for 2 weeks and was due home the next evening. I was feeling lonely and decided to sleep over at my best friend’s place. At 3 a.m. I woke up to my water breaking and my friend took me to the hospital. Once I was monitored it was discovered that our daughter had a very low heart rate (60 beats per minute) and my family doctor and surgeon talked to me about my options. I was really scared but I felt completely confident in the decision to have a cesarean section; and so my daughter was born, via cesarean, on a hot summer day in 2008.

My husband was still not there, so my mom came into the room and was the first to hold Rachel. Although I do not feel the cesarean section was unnecessary, I had 3 big regrets about that birth. The first was that my husband was not there. Secondly, the birth was so chaotic and I was really scared. The third was not being able to hold my baby girl. My first glances at her were of her poofy face wrapped up tight. I wanted a warm slippery baby on my chest.

In the winter of 2010 when we found out we were pregnant with our second child, I was so elated. We had tried for over a year and finally we were having another baby. By the time my due dates were confirmed, I was 6 weeks pregnant and the Red Deer midwives were full and not accepting new patients. I continued my prenatal care with my family doctor and was referred to an obstetrician around week 36. In hindsight I would not have bothered with this appointment. The obstetrician checked the size of the baby with his hands, looked over my file and then told me I could have a VBAC (vaginal birth after a cesarean). I remember feeling like the appointment was such a waste of time. I knew that I was capable of having a VBAC, and he did not have to give me permission to have a baby vaginally. I found it difficult that my rural hospital would not accept a VBAC patient and was insulted by the idea of needing anyone’s approval.

When I was 38 weeks along, I began to have a lot of contractions and false labour. I was really ready for the baby to come. Rachel had been born 2 weeks early, so I really felt like I could have this baby anytime, even though I know most babies are a bit late. Every night I would just will my water to break, my contractions to start. I had my house clean and organized. I had the paperwork and the bag packed.

A day after my due date I started to have a lot more contractions and felt pretty restless. But of course I was still in denial. I went through my daily routine: visited the chiropractor (who was a saving grace during my pregnancy), did errands, cleaned and then settled down for the night.

Finally at 3 a.m. on July 27th, I could not sleep through the contractions anymore. I got up and started to pace around and try to time my contractions. They were all over the map. If I was still, they were 5 minutes apart; if I moved then they stacked and I was at loss as to what was happening. There was a large part of me that thought it was false labour, yet as the night progressed to morning I knew it was real labour. I felt panicked that it was actually happening, but then when the contractions were farther apart I felt like it was never going to happen. Finally at 5 a.m. when my husband’s alarm went off, I told him to call work and say he was not coming in. Even though my contractions seemed inconsistent still, I was starting to feel unconfident and wanted another opinion.

After dropping off Rachel, we were on our way to the hospital. I really did not want to go too early, but the contractions were starting to become more intense, and I also had a 45 minute drive. I was assessed around 9:30 a.m. I was 4 cm dilated and declared in active labour! I met the obstetrician and the resident and was given a labour and delivery room. The hospital was overwhelming to be in; I was frightened, cold and nervous to be there. Once I was shown my labour and delivery room, I could quit thinking about
where I was and just settle into labour. My nurse was quiet and really let my husband Adam be my comforter. She stayed close by and was quick at getting me blankets and gave great suggestions as to positions.

I was already dehydrated and so I accepted intravenous fluids\(^1\). The obstetrician had asked for 50 percent monitoring because I was planning on giving birth vaginally\(^2\). The monitoring is a precaution that allows the medical staff to watch for uterine rupture. Before I went into labour we had decided not to have any fetal monitoring after the initial electronic fetal monitor strip. With my first daughter, I had a machine that was not working well, and it was hard to have to focus on labour and hold the monitoring device on my own belly. This time I decided to see how I felt, and if it was hindering my progression then I was prepared not to allow them to continue monitoring. At this point my nurse was amazing at allowing me to be in any position possible. Many times she held the Doppler in place with her hands while I was in the shower, on the ball or rocking in a chair. My nurse was amazing and I found I did not mind this sort of monitoring.

Once I was in the room, I took off my glasses and dealt with each contraction and each moment. I did not want to look at the clock, or even really be aware of how much time was passing. The contractions were the only thing on my mind. I found a rhythm for each contraction and worked through them. With a wave of my hand, either the nurse or my husband used pressure to help with the pain. There were times that it went through my mind that all I needed was drugs. Adam would simply talk me through the pain. When I really wanted medication, he just continued to tell me that I was strong and I already had successfully made it through so many contractions without it. At the time I did not want to hear that. I knew that and I still wanted medication. He just kept very calm and helped me relax, saying, “You are doing it. You are telling me you can’t, but from where I am, you are doing it! You can do it!” It was a bit annoying at the time, as I did not really believe him and felt that he was not hearing me. Now I know it really was effective, and it kept me going through one more contraction. If I was in the shower, he would sit behind me, if I was in the rocker he sat in front of me so I could lean on him. When I was really panicked, Adam reminded me that I was strong enough and I was another contraction closer to having the baby. My first regret from my daughter’s birth was no longer a concern; Adam was there beside me. I could not have laboured without him.

By the time I was in transition, around noon as my nurse went on lunch break, the contractions were too close together to think. All I could do was cope. I do not really remember too many specifics. I know they monitored my dilation every 2 hours, but other than that all I cared about was moving labour along. I dug my head into the bed and rocked on the ball. I wanted pressure on my back as much as possible and was getting very vocal. There was a student nurse in the room and I remember the senior nurse telling her that it was good for moms to be vocal. She said that as long as the mom had a rhythm she was still in control, no matter how loud she was. During those really intense contractions that was what got me through.

Finally when I was feeling the urge to push, the nurse encouraged me to get into a different position to help things move along. My water had not broken yet, but the nurse informed me that they would not call the obstetrician because he tended to rush things along. It was up to me. I started to push more seriously. The nurse checked me again and said that she could feel the sack bulging. The head was not coming down with each push.

They called the obstetrician to come and break my water; he was in surgery and did not give the resident permission to break it. My nurse finally yelled at the resident and told him there really was no choice. I was getting so tired and was just really ready to push the baby out. He broke my water and I immediately felt an even stronger urge to push. I began to push as the obstetrician came into the room. I was sitting up and pushing with each contraction. I was relieved to be pushing as the contractions became more manageable, or perhaps it is just that finally I was doing something with them!

As I was pushing, I looked up to find the obstetrician preparing a needle. As I have a healthy fear of needles, I asked him what he was doing. I felt very vulnerable sitting on the bed as he held the needle. I wanted to tell him to get out, to leave me alone. Finally he looked up and said that it was for my episiotomy. I stared at him and calmly, but very angrily, said that I did not want one. He looked
indifferent and put the needle down. My husband told me later that he wanted to jump over me and punch the obstetrician. I am glad neither of us acted on our thoughts, but more so glad that the second regret from Sarah’s birth, of being scared, was now resolved as I confidently advocated for myself: even amidst pushing!

I decided at that moment that I would push my baby out quickly so that he would not have a chance for more interventions. Within the next 20 minutes my baby was crowing and I was encouraged to reach down and feel the head. All I could feel was hair and lots of it! With a few more pushes, my baby was born at 4:07 p.m.

They put my baby girl on my chest at my request. My first thoughts were about how different from her sister she was. She was dark and had a head full of hair. She opened her eyes and looked at me while I talked to her. They rubbed her down while I held her. It was overwhelming to hold my Sarah. Having her with me, seeing all of her, was worth every contraction.

I have people ask me if the VBAC was worth it. Without hesitation I reply, “Yes, a thousand times yes”! I walked to my recovery room and went home with my family within 24 hours. I did tear and the recovery was not all smooth, but it was still a blessed birth. I realize not every birth goes according to plan, but why not give it a chance?

The birth was truly everything that I wanted. I had my husband with me and really had a normal labour by most accounts. The biggest blessing of Sarah’s entrance into the world was seeing her, all of her, warm and slippery on my chest.

I would strongly encourage each woman to look at the facts about birth. Find a group or other women that really care about VBACs and use them for support. Red Deer has a great group that gave me the courage to try and stick to my convictions. These groups are also a place to talk about the emotions and really vent about things that frustrate us. We should have every opportunity to have birth the way it is intended. I wish the medical community would get behind that. Do not simply go with your doctor’s opinion about birth, read for yourself! Talk to other women, doulas and midwives! We have so many resources available to us and if they would work together, more women and babies would have better births!

God blessed me with the birth of a beautiful baby girl, Sarah Margaret. She is a true light in our life. I am ever thankful for her birth.

Editorial Notes

1. An intravenous needle is inserted into a person’s arm or hand with a tube attached. It allows drugs, saline or blood to be placed directly into her bloodstream. Fluids are often needed because women are discouraged to drink, just in case a cesarean section is needed.

2. Being monitored, also called Cardiotocography (CTG), is a technical means of recording the baby’s heartbeat and the uterine contractions during pregnancy and labour. The machine used to perform the monitoring is called a cardiotocograph, more commonly known as an electronic fetal monitor (EFM). When a woman has a hospital birth, it is customary for her to have a 20 to 30 minute strip when she arrives at the hospital—which means she is tied to a monitor and lying on a bed. A healthy mom and a healthy baby do not need to be continuously monitored to be safe. Usually subsequent monitoring is intermittent and includes listening to baby’s heart every 30 minutes. Women who have had cesareans previously may be asked to be monitored more, or continuously, because of the increased risk of uterine rupture. It is up to each individual to weigh the pros and cons of mobility versus monitoring. Remember caregivers also have Dopplers, which are portable machines that enable you to stay mobile.

Jordana Baker, blessed with husband and two girls, loves spending time outdoors with family and friends. Birth, positive parenting, music and healthy living are things Jordana is passionate about. Jordana lives by these words, “To love mercy and justice and to walk humbly with my God”. ❖
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Limbic imprint: The psychological impact of your birth on your baby

By Elena Tonetti-Vladimirova

“Early traumas shape how subsequent events will be perceived and experienced,” said Dr. William Emerson in 1996. This is true for everything. Our first experiences in the world affect us in profound ways. How can we best make our child’s first experience as joyous and loving as possible?

A new baby is an extremely sensitive being—in fact, more sensitive than he or she will ever be during adult life. Yet despite that sensitivity, we do not cognitively remember our birth experiences. Nonetheless, for better or worse, those early impressions stay with us on a cellular level for the rest of our lives. Twenty-five years of thorough research in the field of prenatal and perinatal psychology shows a direct correlation between the circumstances of our birth and the subconscious behavioral and emotional patterns in our adult lives.

We are very familiar with establishing the basic settings in our televisions, cameras and other devices. Imagine setting the tint of your television to maximum green. No matter what appears on the screen, everything will have a greenish cast. Similarly, if the brightness is set on dim, your screen will show an unusually dark picture. A similar mechanism is at work in the brain. This mechanism, called a limbic imprint, has been deliberately used for thousands of years to train animals, everything from dogs and horses to elephants and circus bears. For example, baby elephants are routinely chained to a small stake in the ground early in life. The elephant rages against the stake with all his might for a few days, until he finally stops. When he grows up and has enough strength to pull this stick right out, he doesn’t ever try.

How a limbic imprint forms

To better understand the limbic imprint, we need to understand the basic structure of the brain. At the tip of the spinal cord there is a segment called the brain stem (sometimes called the reptilian brain), which is responsible purely for the physiological functions of the body. Even when other parts of the brain are unresponsive, such as with a coma, the brain stem ensures that the basic physiology of the body is still functioning. A comatose person’s lungs and heart still function. Women in a coma continue to menstruate, and pregnancies continue to gestate.

The cerebrum is the largest, uppermost part of the brain. The exterior part of the cerebrum is called the cerebral cortex, and it is responsible for our mental activity. It is what we usually think of as the brain—the part that is responsible for our cognitive functions, such as logic, memory and calculations.

Within the cerebrum, below the cerebral cortex, is the limbic lobe, which is responsible for emotions, sensations and feelings. The limbic lobe is not directly connected with the cortex. During gestation, birth and early childhood, the limbic system registers all of our sensations and feelings at a cellular level (cellular memory), but cannot recall them (cognitive memory), because the cortex is not fully developed yet.

If you have watched a birth, you may have witnessed it with the soon-to-be grandmother present. You may have seen her start to fret uncontrollably and, if so, you have experienced the limbic imprint. This grandmother’s body unconsciously remembers a traumatic experience, probably her own experience of giving birth. Her body goes into fight-or-flight; she may be trembling, she is pacing around the room, her heart races, she feels nauseous... for some reason she wants to save her daughter against an invisible assailant. This is the limbic imprint. This is the power of the past into the present, when the echo of these sensations and experiences lives in the body throughout the rest of our lives, and impacts our future, whether we realize it or not.
We come into this world wide open to receiving love. When we do receive it, as our first primal experience, our nervous system is limbically imprinted—programmed—with an undeniable rightness of being. Being held in loving arms and feeding from the breast provides us with a natural sense of bliss and security; it sets the world as the right place for us to be.

However, if our first impressions of being in the world are anything less than loving (for example, painful, frightening or lonely), then those impressions will imprint as our valid experience of love. We will take fear, pain or anger as expressions of love. It will be immediately coded into our nervous system as a comfort zone acting as a surrogate for love and nurturing – regardless of how undesirable the experience actually was.

The Effects of the Limbic Imprint

As adults, we unconsciously, automatically recreate the conditions that were imprinted at birth and through early childhood. Research conducted by the pioneers of prenatal psychology, such as doctors Michel Odent⁴, Thomas Verny⁵, David Chamberlain⁶, and William Emerson⁷ shows that an overwhelming number of physical conditions and behavioural disorders are the direct result of traumatic gestational experiences during pregnancy and complications during delivery. These can include sensory overload, unnecessary mechanical interventions, chemical stimulation, elective cesareans, circumcision, maternal separation right after birth, lack of breastfeeding, and more.

Beyond the devastating effect of trauma during the actual birth, what happens afterward is also a source of trouble. These problems are not out of the ordinary; they are a matter of routine impersonal postpartum hospital care. Lack of immediate warm, soft and nurturing contact with the mother, immediate cutting of the cord, rude handling, needles, bright lights, startling noises. All of this becomes instantly wired into a newborn’s nervous system as the new comfort zone. As the child grows, she will continue to unconsciously recreate and attract the same repeated situations of suffering, pain and helplessness, or else become abusive. Unfortunately, even if the teen or adult’s rational mind later accurately recognizes this as a pattern of abuse, the imprinting will have already happened in a different part of the brain and will require extensive psychological support to overcome the initial coding.

According to Doctor William Emerson’s above-mentioned research on the “Vulnerable Prenate”, 95 percent of all births assessed in this study in the United States were classified as traumatic. Fifty percent of births were rated as having moderate trauma, and 45 percent as severe. These staggering numbers illuminate the magnitude of the problem – this problem affects all of us, directly or indirectly.

Studies show that if we are born into excruciating labour pains or into the numbness and toxicity of anesthesia, we are limbically imprinted for suffering or numbness. Traumatic birth strips us of our power and impairs our capacity to love, trust, be intimate and experience our true potential. Addictions, poor problem-solving skills, low self-esteem and an inability to be compassionate or responsible have all been linked to birth trauma.⁸

Breaking the Pattern

Normally, a woman gives birth the way she herself was born. Due to limbic imprinting, that is simply the way her body knows how to procreate. If she was born with complications, in all likelihood her body will repeat them. Unless she alters that limbic memory, she will hand down her own birth trauma to her daughter, as she herself received it from her mother.

Giving birth for the first time is a huge opportunity for healing. So much can be done to prepare for a graceful, dignified delivery. How we experience life is greatly determined by our limbic imprint. It affects our likes and dislikes, our vocational and marital choices, what we find attractive and what repels us. We owe it to our children to provide a gentle arrival for them into our world and to learn to give birth without suffering.

In order to give birth to an enlightened masterpiece—whether it takes the form of a human baby, a beautiful poem, a healthy garden or simply a rich, fulfilling day that was worth living—we must first heal our own birth trauma. Despite the powerful force of limbic imprinting, healing is possible. There are many ways to recover our sense of well-being. We must recognize that, however harsh our beginnings, as adults we can change our basic settings, reprogram our limbic imprint and transmute our suffering and helplessness during birth into the love and joy of being alive on this planet.

To do so there are a number of therapies and techniques that can help you alter your limbic memory and birth trauma. You can use cognitive behavioral therapy, trauma informed therapy, hypnotherapy, somato-emotional release, emotional freedom technique, reiki, shamanism, spiritual psychology, clinical analysis, etc. Professionals who are informed and trained into birth psychology can enhance and guide you through this emotional process. You can see a registered psychologist who has a specialization in birth psychology, but also therapists, doctors, midwives, and doulas.⁹

An invitation

I invite you to envision the possibilities that would open up for humankind if women fully claimed the original capacity of all mammals to give birth and raise our young without trauma. We can improve the quality of our species in just one generation by letting our children enter this world without being programmed for suffering and pain, instead bringing them into a world of safety, compassion and common sense. We cannot thrive as a species unless we create a new generation that was not damaged in utero by a high level of stress hormones in their mother’s bloodstream or by unnecessary physical and emotional traumas. As Einstein said, “We cannot solve our problems with the same thinking we used when we created them.”

When the consciousness of birth shifts from anxiety and fear to love and safety, then we will truly have a chance to reach our
Editorial Notes


2. The Association for Prenatal and Perinatal Psychology and Health (APPPAH) fosters research in identifying and healing the psychological traumas of modern birth. APPPAH spreads the message that positive prenatal and perinatal experiences have a lasting influence on health, human relationships, and society. Its journal is called The Journal of Prenatal and Perinatal Psychology and Health. Leading researchers include Thomas R. Verny, David B. Chamberlain, William R. Emerson, and Michel Odent.


4. Dr. Michel Odent is a surgeon, obstetrician, midwife, and researcher in the primal roots of health. His innovative leadership of the obstetrical unit of a state hospital in Pithiviers, France from 1962 to 1986 brought him worldwide attention. Although he went to Pithiviers to introduce a new technique of cesarean delivery, his perceptive observations of women giving birth with the help of midwives, led to new psychological approaches to labour and birth which made cesarean deliveries rarely necessary. Odent became aware of the dynamic interaction of mind, emotion, and body affecting the mother and determining the outcome of birth. In a private environment, he noticed that women in labour went into a natural trance and would give birth spontaneously if not distracted by well-meaning instructions and interventions from those attending them. At Pithiviers, the birthing area was slowly changed to be more functional, with beds built as low platforms on the floor making it easy to move about and shift postures at will. Water pools, unknown in hospitals at the time, were installed as an option for labour or birth. Birth was never induced; there were no drugs, painkillers, or forceps used. Mothers and infants remained together for hours after birth. While there was no screening of patients for risk, and preparation for birth was very low-key, mostly group singing, the unit’s safety statistics rose to rank among the best in the world. Michel’s book, Birth Reborn (NY: Pantheon, 1984) summarized his years of experience. He was commissioned by the World Health Organization to study planned home birth in industrialized countries (1986–1990). To Michel, home birth was needed to properly evaluate the hospital experience of birth, and home birth was needed to be rediscovered as the ideal place for both birth and death. In 1990, he founded the Primal Health Research Centre in London, England, and became a homebirth midwife. He now lectures the world and edits the newsletter Primal Health Research which focuses on the long-term health consequences of conditions in utero, at birth, and in early infancy. See www.birthworks.org/primalhealth


9. You can find a list of practitioners on the Association for Prenatal and Perinatal Psychology and Health website: http://birthpsychology.com/ find-a-practitioner At the moment of print, the editor knew of only one registered psychologist specializing in this field in Alberta: Gemma Stone http://birthingfromlove.com

Elena Tonetti-Vladimirova lives in Chico, California, and has a beautiful 23 year old daughter. She has a passion for all forms of dancing and celebrating Life. 30 years ago Elena stepped into the movement for Conscious Procreation, and is now teaching seminars on all 5 continents and presenting at conferences worldwide. In 2006, she produced a groundbreaking documentary Birth as We Know It, now being sold in 56 countries, translated into 12 languages. The beauty of her films inspired the Editor in Chief of Birth Issues that there is more to birthing than society tells.
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Community of Caraway Parents Society
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Grades K-9
THE SPIRITUAL MIDWIFE

By Ina May Gaskin
Reprinted from Spiritual Midwifery, 1975

The following discussion on spiritual energy is based on observations made at more than 2,000 birthings. We have found that there are laws as constant as the laws of physics, electricity or astronomy, who influence on the progress of the birthing cannot be ignored.

The midwife or doctor attending births must be flexible enough to discover the way these laws work and learn how to work within them. Pregnant and birthing mothers are elemental forces, in the same sense that gravity, thunderstorms, earthquakes, and hurricanes are elemental forces. In order to understand the laws of their energy flow, you have to love and respect them for their magnificence at the same time that you study them with the accuracy of a true scientist.

A midwife or obstetrician needs to understand about how the energy of childbirth flows; to not know is to be like a physicist who doesn’t understand about gravity.

Every birth is Holy. I think a midwife must be religious, because the energy she is dealing with is Holy. She needs to know that other people’s energy is sacred.

Spiritual midwifery recognizes that each and every birth is the birth of the Christ child. The midwife’s job is to do her best to bring both the mother and child through their passage alive and well and to see that the sacrament of birth is kept Holy. The Vow of the Midwife has to be that she will put out one hundred percent of her energy to the mother and the child that she is delivering until she is certain that they have safely made the passage. This means that she must put the welfare of the mother and the child first.

A spiritual midwife has an obligation to put out the same love to all children in her care, regardless of size, shape, color, or parentage.

We are all One.

The kid in front of you is just the same as your kid. We are all One.

By religious, I mean the compassion must be a way of life for her. Her religion has to come forth in her practice, in the way she makes her day-to-day, her moment-to-moment decisions. It cannot be just theory. Truly caring for people cannot be a part-time job.

During a birthing there may be fantastic physical changes that you can’t call anything but miraculous. This daily acquaintance with miracles—not in the sense that it would be brought about with the passing of a few words between people or by the midwife’s touching the woman or the baby in such a way that great physical changes happen.

For this touch to carry the power that it must, the midwife must keep herself in a state of grace. She has to take spiritual vows just the same as a yogi or a monk or a nun takes inner vows that deal with how they carry out every aspect of their life. So must a midwife do this if she is to have touch that has any potency? A person who lives by a code that is congruent with life in compassion and truth actually keys in and agrees with the million-of-years-old biological process of childbirth.

If the midwife finds habits in herself where she does not always behave as if we are all One, she must change these habits and replace them with better ones. A midwife must constantly put an effort to stay compassionate, open and clear in her vision, for love and compassion and spiritual vision are the most important tools of her trade. She must know that she has free will and that she can change if she needs to. This is the spiritual discipline that she must maintain in order to be fit to do her work, just as an Olympic
athlete must keep his physical and mental discipline to stay in top condition.

To one who understands the true body of Shakti, or the female principle, it is obvious that she is very well designed by god to be self-regulating. We are the perfect flower of eons of experiment—every single person alive has a perfectly unbroken line of ancestors who were able to have babies naturally back for millions of years. We are the hand-selected best at it.

The spiritual midwife, therefore, is never without real tools of her trade; she uses the millennia-old, God-given insights, and intuition as her tools, in addition to—and often in place of—the hospital's technology, drugs, and equipment.

One of the midwife's most valuable tools is the same intimate knowledge of the subtle physiology of the human body that is the province of yoga. The spiritual midwife brings about states of consciousness in women that allow physical energy transformations of great power, great beauty and great utility.

At birthing she must be able to guide a couple. She encourages and supports what feels good, and must be aware when a couple needs to talk something out. She must be able to teach a couple to give each other energy, if they need help. To do all this, she has to really know and love her partner, be his/her best friend and know how to give some. If she has a solid, honest and loving relationship with her partner, she knows from her own experience what makes a good partnership, and her words will ring true.

A midwife must be an avid student of physiology and medicine. She should read and study constantly in a never-ending quest for new information. She should never assume that she knows everything there is to know. A new piece of information she learned yesterday may be essential and life-saving tomorrow.

A midwife must have a deep love for other women. She knows that all women, including herself, are sometimes as elemental as the weather and the tides, and that they need each other's help and understanding. The true sisterhood of all women is not an abstract idea to her.

The trained midwife is entitled to fair compensation for her services. She may charge a fee or make a barter arrangement with the parents she serves.

In Zen Buddhism, they talk about your “original face.” The Zen Master might say to a student, “Show me your original face.” A midwife is an especially privileged person because she gets to see the original face of each child she helps to birth. The beauty and purity of the energy field that radiates from each child treated with proper respect is awesome and unforgettable.

Editorial Notes


Ina May Gaskin, MA, CPM, PhD(Hon.) is founder and director of the Farm Midwifery Center, located near Summertown, Tennessee. Founded in 1971, by 2011, the Farm Midwifery Center had handled approximately 3000 births, with remarkably good outcomes. Ina May has attended more than 1200 births. She is author of Spiritual Midwifery, now in its fourth edition. She was President of Midwives’ Alliance of North America from 1996 to 2002. The Gaskin maneuver (for shoulder dystocias) is the first obstetrical procedure to be named for a midwife. Her statistics for breech deliveries and her teaching video have helped to spark a reappraisal of the policy of automatically performing cesarean section for all breech babies.
SAINTS AND CRAZY LADIES: TREASURING THE BEST GIFTS OF CHILDBEARING

By Cathy Harness, RM

Just a few seasons ago when I was an expectant mother of yet another baby, a friend quipped sweetly, “Cathy, you are either a saint or a crazy lady.” Fast little puffs of time have hurried by since then, and these days, I am seldom teased or quizzed about being crazy. Come to think about it, not many people mention sainthood either. But when a new baby was joining our family every couple of years, I sometimes felt that just one more crazy day might push me over the edge and away from sanity. Like the two month stretch when the latest baby wailed every day with relentless colic and could not be quieted no matter what we did to help. And the autumn when our four youngest all had whopping cough and were sick day and night, mostly night, for several long weeks and afterward each of my dear offspring got chicken pox in stair step fashion. Or, when I dared to be pregnant again while approaching menopause. Twice. Crazy lady.

A saint? Well, perhaps not so much except in the countless spiritual blessings that have been entrusted to me. Supreme among these blessings are the twelve moments when the travail of labour was over and my priceless, fascinating new baby was placed into my arms for the very first time. Hearing the soft cry, touching the downy skin, seeing the innocent eyes, whispering into the tiny ear, “You are beautiful. Mommy loves you.” Knowing, beyond all doubt, that God had been near me and had given me strength as I brought into the world each of our four lovely daughters and eight fine sons.

This miracle of childbirth reaches far beyond the physical realm and touches a family at the very centre of who they are in spirit. It is not a mere physical occurrence and compared to its spiritual nature, it is hardly physical at all. According to my beliefs, a triumphant declaration of this fact is found in the Bible in Psalm 113 where the call is given to praise God for His goodness, wisdom, and might. The chorus concludes with the exclamation, “Praise ye the Lord,” because “He maketh the barren woman...to be a joyful mother of children.” The psalmist could have drawn attention to the design of the physical process of birth, and make no mistake, the physical process is truly astonishing. Instead, the shout comes to be thankful for the marvelous spiritual realities of birth: joy, solace and fulfillment. Such wonders as these are great treasures to be defended.

If natural childbearing were all about the physical, women are certainly wise and resilient enough to stand up tall after just about any birth trauma, wipe off the suffering and say, “Wow, that was rough, but I have my healthy baby and I can carry on.” They would easily take comfort in the (pardon me) sickening and repetitive consolation, “Dearie Sweetie, you have a lovely, healthy baby. That’s the only thing that matters.”

A lovely baby is of great importance to all of us, but it is not the only thing that matters. As a midwife, I hear sad stories all the time in which brokenhearted women sob out their despair because their spirit was crushed during childbearing. These women seldom, if ever, weep because they remember the pain or physical hardships of birth. It is when a woman’s dreams and hopes surrounding birth are shipwrecked and care providers are ignorant, or callous, concerning emotional and spiritual aspects of childbearing that she might struggle and grieve for years. Her vulnerable spirit has been wounded and scarred and “a wounded spirit, who can bear?”

Most women never fully reconcile the loss, regardless of how many years or decades go by, just speak to an elder woman who endured such abuse and you will weep with her as she remembers what was forfeited and what was wrenched away.

On the other hand, I have carefully considered Psalm 139 where I have learned that God cares very much about both the physical and spiritual well-being of mothers and babies. He has precious thoughts toward the unborn baby, His eyes see the substance of every developing part, and He gently leads those that are with young.
One New Testament penman wrote that people who possess pure and undefiled religion will show kindness and generosity to mothers and children. So then, if I want to be saintly, I would watch with utmost care over the physical, emotional, and spiritual safety of birthing women. This truth fundamentally informs the way I think about childbirth and is an indelible part of who I am as a woman, mother, and midwife.

It is a passion I owe in large measure to my own childbearing experiences and I would like to introduce you to my newborns so you can remember with me some of the gifts I have received through their entrances into our family.

**Christy, January 1977.** Joy such as I had never known flooded into my soul when I gave birth for the very first time. I learned that all women have a right to this joy, no matter what their circumstance. I felt that I had become a woman - really, truly - and that I could accomplish absolutely anything.

**Emily, December 1978.** Emily was born more than three decades ago and I am still troubled by the memory of being so alone yet feeling so surrounded by people who did nothing but discourage me. The rainbow in it all was that I gained confidence for the future and always afterward held steadfast in caring for my baby in the ways I knew were best. I became resolute and unwavering.

**David, November 1980.** The birth went terribly wrong because of needless medical interventions, but it poured determination into my soul. I refused to remain a victim. I educated myself. I vowed to find a better way to give birth so that the same bad things could never happen again.

**Cara, October 1982.** My faith grew when we decided to say ‘No!’ to pushy demands from the doctor. We anchored our thoughts in some Scriptures that encouraged us; we engaged a dedicated midwife who gave us good advice and guidance; we trusted Providence and witnessed the timing of Cara’s birth unfold more perfectly than could have been humanly possible.

**Nathanael, November 1984.** I discovered love I would otherwise never know and realized forever that a baby does not have to be perfect to be unspeakably precious. Nathanael has achondroplasia, a fluke genetic disorder that causes shortness of stature: dwarfism, if you will. The journey to unlock the mystery was a heart wrenching one, but each turn of that journey made him dearer to our hearts, as have the years since then. His name means “Gift of God”, and so he is.

**Paul, April 1987.** I learned submission to wisdom higher than my own and really found out that “Surprise” babies are the very best babies of all. I have come to think of this as Supernatural Family Planning.

**Andrew, June 1989.** Throughout my most difficult birth I drew on strength that was not my own. I overcame because of divine grace and because those around me encouraged my eyes toward the goal and helped me believe I could do it.

**Simeon, July 1991.** I embraced responsibility for a childbearing decision that insulted the face of conventional wisdom. We decided that safety in childbirth is defined by many things and sometimes the more important definitions are not marked solely by the physical.

**Elisabeth, October 1993.** Peace came when I was calm in the faithfulness of the Almighty rather than trying to create pseudo rest out of my own sparse emotional resources. Our gifted princess (flanked by several brothers on either side) is a priceless treasure who lights up my life with beauty. I shudder to think that I would not have her if I had relied on my own logic and fortitude.

**Judson, November 1995.** Giving birth and rearing children have a lot to do with sacrifice. I made enormous personal sacrifices during Judson’s first several months of life; but today I have been rewarded with one of the most gifted, gentle, and thoughtful sons a mother could ever wish to have.

**Staley, January 1997.** I found courage to follow my intuition as the labour progressed. And it was absolutely amazing afterward to realize this unspoken intuition was exactly the thing that kept the baby safe.

**Ezra, October 2000.** Serenity. By now defined as high risk, I did not accept that label and I didn’t experience fear. Rather, I was able to go through the entire pregnancy in complete peace. I had been assured, “The blessing of the Lord, it maketh rich, and He addeth no sorrow with it.”

Saint or crazy lady? I suppose some people still wonder, but not me anymore. No person is a saint by virtue of how many children one has or by what interesting spiritual lessons she learns. As for crazy lady, that is easy. No one is crazy for treasuring and defending the emotional and spiritual aspects of childbearing. So, while you and I are striving to make birth better for all women everywhere, let us not be so inept as to forget and neglect the spiritual facets of childbearing. They might just be the gifts that matter most.

Cathy Harness is the mother of twelve children (all single births) and is a Registered Midwife in the Edmonton area. She is married to David and is actively involved in Christian ministry at the church he pastors. Six of their children still live at home and everyone enjoys the growing number of little grandchildren who come for frequent visits. Cathy’s personal interests include music and decorating with neat old things she finds at antique shops. As a midwife, Cathy is passionate about supporting women to make informed choices about their care and helping them to embrace the personal growth that can come from childbearing experiences. ☕️

PHOTO BY: Tangible Moments Photography
WHY ME?
HUMBLED TO BE A MIDWIFE
By Heidi Coughlin, RN, RM

From the time I was in grade 1 until I was in grade 10, if you had asked me what I was going to be when I grew up, my answer was always the same: a missionary teacher. But God had other plans for me.

I became a Christian in 1987 at a summer camp. Starting in 1994, I dedicated my summers to God by going on missions trips with Teen Missions International (all types of teams), Christian Outreach International (sports), and Samaritan’s Purse (medical teams). In 1995, my family had volunteered to go to Kenya, Africa, for a year to relieve other doctors in the mission field. My dad was assigned to Obstetrics, something he had not done since medical school. My mom did not come to Africa, which was the reason that I ended up sitting outside the operating room one night after a pregnant woman had been in a bad car accident; it was not safe for me to stay home alone. As I sat on the floor, the surgeon asked me to scrub in, as they needed extra hands. My dad’s immediate response was, “No, she faints at the sight of blood and throws up when others throw up.” The surgeon’s compromise was to put a chair in the OR, in case I needed it. But I did not. Once the baby was out and stable, my dad called me over to see the little, but amazing baby that had just been born.

I was in grade 10 at the time, going to Rift Valley Academy during the day and playing on the school basketball team. But every day after basketball practice I would run down the hill to the hospital to hold and feed this new little baby whose mom was unable to care for while recovering from the car accident. As I hung out in the nursery, I got to know the midwives. My dad was there for the complications (forceps, vacuum, resuscitation etc...of which I remember him saying, “I just put them on and pray!”). It was not long before I started observing a few births and learning from the midwives. Before we left back to Canada, the head midwife said, “Whatever you do, become a nurse-midwife, so you can come back and teach our midwives.” I didn’t know yet what God had in store for me.

I was not a very academic student - I excelled more in athletics - but I looked into what I needed to get into nursing school and was accepted immediately out of high school. I completed my Bachelor of Science degree in Nursing in 3 years at the University of Alberta, and then took a 3-month course on high-risk complications through the Royal Alexandra Hospital. Upon graduation, I received jobs in Labour and Delivery at the Grey Nuns and the Royal Alexandra Hospital.

In order to get into nurse-midwifery school, you are required to have one year of Labour and Delivery experience. I applied to Parkland School of nurse-midwifery in Dallas, Texas and was accepted in fall 2001; however, I failed my American nursing exam and could not speak Spanish fluently, both requirements at Parkland. So I deferred my acceptance for a year. But in December of 2001, I became pregnant with my daughter Emma and this delayed all of my plans. I continued working part-time as a Labour and Delivery nurse at the Royal Alexandra Hospital. I loved my job, and loved my time with my husband and daughter.

2008 was a big year for our family. After 9 years, I quit my job in Labour and Delivery at the Royal Alexandra Hospital. Emma started grade 1, my husband Jason started medical school at the University of Alberta, and I started midwifery school at Frontier Nursing University. It was a great school, but was very medical, the opposite of what I was looking for.

Unexpectedly, halfway through the year I was told I could not do my placement in Canada, and moving to the United States was not an option for our family, so I switched schools to the Midwives College of Utah (MCU). This was the perfect school for me and filled in the gaps that I was missing. I was able to do the practicum in Edmonton, which was amazing and I learned so much. But somehow I had not understood the deadlines for when everything would need to be done with MCU in order to correlate with the timing for registration in Alberta. I suddenly had only two weeks to complete a ton of work! But God was faithful, and with an amazing
amount of help from friends, family, the practice I was with, and the MCU faculty, I was able to graduate in Spring 2010.

I ended up joining a different midwifery practice in Edmonton for my first registrant’s year. During this time I learned even more. In the spring of 2011, I was told that it was my time to fly on my own. Subsequently I started my practice: HOPE Midwives. HOPE stands for “Helping Others by Prayer & Encouragement.”

My priorities are God first, family second, and then work. To me, following God involves a personal relationship. This includes spending time daily reading the Bible, praying, and growing in God by regularly attending church and bible studies. At times, this can be hard as a midwife. Being on call 24 hours a day, 7 days a week can be draining on my family as it means I may have to leave in the middle of a movie with my husband, miss my daughter’s school concert or cancel an appointment.

I have learned to leave all of that behind the moment I join a client in labour. What seems to work best for our family is for me to not take clients in July, August, or December. As my repeat clients know, “Do not get pregnant between Sept 15-Dec 15 or Feb 15-Mar 15 if you want Heidi to be your midwife!” Being a midwife would not be possible without support from my husband, daughter, my parents, and our many friends.

One of my hardest days as a midwife was being at the hospital with one of my clients who was a transfer or care (which meant I was only able to provide labour support). While advocating for my client, the nursing staff was not impressed. The charge nurse (a former nursing colleague) took me aside and said, “We thought you were going to be different when you became a midwife.”

It was then that I realized, I was/am different. I am a midwife and believe birth is not just about the outcome, but also about the experience. I believe in natural, physiological birth, informed choice, and individual care. It is not my birth, or the nurse’s/doctors birth, but my client’s birth. They are the ones who will have to live with the decisions that they make, good or bad.

In my midwifery practice, God plays a huge role. When potential clients fill out my intake form, I start praying, asking who God would want me to take. My passion is first-time moms, moms who have had caesarean sections, or moms whom have had traumatic births. Being a Christian is not necessary; however, it does connect us on another level. I pray for my clients all the time. While driving to the birth, I pray for wisdom, peace, and the birth that is meant for the client. I wish that, being a midwife, I could guarantee that you would not end up with a c-section, forceps, vacuum, etc., but that is out of my control.

I believe that clients in my care are there for a reason. If for some reason another midwife is at their birth, then I believe that that midwife may say or do something that I would not have. It would be easy to worry when having two clients in early labour at the same time, or when booking clients with the same due date, or when no one is having babies and there are more and more clients in range (37-41+ wks), that I might miss a birth, but I am not in control. So I just continue doing whatever I would normally be doing, until called to do otherwise. Some of my favourite memories as a midwife are listening to Christian music/videos in the background while a client labours, or clients asking me to pray for them in clinic or during labour.

I am so thankful for all of my amazing clients that God provides for me. I love my job and many days I just smile thinking, “I can not believe that I am a midwife”. I hope that one day I will be able to return to doing mission trips where I can use my midwifery education and skills. Blessings!

Editorial Notes

1. Your first registrant’s year is your first year as a Registered Midwife, but you have restrictions. This could include needing to write the Canadian Midwifery Regulation Exam, do your skills exam, or fulfill the required number of home or hospital births.

Heidi Coughlin was a Labour & Delivery Nurse for 9 years prior to becoming a Registered Midwife in 2010. She believes birth is not just about the outcome, but the experience: informed choice, empowerment, and a gentle, natural, physiological birth. She dreams of one day opening HOPE B & B Birth House. ❖
LIBRARY PICKS

As the librarian for ASAC (Association for Safe Alternatives in Childbirth) I have the privilege of getting to read and recommend books on topics related to pregnancy, birth, breastfeeding, parenting, midwifery, etc. This is great because I love reading about these topics and I love sharing with other people. The ASAC library is a great resource for parents because it has books, DVDs, and CDs that are not readily available elsewhere.

The library is open to everyone, do come around to borrow books and DVDs. ASAC library, 7219 106 street, Edmonton, side door. Fridays from 10am to noon or every 2nd Tuesday of the month from 7pm to 9pm.

The following books provide further information about the spirituality of pregnancy, birth and parenting. They are all available to borrow with your ASAC membership at the ASAC Library.

Conscious Conception, By Jeannine Parvati Baker and Frederick Baker
Birth Without Violence, By Frederick leboyer
Ina May’s Guide to Childbirth, By Ina May Gaskin
Spiritual Midwifery, By Ina May Gaskin
Motherhood as a Spiritual practice, by patti sinclair
Birth Into Being: The Russian Waterbirth Experience, VHS (1999)
Birth As We Know It: Healing Earth through Healing Birth, DVD (2006)
Orgasmic Birth, DVD (2008)

ASAC SPRING LECTURE SERIES:
PRENATAL AND BABY CARE SERIES

When:  March 6, 2013 to May 15, 2013
       Wednesdays, 7pm-9pm
Where: Located at the ASAC office
       7219 - 106 Street (side door)

March 6:
Cycle Charting for Fertility Awareness and Overall Health

March 13:
Nutrition for Fertility and Pregnancy

March 20:
Pelvic Floor Health

March 27:
Alternative Health Care during Pregnancy: Homeopathy, Chinese Medicine, Naturopathy, Chiropractic

April 3:
Birth and Postpartum Doulas, Prenatal Class options

April 10:
Making the Most of Your Hospital Birth

April 17:
Cesarean Prevention

April 24:
Art of Breastfeeding

May 1:
Baby Wearing, Cloth Diapering, Diaper Free

May 8:
Postpartum Depression Prevention

May 15:
Daddy Duty, a day for just the dads (sorry moms)
PRENATAL CLASSES IN EDMONTON AREA

To include a listing contact bi_events@asac.ab.ca and become an ASAC member! Go to www.asac.ab.ca, click on “About ASAC” and “Join/Renew Membership”.

Baby Bump: Lisa Mackell CD(DONA), CBEd(CBI)
Location: Edmonton
Time: Friday night and all day Saturday—9 hours
Phone: 780.918.9359
Email: babybumpdoula@yahoo.ca
Website: www.babybumpdoula.com

Blooming Bellies: Skyla Bradley and Trish Walker, Birthing From Within certified mentor
Location: Edmonton
Time: Weekend, 6 hours each day—12 hours
Phone: 780-920-1763
Email: info@bloomingbellies.ca
Website: www.bloomingbellies.ca

Conscious Prenatal: Claire MacDonald, MA, (CD)DONA
Location: Edmonton
Time: 6 weeks, 2 hours/class—12 hours
Phone: 587-920-7911
Email: cveisseire@yahoo.ca

Doula Care: Mitzi Gerber CLD, LE(CAPPA), CBE
Niko Palmer (CD)DONA, Stefanie McKinnon CD (DONA), PES
Location: Edmonton, Lucina Center
Time: 4 weeks, 2 hours/class, Sundays or Fridays—8 hours
Phone: 780-450-0983 or 780-266-3773
Email: mitger@telus.net
Website: doulacare.vpweb.ca

Energy of Birthing: Ava Curtola R.N., Hypnotherapist, Reiki Master
Location: Spruce Grove and Edmonton
Time: Weekend, 4 hours/class—8 hours
Phone: 780-963-3111
Website: www.theEnergyofBirthing.com

International Cesarean Awareness Network (ICAN)
Canada: Claudia Villeneuve
Location: Edmonton, East
Time: Ongoing web seminars—unlimited!
Phone: (780) 444-9527
Email: edmontonVBAC@gmail.com
Website: edmontonvbac.com

Midwifery Care Partners: Barbara Scriver, RM
Location: Edmonton South
Time: Weekly, Mondays, 2 hours/class—6 hours
Phone: 780-490-5383
Email: barb@midwiferycp.ca
Website: www.midwiferycp.ca

Motherizing Childbirth Education: Lisa Cryderman, R.N.
Location: Edmonton
Time: Weekend (Fri, Sat, Sun) or over 4 weeks—12 hours
Phone: 780–901–1178
Email: lisa@motherizing.com
Website: www.motherizing.com

Terra – Centre for Pregnant & Parenting Teens
Location: Edmonton Centre
Times: Weekly, 2 hours
Phone: 780-428-3772
Email: terra@terraassociation.com
Website: terracentre.ca

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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.edmontondoula.org or
780-945-8080 or
contactus@edmontondoula.org

Friends of Freebirth
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 edmontonvBAC@gmail.com.
Visit www.edmontonvbac.com and join our free online email group.

Postpartum Depression Awareness
Resources for families and women who suffer from postpartum depression. Find about the many groups and professionals that can support you. Contact:
780-903-7418 or info@ppda.ca
www.ppda.ca

Friends of Medicare
Do you care about your healthcare system? FOM is a non-partisan provincial coalition raising public awareness on concerns related to Medicare in Alberta and Canada, lobbying governments to maintain a health care system that adheres to the spirit and the letter of the Canada Health Act, and opposing investor-owned, for-profit, two tiered or private health care.
780-423-4581
info@friendsofmedicare.org
www.friendsofmedicare.org
Alberta Midwifery at a glance

Midwifery care has been funded by Alberta Health Services since April of 2009. Midwifery services are covered for all residents of Alberta and no referral is required.

Midwives are primary caregivers. You do not need to have a doctor when you have a midwife.

All Registered Midwives must be a member of the AAM and carry full liability insurance.

Midwives work as independent practitioners and can either work alone or with groups of other midwives in a private practice. Midwives provide care from their homes or private offices. A variety of birth places are offered such as home, birth center or hospital.

The midwifery scope of practice includes providing primary care to low risk women and their newborns through pregnancy, birth and 6 weeks postpartum. Registered midwives have complete access to laboratories and diagnostic services; are able to prescribe and carry select medications, and consult or refer to other specialists when needed. Midwives have hospital admitting privileges in the area that they practice.

The practice of midwifery is grounded in the principles of health and wellbeing, women centered care, informed choice, holistic care, continuity of care and collaboration.

There are currently 15 midwifery practices in Alberta; with 72 registered working midwives, and 20 midwifery students.

What’s New

January 1, 2013 the College of Midwives of Alberta (CMA) was established as the regulatory body for midwifery in Alberta. This is an exciting step in the maturation of midwifery as a profession. Diane Rach has been elected as the new President of the College and is working diligently with her team. CMA’s mandate is to regulate the practice of the profession in the province and to provide an avenue for responding to feedback from the public regarding midwifery practice. This will ensure that midwifery standards of practice are maintained and women in Alberta continue to receive high quality midwifery care.

Mount Royal University Midwifery Program

Mount Royal University in Calgary has a four-year direct entry Bachelor of Midwifery degree program, which is the only Midwifery program in Alberta. The program combines theoretical knowledge and extensive practical experience. Graduates from this comprehensive, evidence-based program are ready to take the Canadian Midwifery Registration Examination. This registration enables Midwives to work anywhere in Canada.

The first intake of students was Fall 2011. These students are now in the later half of their second year and are in placements around the province, including Edmonton. The first midwifery class from Mount Royal will graduate in the Spring of 2015.

Midwifery Practice in Edmonton

We have seen substantial growth in our numbers of midwives, as students have finished their programs and registered, and new midwives have been recruited from out of province, and out of country. There are currently 7 practices in Edmonton and 21 registered midwives. We have a strong commitment to supporting women in their choice of birth place; clients choose to birth at home, at the Lucina birth centre, or in hospital.

Midwives have privileges at the new Lois Hole Hospital and/or the Sturgeon Hospital in St. Albert.

The Lucina Birth Centre opened December 2011 and there have been 141 wonderful births there since the opening of its doors. All midwives in Edmonton can obtain privileges and offer clients the choice of birthing at the birth centre. It is a beautiful facility and we are fortunate to have this birth centre here in Edmonton.

Rural Midwifery

Most of the midwives in Alberta are based in the two major centres of Calgary and Edmonton. There are also practices in Red Deer and Rocky Mountain House serving central Alberta. Practices in Edmonton serve the greater-Edmonton area including Spruce Grove, Stony Plain, St. Albert, Sherwood Park, Fort Saskatchewan, Beaumont and Leduc. Some practices also travel up to 45 min outside of the city to rural clients. Practices also may take some women from outside of the Edmonton area. Clients commit to traveling to Edmonton for all care; staying in Edmonton for their birth and the first week postpartum.

One of the priorities of the AAM and Alberta Health Services is the growth and development of midwifery throughout the province. To establish midwifery practices in rural areas and to improve access for all Albertans. There are a few new midwives in Edmonton who originate from communities north of Edmonton who are planning to return to their communities and set up practices in the coming years.

For more information about midwifery in Alberta go to the Alberta Association of Midwives or the College of Midwives of Alberta websites:

www.alberta-midwives.com
www.college-midwives-ab.ca
Edmonton Area Midwives and Practices

Beginnings Midwifery Care
780.490.0906
beginningsmidwiferycare@gmail.com
Gaelyn Anderson
Megan Dusterhoft
Mia Fothergill
Andrea Wallace

Hope Midwives
hopemidwives@gmail.com
www.hopemidwives.ca
Heidi Coughlin
Tara Tilroe

Joy Spring Midwifery
birthatjoyspring@gmail.com
Cathy Harness
Tamar Quist

Midwifery Care Partners
780.490.5383
info@midwiferycp.ca
Barbara Scriver
Teilya Kiely

Meadowlark Midwifery
Marie.midwife@gmail.com
Marie Tutt

Passages Midwifery
780.968.2784
passages_midwifery@yahoo.com
Noreen Walker
Jenni Pleym

Lucina Midwives
780.756.7226
midwives@lucinacentre.ca
www.lucinacentre.ca
Maureen Fath
Kirsten Gafvels
Joanna Greenhalgh
Jennifer Thomson
Leesha Mafuru
Sabrina Roy
Carly Beaulieu
Chantal Gauthier-Vaillancourt

Edmonton Area Midwives and Practices
Lactation Consultants @ Home

This section is reserved for lactation consultants who do home visits in Alberta. They do not ask their clients to come to them, at their office or clinic.

We know that there may be many Lactation Consultants in hospital and clinical settings; however most mothers find it difficult to leave home when they have a newborn. They will delay accessing help because of it, which has an impact on her breastfeeding success.

There are a number of other professionals who can also support your breastfeeding journey without you needing to leave your home. Some Public Health Nurses are certified lactation consultants. You can call the Alberta Public Health line and ask for a nurse who has the IBCLC certification. They can then combine the postpartum home visit with breastfeeding support. Also many senior birth and postpartum doulas have taken breastfeeding courses and can provide a certain level of hands-on support and reassurance. Search for your local doula association website. It will have their names and contact info. La Leche League leaders (LLL) are enthusiastic women who have breastfed their children and are leaders in their community. They can be of great help. Give them a call.

To include a listing contact bi_events@asac.ab.ca and become an ASAC member! Go to www.asac.ab.ca, click on “About ASAC” and “Join/Renew Membership”.

The Association for Safe Alternatives in Childbirth presents
Make a tax-deductible donation today!

ASAC was formed in 1979 to support childbearing families.

ASAC was, and continues to be, a completely volunteer-run organization. Birth Issues started as a newsletter, typed out on a typewriter and photocopied.

Costs have steadily crept up; ASAC has made recent budget cuts to reflect a new reality. But we will need contributions from folks like you to keep Birth Issues in print, and to keep our many other programs running (e.g. play group, library, lecture series, movie screenings, trade show displays, conferences, etc.).

Thank you for your generosity during our Fall 2012 donation drive. We received:
- $3,569 through our weeve.it campaign
- $1,500 donated by the Birthing Babies Together team
- $3,467 through our online silent auction
- $2,000 donated by the Butler Family Foundation
- $1,000 donated by Cura Physical Therapies
- and some “smaller” donations

This will help us to continue publishing Birth Issues in 2013! Our fundraising efforts will continue throughout the year as our office rent needs to be paid as well as the planned Birth Issues for 2014. Watch for updates!

Please consider going to www.asac.ab.ca or www.canadahelps.org to make a tax-deductible donation to ASAC.
We would like to thank the following individuals and businesses who donated items and services to 2 silent auctions held in November 2012 (at the Birthing Babies Together premiere, and online) in benefit of ASAC and Birth Issues magazine.

You may have noticed that there was no Winter issue of Birth Issues. ASAC has encountered financial difficulties, and has been forced to reduce the frequency of publication. In 2013, you will see 2 issues of Birth Issues, Spring and Fall, and you will be able to read more content online on our new website www.birthissues.org

We are learning the meaning of, “It takes a village to raise a child.” Thank you for reminding us that you are watching our backs and that what ASAC does matters!

Asylum Knits, www.asylumknitsandycarn.etsy.com
Baby Birth Pools, www.babypools.com
Barb Scriver, www.midwiferycp.ca
Bosom Babies, www.bosom-babies.com
Brianne Esch, www.cardinalmassagetherapy.com
Butterfly Cove, www.butterflycove.etsy.com
Carly Beaulieu, www.lucinacentre.ca
Cathy Harness, Joyspring Midwifery
Chantell Simmons, www.definingmomentsdoulaservices.com
Clara Hugg, Edmonton
Cookies by George, U of A Hub Mall location
Cosy Baby Happy Mommy, www.cosybabyhappymommy.com
Coverboo Couture, www.coverboocouture.com
Crystal Driedger, www.crystaldriedger.com
Dahlia’s Bistro, www.dahliasbistro.com
Dura Mater Knits, www.duramaterknits.etsy.com
Eldyka Simpson, www.rippleffectwellnesscentre.ca
Fay Pytel, Caring Hands Massage, Edmonton
Heidi Coughlin, www.hopemidwives.ca
High Level Diner, www.highleveldiner.com
Jennifer Nunes, Joi by Jen
Kikiwin Bowen Therapy, www.kikiwinbowentherapy.ca
Mamamor, www.mamamordolls.com
Marie Tutt, www.meadowlarkmidwifery.com
Nancy’s Notes, www.nancysnotes.ca
Natasha Longridge, www.placentaedmonton.webs.com
Noorish restaurant, www.noorish.ca
Noreen Walker, Passages Midwifery
Randy Nyhof, www.randynyhofphotos.etsy.com
Ricky Issler, www.comfortinghandsdoula.com
Robots Parade, www.robotsparade.etsy.com
Samantha Waddell, www.facebook.com/waddingdoula
Shoppers Home Health Care, 4619 91 Avenue, Edmonton
Soul Insights, www.soulinsights.com
Steeps Glenora, 12411 Stony Plain Road, Edmonton
Stefani Occhipinti, Edmonton
Susan Fearnley, Edmonton
Suzanne Moquin, www.gentletouchdoula.com
Sweet jane Clothing, www.sweetjaneclothing.etsy.com
Sweet Momma Spa, www.sweetmomma.ca
The Dish Restaurant, www.thedishandspoon.ca
The Melting Pot Restaurant, www.themeltingpot.com
Thistlewick Farm, www.thistlewickfarm.etsy.com
Tiny Footprint Toys, www.tinyfootprinttoys.com
Waldorf Education Society of Edmonton, www.wese.ca
Women’s Balance Health, www.womensbalancehealth.ca

Lone (Lo-na) Odgers BSc, RAc, Dip TCM
Registered Acupuncturist & Chinese Medicine Practitioner
Acupuncture
Pregnancy & Post-natal Acupuncture
Prebirth Preparation
Labour & Induction Support
Acupressure Support for Labour
contactseeds@shaw.ca
780 996 7361
PLACENTA ENCAPSULATION SERVICES IN ALBERTA

Your baby’s placenta contains your own natural hormones and is perfectly adapted to your needs. Thanks to it some women dehydrate their placentas and put it in capsules to use during the initial months after giving birth. It is believed to balance your hormonal system, replenish depleted iron, lessen bleeding, increase breastmilk production, ease your postpartum moods, and hasten the return of your uterus’ pre-pregnancy state! To include a listing contact bi_events@asac.ab.ca and become an ASAC member! Go to ww.asac.ab.ca, click on “About ASAC” and “Join/Renew Membership”.

A Beautiful Child: Marissaa Dean
Serving Calgary and surrounding communities
marissadean2009@hotmail.com
403-560-6470 ~ www.facebook.com/abeautifulchildservices

Amanda Radcliffe
Serving Whitecourt and area
amanda.collin@hotmail.com
780-706-3929

f.a.b. birth services: Kimberley Girard
Serving Calgary and the rural Foothills (Okotoks, High River, Nanton, Pincher Creek, Black Diamond, Turner Valley, Bragg Creek, Cochrane)
info@fierceandbeautiful.com
403-971-8094

from Baby, with Love: Sandra Finlan
Serving Red Deer to Rocky Mountain House and area
sfilan@frombabywithlove.com
403.896.7809
www.facebook.com/frombabywithlove

Krista Oestreich
Serving Didsbury to Blackfalds
kristaoestreich@yahoo.com
403-559-9329

Natasha Longridge CD(DONA), PES
Serving Edmonton Westend, Stony Plain, Spruce Grove, St Albert
supermommadoula@live.ca
780-318-9336

Niko Palmer CD(DONA), PES
Serving Edmonton and area
niko.palmer@gmail.com
780-965-6585

Nine Months & Beyond Doula: Krystal Bartz
Serving Lethbridge and area
krystal@ninemonthsdoula.com
403-360-5357

Pure Birth Services: Susan Stewart
Serving Calgary, Okotoks, Airdrie, High River, Bragg Creek, Banff, Canmore, Red Deer, Didsbury, and Nanton
susan@purebirth.ca ~ 403-668-7732 or 403-801-4081 ~ www.purebirth.ca

Roots of Life Placenta Encapsulation
RootsofLiftn@gmail.com
www.placentaroots.com

Serving Edmonton and area: Trudie Rumball RAc., HHP PES ~ 780-298-9811
Serving Calgary and area: Nicole Stevens RAc., HHP PES ~ 587-984-4915

Sonya Duffee
Serving Edmonton
fullcirclebirthcollective@gmail.com
587-521-2717

Stefanie McKinnon CD(DONA), CBE, PES
Serving Edmonton and area
beautiful.beginnings@shaw.ca
780-966-3828
www.beautiful-beginnings.ca

Women’s Balance Health
Serving Sherwood Park and Edmonton
Nadia Houle BSc, R Ac, PE
Addie Baklinski PE
info@womensbalancehealth.ca
780-919-6870
womensbalancehealth.ca
Children’s Gala
Tiaras & Bowties
Supporting the Association for Safe Alternatives in Childbirth (ASAC)

Silent auction, dinner, dance, children’s activities and much more!

DATE: April 21, 2013 (Sunday)
PLACE: The Palace 3223 Parsons Road NW, Edm
TIME: 3:30-9:00pm

$75/guest 4 & up // $25/guest under 3
Ticket sales end April 12, 2013

Discounts available for ASAC members and full table purchases (8 seats).
Formal Attire. All children must be accompanied by an adult.

Currently seeking Sponsorship and Silent Auction Donations.

www.asacgala.com
Take a trip to Birth Source Inc. and discover a wonderful array of products hand picked just for you. Our selection reflects a dedication to offering high quality, safe and practical items to enhance the lives of the families we serve.

Serving our community since 2007 Birth Source Inc. has expanded to create a special sharing space where we host educational opportunities, an oasis for parents to share the joys and challenges of parenting and for community to come together.

Our store specializes in Baby Wearing and Cloth Diapering as well as Breastfeeding products and services. We proudly maintain a selection of natural products for the comfort and health of Mothers and Babies, gifts, art and everything in between.

We strive to support local suppliers; manufacturers and home based businesses in our community and feel proud to offer as many Canadian and North American made products as possible.

NEW! Ask us about our Cloth Diapering Rental and Trial Programs!

For a complete list of our workshops and store events please visit our website or like us on Facebook!

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**Store Hours**
Mon, Tues, Wed, and Fri 10am-5:30 pm
Thursday 10am-7pm
Saturday 11am-6pm (Starting Sept.1/12)

**Birth Source Inc.**
5024-106 Ave.
Edmonton, Alberta
780-758-2525