WHEN THINGS GO UNEXPECTEDLY

Adjusting the birth ‘plan’: changes in location, a last minute vaginal twin birth, road-side birth, and medical complications

featured photographer: Honey Lime Photography

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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!
  - **Summer 2019** Speaking to Youth About Their Sexual Health Send submissions by April 1. On stands June 4.
  - **Fall 2019** Postpartum Care: The Fourth Trimester Send submissions by June 1. On stands September 2.
  - **Winter 2019** VBAC Send submissions by Oct 1. On stands December 2.

**Birth issues contents**

**Join the conversation about options in birth and parenting**

ASAC (Association for Safe Alternatives in Childbirth) @BirthIssues

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**Volume XXXII Number 3 Spring 2019**

To contact an ASAC board member, please see page 66.

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For more information, please read the editorial policy on the website www.birthissues.org.

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**Featured Photographer:**

Honey Lime Photography

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Read back issues of Birth Issues magazine, visit www.birthissues.org
“When Things go Unexpectedly”, how do we prepare for this in birth? After five births I think I have learned a couple tricks that work well for me, but one of the key aspects of birth is how individual it is; what works for one woman may not for another, and what works in one birth might not for the next. The key is to take time prenatally to consider options, try them out, and be vocal about your hopes and desires with your birth team (care providers, partners, or other important team members like family, doulas, photographers, perhaps friends). For me, since I was planning a waterbirth, I found practicing birth poses in the tub to feel very natural. Another great place to practice breathing techniques is on the toilet; the hips are wide, our bottoms are used to being loose in this position, and in labour leaning backwards against the tank can be a rather relaxing pose (not to mention a convenient way to reduce some of the mess of birth)!

One of the most important things I have done to prepare for birth, is taking the time to review all my options in birth, even choices I did not believe I would make. As it turns out I had fairly textbook lengths of labour and my prenatal mental preparation, breathing, hydration, and lots of hot water helped me handle the intensity of labour fairly well. Regardless, I learned the differences between nitrous oxide (laughing gas), morphine, an epidural, or spinal analgesic; each medication having different uses, and different risks, and I knew when I would accept which interventions. Since I had researched my desires prenatally, made a written plan, and discussed it with my partner and care providers, when my eldest was first brought to me—despite being wrapped up to stay warm—she had not yet been washed or dressed, so that I could do it myself, even though I ended up with an emergency caesarean with my first (and found myself too mentally foggy to advocate for my wishes after the birth).

Before I go further I need to make a retraction, or apology, for comments in the last issue of *Birth Issues*, about the midwifery clinic in Grande Prairie. I am so happy to say that I was wrong in my assumption that the clinic would be opened this upcoming fall, in 2019, when actually it opened at the end of last fall. Currently Olabisi Adegunju is currently practicing in the Grande Prairie area in a temporary clinic. I am pleased to be able to say that several of the moms from that area were able to have a skilled midwife travel towards them during the last winter, and I am so glad that even more will find care through 2019. I look forward to seeing her practice grow in the future!

This also means that we are closer to the opening of the Fort McMurray location. I cannot wait to announce more exciting news for the families of the Wood Buffalo area! I would also like to make a reminder that these locations received this funding and attention (not to mention a skilled midwife) in part because of the advocacy of consumers and consumer groups. So ask your local AHS centre for midwives, ask your family doctor, ask your MLA.

In other exciting midwifery news, last December the provincial government announced the expansion of midwifery services across the province. Midwives will now be able to prescribe
and administer a greater range of medication (some in hospital), administer contraceptives and insert IUDs, use ultrasound, and administer vaccines. This added skillset will allow midwives to work to their fuller capacity (many midwives’ course loads being capped under their capacity), and allows remote clinics to remain sustainable as they have other sources of income. This also allows rural women greater access to maternity and family centered care.

While we are thinking about the expanding scope and funding of maternity care, that we have seen in the last decade, let me share one of my dreams of where this funding and support could lead us. Recently in the news I have been seeing headlines from New York, stating that some hospitals have begun funding a rotating staff of doulas. Research on doula care supports they improve birth outcomes, and help lower costs within hospital settings; they offer continuity of care, and touch based therapies which have been found very beneficial for the mother’s overall experience of birth. If doulas can help improve birth, and provide support for minorities or other vulnerable people giving birth, why not look at supporting them with public funding?

Of course, none of the advancements and placements we have seen, within midwifery in recent years, would have been possible without the support of our provincial government. I would like to thank our current government for their engagement with maternity care groups, and their genuine support for this woman centered industry. I also have to extend that thank you to all other political parties who have remained very open to communicating with us, and have helped keep midwifery within the discussions in the Legislative Assembly.

Therefore, keep writing to your MLAs and engaging with them in person. Midwifery, and maternity care, is a non-partisan issue, and as such we have seen support across the parties. The more all parties know about midwifery, the more they support it. Yet, we still find ourselves a long way off from that goal of fully funded equality of choice for all Alberta women in maternity care; thousands of women are still waiting for a midwife every day, and hundreds of women sit on wait lists for access to Mount Royal University’s Midwifery training program, or other programs across the country and internationally.

Write to: your MLA

You can find your riding here:
www.assembly.ab.ca/lao/mla/mla_help

With your constituency you can then find your local MLA:

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It is that time again for the Association for Safe Alternatives in Childbirth (ASAC) to have our Annual General Meeting (AGM). Our AGM will be happening on March 19, 2019, please consider attending our AGM to let us know what you would like us to do in the upcoming year.

We have two new board members I would like to introduce: Katie McGuigan-Scott is joining the board as our new Secretary, and Aislin McIntyre is joining as VP External. Our out-going Secretary, Kirsten Ziegler, spent two years on the board and has been an amazing support to all of us on the board: truly a valuable asset to ASAC. Among the many things Kirsten has done, she spent many hours training herself on how to create brand new websites for both ASAC and Birth Issues, and she has been a go-to person for all of our volunteers. Kirsten, thank you so much for everything you have done. I wish you all the best and know that our paths will cross again in the future.

I would also like to thank all of our current board members and volunteers, especially those who work so hard on our Birth Issues magazine. These amazing individuals work tirelessly to keep ASAC running smoothly and are so dedicated to educating families about their birth choices. Without them ASAC would not be able to do the great work that it does.

We are continuing to work on improving Birth Issues; look for details soon about our upcoming new website launch, and a future redesign for the magazine! Remember, if there is a topic you would like to read about, please let our Editor-in-Chief, Erin Mayou, know by sending her an email at bi_editor@asac.ab.ca.

I hope you enjoy this issue and the stories in it about, “When Things go Unexpectedly”. As always, please feel free to contact me if there is anything you want to talk about. ✭

birth announcements

Please email your birth announcements with a photo of your babes to the Editor-in-chief at bi_editor@asac.ab.ca

Gemma Kashtyn Joy de Jong

Photo by VanLeeuwen photography
Born August 10, 2019.
Came too quickly for Heather at Passages Midwifery to catch. 8 lb, 7 oz and 20.5 in long.

Exodus Factor Ruhl-Larocque

Exodus factor Ruhl-Larocque was born on November 28, 2018, in Stony Plain, Alberta: supported by midwives—Melanna, Sam, and Rae—along with doula, Taylor.

Julia Isabelle Laforest

Photo by Dawn Weir
Andy and Susan are the proud parents of Julia Isabelle Laforest. She was born at home on September 30, 2018. Julia was 20.5 in tall and weighed 8 lb, and 14 oz. Her midwife was Samantha Stupak, and her doula was Mitzi Gerber. Julia is loved by everyone around her!

Lemon~Marie Louise Kramble

Photo by Amanda Artistix Photography
Parents Scott Kramble and Nicole Konkin would like to announce their baby girl Lemon~Marie Louise, born on October 12, 2018: 7 lb, 12 oz and 52 cm. She was born at home, in Edmonton, with midwife Sam Stupack, of Passages Midwifery, and doula Sarah Higgs, of Village Doulas.
birth announcements

Please email your birth announcements with a photo of your babes to the Editor-in-chief at bi_editor@asac.ab.ca

Nora Marguerite LeDressay
Our darling, Nora Marguerite LeDressay was born on Sunday, November 11, 2018, at 1:35 a.m. The memorable home water birth was supported by Dad and a team of fantastic midwives including Carly Beaulieu and student midwife Amrit Rai. Big sister, Ramona, was woken in time to see Nora’s arrival and was full of smiles throughout!

Wilbur Warren Henry
Mike and Jill are thrilled to announce the arrival of their son Wilbur on December 16, 2018. A heartfelt thank you to our amazing midwives, Teilya Kiely and Rae Veillard, who made our home water birth so very surreal! Also, a huge thank you to our doula, Aislin Laschowki, who was there for support from day one!

Freya Rose Ference
Photo by Dawn McCorry
We are proud to announce the birth of our daughter, Freya Rose. She was born peacefully at home and caught by my husband and myself, on January 9 at 12:32 p.m., alongside our amazing midwife, Barbara Scriver, and doula, Dawn McCorry.

Caleb John Steinkey
Rebecca and Trevor Steinkey are proud parents of Caleb John Steinkey. He was born November 14, 2018, at 4:50 a.m. Caleb weighed 8 lb, 15 oz and was 21 in long. Our fabulous midwife was Samantha Stupak.

Clover Victoria McKay
Born February 7, 2019, at 2:03 a.m., 9 lb, 1 oz. Parents Jesslyn and Samuel, and big sister Olive are overjoyed to welcome their newest family member. A big thank you to the wonderful team at Meadowlark Midwifery for supporting us in our dream for a homebirth.

Norah Sharlee Warring
Born June 12, 2018
VBAC Success
Claim to Fame: At two hours old she was the youngest “Moxie’s Grill & Bar” patron on record.

Hazel May Inglis
Kris and Kirsten Inglis would like to welcome to the world Miss Hazel May Inglis. Born October 23, at 6:49 a.m.: 6 lb, 20.5 in. Samantha Stupak was our amazing midwife. May you have a bright beautiful future filled with lots of love Hazel!

Fallon Rose Luchyk
Fallon Rose Luchyk born January 20, 2019, 9 lb, 1 oz, born at home in Edmonton with HOPE midwives Tara and Heidi. Proud parents Justin and Cassidy, and big brother Hudson, are all so in love.

Luna Amanda Guderjan
Photo by Ricky Issler
Darcy, Leah and big sister Zoë Guderjan are pleased to announce the arrival of Luna Amanda Guderjan, born peacefully at home January 12, 2019, with the assistance of midwives Barbara Schriver and Heather Beaudoin, and doula Ricky Issler.

www.birthissues.org | SPRING 2019 | birthissues 7
A SEMI-PLANNED HOMEBIRTH AND A STUBBORN PLACENTA

By Amanda Matwie

My second daughter, Alexis, I truly believe, was always meant to be born at home. That being said, up until the day she was born we were planning to go to the hospital when it was time. Ha!

I knew before I was pregnant with her that I wanted to have midwifery care, and I was able to secure care from one of the awesome midwifery clinics in Edmonton. I started researching midwifery care after our first daughter was born, as I wanted a more holistic continuity of care for this pregnancy. Due to my husband Sheldon’s worries about emergencies and our living situation, we planned for me to give birth in a hospital.

At the time, we were living in a small, two-bedroom basement suite, and we did not think we had the space or the funds for a homebirth. We did not realize how inexpensive homebirth preparations could be!

My pregnancy was textbook-quality low risk, and my midwives made it clear to me at several of our appointments that I was an excellent candidate for a homebirth. I kept pushing the idea aside for Sheldon’s sake, but it was always in my mind. Finally, at around thirty-seven weeks pregnant, as we were discussing hospital preparations, my Sheldon blurted out that maybe a homebirth would not be so bad. I will admit, I may have yelled...
I started thinking that it was unlikely I would want to leave the house once I was in labour. I warned Sheldon that I might make a last-minute decision to stay home. I also warned my doula, who was delighted by the idea of attending her first home birth.

I had my final midwife appointment on Tuesday, October 22, 2014. My midwife told me I looked like, “Labour on a stick” and that she would be surprised if I made it through Wednesday with no baby. She was almost right. I spent Wednesday night having contractions that felt different than the Braxton Hicks I had experienced before. Fortunately, I was able to get a good night’s sleep for the first time in weeks.

I woke up on Thursday morning and told Sheldon to stay home from work. The contractions were increasing in intensity and were getting a bit closer together. I texted my doula and she headed over, stopping for some Tim Horton’s coffee for herself and Sheldon. She was at our house by about 10 a.m. I tried to eat some food, but all I could get down was a banana, and I was drinking plenty of water. At this point, my contractions were coming steadily about every 15 minutes and lasting for maybe a minute.

Sheldon called his mother and we told her she probably had all day before she needed to come stay with our older daughter, Abby, who was 19 ½ months old at the time. We were still assuming that we would go to the hospital.

I got restless just sitting around the house, so I decided we all needed to go across the street and walk around the mall by our house. Not two minutes after entering the mall, we ran into the midwife who was on call for that half of the week... the same midwife who we had seen on Tuesday. She was on
her way to the office and we had a quick chat. She reminded me again that I was a great candidate for homebirth. We admitted we were starting to like that idea but told her we had no supplies at home. She laughed and said all we really needed were towels and some absorbent mats.

We walked around the mall for about an hour before my contractions started intensifying to the point that I had to pause and rock through most of them. We hurried home so I could get a bit more comfortable, and to try to put Abby down for a nap. We did not need her to be miserable!

When we got home, I decided I should probably try to go to the bathroom before things got any crazier. Well, as soon as I sat down on the toilet, my water broke! Perfect timing, right? We were all so glad that it did not break at the mall, though Sheldon teased me about how it would have been a great story if it did. It was exactly 12:01 p.m.

I came out of the bathroom, gloriously drenched in clear amniotic fluid and determined not to leave the house until I pushed out my baby. I knew by then I was not leaving. Excited, I sat down on our futon and texted my midwife to let her know my water had broken. I mistakenly told her I could still talk through contractions, which I figured meant I had some time left and she did not need to rush. Luckily for me, she knew better and was already headed out the door by the time I called her five minutes later to tell her to come.

Abby’s birth had been a long, drawn out experience (about twenty-eight hours from my water breaking to the time of her birth), which I somehow expected to be repeated, so I really had no idea how fast Alexis’s birth would go. I fully expected several more hours of labour.

Sheldon called his mom at about 12:30 p.m. and told her she should come. My contractions were getting closer together, maybe five or ten minutes apart. He forgot to mention we
were staying home. We were still, unsuccesssfully, trying to get Abby down for a nap, but she sensed all the excitement and just wanted to hover over me.

I knelt down on the ground over some towels and draped my body over a yoga ball covered in a soft blanket, where I stayed until just before the last push. My doula applied pressure to my tailbone and rubbed my back with peppermint massage oil. She timed my contractions on her phone for a few minutes and then gave up because it was very obvious my labour was progressing.

Sheldon had been attempting to cook us all some lunch, but none of us ever did eat. Abby was circling me, giving me kisses and bringing me water. She was undisturbed by my heavy breathing, but she was very obviously getting tired and grouchy. I still wish we could have succeeded at having her nap so she could have stayed for the birth.

Our midwife arrived shortly after 12:30 p.m., since the office was conveniently near our home, and started to set up, asking me almost immediately if I felt the need to push yet. At that point I did not, though I was starting to get a bit louder with my vocalization during contractions. The second attendant midwife arrived before 1 p.m., and I knew enough about how midwifery care works to ask, “Oh, so this baby is coming soon then?” since the second midwife usually comes close to the end of labour as the baby is about to arrive.

Abby was still running around, getting in the way and being incredibly curious. All efforts to get her to bed failed, so we were very happy when my husband’s mother arrived. I happened to be in the middle of a particularly intense contraction as she stood upstairs at our door. She was in shock, to say the least. Sheldon handed Abby and the diaper bag to her and asked her to take Abby for a ride in her stroller so that she could get some sleep.

Ahhhh. Once Abby was out of the house and I knew she would be happy with her Baba (Ukrainian for Grandma), I was able to concentrate again, though I was somewhat saddened that my firstborn was gone. Sheldon put on some music: the same Zen CDs we listened to repeatedly while I was in labour with Abby. Someone dimmed the lights. My primary midwife sat at my legs and checked Alexis’s heart rate every few minutes while the second midwife sat quietly in one corner of our living room taking notes and preparing equipment. Now that Abby was out of the house, Sheldon was able to come sit down in front of me and hold my hands as I laboured. We stayed close like that for the rest of my labour.

At first, I was laughing and talking between contractions, but soon everything intensified. At one point, maybe around 2 p.m., I looked up at our living room clock and thought, “Oh, it has been a couple hours since I peed. Maybe I should try again.” I made the effort to get up and waddle to the bathroom, thinking maybe I should try peeing again, but I just ended up pushing instead. My midwife pointed out the purple line on my sacrum and seemed to know by the sounds I was making that I was ready to push. She never asked to check dilation and I never asked to be checked, so I have no idea at what dilation I was. I just followed my body’s instincts.

My midwives got me settled back over my yoga ball, and I made Sheldon come grab my hands again. My midwife said to go ahead and push if I felt like it. It was incredibly nice not to have anyone’s fingers shoved in my vagina checking my cervix at that point. She did check once, a few minutes later when I was having some unexpected bleeding, but other than that we all pretty much just went with what my body told me. I stayed in that position, on my knees, leaning forward over the ball and holding Sheldon’s hands, to push. I did not move until I had to.

Pushing was fine, bearable, until Alexis’s head started to crown. Then, I started whimpering, crying, and begging for relief from the stinging. It was at that point that I said, “I do not want to do this anymore!” followed by, “But that is silly. I know I have to.” My brain fought my body, tensing my muscles instead of letting me relax as Alexis dropped lower.

I had a whole cheerleading squad dedicated to me. Sheldon was holding my hands and pressing his forehead against mine when I needed him to, my doula was at my side, and my midwives were behind me. I was surrounded by quiet words of encouragement and moments of laughter. It was beautiful. Alexis managed to get her head halfway out before we hit a snag. Her shoulder was caught, and she was squirming, trying to get out, which is probably why the stinging was so bad. My midwives had me try a few different positions with my legs and Alexis slid a bit further out, but at the last moment, they flipped me on to my back on the floor. Moving was not fun at all, but it did the trick. One push more and she slid out, warm and wet. It was 2:37 p.m., a mere two and a half hours since my water had broken. I have only ever felt that level of elation once before,
A SEMI-PLANNED HOMEBIRTH AND A STUBBORN PLACENTA

at Abigail’s birth. Even that did not compare to the pride I felt in myself in those moments. I was absolutely exhausted, to tired even to cry, but I felt like a top athlete who had just run the most incredible marathon of her life. I am quite sure that I said, “Oh wow, I did it” at least once or twice. I have a lovely picture of me with Alexis on my chest, my head thrown back and my eyes closed, with the most blissful smile on my face.

I cuddled her against my chest for a while, but my placenta was not anywhere near to coming out, so I passed Alexis off to Sheldon for snuggles while my midwives got me on my feet to try to get my placenta moving. Squatting, walking, sitting on the toilet, and even a shot of oxytocin were not enough to make that placenta move. Finally, under gentle threats of a hospital visit, and with my midwife’s help, I was able to push my placenta out. It was a bit snagged on one of my pelvic bones and was not able to slide out entirely on its own like it should have. I will never forget the fun all of us ladies had, sitting around on my bed, trying to laugh my placenta out and joking about how my times I uttered the F-word while I was pushing. I remember being covered in sweat and just wanting to hurry up and be done so I could take a shower.

After my placenta was finally out, around 4:30 p.m., I got up (out of my own bed) and showered (in my own bathroom). I remember giggling because I was able to bend over and clean my feet for the first time in months. I emerged refreshed, smiling, and eager to breastfeed Alexis. I settled back against some pillows on my bed, which someone had made with fresh sheets, and demanded my baby. Sheldon reluctantly handed her over, and we all laughed at him because his chest was covered in black, tarry newborn poop. He had been enjoying the cuddles so much he did not even realize Alexis was using him for a diaper.

Sheldon’s mom had come back with Abby and they were playing in the backyard until Alexis and I were cleaned up. Once I was comfortably breastfeeding, they came inside. Sheldon set Abby down on the bed and she crawled straight over to me and gave, “Baby!” lots of kisses. She was instantly gentle and completely in love with her little sister.

There were some papers to fill out and laundry to do, none of which anyone let me do. Perks of giving birth, I suppose. I sat on the futon in our living room and gobbled down a Greek salad while my mother-in-law held Alexis. Our midwives packed up all of their equipment, said good-bye, and headed off to another birth. My doula slipped out quietly, and then it was just our little family. The timing is a blur, but I would say everyone was out the door shortly after 5 p.m.

The difference between my two birth experiences was massive. Though the birth of Abby was not particularly traumatic or unpleasant, it just did not seem to fit us properly and I felt as if I had missed out on some essential part of the birth process. Thanks to the support of my husband, doula, and midwives, my dream of experiencing birth in my own home was realized. By the next day, both Sheldon and I were saying that we never wanted me to give birth in a hospital again because being home had been so wonderful.

When I asked Sheldon what he liked the most, his main response was that I had liked it so much, and that he never had to drive anywhere. We may have used up every clean towel in our home and a bottle of peroxide on a spot of bloody carpet, but we did not care. The atmosphere was so much more relaxed at home than it had been at the hospital when I gave birth to Abby.

Editor’s Notes:

1. Braxton-Hicks contractions, also known as false labour or practice contractions, are sporadic uterine contractions usually felt in the last trimester of pregnancy. Not all expectant mothers feel these contractions.

2. The two primary midwives in this practice share care. They each have on call days and throughout pregnancy the woman gets to know both of them. Another midwife will be the second attendant at the birth. The primary midwife arrives when asked, or needed, and the second attendant joins before pushing.

3. Peppermint massage oil in labour can be used on tense muscles to help alleviate pain. It can also be helpful to inhale in order to avoid nausea. During transition and pushing, its cooling affect can bring comfort, energy, and focus. Do not apply essential oils directly to the skin, and seek advice from a professional aromatherapist before using them during pregnancy and birth.

4. Bleeding is rare during labour but more common during pushing. It may indicate that the cervix is dilating, or that there is some tearing on the vaginal wall while pushing. If the cervix is not completely diluted and a woman is pushing, it can damage the cervix, so it can be helpful for the midwife to check. Continuous bleeding, rather than spotting, however, may be a sign of placenta or uterine rupture. This is also very rare.

5. A retained placenta can occur if the placenta remains inside the womb for more than 30 minutes. A trapped placenta is one of the three main types of a retained placenta.

Amanda Matwie lives in Lethbridge, Alberta with her husband and four children, as a fortunate stay-at-home mom. Amanda delivered her next two pregnancies at home in Lethbridge with midwives. Though not as involved in advocacy, Amanda is still passionate about midwifery and homebirth being available to more women in Alberta.

Midwifery services provided by Megan Dusterhoft, Mia Fothergill, and Gaelyn Anderson of Beginnings Midwifery Care. Doula services provided by Stefani Sharma. ※
“Let go. Lean into the strong sensations.” This was my mantra, my guiding compass, helping me to navigate the messy and tangled terrain of significant discomfort that I experienced as my body slowly readied itself to deliver my baby to the outside world. It was a life lesson: my desire for a definitive timeline, entirely eclipsed by Mother Nature. I was not in the driver’s seat.

I am not new to discomfort and struggle. I last glimpsed my beloved mother while standing in the hallway of the hospital with my younger sister. Mom was 42. I was eight. Actually, my sister and I were told to stand by the elevators and wait for the next round of childcare shift to start, probably by one of my mother’s four sisters. Instead, we found ourselves outside her room. That was the last time I ever saw her.

The cancer that killed my mother inspired both an enduring, deep curiosity of the nature of my existence, coupled with a high-strung apprehension that something might and could always go wrong.

Luckily, three decades later, a baby growing inside of me propelled me towards love, patience, self-care, and hope. If I
had trouble taking care of my spiritual, physical, and mental self when I was without child, I somehow soared to a new level with babe in belly. Surrounding myself with holistic, research-backed information, midwives who believed in the wisdom of my body, and positive birth stories, I readied myself for a toes-in-the-soil, earth-trembling labour.

I was a week overdue. Then one late Sunday afternoon, as my partner, Quinn, and I were visiting family, I experienced a different sort of cramping. Not like the hardened belly of a Braxton Hicks: more of a menstrual cramp, lower, and more intense. Then it came again...and again. With delight and anticipation, Quinn and I swiftly said our goodbyes and headed home, ready and eager to start the long awaited labour process.

The contractions continued to come, varying between 7 to 25 minutes. Quinn used an app on his notebook to time the contractions. At one point, in the middle of that first night, I was having a bath—which was so glorious and really helped to alleviate the discomfort of the contractions—and Quinn set a towel on the bathroom floor and counted my contractions as I dozed. It must have been somewhat boring for him, I would think, but throughout the whole experience he was amazing, and enduringly supportive: a labour superhero.

The night passed, and the contractions continued. They continued throughout the next day. Finally, late Monday evening, I was having a hard time coping. We had not slept, which made the contractions harder to deal with, and they were still sporadic.

We paged our midwife, who happened to be already at the hospital. In her phone call assessment she concluded that she would take a look but would likely have to send us home. It was a feeling of ambivalent urgency; I needed a glimmer of hope to help me function in the struggle. Sure enough, after checking me, she determined I was only 2 cm dilated. I was the face of exasperation. I made a pact with myself that I would bend to nature and accept that her plan was outrageously different! Feeling wilted, depleted, and mildly demoralized, I decided to get a morphine shot. I am glad I did. Sleep came to me between my contractions.

Tuesday arrived: still the contractions continued to come, but sporadic and rarely as close as four minutes apart. By this time Quinn and I had stopped timing the contractions— they were obviously more than four minutes apart, so why bother? It was a well-needed break. If we would have known how long the pre-labour journey was going to be, we would not have timed them so vigorously to start with. Retrospectively, it was the arsenal of labour-care ready-mades that carried us through so many long moments: candle-lit baths, slow waddles around the yard, emphatic gestures to notice nature, moaning and movement, steaming hot tea, words of affirmation posted on the wall, and short phone calls full of anguish and joyful
exuberance from friends. The textiles of mundane life became luxuries in the yawning dawn of labour.

Come Tuesday evening, my body continued to stubbornly resist expansion. Again, we made the overwhelmingly bumpy ride to the hospital to discover I was only 3 cm dilated. Hope, optimism, eagerness—my bedfellows at the start of labour—were obscured by a heavy, floundering feeling. Apparently, this long pre-labour experience happens from time to time for first time moms. I chose to get another shot of morphine, and again, this helped me get through the night.

Here is when it happened: Wednesday morning, biophysical number two. The ultrasound technician was not happy with the amount baby was kicking. We moved to another room to monitor baby’s heart rate and baby’s kicks. An hour dragged by. The doctor came into the room and declared, “There is concern with the variability of the baby’s heart rate.” A hospital room and the midwives were ready and waiting.

The tightly-wound existence of apprehension and anxiety—that bore its heavy, unaltering, presence in my every breath since the passing of my mother—presented itself in the strange form of relief: the crisis I had been waiting for had finally arrived. The other shoe had dropped. Strangely and most curiously, a calm and cosmic perspective arrived.

We arrived at the hospital room to a flurry of activity. Apparently, baby was not happy being in pre-labour for so long. They suggested inducing me with Pitocin. My midwives put a fetal heart rate monitor on baby’s head. An obstetrician came in the room and we discussed possible options.

How was I to make this abrupt crossroads clearer? I was in the crux of a multi-faceted intersection: a recipient of modern medicine, a child who has tasted death, a knower of belly and bone, a believer of the wisdom of midwifery. How should I pick and choose which course to take? Instead, I dwelled in the intersection until movement occurred from baby, body, and machine.

Hooked up to tubes and other crucial medical devices, my mobility was limited. In conjunction with the institutional feel of the hospital, this created a feeling of imposed restraint. Not knowing how much I could move with the tubes, juxtaposed with my notions of being a ‘patient’ in a hospital, led me to continually ask the midwives for permission to move into different positions. After asking repeatedly, I made a decision and thought, “Be the fullest expression of what moves you, Jodi.”
At home when I was having a contraction, I would move my hips, arch my back, or sway back and forth. I found I had to give myself permission again and again to move how I needed. If I could impart anything to any woman in labour, it would be to own your labour, regardless of where you find yourself to be.

Meanwhile, with the added Pitocin, the sensation of the contractions was getting quite strong. Still needing to know the timeline, and secretly giving Mother Nature the middle finger, I kept asking how long I would have to deal with this discomfort for. I needed to get out of my head!

The midwives suggested I try laughing gas, so I did. I ended up using the laughing gas for the duration of my labour, minus the pushing part. In addition to the mellowing of the strong sensations of the contractions, I also felt that it narrowed my focus, helped monitor my breathing, and ultimately allowed me to get out of my cerebral ‘need-to-know’ brain and into the intuitive part of myself. I fondly named my laughing gas nozzle ‘Frank’.

When it came time to push, my third midwife arrived and promptly took Frank away (whom I had become quite attached to). I understood this authoritative gesture as, “You no longer need this”, which gave me confidence that I could continue without Frank. I had to dig deeper than I ever have in my life while pushing. There were moments when I did not think I could do it. I was dog-bone tired.

My midwives and Quinn were so wonderful during this time: cheerleaders to the max. I remember being on my hands and knees, my bum facing my midwives, when I felt the urge to push. I farted loudly, pretty much right in their hands and knees, my bum facing my midwives, when I felt the urge to push. I farted loudly, pretty much right in their faces! Simultaneously, my midwives all approvingly enthused, “Good!” I thought, “Ah, the sphincter rule—if I shut those toots down, there is no way the baby is coming out.” I loved my midwives entirely at this moment.

After each pushing urge came (it feels just like the urge when you poo), I remember thinking, “Is the head out yet?” Finally, as I was lying on my back with my feet up on the midwives’ chests, someone grabbed my hand and put it between my legs, and I felt the top of baby’s head. Then I felt a kind of wiggling. Suddenly, she was out and laying on top of me!

I was on the other side: awe, disbelief, gratitude.

My 8 lb, 4 oz baby was in my arms just before midnight on May 28, 2014, after 72 hours of early labour and five and a half hours of active labour.

Regardless of the fact that it did not go according to the ideal I held in my mind, I feel so blessed to be a woman and to have experienced the miracle of growing, and then delivering, a human being into this world. I feel very grateful to be partners with such an amazing force of a human, Quinn. I do not know if I could have done it without him. I am in awe of his enduring and tireless support and encouragement. I feel very blessed to have had three amazing and wise women tap into the stream of midwifery and help deliver our baby into this world. I am also grateful to know the other side of life, namely death. Daily I attempt to reside in the practice of gratitude, knowing my mom lived such a short life, never getting to see her little girls grow up, as I do with mine.

To Labour: I am thankful I had the courage to get messy with the river of discomfort that waxed and waned in my body. Not to stand at the edge of your fiery stream with only my toes getting wet, but instead, to get lost in your tangled maze: to immerse myself again and again in your blazing storm of knowing, to lean into uncertainty of a greater kind. An exploratory opportunity in the cosmic sense. A spirit walk of the unknown.

Editor’s Notes:

1. Injectable narcotics and narcotic-like medications, such as morphine or demerol, can be used in labour for up to two hours of pain relief. Side effects can include drowsiness, nausea, vomiting, respiratory depression, low blood pressure, breathing difficulties in the newborn if drugs used within two hours of delivery.

2. Prodomal labour can sometimes be referred to as false labour. Although the body is in fact working hard already, and the sensations felt are certainly real, this refers to the fact that a steady contraction pattern has not yet developed. Contractions may stop after several hours. This phase can last hours, days, and even weeks.

3. A biophysical profile (BPP) is a prenatal ultrasound and a non-stress test, both evaluating baby’s well-being. You may be asked to get one if you are past your due date, have a high-risk condition in pregnancy—such as diabetes or preeclampsia—or if you have incurred an injury or trauma such as falling. It measures your baby’s movement, muscle tone, heart accelerations, and the amount of amniotic fluid in the uterus. In this case, the author a BPP the Friday before, and this was her second one.

4. Pitocin, is the synthetic form of the naturally occurring hormone oxytocin. It is used to contract smooth tissues in the body, which causes uterine contractions.

5. If your care provider is wanting a closer look at the baby’s health, they may request an internal fetal heart rate monitor, which uses an electrode placed through the cervix and onto the baby’s head to send signals to a monitor which measures heart rate.

6. Laughing gas, or nitrous oxide, is frequently used to relieve the sensation of pain associated with childbirth (it takes the edge of pain off), and has been shown to be a safe and effective aid for women wanting to give birth vaginally.

Jodi Soare is an elementary school teacher for the Calgary Board of Education. Her birth experience continues to be the gold standard of bravery and courage that she strives to live by daily. ✯

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Jodi Soare is an elementary school teacher for the Calgary Board of Education. Her birth experience continues to be the gold standard of bravery and courage that she strives to live by daily. ✯
UNEXPECTED IS AN UNDERSTATEMENT

By Cassie Turner

After having a wonderful experience with a midwifery team with my first son at the Lucina Birth Centre in Edmonton in 2016, I quickly knew I wanted a home birth with my second pregnancy. However, a new home meant I had to rethink my birth plan: at eight months pregnant, we had finally fulfilled a ten-year dream of moving out of the city, onto a little acreage! I chose to deliver at the Lucina Centre again, as I felt being 40 minutes from the nearest hospital was too risky in the event that an emergency transfer was required. I was not interested in a long, uncomfortable, and possibly stressful ambulance ride if something went awry.

At 39 weeks exactly, I felt the beginnings of labour at 9:30 p.m., with period-like cramps. After trying to sleep for an hour, I knew it was, “The night” so I took my time in a hot shower (even shaved my legs), and called my mom. The plan was for her to come to our house and stay with our toddler son and the family dog overnight. Her drive would have been 45 minutes to my house and we had another hour to the birth centre. I made my call to my midwife, giving her the heads up we would likely arrive in 2-3 hours.

Within mere minutes, my contractions were increasing in pain and duration, so I called my mom back 15 minutes later and said maybe she should just meet us at the Centre to take our son and dog, and we would get going right away. Between my husband packing up our sleeping son and all our stuff, as well as me trying to get dressed between contractions, we left the house at 11:55 p.m.

I sat in the passenger seat (with our son rear-facing directly behind me, so my seat could not recline or even back up fully), and within ten minutes my husband and I both started to wonder if we would make it to the Centre. I stayed on the phone with my midwife most of the drive and she suggested we head to the nearest hospital in Edmonton. However, I have always been very fearful of hospitals and did not want to go there! I told my husband to keep driving, fully believing we would make it. He had been driving reasonably fast since we left home, but by the time we hit the Anthony Henday he had turned into a professional racecar driver (luckily I am married to the calmest man I have ever met; he did not bat an eye). Just for a visual, it was also the end of February but we were lucky that it was not too cold or snowy that night.
With my first son, I had experienced the fetal ejection reflex and was very panicked when it happened; but once again, my body was pushing on its own, this time it was familiar and I just let my body do what it was meant to do! Once that started, my husband called 911 from his phone so I could keep my midwife on my line, and he let them know I was having a baby in the car and to send an ambulance.

My water broke seconds later and I could feel my baby’s head crowning, so I yelled for him to pull over. Once we stopped, on the shoulder of the Anthony Henday no less, he stepped outside of the vehicle to speak with 911 (they could not hear him in the car because I was being slightly vocal...). He was not outside even one minute before I was banging on the car window and signaling for him to come back inside. As soon as he sat down in the driver’s seat I pushed out my son’s head, and his body came in the next breath. I pulled him up onto my chest and laugh-cried as my midwife congratulated me, and my husband let the 911 operator know that our baby had arrived.

It was 12:20 a.m. From the time we left the house, thinking we had several hours of labour, 25 minutes passed before our son was born: only 25 minutes!

Within five minutes, a fire truck, ambulance, and EMT SUV rolled up! Even though I was so shocked that I just birthed my baby in the car, I felt so calm as soon as he was in my arms. Having my husband beside me is always so grounding, and if there was ever a time to feel steady, it was then. My midwife was ‘with’ me the whole time, which was comforting, even over the phone. By the time a firefighter opened my car door, I was talking with him like it was any old Wednesday!

Remember that our toddler son and our dog are also in the backseat during all of this. Our son was ecstatic to see the lights and hear the sirens of the emergency vehicles and still talks about it to this day, a year later. Both our toddler and dog were quiet during this whole ordeal, probably just wondering what the heck was going on in the front seat.

The rest of the story is much less eventful but more controlled (and greatly appreciated). I was transferred into the ambulance, where the EMTs treated me with utmost respect. I will be forever thankful for the care they provided me. We casually made our way to the birth centre – which was perhaps out of the norm, and likely due to the fact my baby
and I were healthy, and because of the advocating for the birth centre from myself, my husband, and our midwife. We were skin-to-skin in the ambulance and our new son latched on to nurse beautifully.

We met my midwife and stayed at the birth centre for a few hours: receiving all the standard checks on myself and baby Reid. Everything was just perfect; no concerns for either of us. We were able to leave by 5 a.m., and were home in our own bed just six hours after we had left the house the night before.

Reid John was 7 lb, 1 oz, and 20”, born at 12:20 a.m. on February 28, 2018, in the front seat of my Hyundai Sante Fe, on the shoulder of the Anthony Henday in Edmonton.

Obviously, as unexpected (and to be real, crazy) as it was, it was the most empowering birth. My little family, including the dog, got to be a part of it. I was able to deliver my own baby and was the first and only person to hold him for hours. I still was able to do skin-to-skin, right in the ambulance. I had the most amazing care from the EMTs, although I had been very afraid of that very thing. I had the support of my midwife over the phone and again at the Centre for our postpartum care. Even through all the chaos, we both came out perfectly healthy.

When I tell people my birth story, there is lots of shock and laughter, which is exactly what it is – shocking but funny! It is also so meaningful and empowering to me. It brings me to tears every time I drive by the 111th Street overpass, in the exact spot it happened, because I did an amazing thing! I gave birth to my son in the car, and delivered him myself. The first question most people ask is if my husband delivered him and he proudly says, “No! Cassie did not need me; she had it under control. I was just there beside her.” I love that; I love that in such chaos, I had it! I rarely think of myself as strong but this is one situation that even I cannot deny… I am strong!

Cassie Turner is mother to two rambunctious boys, three and one, and wife of Fraser. She recently fulfilled a dream by moving to a small acreage with a big garden, chickens, a dog and rabbit! Currently a stay-at-home mother, she will return to marketing, where she has eight years experience. ✭
My first birthing experience was horrible and life-changing. At 29 weeks I was diagnosed with polyhydramnios (excessive amniotic fluid) and placed on bedrest, first in Vancouver’s BC Women’s Hospital, then at home. On May 24, 2010, at 33 weeks my water broke and I went into labour – a labour that resulted in a sudden drop in fetal heart rate, a very rushed spinal block, and forceps delivery of a 3 lb, 15 oz baby boy with – as we later found out – birth defects to his trachea, intestines, and pancreas. We were fortunate to have a few hours with baby Ryan before he passed away peacefully. Although we were devastated at this loss, we were grateful that Ryan’s problems were not found to be genetic in nature.

We got pregnant six months later and I had a completely uneventful and wonderful pregnancy, despite being labelled ‘high-risk’ due to my previous history. At 41 weeks I was feeling very little kicking: less than what is recommended by the Society of Obstetricians and Gynaecologists of Canada. I decided to ease my worry and be examined at our clinic to ensure everything was still going well. They confirmed that the fetal movement count was very low and that due to me being 41 weeks, an induction was required (not recommended). When I expressed concerns about this, one of the physicians actually said, “We do not want a repeat of last time, do we?” Given our fear and anxiety over losing Ryan, we felt there was no choice in the matter, and were told that an induction was the only safe course of action. Looking back it feels that statement was an insensitive, perhaps inappropriate, way to encourage us to follow their recommendation. I wish our options could have been given in a way that was more sensitive to our grief and worry.

After being given Pitocin, my labour followed the “Cascade of interventions” spiral to the letter, resulting in an emergency caesarean section of my 6 lb, 13 oz daughter, Kelly, on August 2, 2011. I was relieved to have a healthy baby but was disappointed that my two births were so traumatic and out-of-control.

When we got pregnant for the third time, I was determined to be in charge of my birth preparation and experience. We worked with a doula who helped ease our anxiety, create a birth plan, and answer any questions we had about what a ‘normal’ birth should look like. My obstetrician and gynecologist was in support of a vaginal birth after caesarean
(VBAC), as it had been three years since my C-section and I was otherwise healthy with a normal pregnancy.

On January 19, 2015, I was 36 weeks along and feeling great. I had just done a prenatal yoga class that evening and quickly fell asleep after tucking Kelly in. I awoke at midnight to some mild cramping – nothing painful, but enough to make me want to have it checked out. I did not want to wake my husband and daughter, thinking that if I went to the hospital one of two things would happen: a) I would be sent home, as I have heard this was often the case in very early labour, or b) I would be admitted, and my husband could come see me once Kelly was taken to our friend’s house.

I ordered a taxi for the short drive to Edmonton’s Misericordia Hospital. I do not know what it was about being in that taxi but once I sat down I had three massive contractions during the five-minute ride. I did not want the driver to think he would have to deliver a baby in his cab, so I tried to stay as silent as I could while trying to control my breathing and pain.

I arrived at Labour and Delivery (L&D) at 12:40 a.m. and was told to pee in a cup while they prepared a room for me. As I was trying to do this, I had two more huge contractions. The nurse then checked to see how far along I was dilated – lo and behold I was a full 10 cm! I was incredibly surprised that I had dilated that much so quickly, but the urge to push had not quite hit me yet (it took maybe 10-15 minutes to feel that urge).

My maternity clinic’s process is to deliver their patient files to the delivering hospital by the 37th week. As I was only 36 weeks along, I was unknown to the team working that night. They began asking me a whole series of questions, including known allergies, previous pregnancy and labour history, had I been tested for Group B Strep, etc., etc. I answered as best I could, but I finally asked, “Can I please focus on delivering this baby? Thank you very much!” Fortunately, one of my clinic’s physicians had just arrived for another delivery and it was very reassuring to see at least one familiar face on my birth team.

I climbed onto the bed in my delivery room, lay down with my knees up, and felt comfortable and ready to birth. I have never experienced before during labour. I knew that I could do it. After about 30 minutes of pushing, I could feel the head coming. I had always heard that without medication, the pain of crowning was extremely excruciating. My only mental preparation for birth had been not to be fearful of it, which was a tall order given my history. However, I knew that fear during labour was not a helpful emotion to have – instead I focused on getting the ‘job’ done and being in control of the situation. I was flooded with oxytocin and endorphins. I do not remember feeling pain. I believe that by allowing for the natural progression of labour to unfold without intervention, my mind and body were prepared for the challenge.

At 1:30 a.m., our baby Neil was born at 5 lb, 6 oz. As he was technically premature, they whisked him away to be examined while I was delivering the placenta and being stitched up (I had a mild tear requiring a couple of stitches). He was soon brought back with a clean bill of health and started breastfeeding like a champ. At that point, I made a video call to my sleepy husband and showed him baby Neil. His response was priceless, “Whose baby is that?” They came for a visit first thing in the morning, happy to meet the newest member of the family.

Although my VBAC was a quick surprise, I am grateful that I was able to trust my body and not be fearful of the natural birth process. My three birth experiences taught me that hope can come from tragedy and that gentle guidance and support is better than unnecessary intervention.

Editor’s Notes:

1. Polyhydramnios (excessive amniotic fluid) occurs in 1-2% of pregnancies and is usually mild. Severe polyhydramnios may cause shortness of breath or the inability to breathe, preterm labour, swelling in lower extremities and abdominal wall, uterine discomfort and contractions, or fetal malposition. Severe polyhydramnios may require close monitoring.

2. The SOGC recommends counting fetal movements (sometimes called kick counts) in order to reduce the likelihood of stillbirth. They recommend going to a hospital if, after approximately 26 weeks and regularly feeling the baby move, you do not notice six movements within two hours. They also note that laying down can help to feel the movements, and that waiting until the evening when babies are typically more active could be beneficial; which tells me that the SOGC recognize that the baby will not be equally as active all 24 hours of the day.

3. The cascade of interventions refers to the statistical trend that has shown, once a labour has been medically induced, the person becomes more likely to encounter other interventions through the labour, and statistically is more likely to have a caesarean. To read more find our Spring 2016 issue on Induction.

Crystal Fellner is a stay-at-home mother to Kelly and Neil and is expecting her next baby this March. Besides raising an active second grader and preschooler, her current passions include teaching awesome fitness classes and doing cheeky cross-stitch.
FINDING ABSOLUTION IN AN UNEXPECTED HOME BIRTH

By Amy Durand

Over the summer of 2018, my two-year-old son, Evan, and I discovered the Nancy Tillman books. Fighting to find his sleep, we had read Wherever You Are, a story about the indelible qualities of a parent’s love, over and over, and every time I would choke up on the first line, “I wanted you more than you will ever know.” I would read it with the sincerity that comes from knowing something to be wholly true, and it was. When we got pregnant with Evan it was the fulfilment of a wish I had for years and years. In 2018, I was pregnant with our second child, and as my due date slipped away with nary a sign that baby was coming, I thought about reading her that book and knew that I would not be able to read the first line to her with the same conviction. It broke my heart, but at 41 weeks a part of my overdue, entirely irrational state made me sure that was why my baby would not come. You see, I could not tell her that I wanted her more than she had ever known, because deep down, I was absolutely terrified of having another baby.

Evan was born ten days overdue after an induction that went about as we were told to expect – long, hard, painful, unproductive and difficult on baby. I did not meet my son the night he was born because he was whisked away to the neonatal intensive care unit (NICU) where he would spend the first four days of his life. His blood pressure was erratic and he had aspirated meconium during that 26-hour marathon labour. We had not been accepted into midwifery care during that pregnancy. Despite our desire for a natural labour on baby’s terms and timeline, when we were called to the hospital for a non-stress test at 41+3, the doctor told us we would have to sign a waiver if we refused the induction. Though the test
showed no indication that baby was under any stress, at that point, I was so worried and exhausted that I did not feel up to a fight. When I finally met my son all I could say was, “I am so sorry” as I stared at Evan in his incubator, hooked up to all manner of monitors and IVs.

The days, weeks, months, and year that followed turned my life upside down. Evan was no worse for wear after he came home from the hospital, but the same could not be said for me. Breastfeeding was a struggle, the isolation I felt was crushing, and as Evan grew into a curious and very active little boy, I could not keep up. It took nearly two years for me to feel even remotely competent as a mother, wife, and woman. By then, it was time to start thinking about giving Evan a sibling.

I was pregnant again a few months after Evan’s second birthday. Up until twenty weeks, I had a harder pregnancy than my first — immediate exhaustion, terrible headaches, and nagging nausea through the days — but we were still off to a better start this time around; we were accepted by our first-choice midwifery practice. I took great comfort in the ease of our midwifery experience. Appointments were short and sweet. There were no long waits, no incessant tests, and plenty of openness to what I wanted and needed from my prenatal care. We planned to birth our baby at our home in Edmonton.

The first hiccup came when, after the twenty-week ultrasound, my fluid levels seemed low to the technician. Our midwife advised that, if it was confirmed and continued, baby would have to be born early: meaning another induction, and that was a hard no for me. So, after enough mental pacing to leave a groove in the floor of my mind’s attic, I decided that, if it was necessary, I would choose an elective caesarean. When the next ultrasound came back all clear, everything was lined up to be an entirely different birth experience than our first.

That was until my Group B Strep (GBS) test came back positive. The year before Evan was born, a friend of mine lost her 25-day-old daughter to late onset GBS, and no matter how many assurances midwives, nurses, and friends offered, I was in a full-blown panic. For days, I went back and forth on our birth plan, and all options seemed terrible. Reassured that our midwife could administer antibiotics at home, that all I needed to do to monitor baby was to check her temperature constantly, and supported by my husband Jason who — though normally the far more risk averse of the two of us — never wavered from his preference for a home birth, I came back around.

Forty weeks. 41 weeks. 41+3. The days dragged on. While I drew the line at remedies that contained castor oil, to avoid the possible side-effects of the castor oil, we had tried everything else to spark labour: long walks, deep squats, evening primrose oil, sex, dates. I even went to my high-intensity prenatal fitness class at 41 weeks. Still, there was no labour in sight. One night, unable to sleep due to worry, my baby girl and I had a heart to heart. Through tears, I promised her that the love her daddy, big brother, grandparents, aunts, uncles were ready to heap on her would more than make up for the fact that her mom was a mess.

On August 17, ten days past her due date, our midwife sent us for an ultrasound and a non-stress test. Everything looked fine, but she wanted us to try a Cervidil insert to open my cervix so she could break my water. We had an appointment booked for Monday morning.

I trusted our midwife implicitly and knew she was not making these recommendations out of expediency. We had discussed my reservations and our midwife suggested that we go to the Fort Saskatchewan hospital so I would not be triggered by returning to the Royal Alexandra Hospital. Frankly, I had not tried Cervidil in my first pregnancy and a part of me had always wondered how that may have changed the experience, so this seemed like an acceptable option. Still, I cried the entire way to the hospital and we sat in the parking lot for a long while as I convinced my legs to walk me in. Once again, my baby’s birth seemed to be slipping out of my control, and more importantly, out of hers. We were set up in a birthing suite that was spacious and bright, and truly lovely (by hospital standards), not that it was any consolation to me. We waited for the doctor. Then we waited for the Cervidil insertion. Then we waited to be monitored. I did as I was told and we planned to return to the hospital the next morning for a second dose of Cervidil. My fear had knocked the fight right out of me again. When the nurse gave me the all clear, I all but ran out of the hospital.

So I did what every terrified mother does – I returned some things at Costco. By the time we got there, I felt slight cramping and decided that it was probably best to get my mom to take Evan home with her. Later, as Mom sat with me at our kitchen table, before leaving with Evan, Jason cleaned the bathroom, because for all of our homebirth planning nothing was actually clean or set-up.
At around 5:15 p.m., we were twenty minutes into an episode of Suits and the waiting stopped. I could no longer just breathe through the contractions, and I started to worry. Everything was more intense than I thought it should be, and the contractions seemed to come one on top of each other. With Evan, I had similar intense contractions that drained my energy but did not actually move baby along, but the midwife said that unless there were five contractions in ten minutes, everything was fine. I was texting with our doula and she suggested I climb into the tub to see if some warm water would slow things down. At 6:00 p.m., I asked her to head over to our house and figured that once she was able to take stock, we could decide when to call the midwife.

Jason was, at this point, somewhat concerned that the bed was not made up and that the birth supplies still were not out. I, on the other hand, was sure we had hours to go, and that he would have plenty of time to sort that stuff out once the doula arrived. Before climbing into the tub to help with some hip compressions, Jason had the presence of mind to unlock the door: which turned out to be a good thing.

He scrambled to figure out the contraction timing app that I had downloaded thirty minutes earlier (who knew timing contractions is a tricky business that one should maybe consider figuring out how to do…), and squeeze my hips long and hard enough to provide some kind of relief. I was fairly certain I was going to dislocate my knees from bracing them so hard against our Jacuzzi tub. I distinctly remember thinking, “I cannot do this for hours more, but there is no way I can get to the hospital.” (Hello, transition – I would have said, “Pleased to meet you,” but I was a bit busy holding my panic in check.)

I really needed to use the toilet; still convinced that this baby was hours from arrival, and fairly confident that I had the muscle control to know where I was pushing, I made the truly sound decision to get out of the tub and take a seat. As I was getting up from the toilet, my water broke. Jason called the midwife again and she assured us she was in the car and not far away, but she thought it might be a good idea to take the Cervidil insert out. (Jason asked me if I could do it myself, at which point, I am pretty sure I scream-laughed like a crazed hyena.)

He was poking around looking for the string of the Cervidil insert, and everything made sense when he said, “Umm… I think that is a head….” Relief filled me. On my hands and knees, on the floor in front of our toilet, I pushed twice and our daughter was born. While Jason did not flinch, he will tell you that his heart did not beat again until he heard her first precious cries.

Jason held her and threw the phone at me. So, thanks to the call log, we know Emersyn made her entry to the world at about 6:37 p.m. – four hours after we left the hospital. Our midwife promised she was close and told us that skin-to-skin was all we needed to do.

Then the doorbell rang. “Come in!” Jason hollered. Our doula looked a bit shocked to see three of us waiting for her, but as she met our equally shocked gazes, she gently took charge. I got back in the tub and held my daughter for the first time while Jason went to make the bed. At some point, I handed our little girl over to our doula as I delivered the placenta with her coaching. Shortly after that, the midwife arrived. She helped Jason cut the cord (something he swore he never wanted to do, but now proudly admits, “I did everything else, best to finish the job”), and then she moved me to our bed.

Out of the tub, with eyes on my husband cradling our newborn, pacing the bedroom cooing at her, the enormity of what had just happened hit me and I burst into tears. Tears of shock, joy, relief, and a healthy dose of disbelief. Had that really just happened? Four hours ago, I was in the hospital, going through the motions of what I was sure would be an induction that would last for days, strip me of my control, and
end in a second disempowering birth that would set back all the physical and emotional progress I had made over the past three years. Now, I was lying on my bed, in my home, where my husband and I had just delivered a baby – by ourselves.

In the photos I have of these couple hours, it is clear to me that I was very much in shock, but I can also see glimpses of myself, my family, being pieced back together. While it is true that I wanted Evan more than he will ever know, the trauma of his birth, and the depression that followed, left me weak, fragile, and convinced that I had failed from my very first act of motherhood. I was terrified of having another baby, and spent my pregnancy under a cloud of dread, certain that we were headed for another year of darkness – this time, with a toddler in tow. Then, our Emersyn was born. As she slept on me through that first night, she knitted me back together. I woke up, and I could still recognize pieces of myself. I thought of my children with pride, joy, and awe at how amazing they were. I looked at my husband and was humbled by the strength and patience of my partner, the one who kept us together when I could not, the one who made sure our son never felt he was lacking for anything, and without batting an eye.

None of this is to say that Em’s birth is solely responsible for setting me to rights. I did a lot of long, slow, lonely work and depended on those around me for more help than I ever thought I would need. That work continues. None of this is to say that life is perfect or easy now, just that it is better. Better than it was before, and better than I ever expected it would be.

A couple of days after Em’s unexpected delivery, I had to clean the bathroom that still bore some of the evidence of her birth and I sobbed as I washed away the traces of the most incredible thing that had ever happened to me. Later, I picked up the other Tillman book, On the Night You Were Born, and wept again as I thought of Em and the night she was born – “Heaven blew every trumpet and played every horn on the wonderful, marvelous night you were born.”

Editor’s Notes:

1. GBS is a naturally occurring bacteria in the vaginal flora and is found in 20-40% of women. It is not a STD. However, a newborn baby can become seriously ill from a GBS infection.

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.
"Your baby! I have pictures of your baby!" my midwife exclaimed as she walked up to me in the recovery room arms stretched out holding the screen of her iPhone at me so I could see for the first time what had inhabited my womb those long 40 weeks. I could not help but notice that this daughter bore no resemblance to me.

Those moments on August 9, 2013, marked the arrival of Georgia Grace Helder, a birth I have struggled to accept as birth, at all. Having a baby cut from my body merely marked the day she entered the world. I do not feel like I gave birth that day.

My pregnancy was wrought with the tumultuous expectations of a new marriage gone awry. At 26 weeks of pregnancy, my husband and I separated and I found myself with no income, no ability to provide for myself, and staring at the walls wondering how it was I could be at this place in life, again.

My body’s response to the stress of the situation was to begin contracting. It was obvious to me that they were more than the familiar Braxton Hicks, and on consult with my primary midwife, it was decided that I would undergo diagnostic testing.

It was during a transvaginal ultrasound at 27 weeks that placenta previa was discovered: a condition in which the placenta forms on the lower segment of the uterus and covers a section of the internal cervix, making vaginal birth impossible. This was devastating news. I had a previous home waterbirth with a midwife with my third child. I gave birth to my fourth child by myself in my basement. I had caught all four of my babies in my own hands. I could not fathom having to have a hospital birth let alone a caesarean section. Women like me did not have caesareans. Following the ultrasound, I had an obstetrician (OB) consult where I was comforted with the fact that the likelihood that the placenta would move was high, and there was no need to worry; another ultrasound would be performed at 36 weeks. I left feeling hopeful.

For the next nine weeks, I researched placenta previa. I played
with scenarios in my head in order to prepare my heart. I accepted that it could be a hospital birth all while making lists of home birth supplies I needed to purchase. I had recipes chosen for meals I would prepare for the midwives ahead of time. My four children talked about where I would birth in the house and what they would do to pass the time. I felt positive that the placenta would move and everything would turn out like it was meant to. I desperately wanted it to.

At 36 weeks another ultrasound solidified the fact that while my placenta remained partially covering the cervix, the likelihood that I would have a successful vaginal birth was placed at 80% to 90%. Due to marginal placenta previa, the birth would have to take place in the hospital. I would still be under midwifery care, but with an OB available to consult as needed. I was elated.

The weeks passed and I eagerly anticipated giving birth. I had always loved the power of contractions and euphoria of feeling a tiny human slip from my body into the outside world. For years, I had a sense of pride over my love for the intensity of giving birth. I knew the risks associated with having marginal placenta previa. I knew that at any time I may experience a bleed, but nothing prepared me for when it actually happened.

It was July 30, I was 39 weeks and had just left a midwifery appointment. I was full of hope and joyful expectation when a devastating message was left on my phone. Allegations were made upon my character. The news left me feeling like I was suffocating. I needed to breathe, clear my head, something... anything. In response, I decided to go for a drive by myself to Ikea in Edmonton. The time would allow me some space to think and I would be able to get much-needed curtains for my daughter before heading back home. Or so I thought.

Immediately upon stepping out of my car, I knew something was wrong. I rushed from my car to the washroom as fast as a 39-week-pregnant woman can go. It was then that I discovered a bleed indicative of a partial tear in the placenta. Sitting outside the stall, panties full of toilet paper to catch the blood dripping from my body, I called my midwife to tell her what had happened. I was given the option of going to the Grey Nuns Community Hospital where a caesarean would likely be insisted upon or attempting to drive back to Red Deer. I was made aware of the risks associated with driving the one-and-a-half hours home, told of what to watch for, and advised to call an ambulance immediately if I was feeling symptomatic of blood loss, faint, or diaphoretic. I chose to drive home and called my midwife back as soon as I got to Red Deer.

Bleeds are common with placenta previa and I had been thankful to not have experienced such until so late in pregnancy. I was placed on bedrest and limited my activity while also caring for my other four children. Meanwhile, I was consumed with thoughts of my baby dying. I had constant nightmares that things were not well and despite attempts to focus on positivity I knew subconsciously that something was not right. After meeting with my midwife, on August 7, I
opted for another ultrasound and consult with the OB who had been supportive of my birth plan. That same afternoon an ultrasound confirmed a significant sized abruption in the placenta. Baby looked to be well, but the option of induction was given.

I was weak. The stress of a failed marriage, a challenging pregnancy, and the pressure of being so alone was more than I could bear. My gut told me that I needed to get the baby out one way or another and that things were not well.

On the morning of August 8, I drove myself to Red Deer Regional Hospital, parked my car in underground parking, and entered Unit 25. Contractions had been intermittent and I was confident that things would not take long. My midwife met me at the hospital, and the induction was started with Cervidil. It is this part of my story that I struggle with the most shame over. Why did I choose to have an induction? Me! The strong-willed, natural childbirth advocate was not only having a hospital birth, but also an elective induction. I am not sure I will ever come to terms with that choice. I will never know if it led to the need for a C-section or if it would have happened regardless. That is the thing about this journey, each choice had a consequence I was not prepared to handle.

Contractions came and went, never progressing to a level considered active labour. I never felt the rush of productive contractions. Despite the frustration, I was calm and remained naively hopeful. Later that evening, Cervidil was removed and my midwife returned to her home for the night. As I lay in the bathtub of Unit 25, begging for these contractions to intensify, there was a part of me that knew they were not going to. I texted a friend and asked her to tell me that C-sections suck. I knew that at any point I could also elect for one of those. I did not need to go through a labour at all. A woman with placenta previa commonly chooses an elective surgery and all it would take is a whisper and I would be strapped to a stretcher. It would all be over and I would have my baby in my arms. I so desperately wanted my baby. I needed her. It was in those long hours in the middle of the night that I resolved to continue the induction. Morning came and the option to rupture my membranes was given along with Pitocin. I agreed.

The atmosphere was joyful, with both the attending OB and I lightheartedly joking. You see, we had built a relationship by this point, and I was thankful for the part he played in my care. In hindsight, I think he was just as prideful in the hope of having a successful vaginal birth as I was. Few women with marginal placenta previa attempt a vaginal birth and this was an opportunity for everyone involved. I texted my midwife just before noon and she asked me to wait for her to get to the hospital before my water was broken. I insisted that I was okay alone. I really was okay alone. I was full of confidence and peaceful resolve.

Legs spread, a small needle-like instrument was inserted into the membranes and warm fluid rushed down my legs. I watched the faces of those attending and knew something was wrong. There was blood in my waters. There was not
supposed to be blood in them. Nothing on the ultrasound nor while assessing the baby gave reason to believe there was an ongoing bleed. It was only seconds and I felt it. The wild, uncontrolled rush of blood flew from my body, pouring off the bed and onto the floor. I never prepared for this to happen. I did not want this to happen. This was not a small bleed that could be controlled; this was something no one wanted to see. The air around me filled with panic, no one hiding the fear that hit. Doctors yelling at nurses, nurses yelling at other nurses, a baby with a plummeting heartbeat, papers shoved in my face to sign. The placenta had ruptured prematurely and I was being rushed for an emergency caesarean.

Confused by the intensity of the events, I began laying out my ‘rules’: they must lower the curtain and let me see the birth; she had to be delivered to my chest; I would be breastfeeding on the operating table; under no circumstances were they to take her from me; and for the love, would someone please call my midwife. On my hands and knees, with oxygen strapped to my face, the baby began to stabilize, but her heart rate was still low. There was now a prolapsed cord.1 Everything no one ever wanted to see happen was happening. It was in that moment that I recognized a voice. It was the voice of a nurse that I briefly knew in the community. Leaning down to my ear, she whispered calming words as the wheels of the bed were unlocked. What I did not realize in those minutes was that I would be going under general anesthetic. There was no time for anything else. I would not see my midwife enter the operating room; I would not see my baby be born pale and limp. In fact, I would remember very little of the next 24 hours.

The rest of the story is nothing but snippets I vaguely recall. I remember my midwife showing me pictures of the baby. I remember being startled awake by my mom, sister, and children as I lay in my room. I remember sitting in the Neonatal Intensive Care Unit (NICU) bargaining with nurses to allow me to take two kids in at a time. I remember falling asleep in the wheelchair while trying to talk. I remember seeing the blood of someone else enter my baby’s body as she was given a full transfusion. I remember being told that she was born anemic and had edema, all signs that she had been bleeding out for ten days before she entered the world. I remember being told that my baby swallowed a significant amount of blood and had to have her stomach pumped. I remember being full of an irrational amount of fear and anxiety that someone would steal my baby. I remember jumping in that fear every time I heard footsteps outside my room. I remember crying so hard that a nurse asked if she should get a social worker. I remember being told that if I wanted to see my baby I had to walk. So I did.

I walked back and forth from my room on Unit 25 to the NICU. I did not care about the pain; I did not want to take medication that limited my consciousness. Determined to ensure she not be given formula I was relentless in asking to breastfeed and then relentless in forcing her to eat even when she did not want to. I ignored the nurse who made negative remarks about disturbing my baby by picking her up. I held her tiny body covered in monitors and arms full of IVs. It was only a matter of a couple days until Georgia was released from the NICU and brought to Unit 25 with me, and only a day later that I got to dress her up and take her home. It was over.

Processing the trauma of Georgia’s arrival into the world has been wrought with moments of deep shame and at other times indifference. The six-inch scar that stretches across my body, a reminder of the journey I wish I never had to go on. There are moments in which I am thankful that I can genuinely relate to other women who have had less than ideal births. I can no longer boast about my unassisted birth or home water birth or any of that, really. I trust that one day it will no longer hurt my heart to see the pictures of my friends beautiful home births. One day, I will not look at two-parent families and envy the women who have a parent to share their baby with. I also hope that one day, it no longer makes me feel nauseous when someone unknowingly comments on how much my daughter looks like her father. I do not know when that day will come, but I believe in good. And good always triumphs bad.

Editor’s Notes:
1. Transvaginal ultrasound means, “Through the vagina” and is an internal ultrasound performed by a physician or ultrasound technician with a rod-like ultrasound ‘wand’. You can expect some pressure when the device is inserted, similar to a speculum being inserted, and the wand will then be moved around by the technician while it remains inside of you.
2. Placenta previa is when the placenta is covering, partially or wholly, the cervix (marginal or complete placenta previa, respectively). It affects approximately 0.5% of all labours. Bleeds can be common during pregnancy, especially after 20 weeks and particularly in the third trimester.
3. An umbilical prolapsed cord can occur before or during the delivery of the baby during labour. It is the result of the cord dropping down through the cervix and into the vagina before the baby. The risk is that as the baby drops down it can then trap the cord against the walls of the vagina and cut off oxygen supply.

Louise Helder is a student midwife at Mount Royal University, has since reunited with her husband, Tim, and had a healing home VBAC in 2016. When she is not studying midwifery, she can be found intertwined with a ball of yarn or walking her dogs at the park. *
“Two hearts?” I asked. “Yes” she replied. I asked her, “Why does my baby have two hearts? She laughed out loud.

My husband, Suresh, and I got married in India on February 9, 2014, and moved to a little town called Stevenage that is about 30 miles away from London (UK). We have been living in different cities in the UK since 2007.

We discovered we were pregnant on December 24, 2016, on a holiday to California at the Heathrow airport. We were not ready for this or financially stable; I was scared. When I showed Suresh in the airport waiting room, he smiled. He said, “It all happens for a reason, let us celebrate it and not worry much.”

On January 19, 2017, I had an appointment with a general practitioner and told her, ”I think I am pregnant.” She asked me, “Have you used an over-the-counter pregnancy test?” I said, “Yes, I have used like eight different company’s tests and everything says I am pregnant.” She smiled and said, “Then yes, you are pregnant. Let us book you in for your first midwife appointment. According to your last period date you might be nine weeks pregnant already. You should get a letter soon with the midwife appointment, around 11 weeks, and your first scan around 12 weeks pregnant.”

It was annoying at first, that the general practitioner did not order a blood test, ultrasound scan, or blood pressure test as they do in India. I was surprised, but it just made me realize that pregnancy was a normal reproduction cycle that all living organisms go through. The attitude of the UK’s National Health Service (NHS) helped me stay calm during my pregnancy.

January 26 around 4:30 p.m., I felt a sharp abdominal pain, went to the toilet, and found myself bleeding a little. I was worried. I called 111 which is the NHS helpline. They suggested I go to the nearest Emergency unit and get myself scanned within the next hour.

“Two hearts? Why does my baby have two hearts?” The ultrasound technician laughed, and replied, “Your baby does not have two hearts. You have two babies ~ Twins.” She showed me two little alien figures and two hearts pumping. It was beautiful. I fell in love with life all over again. I was in tears and was missing Suresh who was not at the appointment with me. I decided not to tell Suresh until our scheduled 12-week scan, almost two weeks later.

We both went into the 12-week ultrasound, and I could feel my heart rate was rising. I wanted to see the magical two little hearts again. Since I had not shared it with him, it felt like a dream. We went inside; they scanned me again, and surprise!
Suresh was awestruck: silent, smiling, and looking at the screen. One alien figure was hitting the other alien figure with its leg, and the other one was pushing the first one away with its arms (they did not allow us to film this). It was beautiful... something that I and Suresh will remember forever.

The ultrasound technician said, “You are going to have identical twins, and because they are sharing the same sac it is a high-risk pregnancy. You will be assigned to a midwife who specializes in twin birth, and a twin consultant (obstetrician) will monitor and scan you once every two weeks.” The midwife in the room suggested that I should not be traveling for long distances and told me to report if I noticed any sharp pain or bleeding throughout my pregnancy. This changed my plans of delivering in India with all of my family; however, the last four weeks had taught me to go with the flow and appreciate what I have instead, so I did not feel disappointed.

A highlight of the pregnancy was Suresh joining me for all the appointments and scans, and finding out the twins were girls! At 32 weeks pregnant, the consultant OB suggested we go for a caesarean when I completed 36 weeks, “As there is very little space in the womb and we should not wait for longer than 36 weeks.” I was having MCDA twins, and even if both of them were head down, it is risky to have a vaginal birth because they were sharing a placenta.1 The consultant said it is harder when you have to go through the pain of both vaginal and C-section simultaneously, but he gave us a choice. He also said we could book an appointment with our midwife and discuss what she feels about vaginal birth in my situation.

We spoke to the midwife about how I have always wanted a vaginal birth. The midwife said it was possible if both babies were head down, even if the first twin is head down we could give it a shot. She told us about 40% of mothers who try to deliver MCDA twins have gone into an emergency C-section, either for both babies or for the second baby. She suggested we book a C-section and decide in the coming weeks depending on how I feel and the babies’ position.

At 35 weeks pregnant our OB told us that the ultrasound showed our babies did not have enough space in the womb, they were both in breech position.2 A C-section by 36 weeks was stressed.3 By this time we had decided on a C-section, so we signed consent forms and scheduled it for the 31st of July.

My mom and dad came over at the beginning of July. My mom wanted to be with me for my delivery and decided to travel with my dad who needs a lot of help with his day-to-day activity due to Parkinson’s. I got to have yummy food, and we had a traditional baby shower with family around on the 17th of July.

On Saturday, July 29, my mom was showering my dad, and had just stepped out of the bathroom to grab a towel. Dad slipped in the bathtub and held the hot water tap to try to gain his balance. He accidentally opened the tap of boiling water, and in a few seconds burnt both his feet. We heard the noise, rushed to the bathroom, and picked him up. Mom was in tears. Both of his feet were burnt entirely and we had to call an ambulance. He was rushed to Emergency and they had to admit him. We were all frantically trying to sort things out. My brother came over (he lives in another city in the UK, about a three-hour drive away) which was a relief. He spent the weekend with Dad and the rest of us.
It was Monday morning, July 31. I was not mentally prepared to birth because I was worried about Dad, but I felt I had to because there was no space for the babies. Around 9:30 a.m., a nurse took me to monitor the heartbeats, my blood pressure, and other regular things. I was given a bed in the common room. Ten minutes later another nurse came over and asked me, “Are you happy to go ahead with the C-section as agreed? Any other concerns?”

I wanted to get back home as soon as possible without anyone cutting and stitching. I asked the midwife if there was a chance I can try for a normal delivery. My mom, Suresh, and everyone were shocked, but I was proud I had the guts to ask for it again. An hour later, the on-call obstetrician came over and suggested we take a scan to check the position of the babies. One of the babies (Twin 2) was breech. She suggested it could mean I might need an emergency C-section. She also said, “If you are going ahead with a caesarean, I suggest you have an epidural, in case you need an emergency C-section; the spinal injection can be used for topping up the anesthesia.”

I had strong instincts I would be able to deliver the girls naturally and was okay about having an epidural. I said, “I do not want a C-section” and Suresh just smiled at me. The consultant asked for another scan to check the babies’ positions and said she would give us one hour to decide. The girls were moving around vigorously, and I was speaking to them, asking them both to be head-down so I could have a vaginal birth.

It was almost noon during my scan. My favourite midwife, who was with me throughout my pregnancy, came to check on us. I was surprised as she is usually off on a Monday, but she popped by to see me! I told her I wanted to go for a natural delivery. She looked at the ultrasound scan: Twin 1 was head down and Twin 2 was breech. She told me, “If you have strong feelings that they will both deliver naturally, you should go for it. Worse case, you have an emergency C-section. Do what you feel confident about, but prepare for the worst.”

At 1 p.m., the consultant came in and I requested a vaginal delivery. She handed over my care to the midwife and asked the midwife to induce me.

I had some soup for lunch but was feeling nauseous. By 2:45 p.m. I was ready for my hour of monitoring before the induction, but Naughty Viduna decided to keep moving around and it was 5 p.m. before we could successfully get 60 minutes of heartbeat readings for both babies. Now I was ready for induction.

It was 5:20 p.m. A very pretty and lovely midwife came over, explained the process of induction and a pessary was inserted. The midwife told me that I was already about 1 cm dilated, and contractions could start anytime in the next few hours. They scanned me again for the third time to check the positions of the babies, and both of them were now head down (thanks to all the earthquakes that happened inside my womb a few hours ago).
There was another shift change, and a new midwife came to check how I was doing. It was around 8 p.m. I said, “I have no pain” and she said for some people it might take up to 24 hours after the start of induction to begin an active labour pattern. She asked me to relax, call her if I was in pain or if my water broke, and served me some sandwiches. Mom and Suresh went home around 8:30 p.m. I was sure I would be fine.

Suresh came back around 9:30 p.m. with yummy Rasam Sadam: rice with a South Indian dish traditionally prepared using tamarind juice as a base. He also visited dad (who was on the 11th floor of the same hospital, while I was on the first floor) and gave him his dinner. I had dinner and asked Suresh to go home and get some rest. It had been a long day, actually a long weekend, and he needed some rest. I was sure that starting from the next day our life was going to be pretty hectic, so I thought he would need all the rest he could get tonight.

Over the day I made a friend of a fellow patient in the induction room. She was 29 weeks with her fourth pregnancy; she was there because her waters had broken early, and she seemed like a seasoned pro. I was wondering how do contractions feel? Around 10 p.m. I slowly started having cramps, like period cramps. Now I wanted to know, “What does it feel like when the water breaks?”

I told my new friend, “I have read about the waters breaking, my midwife has told me, but I do not understand how I will realise my water broke.” She laughed so hard and said, “You will know. It will feel like you are peeing loads of water without any control over it.” I felt like I wanted to use the washroom, and I got out of my bed. Suddenly I was peeing loads of water without any control! I rushed to the toilet, but the floor was wet, and the water never stopped. She looked at me, screamed, and said, “Your water broke!” She rang the buzzer and called the midwife for me.

The midwife confirmed my waters broke. I had started feeling the contractions: it was painful but bearable. I called Suresh around 10:30 p.m. after I dealt with the drama of my water breaking and changing clothes. I told him my water broke. He and Mom rushed to the hospital. It was almost 11 p.m. now, and I was lying on the bed with contractions and telling my mom that it was not that bad. “Amma (Mom) it is painful but not as bad as I thought.” She said, “Poga poga paaru” (meaning, “See how you feel in some time”).

By 12:30 a.m. I was screaming and swearing in pain. I had asked for a waterbirth earlier, after I was induced, and the midwife promised I could stay in the warm bath until I was ready for epidural administration. I had earlier spoken to my favourite midwife who suggested that an epidural was a good option, especially since I knew the risks involved and had decided that I would go for an epidural, but I would wait until later in labour or until I needed it.

I was sitting in a warm bath with contractions every five minutes and was in tears. The contractions were surprisingly painful; the time between contractions was not painful, but the after effects from each contraction made me cry throughout.

“I spoke too soon about pain being bearable, and how I would not need a pain killer,” I told Suresh. I remember my mom had a wicked smile. The hot water helped a lot.

It was 2:30 a.m. and I was screaming more than ever. The midwives wanted me to get out of the bath so they could shift me to a labour room. I did not want to go anywhere. I just kept screaming, yelling, and biting Suresh’s hands.

I remember Amma kept massaging my legs. Strangely all pain of contractions were in my thighs. I thought it would be in my abdomen, but it was all in my thighs, and was unbelievably intense.

In the labour room, five midwives tried for over 45 minutes to monitor the girls’ heartbeats, but the two naughty brats failed to stay in one position. So throughout the rest of my labour I wore a monitoring belt to constantly scan the girls.

Around 3:30 a.m. the midwife said I was 4 cm dilated and an anaesthetist would come as soon as possible to administer an epidural. Prenatally, I told Suresh I did not want pain killers; I wanted to feel the pain. However, at this point, I just wanted to kill myself for thinking that I could handle this pain. It was almost 4:30 a.m. and I was so relieved they would administer the epidural, yet the pain of the needle was worse than contractions for me!

By 5:30 a.m. the epidural was given. I had the least possible dose, because I had to feel the contractions to be able to push not one but two babies. They said, “You are now 6 cm dilated.” Every contraction got more painful and longer; the gap between contractions got shorter. I had Suresh right next to me throughout my labour. He did not even step out to use the washroom. My mom kept massaging my legs and back and praying all three of us would be fine.

Around 6:30 a.m. I said, “I feel like pushing.” The midwife was not sure I meant it. She thought I was blabbering in pain.
No, I felt like pushing. I really could feel a head! The midwife checked me, and I was now 8.5 cm dilated.

The contractions got stronger longer and tighter, and I now had a whole new energy. There was a shift change, and now it was a new midwife. It was 7 a.m. and time to push. “Push, push.” “You can do it.” “I can see the head.” “I can see the hair.” I could hear all of this. I had seven people other than me (two midwives, a student midwife, an OB, a nurse, Mom, and Suresh) in the room and everyone was busy.

I kept telling myself, “Sandhya, you can do it. Come on, push!” At 7:58 a.m. I felt something like a huge ball come out of me. It was the best feeling ever: so much relief! My baby cried, and she was beautiful, beautiful Vihana. Suresh cut the umbilical cord and was in tears. My mom held her, and I screamed my next contraction again.

I remembered I had Viduna inside me, and she needed to come out now so I did not have to go through the C-section. Once Vihana came out, Viduna started going all around because now she had more space. While two midwives were cleaning Vihana, the others were scanning me with ultrasound and trying to guide Viduna so she turned head-down and would come out.

It was 8:03 a.m. and I had to push one more baby out of me. This time it felt more comfortable. I pushed and pushed harder, and even harder, and the second ball-like thing came out at 8:05!

Seven minutes apart and two tiny alien-looking creatures were born. Wait, it does not stop here. I had another contraction, and now I had to deliver my placenta. This one was easy-peasy. 8:12 a.m. I delivered the placenta!

Labour is painful but is more satisfying than any other thing in this world. Remember, the pain is temporary, but the product is permanent.

P.S.: When I held them both they felt super tiny. I could not believe that I was pushing so hard for so long and only these two tiny little rats came out. I was expecting bigger babies. I
mean, mine and Suresh’s babies, how can they be this small? Vihana was 2.1 kg, and Viduna was 2.3 kg, they were the perfect weight, but they just looked small in comparison with the amount of pushing and the feeling I had when they popped out of me.

Editor’s Notes:

1. A monochorionic diamniotic (MCDA) twin pregnancy means that both babies share one placenta and one outer membrane, but they each have their own separate, inner membrane.

2. Intra-uterine growth restriction (IUGR) can occur in pregnancy where the baby does not seem to be able to grow as well as they should, but twin babies are also good at finding room in the body, as well as bodies being incredible at making room. If your care provider says your baby has, “Run out of room” make sure to ask if it is a diagnosis of IUGR, or related to other measurements or a non-stress test. If it is that the practitioner has a routine practice of inducing twins early, you are allowed to ask for more information, take time to research, and decide what is best for you. This may not always be a vaginal birth, but it does not always need to be a caesarean. Breech twins can be delivered by a skilled practitioner if they are in a favourable position. If you are told your twins must be delivered via caesarean, you can inquire as to why? You are allowed to ask for a second opinion or to try to find a provider that is comfortable with delivering breech vaginally.

3. Twin pregnancies are, on average, delivered around 36 weeks. However, if there is no medical need to deliver them, a mother should not feel rushed to induce at this point in gestation. Your care provider may have recommendations for tests to check on your baby (such as non-stress tests which monitor the heart rate, or a full biophysical which takes into account the estimated size of the baby and amount of amniotic fluid), but if the mom and baby are healthy, there is no need to rush if you do not want to.

4. Epidural analgesia is an injection of a cocktail of drugs, including narcotics, into the epidural space of the spine. It blocks the highway of information to the brain, allowing a woman to not feel pain. Depending on the strength of the cocktail and her body’s reaction to it, she may feel nothing or will still feel a certain amount of pressure but without pain.

5. In the United Kingdom, the term pessary refers to the tampon like prostaglandin medication that is used to soften a cervix in hopes of preparing it for labour. In Canada this will often be referred to by the brand name, Cervidil.

6. How labour feels is different for each person giving birth, and sometimes even between each birth. A lot of women will report abdominal pain wrapping around the back, and similar sensations to a strong menstrual cramping. Other common areas of discomfort and pain include the buttocks, hips, spine, back, sacrum, sciatic nerve, and even extending down into the thighs; this can all be due to the position of the baby, as well as the contractions. When muscles are tensed in fear, worry, or the attempt to brace ourselves against a contraction, the tension of the nerves, and lack of oxygen due to using that tensed muscle, can cause pain as well; therefore even shoulders, hands, legs, neck, or face can all experience pain. Some helpful tips can be to pay attention to baby’s posture prenatally, keep hydrated during labour, remember to urinate regularly, and make sure to breathe deeply during a contraction so that the muscles (including the uterus) do not become fatigued.

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Photos by Suresh Seetharaman of Bluefeather Studios. *

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We struggled to get pregnant due to, in part, my irregular cycles and lack of ovulation due to polycystic ovarian syndrome (PCOS). We had been working with our family doctor, and awaiting a referral to a fertility clinic, when we found out we were pregnant. So this pregnancy was very planned, and anticipated. I tried to revel in my expectant state knowing the pain of not being this way was infinitely worse than any of my pregnancy complaints. At about seven weeks pregnant, I realized I was spotting blood and went to see my family doctor. She ordered an ultrasound right away and they were able to find a heartbeat. After my appointment with my doctor, when she told me the heartbeat was ideal and everything would probably be fine, I wept with relief in my car. I spotted for about five days. It was a very scary time.

After that my pregnancy was pretty smooth sailing; I had no morning sickness, and mostly I was excited to finally be having a baby. I stayed with my family doctor until around 15 weeks, when I was referred to an obstetrician. Eric’s sister had a life threatening hemorrhage with the birth of her first child which weighed heavily on our minds. He felt he would be most comfortable in a hospital, in case anything went wrong. I agreed that was a good idea. I debated pursuing a midwife. However I knew there were huge waitlists and felt confident in our
vaginal hospital birth. We hired a doula to be an experienced advocate.

However, by 33 weeks pregnant I really felt pregnancy was getting hard. I had a pain just under my ribs that was growing increasingly uncomfortable. My feet and hands were swelling more frequently, sometimes to the point where I could not bend my fingers, and the imprint of my removed shoes would stay on my swollen feet for an hour or more. I mentioned both the pain and the swelling to my obstetrician and was told it was normal, and the pain was likely my ribs stretching. I tried to cherish the gift my body was giving me and told myself, “only about seven more weeks.”

The pain in my ribs got worse. One night it was so bad I called health link and spoke to a nurse. She also said it could be just my ribs, but if it got worse to call back. Two nights later after 40 minutes of weeping and shuddering in the shower due to pain I called health link again. The health link nurse suggested we go to the hospital to make sure everything was okay. I was a little scared but could still feel my baby moving inside of me, so I felt she was probably safe. Mostly I was worried my pain tolerance was very low, and if labour was worse than this I was going to be in big trouble. I woke Eric up at 4 a.m. and when we were admitted to labour and delivery (L&D), the nurses met me with copious eye-rolls when I said health link had sent me in. I felt stupid, and guilty for wasting their time.

They kept me in triage, hooked me up to a blood pressure monitor, and put a belt on my swollen belly to check my baby. They did not seem too concerned about my pain, which had ebbed a little, and we waited for a doctor. We were admitted at about 5 a.m., and I did not see a physician until about 2 p.m. I was told not to eat anything, and gave urine and blood samples. Eric and I listened to our baby’s heartbeat, and the sounds of labour and delivery. We heard a woman cry out in pain, followed by the first utterances of a brand-new person in this world. We wept in the beauty of the moment and the excitement for our own new person to do the same.

When we finally saw a doctor I was relived to finally be given some attention and direction, as to what was going on. The OB told me I had high blood pressure and she was going to give me a prescription. She pinched the skin on top of my ribs and asked, “Does that make the pain worse?” It hurt, so I said, “Yes”. She said, “That is good. I am less worried that it is organ pain.” We were told to come back in two days for more tests. We left the hospital, very tired, filled my prescription, and went home to sleep.
Eric was working two days later, so my dad took me to the hospital. He stayed with me most of the day while, again, we waited. His presence was reassuring on an otherwise anxious and long day. Eric came when he was done school for the day, and just after the resident came in to tell us I had signs of pre-eclampsia, and I would have to stay at the hospital to continue monitoring until the baby came. My placenta was slowing down its blood flow to the baby and her heart was not doing what they liked when she moved. My blood work came back with numbers they did not like. They told me, “The baby might have to come out soon to keep you both safe.”

I remember feeling very afraid and panicked. I was barely 34 weeks. I was completely not prepared for the baby, and was mad at myself that I had not spent more time in the last few weeks getting ready. Was the baby even ready? Why was my body not doing its job? She still had growing to do! I had heard of pre-eclampsia, but mostly in horror stories on television. It did not seem real. The resident said it so nice, and used small words, but looked nervous, and could not answer many of my questions. When would the baby have to come? “We will see.”

Will I have to have a C-section? “I do not know.” What is the pain in my ribs? “It might be your liver.” My dad prayed for me before he went home. He gave me a blessing and asked that the doctors would know what to do. He called my mom. Eric called his parents. They moved me to ante-partum.

Then we waited for four days. Four days of back and forth between ante-partum and labour and delivery. There were several monitor readings where my care providers were clearly not happy with the lack of fluctuation in my baby’s heart rate, but I could not tell what exactly was wrong. There were rooms in L&D where I was uncomfortable, hungry, tired, scared, and waiting: waiting for the doctor to come, waiting for the nurse to check in, waiting for someone to come turn off the blood pressure monitor that kept alarming. We worried about the numbers and the graphs that were never really explained to us besides, “It is not really bad, but it is not where it is supposed to be.” There were endless instances of shift changes, and new nurses asking if my pain was not just heartburn. More ultrasounds, more stoic faces and so much uncertainty. So many blood tests my elbows were bruised. Having to ask if I could shower. Family visiting, and them being excited to have the baby before Christmas. Eric going home to get ‘real’ sleep. Spending nights alone. Asking for clean underwear, shampoo, and my tooth brush. Asking for Tylenol, yet worrying it will make my liver worse. Being in pain, scared to ask for anything stronger, worried it will make the baby worse. All the while hearing my baby’s too steady heartbeat on the monitor, as long as I did not move too much and kept the sensor in the right position.

One trip to L&D I had an IV port put into my hand, “just in case it was needed.” We then ended up being transferred back to ante-partum, and the port went unused for days. “Not yet.” Why? The doctor on this shift has a different opinion than the one from last shift. One day a nurse asked, “Has your IV been flushed today?” When I replied, “No” she asked, “Why?” “I do not know. Was I supposed to tell them to?”

I felt my visions of the birth I had wanted waning. I had imagined a vaginal hospital birth with no unnecessary interventions. I wanted skin-to-skin, and to try breastfeeding as soon as possible. I wanted to go without pain medications if I could tolerate it, to be able to walk and be in whatever position felt most comfortable. I wanted a birthing ball, a hot shower and the TENS machine we had planned to help manage pain. If interventions had to happen to keep us safe, I was okay with that. I took prenatal classes and forceps were not scary, the delivery room seemed fine. It was actually better than what I was expecting. I wanted to be informed. I wanted to be given choices, or at least told why things were happening. I wanted the focus to be on my experience; I was so excited to meet my baby. I had been dreaming of her for years. I just wanted it to be special. I felt the staff had other higher priority patients, and there never seemed enough time to answer my questions completely. All I wanted was for my experience to feel special, safe, maybe even sacred.

One morning the nurse came in around 8:00 a.m. and said the doctor that morning looked at the latest results of my blood tests and there was a significant change from the day before which could indicate that my kidney and liver were not doing well; it was finally time to be induced. My nurse said, “Sometimes it takes a day or two to kick in, so you had better eat what you can of breakfast.” I was achy, still in a lot of pain and did not have much of an appetite that morning. I remembered my doula telling me that you had to eat to have energy to deliver a baby! So, I did my best. I asked them to wait until Eric got there, around 8:45 a.m., before we went to L&D. I was given Cervidil to get my induction started. It was around 11:00 a.m. My cervix was checked before they put in the shoestring of hormones. I was dilated a fingertip, and
apparently my cervix was soft. The doctor seemed pleasantly surprised. He put in the Cervidil and left.

I was actually pretty excited, nervous, but happy the waiting was over. A doctor from the NICU had come to talk to me the day before and had put me at ease, because I was 34 weeks now, and the baby would have minimal complications he said. The monitor started showing contractions. I started feeling them. They were uncomfortable, a little painful, but I was excited to have this experience. I was surprised it worked so fast! Eric and I were having fun watching the graphs go up. The contractions would happen, the baby’s heart rate would go up. I was aware of my body. I felt like it was starting to have a rhythm. I could feel the warmth and strength it was generating.

Suddenly I had a bigger contraction, and her heart rate dropped, by half. My stomach went cold. She recovered, then it happened again. For a split second it seemed like her heart stopped before she recovered again. I wanted to vomit, scream, and make my uterus stop hurting her.

The doctor and nurse came back and took out the shoestring. It had only been in for an hour or so. The obstetrician said, “She is in distress and cannot handle labour. You are going to need a C-section, but you had breakfast. I want to wait a few hours so the food is not in your stomach anymore.”

They left again. I stared at the monitor, terrified it was going to stop again. I was trying not to think about surgery. I wanted to get her out. I wanted her to be safe. I was also terrified of being cut open, and getting a needle in my spine. I was scared of falling asleep and missing it. I was scared they would cut me open and it would be too late: afraid that I would never hear her first utterances because she would already be gone.

My uterus did not stop. He came back and said, “We cannot wait. We are going to have to put you on a drug called magnesium sulfate to make sure you do not have a seizure or a stroke. It is going to make you feel awful. It is because I think you might have HELLP syndrome." We have to go to the operating room now.” Eric stayed positive and focused on us meeting the baby soon. I went numb with fear. I heard seizure and stroke and that sounded grave enough, then an unknown syndrome I had never heard of just made it worse.

Suddenly it seemed Eric was gone, and I was on a narrow table in a bright, big, empty, cold room. I did not know if I was naked, but I felt naked. Everything about me felt cold, numb, and weak. I needed a needle in my spine. I do not remember anyone’s faces, or voices. A nurse gripped my arms very tightly while someone poked around in my back. She asked me questions about where I went to high school and my family, and said her kids went to that high school too. I was focused on her strong hands on my arms and was glad they were there; they felt like the only thing keeping me from falling face first onto the floor. They kept asking me questions about what I
could feel, but I did not want to think about it. I did not want to be there.

I do not remember when Eric came in the room. I do not remember the drape going up, but it was. I could not feel anything. My arms were strapped down; I felt like a floating head. There were so many people in the room. I remember Eric’s warm hand somewhere, maybe my face, maybe my arm, as he said reassuring things to me. Suddenly I realized the doctor was talking to me. He said, “Vanyelle can you feel that?” I said, “Feel what?” They laughed. I did not know what was funny. I was so scared. The question had meant it was time for the surgery to start.

I tried not to think about what was happening: the pulls and pressure. I just looked at Eric’s eyes and tried to find his voice. I tried to stop my brain from worrying that it was going to be too late. I missed hearing the baby’s heartbeat. They said I would feel a big push now, and I felt the distant pressure.

The other side of the drape gasped. I would find out later, it was 1:46 p.m.

I wanted to see her so bad! However, I really did not want to see my body open, broken, and bleeding. I was mad at everyone on the other side of that blue-green monstrosity for having my moment: that their eyes got to see the baby that had just been all mine. I was mad that my eyes were robbed. That moment felt like eternity. Then she cried. A wave of relief came over me. “Look at those fingers!” “Oh her hair!” “She is beautiful!” I still could not see.

They brought my baby girl for a glimpse. She was so perfect, and so far away. I wanted to hold her.

They brought her to another table, with more bright lights. There were too many people around to see her. Eric went to be with her.

One of the people blocking my view had a Michael Kors bag strapped across their body. I thought of my training on scrubbing and gowning and about how many germs are on purses. I thought about all my insides exposed. I was worried for a moment that I might die, and it would be that bag’s fault.

They wrapped up my baby and gave her to Eric. My little family came close but I could not really see them. Then they left, and I did not know why. We had discussed prenatally Eric staying with the baby if I could not, but at the time things were becoming confusing.

In some ways it feels like I left after that too. I felt numb. There were so many people in the room, and none of them were talking to me. I could hear their voices. I understood their words but it felt like I was not there, just like I was eavesdropping on them. I just laid there numb. It felt like something big was supposed to have happened. Yet I was alone, empty and just gone. I could not feel my body anymore. I did not feel anything. I did not feel like anyone.

At some point the doctor came next to my face. He said, “Everything went perfect, the resident here is going to finish up. Congratulations.” Then he left.

The timeline is blurry after that: things felt disorienting, and hard to follow. I felt guilty for not cleaning up my own mess, and for eavesdropping on the staff’s conversations. I could not name my daughter to the nurses as we had been separated since her birth. When we finally met she was already wrapped up and wearing a hat. I could almost feel her and see her; I was almost there. She was so perfect. Yet I could not hold her for long as my arms felt weak, and then I threw up promptly after from the pain of it. They wheeled me to L&D although I did not want to leave my baby.

As the anesthetic began to wear off I could feel the magnesium sulfate and it made it hard to know what was real. Me and Eric agreed on Arlena’s name, but he was often with her in the NICU and she was only brought to me twice briefly in the first two days. I was kept in L&D with my own nurse monitoring me while I remained on the magnesium sulfate. She just felt so far away and it felt so wrong. I missed her, “First 48”. I barely remember them at all.

I did not get to postpartum for two days after Arlena’s birth, when they took me off of the magnesium sulfate. Arlena stayed in the NICU. As soon as they took my catheter out and I was mobile I was in the NICU as much as I could be. Nights were the worst because I had to sleep in postpartum until I was discharged: where all you hear are other babies crying and their mothers attending to them. I wept in my room trying to pump milk for my baby who was not with me. It felt artificial and fruitless. The nurses who found me crying seemed surprised that I was sad. I felt guilty for being sad. We were both alive. We were both healing and doing well. It still just felt so wrong. My milk did not come in for days, it felt like another failure. My body just was not doing what I wanted it to.

Our NICU stay was hard. It got better when I was discharged.
and could stay with Arly in the NICU, but there were a lot of times I could not hold her because she needed special lights for jaundice. I could not sit up or walk well. The lactation consultant made me feel guilty I had not pumped more. However, the NICU nurses were great. They helped me with breastfeeding, and one nurse, after I had expressed frustration that my breasts had done nothing when I had tried pumping several times, said, “Trying is doing something” which is exactly what I needed to hear. It had been 13 days since I had been told, “No you cannot go home.” I missed my bed, and sleeping next to Eric. I was excited to go home, but I appreciated so much the care and attention my baby got while there. I appreciated the kindness of the nurses and the understanding. I appreciated the NICU doctors taking time to tell me what was happening and why, and when Arlena would be ready to go home; I understood her numbers on her charts and machines, and what they meant. It made it easier.

I feel that in some ways I am still processing Arlena’s birth, and likely will for a very long time. I know that it is a miracle of modern medicine that she and I are both alive, and relatively healthy, which I am so grateful for. However, it was a traumatic experience; her birth was so different from the one I had wanted to have. I think I am getting to a place where I can accept that this is okay. I can grieve the loss of the birth I wanted, without guilt. There are so many other moments of motherhood that I still have to look forward to.

Editor’s Notes:

1. Polycystic ovarian syndrome (PCOS) is caused by irregular hormone levels in the body; high levels of androgens, such as testosterone, can prevent the egg from developing or releasing as it typically would at ovulation. This can lead to infertility, cysts on the ovaries, and pain in the abdomen.

2. Preeclampsia can include a combination of the following symptoms: high blood pressure, protein in your urine, blurred vision, headaches, nausea, pain in shoulder and/or abdominal area, swelling in parts of your body, racing pulse, mental confusion, heightened sense of anxiety, shortness of breath, and a sense of impending doom. If this happens, make sure you consult with your caregiver as soon as possible.

3. Placental insufficiency has commonly been linked to chronic high blood pressure. When the placenta malfunctions, it is unable to supply adequate oxygen and nutrients to the baby from the mother’s bloodstream; the baby cannot grow and thrive.

4. Accelerations in fetal heart rate are normal and healthy during labour. Accelerations are short-term rises in the heart rate of at least 15 beats per minute, lasting at least 15 seconds. They indicate to the care provider that the baby has adequate oxygen levels.

5. It is common for care provider’s to deny food, or recommend that the one giving birth does not eat, if they believe general anesthetic may be needed because of the chance the person may aspirate: when undigested food from the stomach is regurgitated and enters the airways, compromising breathing, and posing a risk for infection.

6. HELLP syndrome is a severe form of preeclampsia. Your red blood cells can be damaged or destroyed to produce a type of anemia. Your liver enzymes (the AST and ALT) can rise substantially, and your platelets can fall below the normal range. Magnesium sulfate will be used prophylactically to prevent seizures.

7. Newborn jaundice is a condition where the bilirubin in the baby’s body builds up and turns the baby’s skin a yellow tone. Jaundice will be treated as more serious if the baby is born before 37 weeks or is under 5.5 lb. If levels are high enough the baby may be treated with phototherapy; the baby’s eyes and genitals will be protected, and then a special blue light is exposed to the baby’s skin, where the light is absorbed and helps to break down the bilirubin into a form that is easily passed through the stool and urine.

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BY SAM STAUFFER

The journey to our first birth experience was far from what we expected, but wonderful in continually surprising ways. After being married for a couple of years, we decided to grow our family. We were overjoyed, and slightly surprised, to find out that we were expecting soon after. We held cautious optimism for that first trimester, as we lovingly prepared our home and our hearts for a new addition to the family. Our hopes and dreams were crushed at exactly 12 weeks when, the same day we had anticipated announcing the pregnancy, I had a miscarriage that was both physically and emotionally traumatic. We were medically advised to try again as soon as we were ready and had mixed feelings when we found out we were pregnant again two months later. That pregnancy ended in miscarriage a week later and, again, we were devastated.

However, we had always intended to pursue fostering and adoption, so we decided to explore this way of growing our family earlier than originally planned. We thought, well, “One door closes and another door opens”, but we were confused and saddened when our application to become a foster home was declined. After taking some time to rest and recover from a year of unexpected losses, we got pregnant again, but...
that too ended in miscarriage at 11 weeks. Despite feeling confused and disheartened by what we had experienced, a couple months later we felt it was time to knock at the door of fostering/adoption just one more time. We were licensed and, two months later, got our first placement: a handsome eight-month-old boy who immediately became a special part of our family.

During this time, I embarked on an intensive health journey to resolve the underlying issues for the recurrent pregnancy loss. I was under the private care of a local medical doctor who practices environmental medicine. By going over my health and family history and completing extensive blood work, it was determined I had a build-up of toxins in my system that were interfering with my overall health and my body’s ability to sustain a pregnancy. The solution was a series of intensive detoxes and changes to our living environment to reduce continued exposure. I changed my diet to reduce inflammation and promote the intake of essential nutrients. After a year of hard work and dedication, the doctor was confident that we would be able to have a successful pregnancy.

Before trying again, we took some time to adjust to life as a family of three and the new challenges and joys of being foster parents. When we found out I was pregnant at the end of July 2015, we were filled with excitement and apprehension as we went down a familiar road that we hoped would finally have an unfamiliar ending. I was immediately sick with digestive issues and, although there were not any specific concerns about the baby, there were many more trips to the hospital, ultrasounds, intravenous treatments for fluid levels, and specialist appointments than we had anticipated. As signs and symptoms felt all too familiar from before, we prepared ourselves for the worst a couple of times but were grateful for a healthy, growing baby going into the second trimester. Around 16 weeks I finally saw a gastroenterologist who determined my gut problems were essentially hormone-based extreme irritable bowel syndrome and could be managed by a diet low in fermentable carbohydrates. The added restrictions to my
already specific diet were physically and mentally challenging but, for the first time in this pregnancy, I finally felt there was some relief. It was short lived, however, because the lightening of the digestive symptoms revealed significant pelvic, round ligament, lower back, psoas muscle, and sacroiliac joint pain that increased as the pregnancy continued.

After what we had already experienced, I had expected to be joyful during this pregnancy. I expected to be able to savour every moment with my baby and appreciate the precious gift of growing life, which was something we endeavored with each of our babies. I expected to feel connected with my baby, especially as we moved past the timeline markers of our previous losses. I did not expect everything to be perfectly wonderful, but I did at least expect it to be okay. It was not. I was absolutely miserable. The pain was almost constant and sometimes nearly unbearable. I had almost no energy, so the days were spent creatively playing with our toddler from the couch or in bed. The list of things that I could eat was shorter than what I could not. I was still working through some of the emotional and physical trauma from our previous losses, and I did not feel connected to my baby at all. We initially declined the 20-week ultrasound, but around 22 weeks decided that finding out the gender would be helpful for me because, in my pain, the baby still felt like an abstract concept to me. I definitely did not expect to find out it was a boy! The thought of raising two boys was incredibly daunting. Once the initial fear subsided, I began envisioning who this little one would be in our family, and the distance I had felt from my baby lessened. I began scouring through names lists to find the perfect one that captured both the significance of who he would be and our hopes and dreams for him.

The pregnancy progressed without any serious medical concerns, but the pain only worsened. By the third trimester, I had such significant and regular Braxton Hicks contractions that I doubted I would be able to differentiate when labour actually began. The baby was also positioned exceptionally low, which made everything awfully uncomfortable and walking far nearly impossible. The nearly constant physical pain was further elevated by the baby’s movements, which felt like he was urgently testing out different escape methods or training for some elite soccer event. I could not understand how women could enjoy feeling their baby move because it was not uncommon for me to suddenly gasp, wince, or even drop to my knees because it was so intense. Now that I have gotten to know this child earth-side, this experience makes so much sense; this wild intensity is very much part of who he is! He would also express great displeasure when I rode in cars; so, between this and frequent Braxton Hicks whenever I walked, leaving the house was exceptionally limited. All these challenging components of my pregnancy are each common, on their own, but the simultaneous and relentless onslaught was uncommon and unexpected. I was looking forward to the labour because it would mean things would finally start to get better after a long nine months of hardship.

At 38 weeks and three days, we were hoping to attend a family wedding in Calgary but asked the midwife for a cervical check first, just to be sure that the drive down was wise. Her eyes opened wide and she laughed as she told us that, with 2-3 cm of cervical dilation, there was no way we would be going to the wedding; the baby would likely be born first! She joked that she could probably shine a light in and tell us what colour our baby’s hair was! This check alone got things feeling like they were moving along, with irregular Braxton Hicks continuing throughout the day and night, but later the next morning they came to an abrupt stop. That night I went to bed convinced that the baby was going to take a couple more days to come; I decided to pass my usual hours of insomnia by putting away laundry.

The nesting must have got things started up again, because the next morning I woke up around 8:30 a.m. with mild contractions. I started timing them and was surprised that they were less than five minutes apart and getting closer. The pain was perfectly manageable, and I excitedly called our doula. My husband and toddler started to casually set up the birth pool, and I sent a message to the friend who would provide childcare. As I began to realize things were progressing quickly, that casual message was upgraded to, “You should probably come over here as soon as you can!” She arrived to pick up our toddler, and I gave her last-minute instructions while taking breaks for contractions that were still fairly easy. At this point, they did not feel worse than my day-to-day pain and discomfort, or worse than my usually intense period cramps. In fact, the clear breaks in pain between contractions and an end in sight were both welcome reliefs! The midwife arrived by 9:40 a.m. and got set up while we chatted about plans. I felt suspiciously relaxed and asked what we were waiting for next. The midwife told me, “For it to kick up a notch”, and I would know when the time came. By 10:15 a.m., this prediction came true!
true. Two short hours after this realization that things were getting started, I would be holding my newborn baby, in a haze of shock and confusion.

According to my doula, she arrived at 10:20 a.m., but things at this point were all already a chaotic blur. I had prepared for the birth with a collection of coping strategies, and I had looked forward to finding comfort in visualizations and mantras during each of the stages of this unfamiliar experience. There was not time for any of it! One of the few clear thoughts I had during the labour was bitterness towards the birth preparation methods that suggest these tools, because surely it was a joke! My body progressed through the stages faster than my mind could process. Mentally, I was shut down—feeling scared, isolated, withdrawn, and passive—while my body took over to deliver my baby with speed and efficiency. According to my birth team, I appeared calm and collected, but, from my perspective, I felt like a helpless bystander. With each increase in the level of intensity, I would desperately try to regain control, but the contractions were one on top of the other. I spent the fleeting moments between them dreading the next one. I knew I was stuck in the fear-tension-pain cycle, but I was absolutely unable to come out of it or ask my team for help.

At some point I remember barely scavenging together words to ask my doula, “What happens next?” when I thought, “Surely, I cannot continue if it increases any more, but I feel like it only just started!” She told me that the next step would be pushing the baby out. While it was a relief to know the end was close, it was also terrifying because I did not at all feel ready! My mind kept trying to slow things down but had zero traction. It reminded me of going down a waterslide and trying to grab the sides but not being able to control the speed. I hate that feeling: waterslides are not my idea of fun.

At 11:00 a.m., the midwife confirmed I was 9 cm dilated and would be ready to push after another big contraction, which came nearly the moment the words left her mouth. Mentally I resisted, “Not ready yet”, but mere moments later I was overwhelmed with surprise and fear when my body started pushing on its own. Baby was on his way, regardless of what I had decided. Looking back now, it is amazing that my body knew exactly what to do without any conscious effort, but at the time it felt horrible. It was an involuntary sensation, a reflex.

My birth team helped guide me to the birth pool at 11:45 a.m., which had only just been filled. Apparently, during this fast labour there had been many trips up and down the stairs with boiling pots of water to try and fill it in time for delivery. My husband got into the pool with me and sunk down low to help raise the water level. Despite everything, I remember this being a very peaceful moment, surrounded by an encouraging, gentle, and loving birth team who expressed the excitement and happy anticipation I longed to feel. A little over 15 minutes after getting into the pool, at 12:04 p.m., my husband caught
our baby and completely forgot his specially intended first words when he exclaimed, “He is blue! I love blue babies!”

He immediately placed our healthy baby on my chest, and I just sobbed with relief. After years of longing to hold one of our biological babies, months of difficult pregnancy, and two hours of intense active labour, the painful journey was finally over. I expected to love my baby, but I did not expect how wonderful it would feel to finally meet the one who I had known so intimately for so long. At 6 lb, 14 oz, he was finally here—Felix (‘happiness’) Jonathan (“God has given”)—our perfect little gift with a big personality. My sister had planned on driving up from Calgary to take photos of the birth but missed the delivery by just seven minutes. We appreciated having her there afterwards to help care for my husband and me in those first few hours, especially in what came next.

The midwife checked Felix and me, then gave our little family some space to take in those first precious moments. Everything with Felix was off to a wonderful start, but I was still in shock at the whirlwind of what just happened. Initially, my physical checks were fine, apart from a small internal tear. Around 2 p.m., I started to have more painful contractions and began feeling light-headed. It seemed there was a late postpartum hemorrhage, so I was administered oxytocin and the midwives assisted me to a bed on the main floor in case further intervention would be required. I wanted to slip into unconsciousness, but they urged me to stay present as they determined the best course of action. I was given intravenous fluids but was fading quickly. The midwife tried unsuccessfully to remove the internal clot she suspected was responsible. While I was nearly perfectly quiet during the labour and delivery, this sweep caused me to cry out in excruciating pain because, after giving absolutely everything during the birth, it was both physically and mentally beyond what I was capable of managing.

The midwife made the call to transfer me to the hospital to ensure I would have the support and interventions needed if things continued to decline. Our small house was soon filled as a firetruck and ambulance arrived around 2:30 p.m. The request for care to be transferred to the nearest hospital was initially declined because my midwife did not have rights there, but my midwife fought fiercely for my best interest. I appreciated this because the 15-minute drive was excruciating, and the alternate hospital was over twice as far away. As I lay alone in the back of the ambulance, hardly clothed, in tremendous pain, and still in the rawness of having just given birth, I was comforted by knowing that my husband would have no difficulty with our brand-new baby. At home, he picked out our baby’s first outfit, something we had planned to do together, and got him packed up in the car seat to go on his first outing, which was, ironically, to the hospital.

Almost immediately upon arriving at the hospital at 3:15 p.m., I was able to pass the clot without assistance. It was suspected that a full bladder had previously prevented the clot from clearing on its own. We were grateful for such a simple resolution, but it was disappointing to have to spend those first few hours at the hospital. We were discharged and finally able to return home around 6 p.m. The medical professionals we interacted with during the transfer and at the hospital seemed to not agree with my midwife’s discernment to transfer my care. Consequently, it was not a warm or welcoming experience, which stood out in stark contrast to the gentle and loving home birth. It was comforting to have my midwife by my side as she continued to advocate for me and my baby. We have no doubt this was the best call in the situation and were grateful to have such a competent midwife.

There were many aspects of the birth that took a long time to process because it went so differently than I expected. Some of this healing came through the weeks and months of bonding with my new baby and getting to know this perfect addition to our family. Felix’s birth story has only continued to make more sense as we have seen him grow into an intense, ambitious, energetic, and assertive toddler who came into the world in a hot hurry and has not slowed down since! Other elements took longer to process and many resurfaced during my subsequent pregnancy and birth. I was afraid that unresolved feelings would mean that the fear-tension-pain cycle would engage the moment I went into labour, almost like picking up right where my brain had left off. During my next pregnancy it was hard to avoid projecting and dreading based on what I had experienced the first time around. To avoid this, I built a repertoire of resources I could jump into instead of trying to react and cope as labour happened. This included a variety of interventions and resources such as craniosacral therapy, acupuncture, chiropractic care, physiotherapy, osteopathy, hypnobirthing, mindfulness practice, and professional counselling. I surrounded myself with positive stories and so much prayer and love from countless friends. I knew I had to move through my feelings.
and memories, rather than hope things would change on their own. A big part of recovery was reconciling what I wanted pregnancy and birth to feel like and their reality for me and my body.

My second birth was very similar in its elements to the first. Beautifully, my hard work led to an entirely different experience of this next birth: I was empowered and equipped. I often get the comment that I am fortunate to have had such a fast first delivery, which is true to an extent, but it took a lot of time, energy, counsellor appointments, and reflection to appreciate the experience for what it was and grieve the loss of what I had hoped it would be. Despite the challenges, it is a memory I will always treasure, because it was the day I met my precious son.

Editorial Notes
1. Often referred to as a “low FODMAP” diet, it is sometimes used to decrease discomfort caused by the digestion of certain carbohydrates, when determined appropriate by a physician.

2. The hips, round ligament, psoas muscle, and sacroiliac joint are areas of the pelvis and back that can commonly cause pain during pregnancy. As progesterone floods the body it softens the connecting tissues in order for the hips to open and make room; this can lead to our other joints feeling loose and unstable as well. Being careful to stabilize the belly and use small movements when rolling over in bed, turning around while walking, and standing from a sit can all help to reduce the pelvis going out of alignment.

3. The fear-tension-pain cycle commonly refers to the idea that as a labouring mother experiences fear, it releases cortisol and adrenaline which can cause the muscles to tense up—sometimes as a woman feels a contraction come on she will physically tense thighs, shoulders, face, or other body parts—this tension then exhausts the muscles, causing pain sensations.

4. When a baby is first born, it is normal for the baby to be a dark purplish, blue, or even a white colour. As the baby begins to breathe, and the blood flows from the placenta into the baby, they will begin to, “Pink up”. If the baby does not begin to turn a pink or red tone, it may indicate a lack of oxygen.

5. Hemorrhaging can occur under shock (or stress) due to a fast or traumatizing birth.

Sam and her husband, Josh, live in Edmonton with their three sons. Sam never imagined herself as the mom of all boys but absolutely loves it and is looking forward to the comparatively simple teenage stage after spending these early years constantly on the move with these busy boys! *
FORESIGHT AND FLEXIBILITY: EXPLORING THE ROLE OF A BIRTH PLAN

By Tia Biggs

Creating a birth plan can be one of the best ways to prepare for the arrival of a new baby. It allows you to investigate your options, gather information, and present your preferences in a way that can be easily shared with healthcare providers. It often opens a dialogue, not only with doctors and midwives, but also with the entire birth support team including the birth partner, doula, and anyone else who will be involved. It is a tool I use with all of my doula clients because it ultimately works to increase the number of informed choices a family will make and thus helps build a positive birth environment.

However, a birth plan can do harm as well. Many families build a plan and expect that their birth will unfold exactly as dictated. Any divergence from the plan can be devastating, and when it comes to birth unexpected changes are the norm rather than the exception. There is a delicate balance at play when developing a birth plan because it is difficult to remain empowered and informed without developing such a rigid mindset that it becomes counterproductive. Through supporting many families in my role as a doula, I have come to understand that the most impactful way that a family can remain informed without becoming so attached to a given plan that it becomes detrimental, is to change how the birth plan is approached from the start. It is important that families view their birth plan as a starting point rather than a destination. One of the easiest ways to do this is to make a slight adjustment in how we refer to a birth plan. Rather than referring to it as a birth plan, many families choose to use the terms birth preferences or birth wishes. This may seem like inconsequential semantics, but it acts as a simple reminder that the purpose of a birth plan is not to dictate how the birth will unfold. Instead, it is meant to empower the family as they make decisions before, during, and after the birth.

The first birth I attended as a doula illustrates this beautifully. During our prenatal visits I did what most doulas do and guided the family as they explored their options, considered alternatives, and finally articulated the birth they envisioned in a way that could be shared with their care providers. From the very beginning we discussed that, although it is always their right to decline certain interventions, it is also likely that the plan may change. This is something I share with all of my clients when we begin writing birth preferences because it sets the tone for the entire conversation. Rather than stating, “I will not accept synthetic oxytocin”, we write, “I would prefer to avoid routine use of synthetic oxytocin.” Again, this may seem a little ‘nitpicky’ but it serves as a reminder each and every time the plan is read, that nothing is set in stone. This turned out to be a very valuable discussion (and I have since learned this is almost always the case) because when it came time for the little one’s arrival nothing went as ‘planned’. The piece of paper never even made it into the hands of the family’s care providers and many of the wishes were not materialized due to medical complications. Yet, not only were the hours spent
creating the birth plan still worth it, but the plan itself also fully served its purpose. The family was educated in their choices, had explored alternatives, and was confident in their ability to make choices in high pressure situations.

The most predictable element of birth is that it is unpredictable, and thus every family can benefit from shifting their focus to things under their control. An inflexible birth plan focuses on the outcomes, whereas birth preferences focus on informed choice. Nobody has absolute control over outcomes; however, it is entirely within each family’s locus of control to become educated on their options and to share their choices with their birth team. While a traditional birth plan only serves its purpose when things unfold in an ideal manner, exploring one’s birth preferences is an asset for every family regardless of outcome. I would even go so far as to say that the education and dialogue that is prompted by openly exploring one’s options is often most valuable when something unexpected occurs. Since the family remains open-minded from the start and also explores options beyond just what they desire, it not only helps buffer the disappointment that often occurs when plans change, but it also helps them to continue making informed choices in light of the unexpected circumstances.

We often assume that the ‘unexpected’ refers to changes made due to medical necessity, but the family may also just change their mind. That is perfectly okay. This is still true even after the physical piece of paper has already made its rounds. I have seen this several times with pain management. Often a mother will decide she would like to birth naturally; however, whether it be due to a poorly positioned baby or simply because she changes her mind, she opts for an epidural. When this occurs, I always make it a priority to emphasize that there is absolutely no shame in changing the ‘plan’. This is true whether it has been written on a piece of paper or not. This is why we call it a ‘preference’. Using these words does justice to the family’s desire without it being written in stone, thus providing the flexibility that birth demands.

Exploring birth preferences also affords the opportunity to learn about things that a family may not even know exist. Quite often I will ask a family if they are familiar with delayed cord clamping, nitrous oxide, or the role of synthetic oxytocin. If they are not familiar with these things, it presents an opportunity for them to learn more in order to evaluate how well they align with their wishes. It also familiarizes them with the terms in the event that they become unexpectedly relevant during the birth. I have seen this many times, specifically with synthetic oxytocin.

Consider the following scenario. The family is not familiar with synthetic oxytocin at our prenatal meeting and, as such, gathers more information. The family then decides that they would prefer to avoid it if possible. Later, during the birth, a healthcare professional advocates for its use. The family is not only more confident that it is necessary (rather than just routine) because the healthcare professional is already aware of their preferences, but they are also able to make an informed choice based on their healthcare professional’s recommendation and their own prior research. The latter is what is afforded by exploring birth preferences. Some families will accept this intervention, even though it did not align with their preferences, while others may choose to delay or decline. Regardless of the outcome, in this situation, the exploration of birth preferences has served its purpose. As a result of their preparatory research and open-minded approach, the families remained empowered despite possible divergence from the ‘plan’.

At this point in the discussion, it may seem unclear why an expectant family cannot just call it a birth plan while remaining open to the fact that things may change. I have stressed the semantics quite a lot but not because it significantly changes what is written on the final product. What is handed over to healthcare professionals is, for all intents and purposes, a birth plan. It is intended to share with your support team what you ideally want and that serves an important purpose. The focus on semantics is for the mother and her team. It serves as a gentle reminder of the unpredictability of birth each time it is discussed but also reaffirms the family’s right to choice. These changes in word choice ultimately work to build a foundation that supports birth with dignity. In my role as a doula, this is what I work to foster: not a particular outcome, but a family who remembers their birth as not only pleasant but also empowering. Sincerely and openly exploring birth preferences helps build a strong foundation for a dignified and liberating birth.

Tia is a full time student at the University of Alberta, pursuing a Bachelor of Science, and a DONA Certified birth doula. She is a lover of all things science and birth and actively incorporates this into her work as a birth and postpartum doula. *
PREPARING FOR THE UNEXPECTED

By Winona Morland

“There is nothing, whether total instinct or total reliance upon technology, that can guarantee a perfect outcome, a perfect dance, for every mother and baby,”
–Sarah Buckley, MD.

Ultimately it is birthing individuals’ rights and responsibility to make the decisions they need to make during birth. We must keep in mind that birth is multi-faceted. How a woman views her birth experience is impacted by many factors from the internal, inside her mind and heart, to the external, what those around her are doing. How her decisions are viewed by others can impact her care and can impact how she feels about her experience. A woman’s view of herself as mother can be influenced by her culture or beliefs. She brings with her to birth all that she is and those around her should respect and honor her in this process as she negotiates what is right for her during pregnancy, birth, and the postpartum period.

Making room in the plan

Written birth plans were introduced during the 1980’s in Europe and America in response to the increasing medicalization of childbirth. They were originally introduced as a tool to educate and empower women, encourage shared decision making, facilitate communication about expectations, and develop trust between women and their caregivers. In a search of Google on birth plans, 439,000,000 results can be found. Many of the main topics include templates, generators, visual plans, VBAC plans and plans for first time moms. Top questions include: how can I have a natural birth, and are birth plans important? What is missing is often the spiritual, emotional and mental preparation needed for birth. Checking off boxes does not help a woman prepare for the hard work of
labour or what to do when things do not go as expected.
All women who are preparing to birth, intentionally or unintentionally, develop a birth plan. There is no ‘right’ way to plan, only what each individual woman does based on her experiences, beliefs and decisions. How women prepare for birth is as varied as women themselves. Some women may not want to learn about the process or her options. She may decide to, “Trust the doctors” or, “Go with the flow”. Some woman may spend many hours reading, researching, watching videos or talking to friends. Some women attend prenatal classes to learn more. A birth plan may be a written document, or an idea in the woman’s head. Through all her interactions she begins to create her own set of beliefs and philosophies around birth.

“A mother could have every intervention in the book and still be birthing in-awareness. When she is aware of what she is feeling, emotionally and physically, and she is in her self-awareness, then she is gentle with herself and those who are working with her. She is acting and speaking from that deeper knowing. When she cannot change what is happening, ‘Out there’ she brings attention to what is happening within her. She does not abandon herself, her ‘inner-Child’ or her spiritual practice,”
– Pam England.

Although there is no right way to plan to birth, a woman should focus on the things she hopes for, rather than what she does not want or fears. Focusing on the negative can distract her from trusting herself, her body, and her spirituality. Rather than planning what is in her control, her own hard work and surrender, her energy is diverted towards controlling the anticipated actions of others. A woman should also have flexibility in her birth plan. Although she is focusing on the positive, she is leaving room to consider the what-ifs of birth.

How others’ opinions influence birth
There also needs to be flexibility in the environment the mother births in. Structured healthcare protocol that is not in a woman’s control can affect how she feels about her experience. A loss of choice can cause emotional trouble and affect bonding with the baby. The ways in which a woman’s obstetrician views birth can impact the options that are presented to her and influence the decisions she makes before and during childbirth. A care provider’s knowledge, whether based on experience, study and research, or from a philosophical basis, is highly influential in a woman’s planning. It can influence what happens during management of labour or if changes are made to the initial plan.

“As perhaps the most important set of healthcare decisions you will ever make, you need and deserve to have unbiased facts both the pros and the cons about the different types of maternity care available to you. You are entitled to excellent labour support and fully informed consent. No matter how the course of labour unfolds, you, as the pregnant woman at the center of it all, have ultimate responsibility for creating an experience for yourself that is as safe, stress free, and satisfying as possible. You are entitled to plan, then enjoy, the birth experience of your dreams, as much as the mysteries of nature allow,”
– Marsden Wagner.

Since the birth plan’s introduction, a care provider’s view has often been negative. Research has shown that a woman having a birth plan may irritate staff which can adversely affect obstetric outcomes. Care providers may believe women with birth plans have unrealistic expectations and are inflexible in making changes to their plan when necessary. Yet it has also been recommended that care providers need training in understanding the purpose of birth plans and how to help women achieve their goals.

Therefore choose your birth helpers carefully. Your support team includes all the individuals who assist with planning and giving birth: doctor, midwife, nurses, doula, friends, family, photographer, partner...all of whom can influence how you plan for birth. Caregivers should listen to the birthing mother
and what her wishes are with respect and honour. Giving birth is not always easy and those present should have faith in the ability of the birthing woman. Many women have found a doula can be a trustworthy source of information. From being a basic source of knowledge to providing physical support, she can help as you go through labour.² By meeting with several different doulas prenatally, you can find one that will best fit with your needs during birth. Finding a doula can give women confidence in making choices during pregnancy and birth. You will find out more about her role as you work with her prenatally.

With all those people around it can be difficult to be in the moment and to witness the mystery of birth. Try not to get distracted by the busyness around you – remember your baby is on this journey with you. We are more able to respond to our body’s instinct when we fully inhabit our bodies, although this can be difficult when surrounded by so many people, and at such a vulnerable time.

**Communication and education**

Birth plans can, however, help compassionate caregivers provide a woman with continuity of care and they can see how best to help as labour progresses. A caregiver’s responsibility is to offer their best judgment and skills as different circumstances arise, then together you can agree on your care. In a 2005 study, women who had the highest causes of satisfaction with their birth experience felt there was good communication with the care providers, followed by good support during birth.²

Birth plans are not just about the final document either, they are about the preparation a woman has put in to understanding her options in childbirth. They reflect the hopes and expectations of the birthing woman. A woman still has the ability and the right to change her mind and make different decisions based on what is happening in the moment. Yet, the birth plan can help you to take responsibility for your decisions and know what to ask to be fully informed. It is an educational process, helping you learn about options and evaluate the risks and benefits of various interventions.⁶

For instance, a mother may have planned to not receive an epidural during labour, but her labour has been very long and tiring, and she is feeling overwhelmed and exhausted. Based on what she has learned through her own research, classes, information provided by her caregivers and her own inner knowing; she feels the next best thing for her, and her baby, is to accept the epidural. She knows that even though this is an unexpected part of her labour she will be able to meet her needs and those of her baby’s with confidence. Women who understand the benefits and risks of such a procedure are also better able to face some of the challenges associated with it postpartum.

> “Doctors and midwives know a great deal about childbirth, but their knowledge has limitations, one of which is its externally oriented objectivity. Even with their experience and good intentions, their judgement is not perfect. It is important to remember that as mothers we have exclusive access to vital information about what is happening in our bodies. Ideally, both kinds of knowing (objective and subjective) are utilized in decision-making,”
> – Pam England and Rob Horowitz.

There are many things that a woman can do prenatally in order to prepare for when, or if, during her birth things may take an unexpected turn. These preparations start long before birth. A great first step is to begin asking your care provider questions about your care and birth. Women may feel like they are unable to ask for more information or that she may not be heard. Penny Simkin asks, “Should women have a right to directly express their concerns and preferences and have them heeded by their clinical caregivers?”⁵ A woman does have the right to ask questions for herself and her baby. Before birth a woman can go over her preferences with her care provider. Asking questions can help you make decisions as they come up during labour. Using the BRAINS acronym can give you the tools you need to know what to do next. What are the Benefits? What are the Risks? What are the Alternatives? What do my Instincts say? What if we do Nothing? What would make me feel Safe or Satisfied? Think about the questions we would ask ourselves before buying a shirt, a car, our a house. Start finding ways to be comfortable asking questions and start to notice how you feel about hearing the answers.
Preparing the body

Birth has a physiological process, there are certain things that need to happen for a baby to be born. This can be an instinctual process, but sometimes this process can be disrupted. A woman’s hormones play an important role in the process. Oxytocin is one of the naturally occurring hormones that increase as labour begins and throughout the process. This process can be helped by a mother feeling safe, loved and supported by those around her. If this is interrupted by use of artificial oxytocin or a mother is feeling unsafe then it can change how labour happens. During pregnancy a woman can prepare to support this process by taking care of herself, getting a massage, taking a walk, connecting with friends, attending an independent childbirth preparation class, getting body work done, or taking time with her partner. Often a woman who moves from the comfort of her home to the hospital setting will find her labour slows down. In the hospital she and/or her partner can shut the door, turn lights down, move and use massage.

Remember to use your body freely during birth, be as active as your body desires, or if you feel ‘stuck’ try moving around or to a new position. Your plan may be to remain unrestricted, but circumstances may change where you are unable to be free. If monitoring is needed a woman can be close to the machine if there are wires. She can be on a ball, on hands and knees or leaning over the top of the bed. If a telemetry...
PREPARING FOR THE UNEXPECTED

machine is available, she can go for a walk or be leaning over the bed. Sometimes the belt may need to be adjusted because of movement, but it is okay to ask for help readjusting. If an epidural is used and you are confined to a bed, getting help to rotate every ten minutes can help support your baby as he or she rotates through the pelvis. You can go from your back to your side, remember to keep your pelvis in an anterior pelvic tilt. Then you can rotate to the other side. Try and stretch your legs as much as you can.

Physical preparation of practicing birth positions during pregnancy can help a woman see ways her body might move during labour and may help her find positions that are comfortable and help labour progress. Our bodies need nourishment and hydration to work efficiently. Prenatally, good nutrition is very important when preparing to birth, as well as making sure you are drinking enough clear fluids. During labour check in to see if you are needing nourishment. Try to aim for a sip of water, or other clear fluid, after every few contractions, and a bathroom break at least every hour. Touch relaxation is another tool that can be practiced prenatally.

It helps condition you to expect pleasure, rather than pain, to follow tension. Find out which type of touch (light and feathery or deep pressure, and where you hold tension or find relaxation) and what kind of massage relax you best. Do a head to toe check to see where you are holding tension. Have your partner apply a warm, relaxed touch to that area as your cue to release the tension.

Our relationships with loved ones are an important factor in birth. Be comfortable with your emotions, loving, and sexual feelings with your partner during labour, if it is applicable and feels right. Your partner can remember that just being there and believing in you will help both of you as you go through labour and birth. Your partner does not need to know everything about birth but will be the person who can love and accept you through the process. Sometimes a nice deep kiss during labour can help you to open and relax. You can practice that too! Even if we are birthing without an intimate partner we can still ask members of our birth team to use massage or touch, bring comfy items from home, dance, or use self-stimulation as ways to increase oxytocin during labour.
Preparing the mind

One difficult aspect in the process of mentally preparing for birth is looking at our past experiences. This can help free us up emotionally, physically, and spiritually for birth. One in five women have had some sort of sexual abuse in their life, for many of these women birth can bring up memories or feelings of those times. Maybe someone told a frightening and traumatic story about their own birth that is causing fear of labour. Perhaps something someone unknowingly said or did during a previous labour has influenced a woman’s feelings. By finding counselling or a trauma worker and talking about it with your care providers a woman can understand how to work through those emotions during labour.

“No single decision, no one doctor, and no mother is solely responsible for a birth outcome. It is oversimplified to blame or praise any individual or isolated event for how a birth turns out. Our challenge is to live with ambiguity, embrace the birth that happened, and move on with our family into its future,” – Pam England.

One tool to do this is by using your five senses. Practice this technique before labour so it will come easier for you: feel the floor under your feet or be aware of what your body is touching, as your eyes move from left to right; notice five things you see, breathe; notice four things you hear, breathe; notice three things you feel, breathe; notice two things you smell, breathe; notice one thing you taste, breathe.

Practicing relaxation and visualization techniques, such as mental imagery, can also be helpful. Find what images best help you: perhaps rolling waves, waterfalls, meandering streams, or walking on the beach. Picture your uterus ‘hugging’ your baby and pulling itself up over their adorable little head. Imagine the cervix getting thinner and more open with each contraction. Imagine yourself reaching down to bring your baby to your breast and smelling his or her wonderful scent.
A labyrinth is yet another useful tool; you can have a picture or a model and follow the path with your eyes or feel the path with your hand. For some women the need to connect to the earth and nature are important. Walking outside can go a long way to help you refocus during labour. Sometimes a woman may feel she has no control over the outside influences around her, but she can have control over her thoughts and use tools such as non-focused awareness or affirmations. Write out affirmations that you can look at, such as, ”I feel confident that I will labour and give birth the way I want to”, “our baby feels my calm confidence” or, “I will breathe slowly and deeply to relax my muscles and bring oxygen to our baby.” Tapping (EFT) is a technique that can help a woman to reconnect to herself and her baby.

Building in daily life practices before birth will help you act instinctively when a change happens. Take time daily to turn your attention inward. Commit to a regular time where you can be quiet for at least ten minutes. Doing so will help develop a rhythm and grounding to your daily life. Sit up straight, open the chest. Come into a, “Quiet mind” and practice being aware of your breath. As you sit quietly be aware of any questions you may have and you may feel answers start to come to you. You may just be aware that you had questions, or other realizations. You can then express those thoughts through writing, painting, dancing, or any other way you like to be creative. Connect and talk to your baby during this time. During birth you can use this to help slow down a racing mind in order to know what questions or answers you need. Habits are learned by repetition so practice techniques daily that will help you to be calm and able to cope. Labour is just a continuation of your life, it is not more than you.

The spirit within

Spiritual beliefs and practices can be an important aspect of birthing that are not always easily written in a birth plan. Prayer, meditation, and daily affirmations can be helpful in preparing to birth and are especially important when your birth takes an unexpected turn. They can help you to relax and focus on decisions you may need to make. For some women, memorizing scriptures can be a great comfort. For others yoga practices can help them stay centered. Pregnancy can be a spiritual time for women as they feel more connected to their beliefs or their culture. They may reach out to their faith community for support and guidance.

Birth is instinctive in all mammalian babies. Babies know how to get themselves born and have an active participation in the birth process. Of course, babies are born in many different ways, places, and times and maybe not in the ways we may have imagined it. We can work with our babies prenatally to help them find a position that is best for them. Through bodywork, nutrition and movement we can work towards the best outcome. Be aware of your baby as he/she grows and changes during your pregnancy. Use a fetoscope to hear your baby’s heart, feel with your hands the position of baby and talk and sing to connect. If an unexpected change happens you can take charge of your attitude, emotions, and responses to pain or fear by taking a breath and connecting with your baby, no matter what is going on around you. Many mothers will rub their bellies during labour as the feel baby move down. A mother will find positions, move, and rock during labour in ways that will help baby move down. Sing and talk to your baby as the waves of labour wash over you both.

In closing

Be kind and gentle with yourself, no matter how your path unfolds. All labours are individual and unique. Loving yourself and your baby through this life-changing event will give you confidence as you keep taking one step forward at a time.

Editor’s Notes:

1. Gentle Birth, Gentle Mothering by Sarah Buckley
2. Effect of implementing a birth plan on women's childbirth experiences and maternal & neonatal outcomes; Amal Faraht, et.al; Journal of education and practice; Vol. 5. No.6, 2015
4. The impact of choice and control on women's childbirth experiences, Katie Cook, Colleen Loomis, Journal of perinatal educations; Vol 21; No. 3, Summer 2012
5. Birth plans: after 25 years, women still want to be heard; Penny Simkin, 2007
7. www.thetappingsolution.com

Winona Morland of Lloydminster, is mother to five and grandma to two, with one more expected. She lives her passion by supporting and educating women in their pregnancy year. She believes women should have their choices honoured in birth and life. During spare time she reads, quilts, and has tea with friends. ☺
the pelvic floor prevents baby from rotating, and lack of sensations from the mother prevents her from pushing effectively. The epidural also affects baby as the drug passes to baby via the blood stream. As narcotics are respiratory suppressants and babies have immature lungs, epidurals increase the risk of having poor fetal heart tones, low Apgar scores, and babies that will need resuscitation after birth.

GBS infection sites are the mucous membranes (eyes, nose, mouth) and can occur either when the bag of water ruptures or during pushing. If infected, a baby can be more prone to pneumonia and meningitis. The most effective preventative measure is intravenous antibiotic (Penicillin) during labour (at least one dose four hours before the birth), which minimizes the risk of the baby acquiring the infection as he/she passes through the vagina during pushing. Refusing vaginal exams and changing pads regularly also help. There is recent research demonstrating that waterbirth also minimizes the risks. Some countries choose to monitor the baby’s temperature every two hours for signs of infection, rather than give antibiotics in labour.

Hemorrhaging can occur in a variety of circumstances: if a woman is malnourished, anemic, or has specific health conditions which weaken her stamina and the proper functioning of her body; exhausted from a long birth; if the uterus does not contract to the same regularity and strength as before; or if the uterus was pulled inside-out by excessive cord traction during the birth of the placenta. These are all rare circumstances and you should not worry about it if you are healthy.

Laughing gas is an anesthetic drug which is normally administered as a mixture with 50% nitrous oxide and 50% oxygen in medical grade gas tanks, with the trade name Entonox or Nitorox. It can make a woman feel temporarily dizzy, sleepy or nauseous. Stopping its use will allow a woman to quickly get back to normal. Some women find it does not work for them, but that is usually because they are not effectively instructed on how to breathe properly while using it. For women who have shallow breathing and cannot lengthen their breaths—it may be impossible for them to use the laughing gas effectively. Others find it is the “magic wand” they had been looking for! There are no known long-term negative effects to baby or moms.

Monochorionic diamniotic (MCDA) twin pregnancies are roughly 2/3 of identical twins are MCDA. MCDA twins have a shared placenta and can share vessels between their circulatory systems; therefore, twin-to-twin transfusion syndrome (TTTS), where the blood supply is favouring one twin over the other, is the main complication for this type of twins.

Newborn jaundice is caused by a build-up of bilirubin: a brownish-yellowish substance, produced after red blood cells break down, which is typically handled by the liver and removed through the stool or urine. It typically is not harmful, but if the bilirubin levels become very high it can cause damage to some brain cells; in very rare cases this could lead to seizures, deafness, cerebral palsy, or serious developmental delays. Jaundice will be treated as more serious if the baby: is born before 37 weeks, is under 5.5 lb, has jaundice spreading to their limbs, developed it within their first 24 hr, has an incompatible blood type to the mother, has a lot of swelling or bruising under the scalp after birth, or if their sibling(s) have been treated for serious jaundice with a blood exchange transfusion (the baby’s blood is removed and replaced). In most hospitals bilirubin will be checked before you leave the hospital; it can be tested with a blood test, or a non-invasive device called a trans-cutaneous bilirubinometer.

Dictionary of Terms

Braxton Hicks contractions are thought to be an aid to the body in its preparation for birth as they will help stretch and dilate the cervix before going into labour. Many women find them confusing as they can last for quite a long time, and then die down. It is common for 1st time mothers to go back-and-forth to the hospital to find out that they are not in labour. The trick is that if contractions stop after a few hours after a rest or a bath, then you are not in labour. Take a bath, if after 30 minutes they get stronger, than you may be in early labour!

Breaking the bag of water, also called rupturing the membranes, is when the bag of water, which is the membranes surrounding your baby in utero, breaks. They can rupture at any time after 37 weeks. They have no nerve endings so the rupture does not hurt. However, some women find that the pressure before it breaks can be intense. In the majority of cases, membranes rupture spontaneously during pushing. In the rare case that your membranes rupture before labour starts, know that labour can take between 1 to 30 hours to start. Most caregivers will want you to go into labour within 24 hours, but it is up to you to make an informed choice. If your water is brown, green, thick like pea soup, or has blood clots—go immediately to the hospital as this may indicate that your baby is compromised. Some caregivers like to know if your membranes break because there is a slight chance that the umbilical cord gets trapped while the water flows out, which could affect the proper oxygenation of your baby. These caregivers will want to listen to fetal heart rate, assess fetal movement, check the colour of the fluid, and do a vaginal exam. Note that vaginal exams push bacteria up the vaginal canal closer to baby, which heightens the risk of infection. Membranes can also be broken artificially by your caregiver during a vaginal exam to hasten your labour or pushing. Most membranes rupture will break spontaneously during pushing. Because the artificial rupture of membranes (AROM) can increase the risk of infections and increase the intensity of contractions, some women prefer to keep their membranes intact as long as possible, or to squat during a contraction to naturally break their own membranes. It is also possible for your bag of water to break and to feel no contractions. It can take up to 30 hours for labour to start!

Castor oil can be used as an induction cocktail to help a woman go into labour. The cocktail creates uterine contractions. It is important to only do this when baby is at term and when the cervix is already soft and favourable to dilation. It can be taken with apricot juice, verbena oil, and almond butter.

Epidural analgesia is used to help women cope with the pain of childbirth, allows a woman to relax (being high-strung would prevent her baby to descend into her pelvis), and have a vaginal birth rather than a caesarean section. She will have a catheter placed, IV, saline and synthetic oxytocin administered, blood pressure cuff, continuous monitoring, and will be bed bound. The epidural is known to slow down the body’s production of the natural form of oxytocin. Without oxytocin there are no uterine contractions, so no labour! This is why a synthetic form of it is administered to the labouring mom via a drip. The epidural is associated with a number of risks including contractions slowing down, malpositioning of baby, tetanic contractions, placental abruption, poor fetal heart tones, and instrument delivery. These risks depend on when the epidural was placed (at 4 cm or 8 cm), for how long it has been in the body, and how strong the dose is. An epidural has also been associated with an increased risk of interventions—one intervention leading to another to compensate for the negative effects of the previous intervention. Epidurals slow down contractions and cause malpositioning. Non-gravity friendly positions cause baby to stay high, analgesic effect of the pelvic floor prevents baby from rotating, and lack of sensations

Newborn jaundice is caused by a build-up of bilirubin: a brownish-yellowish substance, produced after red blood cells break down, which is typically handled by the liver and removed through the stool or urine. It typically is not harmful, but if the bilirubin levels become very high it can cause damage to some brain cells; in very rare cases this could lead to seizures, deafness, cerebral palsy, or serious developmental delays. Jaundice will be treated as more serious if the baby: is born before 37 weeks, is under 5.5 lb, has jaundice spreading to their limbs, developed it within their first 24 hr, has an incompatible blood type to the mother, has a lot of swelling or bruising under the scalp after birth, or if their sibling(s) have been treated for serious jaundice with a blood exchange transfusion (the baby’s blood is removed and replaced). In most hospitals bilirubin will be checked before you leave the hospital; it can be tested with a blood test, or a non-invasive device called a trans-cutaneous bilirubinometer.
Pitocin, which can also be called syntocinon, is administered with an IV. It is given when a woman has an epidural, during an induction or an augment. There may be different reasons for it: perhaps your labour is long and you are tired, your contractions have slowed down, your contractions are far apart, your contractions are not long enough, we need to start labour, to rotate a baby in a more optimal position, or to prevent your labour to stop altogether. Sometimes if your bag of water has broken some caregivers like to speed labour with this form of synthetic oxytocin to minimize the risks of infection. When present, it reduces the ability of the body to produce the natural form of the hormone, which in turn means that a woman will have to keep the IV for several hours postpartum or until her uterus is firm and low. It may impede with breastfeeding and increase the feeling of being sick and dependent. In any case, when you are administered this form your labour is now managed and mobility reduced.

Placental Insufficiency can also be called placental dysfunction or uteroplacental vascular insufficiency. It is an uncommon but serious complication of pregnancy. It occurs when the placenta does not develop properly, or is damaged, or if the mother’s blood supply did not increase by mid-pregnancy. Placental insufficiency is most commonly linked to: diabetes, chronic high blood pressure, blood clotting disorders, anemia, certain medications (particularly blood thinners), smoking, and drug abuse (particularly cocaine, heroin, and methamphetamine). In the fetus it can lead to low birth weight, premature birth, or birth defects. It also carries increased risks of complications for the mother. Diagnosing this problem early is crucial to the health of both mother and baby.

Placenta previa is a leading cause of vaginal bleeding. It can be confirmed with an ultrasound; transvaginal ultrasound has superior accuracy as compared to transabdominal one. Most caregivers will advise a caesarean section. If the woman is not bleeding severely she can be managed non-operatively until the 36th week. It is now considered safe to treat placenta previa on an outpatient basis if the fetus is at less than 30 weeks of gestation, and neither the mother nor the fetus are in distress. Blood volume replacement and blood plasma replacement may be necessary. Risks include hemorrhage, premature births, malpresentation, death, and caesarean section.

Preeclampsia can occur during pregnancy, labour, and after the birth. It can be induced by your pregnancy or a side-effect of pre-existing health concerns. If your doctor suspects preeclampsia, you may need certain tests, including blood tests. Your doctor will order liver function tests, kidney function tests and also measure your platelets — the cells that help blood clot. Preeclampsia is very serious and can lead to seizures, stroke, multiple organ failure and death of the mother and/or baby.

Prostaglandins are generally a small tampon like instrument, with a string attached to Cervidil (the brand name for the hormone), which is inserted high inside the vagina against the cervix. Prostaglandins work to soften the soft muscle tissue, ripening the cervix and making it more likely labour will begin on its own, or that the use of uterotonics such as Pitocin will be more effective. Cervidil however, can also soften the tissue of the uterus, which in very rare cases can lead to hemorrhage. Cervidil has been linked to cases of uterine rupture (where the tissues of the uterus open, which can be life threatening for both mom and baby, and can cause rupture in 1-2 patients out of 10,000. It has been linked with an increase in rupture for women with
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.

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 email info@asac.ab.ca, then go to www.asac.ab.ca and click ‘Get Involved’ and ‘Become a Member’.

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A Helping Hand: Nancy Johnson
Location: Edmonton
Time: 6 weeks, 2 hours/class—12 hours
Phone: 780-916-8066
Email: helping_hand@shaw.ca
Website: www.helpinghandprenatal.weebly.com

Alicia Farvolden
Location: Edmonton
Time: Private customized prenatal classes in your home on your schedule
Phone: 780-982-0175
Email: doula.alicia@live.ca

Ananda Labour & Birth Workshops
Annemarie van Oploo, BScN, mom of four, doula and childbirth educator and Ryan Vogelaar, new dad, yoga and prenatal yoga teacher
Location: Grow Centre on Whyte, 10516 - 82 Avenue, Edmonton
Private sessions also available
Phone: 780-721-5430
Email: birthspace@yahoo.ca
Website: www.facebook.com/birthspace

Birthing From Within Mentors and Doulas
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Location: Edmonton
Times: Weekend Intensive Workshops
Phone: 587-596-5878
Email: transitiondoulas@gmail.com
Website: www.transitiondoulas.ca

Doula Care
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Niko Palmer (CD)DONA, CBE, PES
Stefanie McKinnon CD(DONA), CBE, PES
Heather Hill (CD)DONA, CBE
Location: Edmonton, Lucina Center
Phone: 780-450-0983 or 780-266-3773
Email: mitger@telus.net
Website: doulacare.vpweb.ca

Energy of Birthing: Ava Curtola R.N.
Location: Spruce Grove and Edmonton
Time: Weekend, 4 hours/class—8 hours
Phone: 780-504-1424
Website: www.theEnergyofBirthing.com

Hypnobabies Childbirth Education:
Full Circle Birth Collective
Nicole Sailes, Certified Hypnobabies Instructor
Serving Edmonton, Beaumont and area
Time: Sundays at 1 pm and weeknights at 6 pm
Phone: 780–929–0103
Email: Nicole@fullcirclebirthcollective.com
Website: www.fullcirclebirthcollective.com

Hypnobabies Childbirth Education:
Ricky Issler CD(DONA), HCHI
Location: Edmonton and Beaumont
Time: Weekly for 6 weeks, 3 hour/class (see website for class schedule)
Phone: 780-929-4669
Email: comfortinghands@telus.net
Website: www.comfortinghandsdoula.com

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

Ohm Birth Angel: Childbirth classes
Moonlight in the night: Abortion healing circle
Gwladys Jousselme, Phd, Childbirth educator
Location: Bonnie Doon
Time: on week-ends, weekly for 9 weeks, 3 hour/class
Email: contact.gwladys@gmail.com
Website: www.the-womb-of-love.com

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

Women Before Us Doula Services:
Taryn McLafferty BSc, CLC, LCCE
Location: Edmonton, Sherwood Park, Vegreville
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Email: doulataryn@gmail.com
Website: www.doulataryn.com

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ASAC BIRTH & BABY TALKS

These FREE sessions are hosted every Wednesday from 7 - 9 p.m. at ASAC. The talks are geared towards new and expecting parents, those trying to conceive, intended parents, or those who have recently adopted. ASAC is inclusive and all families are welcome!

Please join us for our Spring Birth & Baby Talks, and follow the ASAC Business page on Facebook to RSVP to the events.

The topics include:

- **March 13:** Birth Partners & Doulas: Comfort measures, How to Support Your Partner During Labour & How Doula’s Can Help with April Fermaniuk and Stephanie Nyhoff DeMoor
- **March 20:** Postpartum Depression & Mood Disorders with Cynthia Hnatko and Stephanie Nyhoff DeMoor
- **March 27:** Breastfeeding Basics with Lee-Ann Grenier (Lactopia)
- **April 3:** Empowered Caesarean Birth with Erin Liber
- **April 10:** Pelvic Floor Health with Mandy Rempfer - Kuncio (Nurture Her Physiotherapy)
- **April 17:** Cloth Diapering & Elimination Communication with April Fermaniuk and Danielle Gajewski
- **April 24:** Babywearing and Car Seat Safety with Vanessa Shynkaruk and Samantha Waddel
- **May 1:** Informed Choice in Labour & Postpartum with Renee Walker
- **May 8:** Cycle Charting for Fertility Awareness with Rose Yewchuck and Cloe Skerlak
- **May 15:** The Fourth Trimester & Infant Care Basics with April Fermaniuk
- **May 22:** Self Care in Pregnancy with Asha Thomas
- **May 29:** TBA

Please visit our Facebook Page at https://www.facebook.com/groups/EdmontonASAC/events/ for presenter information and dates, as we will be confirming them shortly. If you have any questions, please email Lauren at presentations@asac.ab.ca
What is a midwife?

Registered midwives are health professionals who provide primary care to you and your baby during pregnancy, labour, birth and the postpartum period.

Prenatal care
Midwives provide complete care during pregnancy, including regular visits, diagnostic tests, routine bloodwork, and emotional support. You can call a midwife as soon as you know you are pregnant to request care; you do not need a referral from a doctor.

Care during birth
Midwives are there for you during your birth, no matter when, where, or how long it takes. If necessary, midwives access emergency services and collaborate with other health professionals during birth.

Postnatal care
Midwives visit you and your newborn in your own home in the first week after birth. They continue to provide care to you and your newborn for at least six weeks after birth.

Primary care
Midwives in Canada are autonomous, primary health care providers. They provide comprehensive care to individuals and their newborns during pregnancy, labour, and at least six weeks postpartum.

Partnership
Midwives work in partnership with you and your loved ones when you are pregnant. They provide support in a non-authoritarian way that respects your needs and experiences.

Informed choice
Midwives believe that every person has the right to be the primary decision maker about their own care. Midwives encourage you to fully participate in the planning of your own care, and care for your newborn. They allow enough time during your visits for meaningful discussion and for your questions to be answered.

On call 24 hours
Because midwives work in pairs or small teams, there will almost always be a midwife that you have met who is on call when you have a question, concern, or when labour starts. 24 hours a day, 7 days a week, 365 days a year.

Evidence-based care
Midwifery practice is informed by research, evidence-based guidelines, clinical experience and the unique values and needs of those in their care.

Choice of birth place
Midwives provide care to people in their birth setting of choice. You can plan to give birth at home, in a hospital, at a birth centre, or in a health clinic, depending on what facilities are available in your area.

Follow us
facebook.com/AlbertaAssociationOfMidwives
@alberta-midwives
@albertamidwives

WhatIsAMidwife.ca

Credit: Canadian Association of Midwives
Community Resource Listing

Alberta Health Advocate
Albertans do not need to know which Advocate they need before calling or writing. This is a place to come to for advice on how to solve problems and staff will direct you to the correct Advocate or resources.
Address: 12th Floor, Centre West Building 10035-108 St, Edmonton, AB, T5J 3E1
780-422-1812  |  Toll-Free: 310-0000
healthadvocates@gov.ca  |  www.albertahealthadvocates.ca

Compass Centre for Sexual Wellness
780-423-3737  |  info@compasscentre.ca
http://www.compasscentre.ca/home

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.
780-945-8080  |  contactus@edmontondoula.org
www.edmontondoula.org

Edmonton VBAC Support Association/ICAN of Edmonton
Cesarean and VBAC parent meetings. Cesarean prevention class. Our Facebook page is where everything happens.
#201, 8135 - 102 Street, Edmonton, Alberta  |  edmontonVBAC@gmail.com

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

International Cesarean Awareness Network (ICAN) Canada
Location: Online
Time: Ongoing web seminars—unlimited!
Phone: 1-800-686-ICAN (4226)
Email: info@ican-online.org
Website: www.ican-online.org/webinars

Nurture Her
Women’s physiotherapy blog and informational videos. We know you take great care of your kids, but are you taking great care of yourself? Imagine how satisfying it would feel if you could run, jump and play easily with your kids. How much more fun could you have?
www.nurtureher.ca

Parent Care:
Support group run out of Edmonton.
http://www.parent-care.ca
Become a Member of ASAC
for just $25 a year (or $100 for a 5-year membership), you can support the organization that supports safe childbirth and parenting alternatives! Become a member @ www.asac.ab.ca

Be part of a unique organization!

ASAC educates women about pregnancy, birth and parenting.

* Publishes Birth Issues magazine
* Makes available its extensive library
* Information on midwifery care, doula, VBAC, and natural childbirth options
* Presents free lecture series
* Organizes guest speaker special events
* Public outreach at Mom Pop & Tot Fair, Women's Shows, and baby fairs

ASAC creates community and support for new families

* Weekly playgroup
* Monthly meetings
* Birth movie screenings
* Support other local groups such as doula associations, VBAC associations, Alberta Association of Midwives, and a large network of Alberta and Canadian natural childbirth consumers

ASAC is working to increase the number of midwives in Northern Alberta

* Lobby for midwifery education
* Political action through rallies and letter writing campaigns
* Social networking

* Membership to boards
* Policy work

ASAC improves birthing conditions for local women

* Donating birth stools to Lois Hole Hospital
* Campaigning to change waterbirth bans at hospitals
* Encouraging cooperation between doctors, midwives and nurses

For more information | ASAC meetings 7219 - 106 Street, side door
ASAC mailing address Box 1197, Main P.O.
Edmonton, Alberta T5J 2M4 | Website
www.asac.ab.ca | E-mail info@asac.ab.ca

ASAC CONTACTS

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Join the conversation about options in birth and parenting

ASAC (Association for Safe Alternatives in Childbirth) @BirthIssues

www.birthissues.org | SPRING 2019 | birthissues 65
Alberta currently has 127 registered midwives. Midwives are primary caregivers that offer continuity of care through pregnancy, birth, and to six weeks postpartum. They currently attend about 6% of out of hospital births in Alberta.

**ALBERTA MIDWIVES**

To request midwifery care please fill out the centralized intake form found at www.aamclientcare.ca/waitlist/register

Alberta currently has 127 registered midwives. Midwives are primary caregivers that offer continuity of care through pregnancy, birth, and to six weeks postpartum. They currently attend about 6% of out of hospital births in Alberta.
Full Circle

BIRTH COLLECTIVE

EST. 1998

Doula services: Labour & Postpartum
Hypnobabies Childbirth Education Classes
Placenta Services (encapsulation, keepsakes and more)
CAPPA Doula Training: Labour and Postpartum
Lactation Education
Infant Sleep Education
"Pops and Pints" Childbirth Education
Partner Education Classes
Fertility Awareness

Offering a complete circle of support to enhance your childbearing year.
Start your journey at fullcirclebirthcollective.com
For postpartum care and service visit us at yegppdoula.com

587 521 2717

La Leche League Canada
Mother-to-Mother Breastfeeding Support

Got a breastfeeding question? Give us a call!

La Leche League Canada

Supporting breastfeeding families since 1961

www.LLLC.ca

Charitable Registration # 11960 3612 RR0002

Chavah Childbirth Services Inc.

AN ALBERTA BIRTH SERVICES AGENCY

Prenatal Classes | Breastfeeding Support
Birth & Postpartum Doulas

587.225.9595
www.chavahchildbirthservices.com
Tracy Bradley Doula offers:
- Hypnobabies & childbirth education
- Birth pool & equipment rental
- Full birth preparation & care
- Postpartum doula care

Preparation for Birth $99 class
- Pregnancy health, birth options
- Comfort measures, newborn characteristics & care, early breastfeeding.

Grow Centre 10516 - 82 Avenue 780.952.3699 or www.steadyhanddoula.com

By Hypnobabies Certified Hypnosis Instructor
Tracy Bradley.

Snacks, coffee & tea provided. Just $349!

Classes Start:
- April (1 space)
- May (4 spaces)
- September
- November

Learn how to use hypnosis for your pregnancy, birth & postpartum time.
Teaches comfort, relaxation, childbirth options, comfort measures, newborn characteristics & more.

Includes more than 18 hours of instruction, & 17 or more relaxing scripts and affirmations.

Grow Centre 10516 - 82 Avenue 780.952.3699 or www.steadyhanddoula.com

Culturally sensitive maternity support for Indigenous Families in pregnancy, birth, breastfeeding & parenting.

Taking clients for birth, breastfeeding, postpartum & midwifery care.

www.indigenousbirthalberta.org
indigenousbirthalberta@gmail.com
780.919.6870

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Try us for 3 free days!
* Large workshop room ($25 / hour)
* Soundproof office by the day or hour
* Great WiFi
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* Boardroom table ($25 / hour, seats 10)
* Teaching space with projector & whiteboard
* Kitchen
* Coffee & Tea included in all services
* Perfect for work, meetings & trainings
#hatefreeYEG & #babyfriendly space!

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www.growonwhyte.com grow.on.whyte@gmail.com