Waikato Home Birth Association Inc. Newsmagazine 1996

Maggie Banks
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HAMILTON

Expiry:7/96

Disclaimer: Opinions expressed in this magazine are not necessarily those of the Waikato Home Birth Association Inc.

Pregnancy & Birth Information Evening.
Feb 20th at 7.30 pm
Link House, Te Aroha St.
Topic: The Role of Support People.

SENDER:
Waikato Home Birth Association Inc.
P.O. Box 12099
HAMILTON

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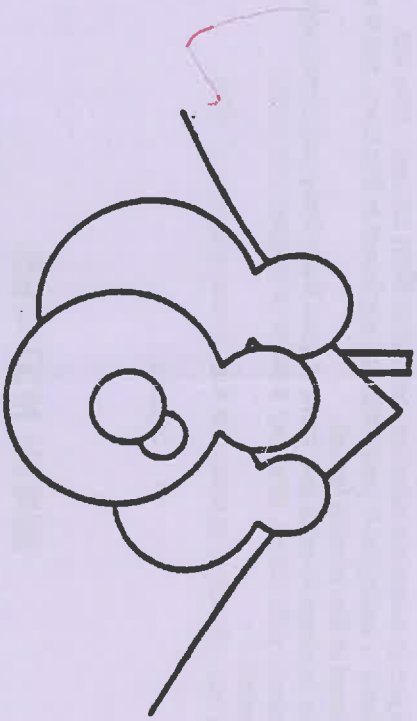
Newsmagazine 1996



FEBRUARY

PHONE NUMBERS:

Debbie Stewart	827-8202 Chairperson WHBA Inc.
Glenys Parton	855-1842 Treasurer
Joanne Ridder	847-4987 Mailing List Coordinator
Christine Hussey	849-1750 Newsmagazine Editor

Please post Birth Stories & articles to Christine c/o 12 Knightsbridge Place, Hamilton

The **W.H.B.A. Library** is now located at 25 Roy St, Hamilton.
Phone Joanne Ridder to arrange a time to borrow or return books & tapes.

Hi everyone,

I hope you all had a wonderful Christmas and New Year and have enjoyed the summer holidays.
I am doing the Newsmagazine this month as Christine is moving house. Please send all mail related to WHBA Newsmagazine for the next 6 months to

c/- Mr & Mrs Potter,
12 Knightsbridge Place,
Hamilton.

Thankyou to everyone who has submitted Birth Stories - they are wonderful. I apologise if yours has not appeared in this issue but it will be printed in the coming issues.
Please continue to write and send in your Birth Story and share your experience with others, also any articles of interest are always appreciated.
I trust you will enjoy reading the first Newsmagazine of 1996.

Joanne

BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
5/11/95	Sheryl Nelson	daughter	Crystal	Hamilton	Adele
16/11/95	Lee & Matthew Hughes	daughter	Rhiannon	Ohaupo	Jane/Sally
21/11/95	Ana & Barry Pryce	daughter	Eilish	Hamilton	Maggie
23/11/95	Fern Drysdale	son	Israel	Hamilton	Maggie/Cathy
26/11/95	Sharon & Lloyd Tanner	daughter	Finlay	Hamilton	Maggie/Karene
29/11/95	Sarah & Steve Tucker	son	Samuel	Hamilton	Liz/Dianne
12/12/95	Fiona Jujnovich & Dan Marsh	son	Timothy	Cambridge	Maggie/Paulette
16/12/95	Carolyn Dewe & Greg Walker	son	Zeyn	Matamata	Maggie/Paulette
17/12/95	Jensina & William McLaren	son	Addie	Hamilton	Maggie/Paulette
22/12/95	Simone & Colin Prosser	daughter	Siobahn	Ngaruawahia	Liz
28/12/95	Donna Clark & Chris	daughter	Shaneka	Hamilton	Paulette/Belinda
31/12/95	Namaste Skipper & James Potaka	son	Jaiya	Te Awamutu	Paulette/Adele
30/1/96	Anne & Nigel Beswick	son	Adam	Hamilton	Paulette/Belinda

The WHBA endorses the following sample of quotes taken from "Qualities we expect in a midwife" in the booklet "Have you considered a home birth?"

A midwife needs to be informed and up to date, technically proficient, capable of recognising abnormality and knowing when referral is appropriate. She needs to be able to provide information fully and impartially for a woman to be able to make informed choices. She needs to be able to work well under pressure and be able to respond in an emergency. A midwife needs to be knowledgeable and comfortable with a broad range of natural aids to women's wellness.

A midwife should be prepared to be accountable to her consumers and the midwifery profession for the way she practices.

Midwifery is a Women Centered Profession

Information and names of practicing Home Birth Midwives is available at Home Birth Resource Centre, 8D Richmond Street, or phone Debbie Stewart, 827-8202

SUBSCRIPTION FORM

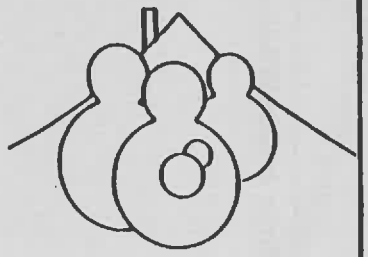
If there is a **GREEN** spot on this form then it is time to renew your subscription.

No Green Spot? **Pass the form on to a friend**

The **$20 minimum fee** will list me as a member of the Association and entitles me to 11 issues of the Newsmagazine and use of the Library, located at Home Birth House, 8D Richmond Street, Hamilton.

POST TO:
Waikato Home Birth Association
P.O. Box 12-099
Hamilton.

Annual Subscription (your choice):
$20 $25 $30 $35 Other $.....
Practicing Midwife
Professional Sub ($50) $.....
Cheque enclosed for $.....



NAME:.....

ADDRESS:.....

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PHONE:.....

Water Births

Why water?
Your midwife does not give medication for pain relief at home and water can help with this. In 1970, Wall and Melzack came up with the gate control theory of pain. Briefly what it says is that pain impulses are carried to the brain along nerve fibres from the spinal cord. Pressure and touch impulses also travel along the same route but via larger nerve fibres. All these sensations have to compete for access to carry all these impulses to the brain. As the touch and pressure impulses travel faster they can be carried first and therefore partially gate out pain. In water the nerve endings on your skin send messages of warmth and touch and create a large number of pleasurable sensations which will help reduce the amount of pain you feel.

What also helps is the secretion of endorphins. You will have heard of sports people getting high with a lot of exercise. This is the endorphins they have. If you are very stressed and anxious, endorphin secretion will be reduced. Endorphins bind themselves to opiate receptors in the nerve endings and inhibit or block the transmission of painful impulses in the spinal cord and brain. Being in water is usually relaxing for labouring women. The effects of gravity are reduced so you can adopt whatever position you choose with ease.. Abdominal pressure from gravity will also be reduced. In the Janet Balaskas video there is a woman who uses a snorkel and lies prone during her contractions. One article from MIDIRS says that the midwives in the pool room speak in quieter tones and move more gently. Having a quieter atmosphere will also help you to relax.

Is it safe?
Provided you have an uncomplicated labour, yes.
To reduce the possibility of things becoming complicated the following is advised.

1. In order to minimise the risk of cross infection the pool is to be used with a specially fitted inner liner for hygiene, for your own protection and that of the people using it after you.
2. The clear hose is to be used for filling the pool and the green hose ONLY is to be used to empty the pool. Remember other people will have also used the green hose to empty and this is another safety check.
3. The water temperature during labour should not be above 39°C. Usually about 35°C BUT for giving birth in water the temperature needs to 37-38°C. The baby breathes in response to a temperature change. By keeping the water at 37°C it is the same as the temperature the baby has come from.
4. If giving birth in the water, your whole bottom needs to be in the water so that no part of the baby comes in contact with air until all of the baby is born. This ensures that the baby will not breath under water.
5. Your Midwife may ask you to get out if
   - a: Your temperature rises above normal
   - b: The baby becomes distressed and this will be picked up by either the baby speeding up his/her heartrate or slowing it down.
   - c: you have been pushing for a while and the baby isn't moving. Sometimes you need gravity to help push your baby out.
   - d: the shoulders don't come easily
   - e: you start bleeding.

If you are planning a waterbirth discuss this fully with your Midwife. She will not ask you to leave the water unless there is an indication to do so.

Why doesn't the baby breathe?
As outlined above, it is the stimulus of a temperature change that makes the baby gasp. As long as the water is 37°C and the whole of the baby is born under water there isn't normally a problem.

Sunday produced two remits(which you should find enclosed), both of which are really important issues - Section 51 of the Maternity Schedule being extremely urgent and important to all women and their children - let people know.

Thanks to all those who completed the evaluations. Generally your comments were favourable, and suggestions will be passed on - especially about the amount and timing of information about the conference.

We would like to thank all those who travelled to Palmerston North (and those who stayed home so others could join us) - thanks for your participation, contributions and appreciation and special thanks to those who helped with facilitation. Look forward to seeing everyone in Auckland in March, or Christchurch in August/Sept.1996!!

Be strong and of big heart ,and let those in power know how important home birth is - for women and society!

Arohanui
Manawatu Home Birth Assn.

MINI REGIONAL CONFERENCE

Saturday 23 March, 8.30 - 3.30 in Auckland.
Contact Julia Drury 855-8266 for further details.

CELEBRATION OF HOME BIRTH combined with JOAN DONLEY'S 80TH BIRTHDAY

Sunday 24 March , 1.30 - 4.00 at Maungawhau School Hall, Ellerton Rd, Mt Eden.
Please Bring a Plate.
Contact 07-378-0557 for further details.

TO: NEW ZEALAND COLLEGE OF MIDWIVES
MINISTER OF HEALTH
OPPOSITION SPOKESPERSONS FOR HEALTH
NEW ZEALAND PRESS ASSOCIATION
REGIONAL HEALTH MANAGERS OF MATERNITY SERVICES
MINISTRY OF WOMENS AFFAIRS
NATIONAL COUNCIL OF WOMEN

REMIT ONE:
The Home Birth Associations of New Zealand/Aotearoa are concerned that the dollar amounts allocated to the maternity modules in the latest Maternity Benefit Schedule Section 51 are insufficient to provide women with quality maternity care.

Currently the majority of New Zealand women opt for shared care. There is insufficient money in the proposed modules to pay for quality continuity of midwifery care in a shared care situation.

We believe that there needs to be provision for payment for a second practitioner at a planned home birth.

The post natal module is seriously underfunded. Currently women who give birth at home have an average of 8 - 10 postnatal visits. Our statistics for these women show a high rate of exclusive breast feeding and extremely low rates of postnatal infections and other problems including postnatal depression. We believe that the low level of payment allocated to this module will prevent practitioners from providing adequate postnatal care regardless of the place of birth and that future health problems for mother and baby will increase along with postnatal depression.

Furthermore a quality postnatal service is dependent on the ability of the practitioner to visit women at home. The payment allocated to this module is totally insufficient to cover the time and travel expenses involved in providing quality postnatal care.

We acknowledge that there are currently women who receive less than optimum care during the childbearing cycle. However we believe that the proposed payment schedule will lead to far greater numbers of women being underserviced.

We are concerned that the proposed payment schedule makes no provision for the special needs of rural women. There needs to be provision for an additional payment to the practitioner who provides domiciliary care to these women.

We applaud the joint Regional Health Authorities commitment to a payment for home help services to women who give birth at home or take their option of early discharge from hospital. We urge that this payment reflect both the considerable cost savings being made for the maternity service by these women and their subsequent need for quality domestic services during the first few weeks of their baby's life. We would suggest that a figure in the vicinity of $500 is realistic.

FUNDRAISING REPORT

The Barbecue at big Fresh on 17th December 1995 was a great success.
Just over $200 was raised.
Special thanks to- Janet and Kevin Young,
Lance and Rebecca Beetham,
Murray Head,
John Mameth-Rust,
Julia Drury who donated time and energy into this day
(and thanks also to their families for giving up a Sunday together).
Look out for 1996's exciting fundraising.

Belinda Beetham

PREGNANCY YOGA AND RELAXATION CLASSES

Commencing Thursday 22 February at 5.15pm
Venue: Plunket Rooms, Richmond St.
Enquiries ph Paulette Whitford (Home Birth Midwife) 856-0130.

WAIKATO HOME BIRTH ASSOCIATION LIBRARY

Due to the closure of Home Birth House the library has no permanent home. At present the library is being stored at Joanne Ridder's - 25 Roy Street, Newton.
Books are available to borrow - please phone 847-4987 to arrange a mutually suitable time, or pop in if you are in the area, I may be at home!
Please return all outstanding books to the above address.

Joanne

BEETROOT.. good for losing weight by mobilising the fat stored in the body by cleaning out the liver. Beetroot contains the alkaloid betaine, which has significant action on the liver, which helps the detoxifying process, stimulates the normal functioning and efficiency. A poor liver results in bilious attacks, fatigue, illness and overweight. A natural colourant which occurs in beetroot has been shown to be anti-cancerous and anti-aging in properties.

CELERY..good for hypertension, dizziness, headaches, urinary tract and for skin troubles in both men and women. The stem, leaves and seeds all contain an active ingredient 'apoil'... considered a folk medicine remedy for arthritis, rheumatism due to the anti-inflammatory properties. Celery's essential oil helps the nervous system and hence hypertension. Like Ginseng it has tonic properties and yet keeps you calm.

CARROTS..a liver cure which is high in Vitamin A, also good for eyesight, indigestion and the lowering of blood sugar. A really good blood tonic as it helps the liver to detoxify and given in juices will promote urine flow.

CORN.. for those with a weak heart, a tonic, but can create an allergic reaction for those who suffer from poor digestion and feel tired.

CUCUMBER..effective for burns, inflamed eyelids and the soup makes a good cough mixture when the throat is dry. Apply cucumber to skin acne if the skin is hot. Used for hot conditions, using the flesh of the plant only.

LETTUCE..is a calmative, but affects those with poor digestion more and too much lettuce can cause dizziness, so for those on a diet avoid too much lettuce. Definitely a summer food when we tend to be overactive.

ONION..a diuretic, expectorant and antibiotic. Eaten also to gain muscle strength, this food cleanses the body of all bacteria, also acts to reduce fibrinoysis activity and is beneficial in treating arteriosclerosis. Increases intestinal activity and cleanses the urine. Used more specifically when the body is congested to activate a cleanse.

POTATO..eaten on its own will give energy, but eaten with other food combinations or heavy protein and vegetables then it will create sluggishness. A real energy tonic if baked in a jacket and yet an invalid's food when blood sugar is low. The sticky glue of the potato is good for stomach ulcers or any stomach weakness.

PUMPKIN...high in minerals and is good for bronchial problems. Bake in honey as a healing food to relieve chest complaints. Often used in chest poultices for containing heat. A remedy for holding heat within when feeling cold. A food for a night of inactivity.

SPINACH..lubricates dryness in the body , aids constipation or any other bowel congestion by acting as a lubrication in the intestines. A blood tonic, which alleviates all hot conditions...fever, arthritis, gout, heart, blood pressure and other similar complaints that develop from congestion. Spinach concentrate was used as a hangover cure and for any blood disorder, especially for skin eruptions. The iron content ensures this food a place as a strengthener which encourages healing. This is a food that should be eaten daily.

This is only a list of some vegetables that act as food cures, there are also fruit, nuts, seeds, herbs, roots all with specific cures for specific ailments and for certain moods. In the meantime be aware of the feelings and moods that follow a meal that has been eaten...do you feel good and satisfied, ready for the day or do you feel tired, sluggish and need to sleep the meal off? If so then keep a note of how you felt and what you ate, then compare the next meal mood that follows. If you are like that everytime you eat then you have a health problem, if the responses are only poor, keep a note of what was eaten that made you feel good or tired as the same food will be present each time. The worst thing you can do to your body before a busy day is eat food that slows you down mentally and physically. Because each person can react differently to various foods, guidance is often needed. If confused, seek a Naturopath.

On the positive side investigations are being made into food behaviour by scientists. Biochemist and psychiatrist Dr Abram Hoffer in Canada, American allergists Dr Ted Randolph and Dr Albert Rowe, British psychiatrist Dr Richard Mackarness and others have begun to look at our physical environment and the effect on mental and emotional symptoms in some people. Their studies involve sensitivity tests and allergic reactions which involve the central nrevous system. The study of this is called clinical ecology. An area that will take a while for some medical circles to accept, for the tendency to believe in Freudianism still exists where anxiety creates the illness whereas the ancient belief that "You are what you eat" is making a comeback.

COMING EVENTS - February/March.

Note these dates on your calendar

WHBA Core Group Meeting
Monday 26 February, 7.30pm at 38 Garden Heights Ave Glenview.
Ph 843-8082
Contact Julia Drury 855-8266 for the agenda.
ALL MEMBERS INVITED TO ATTEND.

Pregnancy and Birth Information Evening
Tuesday 20 February, 7.30pm, at Link House Te Aroha St.
Discussion Topic - Role of Support People. Contact Stephanie Law 855-3019

Home Birth'ers Coffee Morning.
Tuesday 19 March, 10am - 11.30am, bring a plate and share morning tea at 39 Northolt St Fairview Downs. Bring your baby and toddlers. Welcome to all members.
Contact Janet Young ph 854-7502.

Immunisation Awareness Support Group
Thursday 27 March, 7.30pm at 38 Garden Heights Ave Glenview.
Come and meet other concemed parents and share information.
Contact Belinda Beetham ph 843-8082.
"For an Informed Choice" tapes -two copies are available to borrow from the WHBA Library.

Preparation for Birth Classes
Series begins **Tuesday 5 March,** 7.30 - 9.30pm for 5 weeks.
Contact Rachael Sorensen ph 856-3817.

Raglan Preparation for Birth Classes
Series begins **Wednesday 7 February.** Ph 825-8052 for details.

Cambridge Home Birth Support Group
Contact Sandy Upton ph 827-8361 or Andrea Powell ph 827-1723.

Te Awamutu Home Birth Support Group
Contact Helleni Quirke 07-870-2622, small library available.

Morrinsville Home Birth Support Group
Monthly coffee meetings. Contact Dianne Simmons ph 07-884-9792.

Te Ahuru Mowai o Waikato - Whakawhanau ki te kainga. The Sheltered Haven Homebirth for Maori Women. Contact Rangimarie Hohaia 07-871-5858.

maggie banks
Domiciliary Midwife
RGON, ADN, RM.

FAXED

15 Te Awa Rd,
R.D. 3,
HAMILTON.
PH (07) 856 4612
Fax (07) 856 3070

17 January 1996

The Coordinator
Waikato Home Birth Association
46 Byron St
CAMBRIDGE

Dear Debbie

After much deliberation we have decided to close Home Birth House on 3rd February 1996.

In the last 18 months visiting at the House has steadily dropped and the place has not been routinely open during the advertised hours. Unfortunately Jane, Jenny and I are unable to achieve the promotion and advertising that would ensure a flourishing patronage.

As you know plans are afoot for Hamilton to have an adequately funded Birth Options Centre before the year is out and as always there are already Association members putting great energy into that.

The decision to close Home Birth House should not however detract from the tremendous effort, energy and enthusiasm that Waikato Home Birth Association members have spent in womanning the house. Jenny, Jane and I wish to thank each and every one of you who have helped.

It is worth reflecting that in the 4 years that Home Birth House has been open it has been used for

* information giving to pregnant women, their families, midwives, midwifery & nursing students, medical students, polytech, school and university students
* home birth preparation classes
* Waikato HBA & Home Birth Midwives Collective meetings & workshops
* Meetings with the RHA
* Standards Review sessions
* housed the library
* 2 women who lived out of town gave birth there

We all continue on in practice as usual and can be contacted at our home phones. The name of Home Birth House will continue to be listed in the phone book as a contact for Home Birth.

Regards

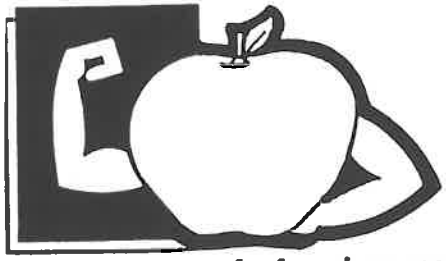
MBanks

Maggie Banks Jane Orange Jenny Johnston

Healthy Options Aug Sep 1990

FOOD POWER

and the state of mind



An American medical professor, George Schwartz, believes that eventually we will be able to modify behaviour and feelings through food alone.

"Various cultures have recognised the power of foods and developed diets for special purposes. Knowledge of the chemistry of foods sheds new light on the effectiveness of such diets and allows more respect and appreciation for the wisdom of the ancients. For example, the spare diet or fasting of religious retreats tends to induce a more mystical state of mind."

Food is eaten for daily sustenance and the rituals of eating in every day life tend to make one unaware of the significance of the food being eaten. The food we eat has many roles, not just as fuel but as a stimulant or perhaps a calmative, that is to stimuate the body or calm it down, for each item of food we eat will have that capability. As you bite into an apple the properties within balance blood sugar levels, help with digestion and if dried, will help settle diarrhoea, or that stick of celery will help skin troubles. Each item of food has the ability to change your mood, the way you feel and whether you can continue the day or fall asleep. This as all contained in the energy of each food.

Chinese methods of curing have applied food therapy for several centuries, a diet classic dates back to 652 A.D. by Sun Shu Mao, a Chinese physician who travelled around healing people. In his travels he noted many sympyoms for those people who lived by the sea and then those who lived in the mountains and analysed the water deficiency and contents of food. Modern day research is now uncovering the reasons why food cures were used for the sypmtoms indicated.

So great benefits can result if you take advantage in choosing the kind of meals you eat and in singling out specific foods which may be of particular help for certain problems. For example, if you eat in the middle of the day if you find yourself feeling tired, then you are best to avoid foods that make you feel even more tired and/or relaxed. So instead of a lettuce, radish or cabbage (all of which have sedative effects), you should choose a salad of sprouted seeds, grains, fresh onions, fish, fennel, add seasoning of rosemary, add cayenne which are all stimulants.

If you have trouble keeping your weight down, you would be wisest to avoid eating large quantities of vegetables which are known to suppress thyroid action such as soya beans, cabbage, peas; the list is endless.

10 WAYS to bring a SMILE to your baby's face

1 Tiny babies love looking at faces more than anything else -- especially if the faces are talking or singing ... it doesn't matter what you say or how badly you sing. Smiling is a two-way process, so the more you smile at her, the more likely she is to smile back.

2 By the time your baby is six months old, she'll be ready for a game of Peek-a-boo. Say "Peek-a-boo" each time you appear from a hiding place. An older child may play, too.

3 The next step is using action rhymes: "Pat-a-cake, pat-a-cake, baker's man" is a favourite, especially if you clap your baby's hands as you sing.

4 Look into a mirror with your baby -- she won't be able to resist smiling at the pretty little girl she's spotted. A slightly older child may enjoy making funny faces at her reflection in the glass.

5 Gently bounce your child up and down on your knee or the bed, or hold her firmly in your arms and fly her around like a plane before "crash-landing" her on the bed.

6 As soon as your baby can crawl, she'll enjoy rough-and-tumble games such as climbing over you as you lie down.

7 Toy telephones are great fun for having pretend conversations, and if you join in, you're bound to raise a chuckle.

8 Give your older baby or toddler a big bear-hug and try to encourage her to do the same to you.

9 Do something silly to amuse your child, such as putting a plastic cup on your head. Play-acting appeals to toddlers.

10 Have a gentle tickling session. Even babies who crawl won't be able to resist laughing.

If I Had My Child to Raise Over Again

If I had my child to raise all over again,
I'd build self-esteem first, and the house later.
I'd finger-paint more, and point the finger less.
I would do less correcting and more connecting.
I'd take my eyes off my watch, and watch with my eyes.
I would care to know less and know to care more.
I'd take more hikes and fly more kites.
I'd stop playing serious, and seriously play.
I would run through more fields and gaze at more stars.
I'd do more hugging and less tugging.
I'd see the oak tree in the acorn more often.
I would be firm less often, and affirm much more.
I'd model less about the love of power,
And more about the power of love.

Diane Loomans

From "A 2nd Helping of Chicken Soup for the Soul"

The Waikato Home Birth Association greatly regrets the decision to close Home Birth House and many thanks are extended to Maggie, Jane and Jenny for providing the facility for four years.

We will be endeavouring to make other arrangements for housing the library and meeting venues.

If anyone has ideas for the general day to day functioning of Home Birth Resources or suitable venue options, please phone Debbie Stewart 827-8202.

ALYSHIA'S BIRTH

After a long chat to our midwife, Adele Buckton, we had opted for a home birth. We announced our decision to have baby at home to both our parents, only to find that neither of them liked the choice we'd made. Sticking to our guns we still went ahead with what we felt comfortable with.

Because the ultrasound scan didn't give us any clue whether we were to have a girl or a boy, the birth was an exciting event. The only people I wanted present was my husband, Gareth, and my midwives.

Labour started in the early afternoon and then progressed as the night went on. I felt terrible at waking my midwife but the labour pains became a little hard to cope with. On examination we found that I was already 5cm dilated.

Labour continued through out the morning, to my horror Gareth had slept like a log. I felt tired and drained. When Gareth showed his face I just wanted to cry, he looked so refreshed and excited while I felt like a wreck. For some unknown reason I didn't want him near me. So, feeling a little rejected he went to work and waited for the good news.

Labour continued through out the day and of course became more painful. We had decided to have a drug free birth but after a while I started to shout out for some. I was given homeopathy drugs and felt better because something was better than nothing.

Gareth had just returned home from work looking excited. By this time I was really tired and happy to see him. We had people calling around to see how I was doing. I felt embarrassed because my backside was facing the entrance door. I didn't want them to walk in and see my predicament.

Gareth's job was to tell them I was fine but that I didn't want anyone there with us. At 5.20pm on the 23rd of May 1994, I gave birth to a girl, Alyshia. She weighed 9lb6oz. Thankfully I didn't have any stitches or unwanted observers. As I prepared myself for the afterbirth I looked over to see Gareth hugging our new baby. I knew then that a home birth was the best decision we had ever made.

Thanks to all the support from our midwives Adele Buckton and Megan Spooner we have decided to have our second child born at home. This time we are going to try a water birth.

Angelique Hubbard

National Home Birth Conference 1995

Planning for the 1995 National Home Birth Conference in Palmerston North began in earnest in December 1994. A fluid group of 12 women from the Manawatu Home Birth Association met regularly to plan and implement the weekend conference.

We held one major fundraiser,which netted $700 and without which we would now be $600 in the red!

There had been some desire expressed previously that the conference not be held during school holidays, however , holidays are the only time in P.N. that affordable conference venues are available ,so we hope this didn't cause too many hassles.

The College of Education cafeteria and lecture rooms provided meeting,eating, display, workshop and creche areas. The only aspect that was not central to the conference was the accomodation, and we acknowledge the difficulties this posed, especially for women with small children.

20 + midwives met on Friday, prior to conference and discussed practise organisations, tendering/contracts, supporting HBA, mentoring student and new midwives, Section 51, practise issues and ate!! As usual there wasn't enough time - but roll on March, when we meet again!

People started arriving to register for conference on Friday afternoon and started to get to know each other after a meal. By the time the conference was opened by tangata whenua home birth women on Saturday morning, about 90 registrations had been confirmed.

The agenda was brainstormed, and some groups were better prepared than others to contribute to those items! Auckland presented the national homebirth statistics and again emphasised the importance of all midwives to present their stats promptly, if these statistics are to be a valued resourse.

While some women attended workshops, others started the business. The evaluations suggest that the majority were satisfied with the time allowed for both workshops and business, but only just!(53%)
Business items that were discussed included - tendering/contracts with RHA's,MPO's,consumer participation in NZCOM, disposal of excess conference funds,whether a national body/co-ordinator is desirable, next years conference in Christchurch, Midwifery Standards Reviews.
It was decided to meet again in Auckland in March to decide the National body/co-ordinator question, so start debating now and send along a rep.

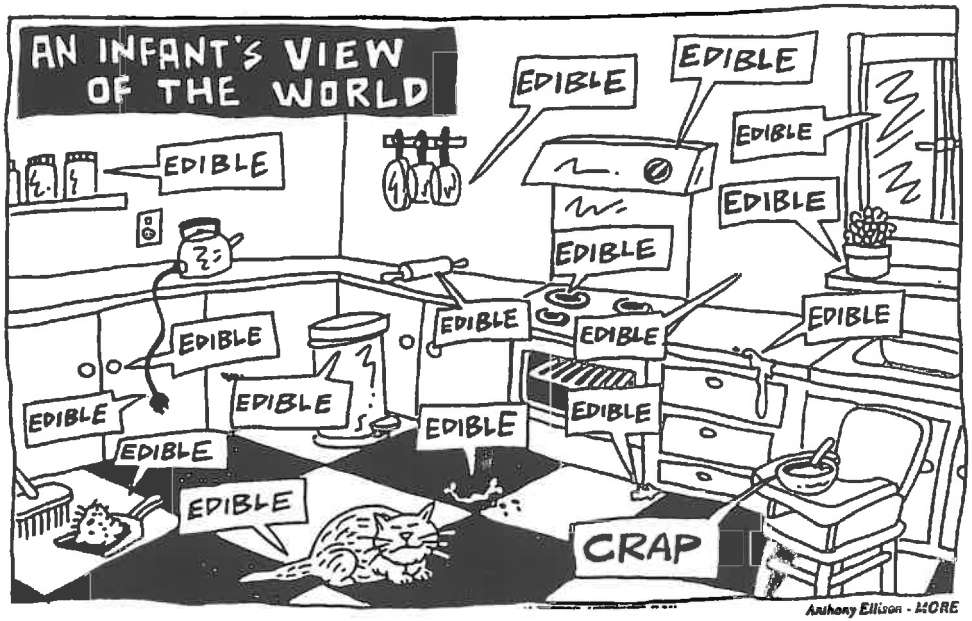
The highlight, for many, was the performance on Saturday night by the Brazzen Hussies, a group of local women who sing together, mainly for pleasure.They don't have a tape cut yet, but we're encouraging them!

Midwives do comment on how calm babies appear after a waterbirth, often not crying but just lie in the water with their eyes open. Very relaxed. Your midwife will bring the baby to the surface straight after the birth.

What about bleeding?
If your liner is clear polythene your midwife will be able to see if you are bleeding a lot. If you feel faint or dizzy lit your Midwife know immediately. There doesn't seem to be a problem with delivering your placenta under water. Your Midwife will not cut the cord until the placenta is delivered. It is a good idea to have something ready to lie on outside the pool if you do have to leave the water urgently.

What about infection?
Provided you follow the guidelines above about the hose and liner there is no increased infection between those women who deliver on dry land and those who deliver in water.

What about monitoring?
Your Midwife will check your temperature regularly to ensure you are not overheating. She can do vaginal examinations if needed with you in the pool. She can listen to the baby by either asking you to raise your abdomen to the surface or use her Doppler in a plastic bag. The observations the midwife makes are no different whether you labour in water or on dry land.

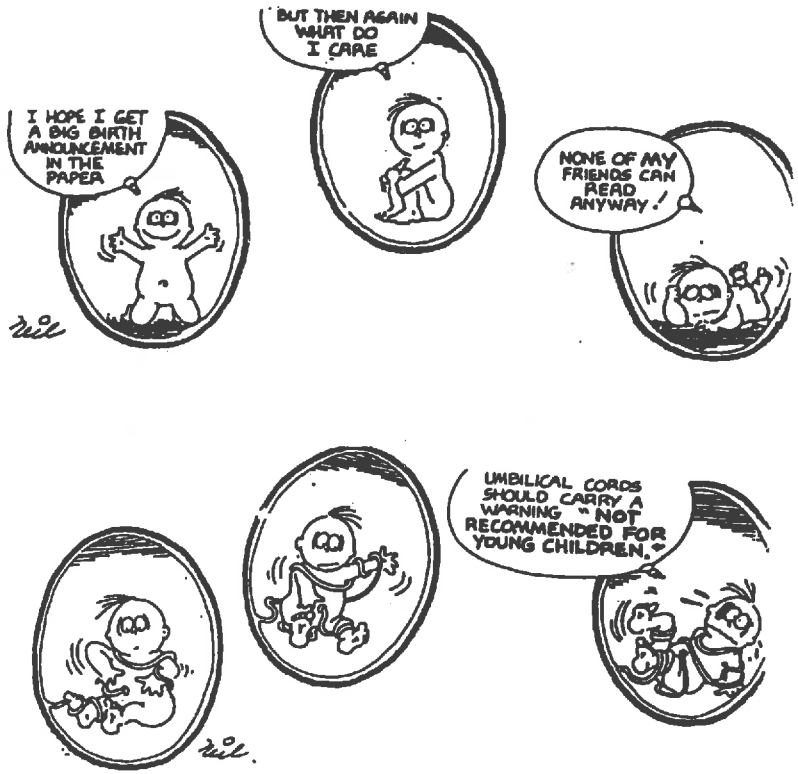


arena. I feel very lucky to have had Maggie as a midwife and friend for three of our children.

Thanks also go to Sharon for her friendship and support (and of course for having brought her gear just in case it was needed!).

Finally, a huge thank you to John.

Barbara Wlaroth-Rust 15-11-95



REMIT TWO:

The Home Birth Associations of New Zealand/Aotearoa strongly support parents' right to make an informed choice about vaccination.

We urge that medical practitioners be required to report all adverse reactions to a national body which will make public this information in order to facilitate informed choices.

We strongly oppose any legislation or directive which enables education and childcare facilities to discriminate against unvaccinated children.

BOOK REVIEW By Julia Drury

The Tentative Pregnancy - Amniocentesis and the Sexual Politics of Motherhood
By Barbara Katz Rothman

(Pandora - recently purchased for our library)

It is often taken for granted that the more information doctors can obtain about what is going on inside a pregnant woman's body, the better. That any intervention to reduce the risk of the birth of a sub-standard baby must be beneficial. And that a woman should submit, for the sake of her baby, to whatever tests and treatments are available- regardless of the inconvience, pain or risk to her.

These assumptions are open to question. They all pose ethical dilemmas - not only for doctors, but for the woman herslef, for her partner, and for the larger society.

This book is very specifically about how a particular technology, amniocentesis, changes the experiences women have in pregnancy. This technology has consequences not just for the relatively small number of women who are being defined as "at high risk", nor even for the increasingly high percentage of women who will be defined as being at risk as the technology becomes more widespread and ripples out, but for all pregnancies and for all women who would mother. It has these consequences because this technology encourages us to think differently about pregnancy.

Barbara Katz Rothman draws on the experience of over 120 women and a wealth of expert testimony to show how this technology can radically alter the way we think about childbirth and parenthood.

This is a book which raises fundamental ethical issues and is challenging to all of us.

BIRTH STORY OF ANNA MARIA MARNETH-RUST

Back in January 1995, my early suspicions of being pregnant were finally confirmed when February arrived and by now I had twice missed my period. Of course there was no need to get medical proof as every time in the past when I missed a period the end result was a beautiful baby. Due to using the natural family planning techniques, John and I were able to pinpoint the expected date to be September 26th. But oh boy! Another baby! We already had four healthy, active children ranging in age from almost seven to one. How would we cope and what would our friends think? As you can imagine our initial thoughts and feelings were in turmoil, but isn't time wonderful in helping to accept a situation.

The children were really excited at the prospect of another baby and family and friends were also supportive. However, I found this pregnancy to be the most challenging. Initially I suffered constant migraines and the usual tiredness. Then varicose veins in my right leg swelled and caused intense pain. The only solution was to wear thick support pantyhose, which I detested, due to me being a trouser lover and a dress/panthose abstainer. (But I must admit and recommend to others the pantyhose were worth their weight in gold)

As the months passed by I felt as though I was piling on the weight. However, I was still enjoying the low impact aerobic classes, at "The Gym", and this helped greatly toward my emotional and physical well-being. (I finally gave away aerobics at 35 week gestation)

During August, John and I made a pact that when September arrived, I was only permitted to do the bare essentials around home. At this point I was feeling exhausted, my blood pressure was low, I was slightly anemic and I was rather apprehensive toward the impending birth. So when September arrived, I cut back my workload and had a compulsory rest every day after lunch and I began to feel that I would cope with the birth and baby.

Due to the timing of conception John felt confident that our baby would be a girl. So as our two other girls were two to three days early we expected the same from this one. From September 22rd I was ready and awaiting this baby. I was accutely aware of extra movements, sharp pains and the like. However, the days slowly ticked by and the school holidays were upon us. Baby was supposed to be born, so that John would be home to help with the older children. Instead I had a very busy first week of the holidays, trying to accomplish the usual household tasks, keep the children occupied and desparately looking for signs to indicate the baby's arrival. During that week, I sure had plenty of false alarms - baby pushing down on my inner thigh nerves, lower abdominal pains, lower back ache, etc.. Fortuately the weekend arrived where John ordered me to REST, REST and REST. I gratefully obeyed.

On Sunday October 1st, I felt very tired and experienced lower abdominal discomfort on and off throughout the day. I rested, but didn't allow myself to hope the baby might birth soon. By now I had become very cautious of expecting baby any day as the disappointment of going past the expected due date, which was completely out of character, was hard to handle. Toward the evening, I was "weeing" lots and whenever I got up to go to the toilet, I experienced rather sharp lower abdominal discomfort. By 9.30pm I went to bed. Part of me hoped this is it, baby will come tonight, but I was still a bit cautious. Every so often I felt a contraction (as I now called the pains) as I tried not to get too excited and wanted some sleep before the big event. By 10.30pm John came to bed. John was pretty excited, when I gave him a progress report. By midnight the contractions had intensified and I couldn't stay resting, but needed to walk through them. So John and I got up. I felt confident enough to ring our midwives, as I finally allowed myself to believe baby was on his/her way out. With the contractions every 10 to 11 minutes I spoke with Maggie Banks, but didn't feel the need for her to come, as I wouldn't want her sitting around for hours, I was sure the baby was still a good way from birthing. Next I spoke with Sharon Seddon, who was to be present as a friend/support person. Sharon said she'd shower and head over straight away. After that conversation it took 12 minutes before the next contraction so I was tempted to ring Sharon again and tell her no hurry, get more sleep. But I didn't. By 12.30am the time between contractons was decreasing and the duration was from 40 to 60 seconds, with an increase in intensity. John was great and kept asking how I was, encouraging me and getting towels and hot water ready. Sharon arrived at 12.45am. I was pleased to see her as the contractions were beginning to bite. We chatted a little and I walked through a couple more contractions. A visit to the toilet, as I felt like doing pooh's, but only wee's came. John and Sharon were blowing up balloons, in anticipation of baby's birthday celebrations. I didn't feel too good about this. I then turned the main light off, to make the lounge less bright, with only a side light on. John went to ring Maggie to come.

The next contraction was hard and long and left me feeling rather wobbly. Sharon suggested I kneel over the bean bags, but that was too painful, so I leant against John, with Sharon massaging my painful lower abdomen, while I breathed through the next contraction. I sipped some water and said "This is when I wish I didn't have to do this and feel like I'm not going to manage." "You're doing really well," said Sharon encouragingly. John went to check on the hot water and Sharon nipped out to her car to get her gear (Sharon is also a registered midwife) just in case it was needed. Soon another long, painful contraction. I moaned and breathed through it, with Sharon massaging my back and abdomen and John supporting me. "I feel like pushing", I said.

"Fine, that's OK, just listen to your body," said Sharon, who also suggested that I get on hands and knees to do this. I told John to get Isaac and Elisa quickly or they might miss the birth. It was 1.15pm and everything was happening really quickly. I was using all my energy to concentrate and really listen to my body. Suddenly Elisa and Isaac came in, looking half out of it, luckily John was back again, because I needed him and I was ready to push. My waters broke with a mighty gush. "Quick hot towels onto my back and abdomen, please" I hardly needed to say it as Sharon and John know what they're doing. A couple more strong contractions, with me giving mighty pushes everytime. Lots of encouragement from John and Sharon.

We hear Maggie arrive. Maggie's just in time to see me give a couple more hearty pushes, to expel baby, with John ready to catch. Lots of excitement and congratulations as Anna is passed up to me. Wow, it's all over - she's out, boy am I feeling wobbly and weak.

Anna was born at 1.29am. the next hour passed quickly with lots of happy recounting of the events, leading to Anna's rather quick birth. Anna didn't seem too impressed, as she cried and cried. I pushed out the placenta, cut the cord, and tried to relax to let Anna suckle. Eventually, Anna quietened down and had a suckle on both breasts. Maggie weighed Anna - 9lbs 2oz (4140 grams) and dressed her. Isaac and Elisa had cuddles. Photos were taken. The clean up began, while I had a shower and went to bed. "Phew", I thought as I lay next to Anna, thank you God for Anna - what a beautiful gift she is.

I would also like to thank Maggie for her wealth of knowledge and expertise in the childbirth