Waikato Home Birth Association Inc. Newsmagazine 1997

Amanda Banks
15 Te Awa Rd
RD 3
HAMILTON

Expiry: 7/98

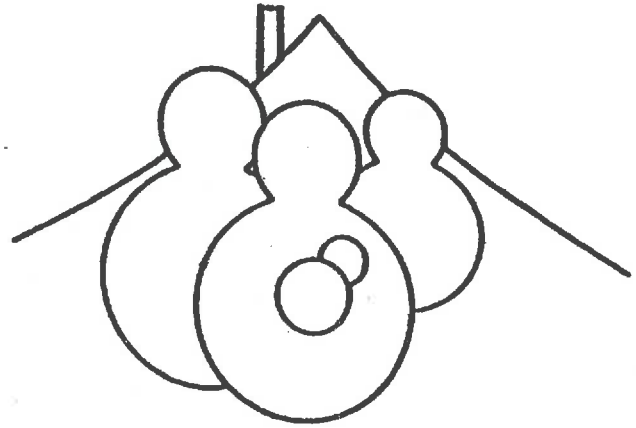
Disclaimer: Opinions expressed in this magazine are not necessarily those of the Waikato Home Birth Association Inc.

WHBA COREGROUP MEETING
MONDAY 16TH FEBRUARY
PHONE 855-5003

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

Waikato Home Birth Association Inc.

Newsmagazine 1998



FEBRUARY

PHONE NUMBERS:

Karen Benge	855-5003	Chairperson WHBA Inc.
Glennise Head	846-1371	Treasurer
Joanne Ridder	847-4987	Mailing List Coordinator
Karen Walker	825-5025	Newsmagazine Editor

Please post Birth Stories & articles to Karen
Old Mountain Rd, R.D. 1, Waitetuna Valley, Raglan

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.

Kia Ora Kotou

Many amazing things have happened since the last magazine, as you will read later on. This months magazine will not carry a theme however future ones will cover topics such as Episiotomies, ultrasound, immunisation, placenta, support, politics and section 51 etc, if anyone has articles to submit I would love to hear from you.

Some feed back I have received lately is that the magazine is biased in the information in it. I purposely put in articles that I don't think the average public receives, there is many mainstream resources available so I would like to give the alternatives. The views expressed in the magazine are not necessarily mine nor that of the homebirth Associations. Hopefully each family will get different things out of the articles included.

I invite anyone to write anything for the magazine. This month we have wonderful birth stories, thankyou for the effort involved.

Over the holiday's I managed to put together a collection of Waikato Women's Birth stories, which looks great and will be a great resource for the public libraries and also our own.

Welcome to my colleagues who have just become members, I look forward to your comments and perhaps future involvement.

Have a great newyear. Karen Walker

tremendous confidence in having her there. Bobby was born into Maggie and my hands at about 1.25am and was very floppy. I felt incredible relief and watched with complete trust as Maggie cleared his airways and got him breathing. He weighed in at an enormous 10lbs8oz (4760gm). The two of us cleaned off in the pool and Ollie cut his cord with help from his Dad and Maggie. The children were amazed to see Bobby, Josh stood or sat and just stared at him with a big wide grin on his face. Andrew, Bobby and I went off to bed together, exhausted but very happy.

Afterwards

Uncle Rob left for Los Angeles the next morning and Bobby was firmly entrenched as the family treasure. Maggie gave wonderful support in the next days and weeks with healing my perineum and haemorrhoids and caring for me and Bobby. Jane visited once too, full of good advice and support. Bobby is loved dearly by all the family and continues to thrive and give us so much joy and love. Laura Meg is especially wonderful acting like a dedicated 2nd mother. The placenta was buried in the garden and a young ponga tree now grows above it.

A special thank you to Maggie and Jane for their skills, support and love. I hope that more women have faith in themselves, their partners and the homebirth midwives and opt for a homebirth; I wouldn't choose anything less!!!

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 25 Roy St, Hamilton, ph 847-4987.

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:.....

.....

PHONE:.....

BOBBY'S BIRTH by Sue Beard-McGlone

Robert Joseph Michi Beard McGlone

Born: 30 April 1997

Prologue

Bobby is almost 8 months old now but I want to remember his precious birth before it is too late to recall the details.

My husband Andrew and I have 3 other beautiful children, all born at home, Ollie (9yrs) in Paekakariki (his placenta was buried with a cabbage tree - kōuki), and Joshua (7yrs) and Laura Meg(almost 6yrs), both born in our bedroom in Wyndham, Southland.

Last year, 1996, we all lived in Tsukuba, Japan for 8 months and while we were there my younger brother, Rich, ended his life. It was a very sad time for me but I had wonderful support from Andrew and my friends there, especially a wonderful woman called Michi (one of Bobby's middle names). Losing my brother made me stronger in my desire to have a 4th child and so after a lot of persuasion Andrew agreed and Bobby was conceived in Japan on a futon, on a tatami mat in our bedroom in Tsukuba. We looked forward to the birth in Hamilton very happily....

The Birth

My Brother, Rob, came all the way from Los Angeles for the birth. After a couple of weeks with us and nothing having happened he decided it was time to return home. I drove him to the bus terminal. He waved goodbye to me through the window as his bus drove away and as I waved back I felt my waters beginning to slowly break. What timing! Undeterred I continued with my tasks I had to do in town, visiting the Library, shops, the supermarket, all the while getting more and more wet between my legs and having very gentle contractions.

When I got home I changed and rang Andrew and the Auckland Airport's United office and left a message for Rob to say I'd gone into labour. Being the lovely man he his, he rang me and then caught a train back to Hamilton to be with us for the birth.

Andrew collected the children from school at 3pm and filled the birthing pool with warm water. It was lovely and soothing in the pool but it seemed to slow down the contractions. I made a carrot cake for the birth cake and it helped take my mind off the contractions. My midwife Maggie and student midwife, Kerri, arrived and we had a yummy dinner and ate the birth cake for dessert. I didn't think I'd feel like it after the birth! Laura Meg and Joshua got into the birthing pool with me which was lovely. I put on my summer kimono (yukata) and walked around the block with Andrew to try to speed up the contractions but every time I got back into the pool the warm water slowed them down again. Maggie and Kerri decided to go home for some sleep and Andrew and I carried on. Rob was with us again by this time too. I sent the children to bed about 10pm.

Gradually the contractions got more and more painful and I began to yell out to Andrew. Maggie came back and was a wonderful, reassuring spirit with her calm, wise voice and soothing hands. It was all getting too much for me and I wanted to walk away from my body and the intense pain. Maggie rang Jane to be a supporting midwife and she came straight away. She said very little, just quietly and efficiently went about her tasks, supporting me and Maggie, they were both just wonderful. I was beside myself, telling Andrew this was definitely the last child, I couldn't handle anymore pain and then, of course, our beautiful son started to be born. I got out of the pool and went down on my hands and knees on the birthing mat. I held onto Andrew tightly who sat in front of me, always supporting and encouraging. Rob went to wake up the children and suddenly I could feel Bobby's head! The pain was very strong, I felt as if I was being torn in half and was too tired and too scared to push but Maggie quietly told me what to do and I felt

COMING EVENTS - February - March.

Note these dates on your calendar

WHBA Core Group Meeting
Monday 16 February, 7.30pm at 11 Stella Place, ph 855-5003.
Contact Glennise Head ph 849-7525 for the agenda.
ALL MEMBERS INVITED TO ATTEND.

Home Birthers' Coffee Morning.
Friday 27 February, 10am, bring a plate and share morning tea at 40 Vardon Rd. Bring your babies and toddlers. Welcome to all members.
Contact Brigid Devcich ph 849-9478.

Public Meeting/Immunisation Awareness Support Group
Monday 2 March, 7.30pm at the Womens Room, YWCA, Pembroke St
Guest Speaker: Jane Lawrence, Nutritionist. Gold coin donation please.
If you have suggestions for meeting topics in 1998, please contact Clare Shallcross ph 855-6997.
"For an Informed Choice" tapes -two copies are available to borrow from the WHBA Library.

Preparation for Birth Classes
Series begins **Thursday 12 February 1998,** 7.30 - 9.30pm for 5 weeks at the "Parents Place" 113 Rostrevor St. Contact Vanessa McColl ph 827-4516.

Pregnancy Yoga and Relaxation Classes
Thursday evenings at 5.30pm, at the "Parents Place" 113 Rostrevor St. Classes starting **5 March**. Contact Paulette Whitford ph 847-7033.

Cambridge Home Birth Support Group
Tuesday 3 March, 10am bring a plate and share morning tea at 1 Pepys Place. Bring your babies and toddlers. Welcome to all members.
Contact Jane Cairns ph 823-1961 or Vanessa McColl ph 827-4516
Meeting regularly on the first Tuesday of the month.

Morrinsville/Te Aroha Area Home Birth Support Group
Date and time to be confirmed. Welcome to all members.
Contact Heidi Jennings ph 07-889-0581.

Raglan Preparation for Birth Classes
Contact Adele Buckton ph 825-8942 for details.

Te Awamutu Home Birth Support Group
Contact Karene Clark ph 07-871-9114 or Helleni Quirke ph 07-870-2622
Small library available.

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

BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
17/11/97	Claire & Michael Anderson	son	Jaan	Hamilton	Adele/Lyn
13/12/97	Gayle & Paul Borrell	son	Michael	Hamilton	Belinda/Jane
18/12/97	Mel & Mark Schroder-Jones	son	Matias	Hamilton	Maureen/Karen
27/12/97	Paula & Paul Begley	daughter	Hannah	Hamilton	Belinda/Paulette
31/12/97	Fiona Jujnovich & Dan Marsh	son	Patrick	Cambridge	Maggie/Bet
2/1/98	Sarah Oliver & Gordon	son	Eli	Hamilton	Paulette/Maggie
18/1/98	Tina & Brian Ellis	daughter	Alysha	Hamilton	Belinda/Lyn
19/1/98	Christina Campbell & Mike van Grootel	daughter	Syrena	Hamilton	Paulette/Belinda

RELOCATION OF LIBRARY BOOKS

In the near future our WHBA library will be relocated to the "Parents Place" at 113 Rostrevor Street, ph 838-2229.
I would like to do a stocktake of all books and check them for repair etc.
Could all books that are no longer required be returned to me as soon as possible or contact me if you wish to keep them meantime.
As part of the subscription entitles you to access books from the library, I will be arranging some sort of library card to be sent out with the next Magazine.

Thank you for your assistance
Joanne Ridder, ph 847-4987.

BIRTH POOL FOR HIRE

FOR DETAILS PHONE
BELINDA BEETHAM 823-2902,
GLENNISE HEAD 849-7525

A New Mother's Day Dream

"Hello God are you there?"
"Yes my daughter?"
"Look, I was wondering if I could exchange this baby. This isn't the one I ordered."
"Oh? But that's the model 265: bright, independent and content: just like the one you asked for."
"But she cries all the time."
"Oh yes, that model is very effective at communicating her needs. Just meet them the best you can."
"But I might spoil her."
"Oh, haven't you heard? I make babies spoil proof now."
"But she wants to be picked up all the time."
"That's why I gave you arms."
"And she wants to be fed all day and night."
"Wouldn't you, if you had the chance to drink something warm and sweet that wasn't fattening and was packaged in a cuddle."
"Yes, but I'm not getting any sleep."
"Look, you two are a package deal. You're not supposed to be separated. Just bring her into bed with you and go back to sleep."
"But she wants to be fed even when she's not hungry."
"Sounds like she might need some comforting."
"But she's got a dummy, a lambskin, a bunny rug and a bear."
"Hey, maybe she just wants Mum."
"But I never get a break. She won't let anyone else take her and she cries when I leave her."
"You know, that's because she loves you better than anyone else in the whole wide world, is that so bad?"
"No, But I'm not getting any jobs done."
"What??? You're doing the most important job of all - MOTHERING."
"Well, how was I supposed to know that? She didn't come with any instructions."
"Yes she did! I'd already given them to you in a booklet called 'Instincts'."
"Oh yes, I'd forgotten about that."
"Look, just relax, give everything time and if things still don't work out, let me know and we'll see if we can give you a refund."
"OK, but you know something? Maybe this one's not so bad after all."
"I know."
"God?"
"Yes?"
"Thanks."

From the Nursing Mothers Association of Australia

Sweden now has a larger number of whooping cough cases in the 4-5 year age group (and a few in younger age groups). This could indicate 4-5 years is a more natural age to catch the disease.
Reporting of whooping cough cases can be suspect. If a child has been vaccinated - it may be recorded as bronchitis, but if the child has not been vaccinated, it will be recorded as whooping cough.

How can you treat whooping cough?
Specific medical treatments such as antibiotics and cough suppressants don't seem to do much.
Homeopathy seems to be more successful using droseria or spongia as the main remedies. A homeopathic vaccine "Pertussin" is also available (may be taken during an epidemic as a preventative, although some homeopaths believe in leaving well alone until symptoms arise and then treat the whole person).

Homeopaths Response
Whooping cough is not as bad as it is made out to be. Many coughs are "whoopy" - few are really whooping cough.
In response to recent comment by a Doctor about whooping cough being transmitted in the water supply .....shock/surprise .....a muffled smirk and an expression of sincere worry about our water supply if that was the case!!

NEXT MEETING:
DISCUSSION GROUP TOPIC : NUTRITIONIST - JANE LAWRENCE.
MONDAY 2 MARCH 1998, 7.30 PM,
VENUE: THE WOMENS ROOM,YWCA, PEMBROKE ST
GOLD COIN DONATION AND OPEN TO ALL INTERESTED PEOPLE
PHONE CLARE SHALLCROSS 855-6997.

HOME BIRTH AWARENESS

Let's celebrate and promote the Home Birth Option.

Monday 2 March 7.30pm

Public meeting at Womens Room YWCA Pembroke St.

Jane Lawrence: Nutritionist.

Gold coin donation.

Clare Shallcross ph 855-6997.

Sunday 22 March 11am - 2.00pm

Home Birth Families, support people and Midwives Picnic.

Children's Playground at Parana Park, River Rd.

Come and have a fun day and meet with other Home Birth Families. Bring your own Picnic Fare, chairs and games.

Birthing in the 90's

Trust Home Birth Tauranga presents a day seminar celebrating Birth and Parenting.

Saturday 7 March 8.30am-4.30pm

Hiller Centre, Glouser Rd, Mt Maunganui.

There are 13 workshops to choose from, including Breastfeeding, Hypnotherapy, Participating Fathers, Waterbirth, Section 51, Massage, Nursing Your Sick Child, Attachment Parenting, Becoming a Father, Loving Guidance, Homebirth, Chinese Medicine and Know Your Rights.

Contact: Lesley Dance, ph 07 578-7339

P.O. Box 729

Tauranga.

Birth and Death of Tumenakou Walker

I passionately believe that during pregnancy you need to sort out a lot of issues that are personal to yourself and your own life. When we found out I was pregnant again I felt so truly blessed although a little scared. Many times it came into my head that I should not tell people of my pregnancy incase of miscarriage, especially as we have had two previous losses, however I also feel that the grief and feelings deserve more understanding and validation than currently extended by most people. After expressing my feelings to other people I knew that I would want people to support me and share our sorrow if this was to happen. I told everybody that I could and became more excited each time. However Steve and I knew that it was not the right time to tell our parents as they would be concerned with details such as school and finances, we knew that there would be no congratulations. I still feel really angry that loved ones in our lives still control us in this way and very sad for our son who is disrespected in this way. It also amazed me that people asked if it was planned- who cares!!!!!

In the second trimester of pregnancy, past the time usual for pregnancy loss I had dark brown blood which over two days became fresh blood. How does someone get three turns of this, I cant believe it , how ridiculous. Oh how I prayed and pleaded with god to please baby stay, please!

On a Monday, I spent the day having hot showers, laying on my left side reading all my midwifery books to find any other possible reasons. After lunch I had a strong feeling to get us a casket for this child, which thankfully via a friend got a shoe box size casket delivered. Late afternoon the bleeding increased and I experienced the same labour contractions as I had when bearing our live children. Delivery suite was waiting for me which was unnerving knowing my colleges would be caring for me. I packed a nice green towel for our baby to be born onto, then spent an hour sobbing so hard my body shook, as I write this now I feel emotional remembering all that emotion and feelings from that day.

Steve arrived home and the baby sitter arrived. Our tamariki askings about our pepe being dead. We were so honest with them. Steve and I left for Hamilton

is as high as 85% although 12 years after the last shot, immunity in 90% of vaccinated will have disappeared. Other studies show it as low as 40-45%.
Vaccine contains Formaldehyde (a carcinogen), Thiomersal (a mercury derivative) and Aluminium Phosphate - both considered toxic to humans.
Pertussis is a "dead vaccine" i.e. disease is killed with heat before being made into a vaccine.
The whooping cough vaccine is used in experiments with animals to create anaphylactic shock (lack of oxygen to the brain .... resulting in brain damage).

Disease History

As with most other diseases, whooping cough declined dramatically pre vaccine i.e. between 1900 and 1935 in the U.S. and U.K. Deaths from whooping cough had declined by 79-82%
Today it occurs world wide in 3-5 yearly cycles despite vaccination rates. NZ epidemics occurred in 1971, 1974, 1978. 1982. 1986, 1990 and 1995.
Deaths or complications from whooping cough often occur due to secondary infection i.e. leads to pneumonia, hernia or central nervous system haemorrhaging from coughing bout.

Vaccine Side Effects

Fever in 98% of those vaccinated, swelling and/or redness at the site of injection in 86%, persistent crying/high pitched crying or fretfulness in 59%, vomiting or anorexia (can't eat or keep anything down) in 27%, convulsions/collapse in 0.12%, brain damage 1/100,000 and death 1/200,000. (Ministry of Health statistics)
Also can cause diarrhoea, excessive sleepiness, seizures, breathing problems and SIDS, i.e. alternative stats show brain damage/seizures from vaccine as 1/600, shock/collapse at 1/825.
Studies have shown that babies/children die at 8 times the normal rate within 3 days of the DPT vaccine. 85% of all SIDS deaths occur between 1st dose of DPT and within 1 month of last DPT. (In U.S. study 2/3 of 103 cot deaths fell within 3 weeks of DPT shot).
DPT is strongly believed to affect breathing patterns of babies causing "apnoea" (periods where breathing stops and may or may not start again) as well as very shallow breathing that may lead to breathing stopping. Children receiving the vaccine are also 6 times more likely to get asthma.
Post vaccine encephalitis (swelling of fluid around the brain) is a major cause of developmental and learning disabilities.

Other interesting information

The U.S. never performed tests on the vaccine effectiveness but relied on U.K. tests in the 1950's using children 6-18 months (no tests were performed on 6 week olds!). In this testing 42% had convulsions within 28 days of the vaccine.
In other studies 46-90% of whooping cough cases occur in vaccinated children.
Japan stopped using DPT until children were 2 years old in 1979 and SIDS virtually disappeared.
Sweden stopped DPT altogether in 1979 due to unacceptable side effects, including brain damage, and the number of whooping cough cases which occurred in fully vaccinated children.

IMMUNISATION AWARENESS DISCUSSION GROUP
MEETING 23 NOVEMBER 1997
TOPIC: WHOOPING COUGH/PERTUSSIS

What is it?
A contagious disease caused by BACTERIUM which affects the respiratory system. Its name comes from the "whoop" sound made when trying to catch your breath after a coughing attack.

History
Earliest record of the disease is in France (Paris) in 1598. Most other diseases have much earlier records - was it a new disease? Epidemics occurred since this time all over the world and went by many different names i.e. "dog bark" in Italy, "chin cough" in England, and "the 100 day cough" in China.
Morbidity is higher in females than males - no-one knows why.

Symptoms of the Disease
Whooping cough is highly infectious.
It has a 7-10 day incubation period.
It is infectious from 7 days after exposure through to 3 weeks after cough symptoms subside.
It has three stages:
1st stage there is difficulty in breathing with fever and some coughing.
2nd stage lasts 2-3 weeks with severe coughing attacks day and night.
3rd stage coughing lessens and recovery begins.
The only way to diagnose whooping cough is if you are sure you've been in contact with someone else who has whooping cough. (Ministry of Health)
In partially immune people whooping cough may present as bronchitis. Those suffering appear fine between bouts of coughing.
Disease is most dangerous in children under 6 months.

History of the Vaccine
First "Pertussis" vaccine in 1912.
In 1940's it was mixed with Diptheria (DP), worked as an "adjunct" for Diptheria i.e. made the Diptheria vaccine more effective.
Later Tetanus was added also (DPT) and it was agreed the Tetanus vaccine became more effective in the mixture.
In 1968 Polio was also added but DPTP was extremely toxic with high numbers of reactions occurring, so Polio was removed quickly!
In NZ, Pertussis was first offered in 1945. In 1953 DP was available and in 1960 DPT began. This shot was given at 3 months until 1984 when it began at 6 weeks (to coincide with baby's 6 week check). In 1994 DPTH began (i.e. Haemophilus Influenza B was added too).

About the Vaccine
Vaccine is given at 6 weeks, 3 months, 5 months and 15 months. 4 doses are believed to be more effective than 3. Cannot be used in epidemic as more than one dose is needed to be effective. Ministry of Health believe vaccine efficacy

and through Whatawhata I felt some of baby coming out and panted the rest of the way. Going into delivery suite crying and yelling the baby was born. My boss cared for me and I was impressed with the registrars honesty to us..Our son was put in the casket and closed then as his tissues were so fragile his left arm had come away. I found that really hard.

The following day our tamariki painted the casket bright blue and I painted sunflowers over it then we dressed up and buried our child as a intimate family. Manu our daughter was lovely holding the casket saying poor baby, poor baby and our son micah kicked the casket and Manu felt the need to punch him, need I say more. As our midwife Becky Fox said later that kids express themselves as they can often raising eyebrows from others and then I understood and didnt feel so angry. Steve led a karakia and then waiata for our baby.

That evening I felt so peaceful and spiritual and with all the human grief and anger that came I knew it was meant to be . I felt very lonely and sad for the lost opportunity of friends to support us at the birth. When I meet with friends who care for us it breaks my heart and I cannot believe what has happened.

Families are forever.

I feel very lucky to have enjoyed both of my birth experiences - one in a hospital that was "good" and another at home which was "fabulous"!! Each month in this magazine I read the birth stories of those who have had great home births and I always think of my sister-in-law Linda. She married an American and now lives there. In New Zealand we often take for granted our easy access to a home birth and forget that in many other countries women don't have that choice - your insurance company makes that choice for you! In December 1996 Linda gave birth to her first child and this is her story... (Sheryl Wright, Huntly)

THE BIRTH OF ROBERT BAIRD JNR
Corpus Christi, Texas, USA,

Well having Robert was nothing like I wanted it to be and everything you hear about the American system is true. I wanted to do a home birth but in Texas our insurance wouldn't cover it so if there were any problems or complications we would have to pay the bills ourselves and this could have amounted to thousands of dollars, which we just couldn't have afforded. (As it was my bills came to $US15,000). Hospitals here are pretty tough and make you sign alot of release papers to protect themselves from lawsuits. In the US each state has different systems and Texas is one of the more backward states as far as procedures and intervention. The whole experience is very clinical and no relationships are formed with either the Nurses or Doctors. I was lucky to find a Doctor who was more relaxed than most and I think with any other Doctor I would of have ended up with a C-section. Women in New Zealand don't know how lucky they are just to have a voice and a choice in what happens without the fear of huge bills or treatment being denied.

I knew it would be difficult to have the "normal" birth I wanted and after a scare at 28 weeks I knew that any hope of normal was gone! Each time I was admitted the procedure was the same, gown up, IV's and monitors. They managed to stop my labour and I was sent home on "bed rest". I went into labour again at 35 weeks at 11am and waited till 5pm before calling the Doctor hoping she would let me carry on and have him, but no, so I left for the hospital in tears knowing that it would mean more shots and IV's. Sure enough it was. This time I was automatically put on hourly shots and hooked up to a drip because they said I was dehydrated (despite me saying how much water I drank, that didn't mean anything just hook me up!) Like all treatments, if you don't follow the Doctors advice and refuse you run the risk of insurance not paying or the hospital refusing further treatment.

On arrival I was examined and was fully effaced and 4 cm. By 1am after how many shots I don't know I broke down to the nurse and asked when was enough enough! The labour stopping drugs weren't stopping things, just keeping the contractions at the same level every three minutes. Of course you don't get your own Doctor unless they are on call, so you get some jerk who you have no relationship with.

upon doctors. As a result of this, the traditional birthing attendants then became less skilled. Maori were encouraged to birth in hospital and became susceptible to sepsis.

It took less than 20 years for Maori childbirth to become institutionalised in hospitals. Maori women held out against having their babies in hospital for as long as they could, for a number of reasons. One of the main reasons was Maori custom and the belief that birth was a natural event that took place at home with the support of the whanau. One Maori women said,

" I was scared of hospital and had all my babies at home. Having babies was just like a picnic. Members of the whanau were present and they would sing waiata oriori during the labour and when the baby was born they chose a suitable name from waiata. The room was darkened, I used a box for support. When babies were born a light was lit. I cut babies' pito myself, the whanua were taken away by the elders and buried in the cemetry nearby. They were considered tapu "
(Donley 1986 ; 123)

In 1997 most women whether Maori or Non - Maori birth in hospital . Maori are slowly regaining their power back over birth and traditional birthing practices are becoming more prevalent again. More Maori midwives have returned to practise Midwifery and more Maori women are studying to become midwives. There is still however a long way to go before there are equal childbirth choices for Maori women.

The birth house in some ares was no more than a make shift tent, but in others was more substantial. Originally it was erected away from the main house but increasingly during the twentieth century birth quarters were organised in one of the rooms of the house.

" A room in the house was cleared out, except for a bed for after the birth. There was a tin bath for washing afterwards and clothing. Old clean clothes - a sack with a sheet on top - were placed on the floor to receive the baby. Next to the cloth was a benzene tin, butterbox or stool with a pillow on top to lean on while kneeling or squatting during contractions. This was considered tapu from the second stage onwards until the pito or cord dropped off and the mother had to stay in there during this time."
(Birth of Te Aroha Burgess Beaumont 1938, cited in Coney, 1993 : 58)

The midwife or midwives would normally be relatives of the woman giving birth. On some occasions in different areas this would be the husband. (Gluckman, 1976; Binney and Chapman 1986) In a government report about Maternity Services in New Zealand it was stated that midwives sometimes were men of the tribe with special experience in this work.

Other reports state that that the midwife was usually an older woman, usually the mother or a relative from the whanau.
" To birth the baby the woman would squat or kneel on her hands Pressure was sometimes applied by the husband against the upper abdomen in order to assist the delivery of the baby.
(Binney and Chapman , 1986 : 203)

Reports also refer to the role of the tohunga who would be called in when difficulties arose and herbs and medicines would be used. Special procedures would be followed relating to the cutting and tying of the umbilical cord and the burying of the placenta.

In the nineteenth century the prevalent view was that Maori childbirth was much less problem prone than European Childbirth.

In the twentieth century nurses and doctors moved from just providing background support for Maori when birthing when emergencies occurred, to interfering in the birth practices and in the end caused the breakdown of the traditional Maori birthing Practices. The Maori community then became more reliant upon the Department of Health district nurses and

Luckily my Doctor was on call till 2am and she made the call to take me off the drugs and see what happens after me pleading with her. I was really worried about what effect the drugs could be having on Robert. By 3am they determined I was in active labor as I was at 5 cm. I was told not to move around and there I was strapped to a drip and monitors, everything I hadn't wanted. I was having no break between contractions, maybe because of all the labour stopping drugs. By 8am I was at 6cm when the new Doctor walked in and asked if I had an epidural. I said no I'd had nothing for the pain but was OK and her comment was "stupid girl it's only going to get worst!". Her comment totally undermined me and made me doubt myself so I went ahead and had the thing and I really wish I hadn't. As soon as they gave me it Robert went into distress and they lost his heart beat so they wanted to put in an internal monitor. While trying to do that they broke my waters and I went straight to 9cm! In a way that was quite lucky as if your waters break and you don't go into heavy labour you get given a drug to speed things up (this happens also if you don't have a "normal" 12 hour labour and become a "problem"). My own Doctor then made an appearance because she wanted to deliver me and I was so relieved as I thought I was going to get the other one! She made me push once on 9cm which took me to 10cm and then I took over as I felt the need to push and 4 pushes later out came Robert. I was told to push him out quickly so I didn't get to see him coming or have him eased out, I was just cut so that they could get him out as quickly as possible.

After the delivery I had the standard 12hr hospital stay (this is extended to 24hrs if you have a c-section!). During that time its important that the baby never leaves your sight as baby kidnapping is a real fear for new parents. When you go home you have no follow-up postnatal care (such as Plunket) till your 6 weeks check-up with your Doctor and basically you are on your own. I was so grateful to have my Mum & Dad over from NZ to be with me during that time.

A few days after birth Robert became quite jaundiced so we took him back to the Hospital for a blood test. Because the reading was quite high, the duty nurse said Robert would probably need to be re-admitted (I would have to go home as there was no room for parents!) and would probably need a blood transfusion due to blood incompatibility and probably caused by me breastfeeding him! After we jumped up and down a Doctor was called and we hired a machine to treat him at home and within a few days he was as good as gold (and still breastfeeding beautifully!)

Looking back on Robert's birth I would do a lot differently and I am determined that next time it will be different. It look like our next posting is going to be to Hawaii, where you can have a home birth so fingers crossed!
(Linda Baird)

The quick arrival of Otis 5-7-97

We discovered to my surprise and my husband Daves shock that I was pregnant again even though I was still feeding 9 month old Ezra.

This pregnancy was somewhat harder than the first, especially with a lively toddler running about constantly finding mischief to get into. Ezra was a planned and successful homebirth so there was no discussion of where the next one would be born. The only consideration was how fast the next one would be born as Ezra arrived in 3 hours.

On the morning of the 5th I awoke at 7.30 feeling under the weather complaining that the flu I had just got rid of had returned. However during breakfast preparations I had a few mild contractions and thought maybe it wasn't the flu after all. At the suggestion that the baby might be coming Dave shot down to the farm to shift the stock while I fed and dressed Ezra, then rang my midwife and Aunt, Jenny Jonnston who lives 1 1/2 hours away in Thames.

On her last antenatal visit Jenny had given us some suggestions on what to do should the birth be fast and that she couldn't get here on time. Dave arrived back saying we had a sick cow and then rang most of the neighbours trying to find someone to come and see to her, announcing to the world I was in labour.

The labour was progressing very quickly although it wasn't painful each contraction was quite mild. I was able to breathe gently through each one while leaning on Ezras bed. Jenny had told me on the phone that the baby wouldn't come until my waters broke. At 9.30am my waters broke and the first thoughts of panic entered my head. Dave was putting the birth pool up with Ezra trying his best to help Dad.

I headed for the loo with a nasty suspicion that I wanted to push, sure enough as soon as I got there I wanted to push. Jenny had said to slow the labour down put my bum in the air and try not to push, so head down on the grubby laundry floor and bum in the air was how Dave found me.

He managed to coax me into the pool which had about 30cm of water in it just enough. Still no sign of Jenny. The pool was too much. After about a minute I said to Dave "The heads coming", he replied "It can't be" another contraction and I announced the heads out!. All I could hear was a rustle of clothes and the next contraction came the splash of Dave leaping into the pool and the birth of Otis. Still no sign of Jenny.

Maori Birthing Practices

ref; " Doctoring childbirth and regulating midwifery in New Zealand .A Foucauldian Perspective "
Elaine Papps and Marc Olsen 1997

1907 Tohunga Suppression Act
This act played an important part in the decline of Maori childbirth practices. It outlawed Maori childbirth practices by outlawing experts within Maori society. The only form of expertise allowed by law was Pakeha.
" Every person who gathers Maori's around him by practising on their superstition or credulity, or misleads or attempts to mislead any Maori by professing or pretending to possess supernatural powers in the treatment or cure of any disease, or in the foretelling of future events, or otherwise , is liable on summary conviction before a magistrate to a fine not exceeding $ 25 "
(Coney , 1993: 58 - 59)

1938
Hospital births
Non - Maori = 87 %
Maori = 17%
Most Maori women gave birth at home with their whanau around them. The mother gave birth usually in the kneeling or squatting position. Reremoana Koopu decsribes it as traditional Maori practice for the husband to be present for the birth of the baby.

Childbirth practices varied for Maori according to status and rank (Best, 1924; Donne, 1927, Makereti, 1986) for *"ordinary women birth was a part and parcel of their daily routine . i.e.. on the march, down on the beach, or while busy with another task. Sometimes the woman would go inside for a couple of hours and then return with the baby.*
(Best, 1924 : 2)

For women of rank, or " ***Wahine rangatira*** "
" birth would take place in the whare kohanga, a birth house or hut.This would be occupied by the woman for a short period before the birth and for a week or so afterwards, until the ' pito ' or navel had dropped off. During this time the " Tua " or " Tohi rite " would be performed over the baby (Best, 1924; Binney and Chaplain 1986: 155)

Superior Outcomes for Midwives

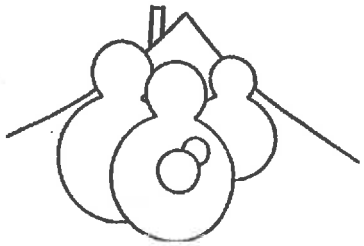
At long last, A group of researches has evaluated the safety...

Of out of hospital births attended by Midwives licensed in accordance with international standards. The research team, headed by Patricia A.Janssen, compared outcomes of Washington State births attended out of the hospital by licensed, direct entry Midwives with those attended in hospital by physicians and certified nurse-midwives. After matching the study populations by eliminating high risk groups from the in-hospital births, the authors analysed low birthweights, low five miniute Apgar scores, and neonatal and postnatal mortality.

Although all other outcomes were essentially equal, the physician-attended group had a significantly higher incidence of low birthweight babies than the other groups. The findings suggest that Direct entry Midwives are at least as safe as other birthing options, and that when it comes to preventing Low birthweight babies, midwives out shin their hospital-based colleagues.(Birth 21, Sept 1994)

Caesarean prevention also favours Midwives. In a study conducted at Prentice Women's Hospital in Chicago, 8.5% of Midwifery clients underwent a caesarean, as opposed to 12.9% of Obstetric clients. The primary contributor to surgery was epidural anaesthesia followed by oxytocin for induction or augmentation of labour. Of the physician-assisted birthers, 53% received epidurals, compared with 11% of the women attended by Midwives. Oxytocin use reached 53.6% and 32%, respectively.(Childbirth Instructor, Summer 1994).

Taken from Mothering, Summer 1995 (p25)



There was a small moment of panic as Dave passed me Otis, The cord became tangled round my leg but we sorted that out and were both sitting in the pool admiring or newest son when Jenny came in.

The placenta was delivered 10 mins later and Dave cut the cord. Mum and Ezra turned up followed by my sister who was supposed to be my baby-sitter/support crew.

So now we have two beautiful healthy sons. Otis was born in just under two hours he was 4000gms and Dave gets to add "Midwife" to his C.V.

By the way the sick cow died!

Fiona Dickson

Mel and Marks birth story of Matias
Born at home on the 18/12/97 at 4.45 am.

It was Wednesday night and I was watching a video with my husband when I kept on getting these cramps around my groin, I didn't think too much about them as I had been getting them all week, but it was near the end of the video that I suddenly had to rush of to the toilet for a poo about 3 times. All I thought at the time was that I must have picked up some kind of tummy bug!

Being our first baby we had no idea of what to expect and so we didn't even click that I might be starting labour! At around midnight we decided to go to bed, I still felt relatively fine apart from having to go to the loo. Anyway I had to keep getting up every 10 minutes or so to go to the toilet, it felt like really bad period pain. I thought that I had got food poisoning, especially since about a year ago I did and it felt exactly the same again, but I can remember sitting on the toilet thinking that last time it was a constant pain and this time it seemed to be coming and then going again. So I went back to bed and tried to go to sleep but the contractions were coming on pretty strong, I tried to go with them but I couldn't do it, the only place I could handle them was in the toilet. Of course Mark was fast asleep in bed oblivious to all and I still thought that I had food poisoning!

I was now getting up to go to the toilet about every 3 to 5 minutes when I sat down on the toilet and felt this big gush of water so I turned on the light to find that my waters had broke and that I had had a show as well. It was then that I clicked to myself that I might actually be in labour and about to have our baby and that it may not be food poisoning after all! Well, that changed the whole perspective of it all, I rushed in to our bedroom woke Mark up and told him that we were about to have a baby, I then got out my antenatal book to make sure that I really was! I then rang my midwife and told her that I had had a show but forgot to tell her that my waters had broke and that my contractions were about 15 minutes apart when they were more like 5. She told me to go back to bed and try and get some sleep. Well, I lay down in bed and thought to myself that there is no way I can lie here and go to sleep so I decided to hop in the shower but after about 20 minutes in the shower I couldn't handle it anymore, I was beginning to feel sick and panicky.

I don't think that Mark really had any idea about what was actually happening nor me for that matter, the only place that I wanted to be was on the toilet and the contractions were coming one after the other, it was then that Mark made the decision to ring the midwife again, all I could say was not to worry about it as I had ages to go and that there was no point in ringing my support person at this time either as it was too early. Thank goodness Mark paid no attention to me and rang both my midwife and my friend who ended up making it for the last 5 minutes and my sister in law who made it just as he was born!

While I was sitting on the toilet I felt this stinging sensation down below, I can remember thinking that I must have got soap up there from my shower so I asked Mark to get a wet flannel to wash the soap away! I also put my hand up there for a feel and could actually feel the baby's head, not that I realised what it was at the time. By this stage I was really beginning to wish that we had some one else there as I felt that I really needed the support from someone who knew what was happening, Mark was being wonderful and doing the best that he could but I was extremely relieved when the midwife turned up and then our son being born about 30 minutes later!

It was very hard for me to get of the toilet and go down to the lounge where Mark and my midwife had got everything ready, it was just as well, otherwise he would have been born in the toilet! I had been pushing before my midwife even came so I felt that I didn't have too much longer to go or maybe it was just wishful thinking on my part. After about half n hour of pushing our beautiful wee boy came out in one go with no stiches or anything!

I was so glad that we made the decision to habe a home birth for our first child, it was by far the best choice that we have ever made, not that I think that we would have made it to the hospital anyway! The only thing that I found hard was that it was such a quick labour for a first, about 4 ½ hours and that it was so intense straight from the beginning, there was no gradual build up in the contractions like all the books said it would be! At least next time we will know what to expect and to ring everyone much earlier on!

Choices, Choices!

Trish Armstrong

You are pregnant-wonderful- such excitement and anticipation. Now, who are you going to choose? Have you been given all or enough information about who is available and what services hay offer?

Meditation and Positive thoughts for Pregnancy & Birth

Gilli Moorhawk

An inspiring and easy book that covers all trimesters of pregnancy with numerous affirmations pertaining to each stage. This book is a great and non-threatening introduction to women who are unfamiliar with the use of affirmations.

Some sample affirmations.

I easily change my lifestyle to ensure I am in perfect health to nurture my baby.

I feel fulfilled as my baby grows within me.

My baby is perfectly supported by my body.

Birth is a natural process.

I release all memories and images of imperfect birth experiences and replace them with positive nurturing images.

The Problem with Electronic Foetal Monitoring

Diana Korte

Each day, nearly 9,000 women in the United States, which amounts to 75% of all labouring women in the nation, give birth while undergoing Electronic Foetal Monitoring(EFM), A situation that improves neither their baby's outcome nor their own. The reason for the monitoring is to track foetal heartbeat and movement during labour- a goal that was traditionally achieved through auscultation (listening to the baby's heartbeat by fetoscope).

Three types of Electronic Foetal Monitors are currently in use. One is an external device that attaches to the labouring women via one or two belts around her abdomen, and uses ultrasound waves to detect foetal activity. The second is a telemetry unit, also ultrasound based, which allows the mother to walk around while EFM readings are conveyed to a screen via a small transmitter in her pocket. The third is an internal monitor that measures the foetal heart rate directly- via an electrode inserted into the baby's scalp- and measures the mothers contractions through a catheter placed just inside the uterus.
EFM, probably the most studied of all labour interventions, has been a big disappointment. In the early 1970's, researches believed that this technique would provide information capable of averting neonatal death, brain or neurologic damage,, and cerebral damage, and cerebral palsy. In the event of a 42 -week pregnancy, they believed EFM could forewarn of impending problems, Such as a stillbirth. Unfortunately, none of these expectations has proven true.

Although EFM generates vast quantities of data, the interpretation of this data is as much an art as a science. The reason is that there is no universal agreement on what foetal distress is, what to do about it, or even what constitutes abnormal labour.

According to nine international randomised controlled trials, EFM has failed to benefit either babies or mothers. The procedure has succeeded only in increasing the incidence of caesareans, which now comprise 23.5% of all births in the United States. Despite the sorry evaluation, EFM may be here to stay.Why? Because of nursing shortages, convenience factors, fear of malpractice and the lack of training in the use of hand held fetoscopes-a reliable, low tech alternative to EFM.

Is it OK to talk to a few caregivers before making your decision? Have you written a realistic list of what you expect from your caregiver? Will they be able to provide this?

This is one of the first in a long line of choices you need to make during your pregnancy, childbirth and early parenting periods. As your pregnancy progresses you need to decide if all tests are appropriate to you. Will you have an ultrasound scan? How safe is it?

Will you have the glucose challenge test? Do you have to? Your caregiver should discuss these with you and give you all options. Gather as much information as you can through books....."But, what about conflicting advice?" I hear you say.

One book tells us to massage leg cramps, another
say's don't or you could bruise the muscle. One book say's to prepare your nipples for breastfeeding, another say's there is no need"

Conflicting advice is a dilemma. How will you know which is correct ? Try to find out the most up to date research-based information-look at more books, talk to people—what is the consensus?

What other decisions do you need to make? During childbirth will you have pain relief?

Will you have the syntometrine injection to help deliver the placenta or will you leave it up to nature. Are there some instances when you definitely should have the injection Do you have to make these decisions before birth or will you wait and see how your birth proceeds?

Your caregiver and childbirth educator will have discussed all the options with you and advise you to go with the flow---that is, to have few preconceived ideas as to what course your labour will take. Find out what you can about all the options, advantages, disadvantages,etc of any obstetrical procedure or pain relief.
During birth if you need to make a decision about one of these you will have the information at hand. Discuss it again with your caregiver, ensuring you have enough time to consider all the implications of each choice.(Sometimes, in a crisis situation, parents may delegate a chosen professional to make the choice.) Helping in the decision making process goes a long way to helping you feel positive about your birth experience---- whether or not it took the path you had hoped for or not.

Once the baby is born, Will you give him the Vitamin k injection? What if you don't? Will you have her immunised? Are you able to give her some immunisations but not all?

What form of contraception will you use? What would you feel most comfortable with? Are your options limited?. How on earth do you decide whether to cover your mattress or not when Dr Jim Sprott is convinced that you should and yet the Cot Death Society say studies have not yet proven this theory?

Lets look at how you can make your decisions.
*Become as knowledgeable as you possible- ask lots of questions of your caregiver, your child birth educator, your friends and acquaintances.
*Access the most up to date information.
*Look at the advantages and disadvantages of each option
*Look at the scenarios-what if you do? What if you don't?
*Don't be rushed into making a decision.
*Take advice from people you trust.

Ultimately you make the choice that feels right for you at the time. Please remember to respect other peoples choices, and you can expect them to respect yours. And do you know what? It's OK to change your mind.

(Parents Centre, 1998)

Plantain Ointment.

Great for-* Nappy rash, Haemorrhoid, Chapped and cracked skin.
Contains-* Organic Plantain, Virgin olive oil, Beeswax.
$3.75 per 65g jar

Callendula Ointment

$4.00 per 65g
Call Care Anderson
ph(07)8256769