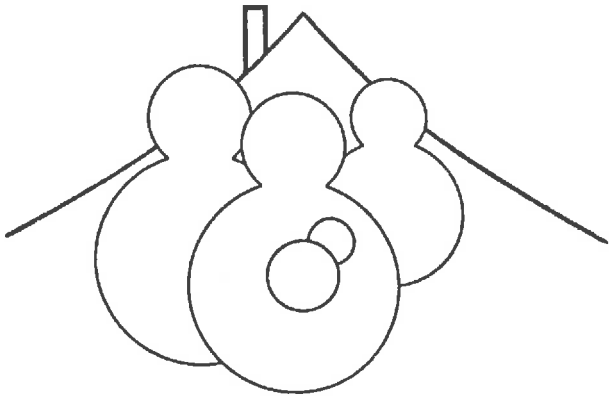
Maggie Banks,
14 Eton Drive,
Hamilton.

Waikato Home Birth Association
P.O. Box 12-099
HAMILTON

Maggie

HOME BIRTH



Waikato Newsletter

Monthly meetings of the Association are held on the
second Monday of each month at 7.30pm at
Womens Health Action Centre,
cnr Collingwood & Milton Sts, Hamilton.
ph Glenys 551-842 for details

Nov 90

Waikato Home Birth Association
P.O. Box 12-099
HAMILTON

Newsletter Contact
Joanne Hodgson
ph 557-742

Hello everyone

First of all I would like to apologise to those members whose names were misspelt in last months birth notices.

The first postnatal meeting was held last Thursday , and we all decided to meet fortnightly instead of monthly. About eight people came and for a first meeting it went very well.

Either Liz or Maggie will attend part of the meeting to answer any questions and also for members to have the opportunity to get to know them. They wlll also bring a weighing machine, should anyone like their baby weighed.

The meetings are held at 29 Oakfield Cres and are open to anyone. It is also a place to either buy sell or exchange or donate baby items.

The next postnatal meeting is at 10am Thursday 8th November.

CURRENT COMMITTE MEMBERS

		phone
Joey Matthews 7 Cowan Place Hamilton	Treasurer	554290
Glenys Parton P.O.Box 12099 Hamilton	Co- Ordinator	551842
Joanne Hodgson (Annette Taylor) 10 Thames St Hamilton	Newsletter	557742
Chris Dawson 29 Oakfield Cres Hamilton	Post Natal Support Publicity	493905
Ellen Brogger-Stapleton Lowe Rd R.D.2 Hamilton	Library	436279
Joanne Ridder 8 Wingate St Hamilton	Advertising	438219
Julie Marshall (Ana Pryce) 10 Inverness Hamilton	New Members Info Ante Natal Info	568998

COT DEATH

At last - research that looks at cot death fundamentals

Jacqueline Steincamp

Red Nose Day, indeed. For our health planners, the present cot death rate should represent Red Face Day.

Hundreds of thousands of dollars have been poured into cot death research, yet well over 200 New Zealand babies a year have died since 1980.

There is little sign of the tide of death turning. The most we have learned from all the effort are warnings about babies getting too hot and sleeping on their tummies. Lying them on their tummies may interfere with their breathing, so the reasoning goes.

Yet babies have lain on their tummies from time immemorial, while sudden mystery deaths have only recently become a problem - not just in New Zealand, but in many countries.

World wide research shows that more fundamental, yet correctable defects in the way the baby's body works are likely to be the cause of the mysery. These are related to enzyme deficiencies, often of an hereditary nature.

Research around the world has thrown up a number of specific enzyme deficiencies. These are thought to be related to diet and minerals in the soil. They are largely correctable through dietary changes and additional nutritional supplementation.

An important study at Sheffield University found 7 percent of the 200 victims had deficiencies of an enzyme known as medium chain acetylcozyme-A dehydrogenase. This deficiency leads to an inability to metabolise certain fatty acids.

"There are thousands of enzymes in the body. Why should others not cause cot deaths too?", was the team leader's comment, as reported in New Scientist, September 18, 1986.

Christchurch Studies.

Now researchers at the Christchurch School of Medicine are coming up with evidence that glutathione peroxidase (GTP) deficiencies may be at the root of some New Zealand cot deaths.

Normal GTP processes depend on adequate amounts of selenium and vitamin E in the body, according to Dr Christine Winterbourn, who is heading the Christchurch School of Medicine study on selenium in relation to cot deaths. She is focusing on selenium and glutathione peroxidase in babies in the Christchurch neo-natal unit, in co-operation with paediatrician Brian Darlow.

"We are documenting very low levels of both GTP and selenium in these babies - in fact, some of the lowest levels ever recorded in humans", Dr Winterbourn said. "The GTP system breaks down peroxides produced by white cells, blood cells and oxidation processes which can damage cells.

"We look at oxidation damage which implies a loss of vitamin E, a release of glutathione from within the cells resulting in higher levels in blood plasma, and a higher level of broken-down lipids in the plasma."

Oxidation is a process of microscopic degradation which is responsible for natural processes of decay. It involves "free radical" attack on the lipids in cell membranes. Everything from rusting nails and rancid butter to decaying carcasses undergoes oxidation. But in a living organism, oxidation is the last thing that is wanted.

Selenium and vitamin E deficiencies have been a prime suspect in New Zealand's cot death rate ever since a 1970s study on 250 cot death victims by Donald Money of the Wallaceville Animal Research Centre. It was followed by a Dunedin research project led by Dr Marion Robinson which documented very low selenium levels in New Zealanders.

Christchurch veterinarian Cliff McGrouther's research on piglet survival in relation to selenium supplementation was another factor for the selenium focus in the Christchurch project. His work with pigs is being carried on at the Christchurch School of Medicine by Dr Barbara Dollamore. He pioneered the use of selenium and vitamin E for pregnant animals to prevent the sudden death of their offspring.

Nutritional programmes needed.

If this growing mountain of evidence is correct, it implies, at the very least, an urgent need for a trial programme of nutritional assessments for mothers-to-be, and for nutritional changes where deficiencies are found.

Dr Winterbourn says that more data is needed to establish whether corrective steps should be made. She says there is no point in trying to correct something unless there is proof that this will really be helpful. "If so, then dietary selenium supplementation could be beneficial."

Frustratingly enough, Dr Winterbourn and her co-worker, Dr Barbara Dollamore have not been able to assess levels in cot death victims. Both lack of funds and ethical considerations are stopping what seems a first line of enquiry. Planning is difficult when funding is short term.

"I was winding down my work because funding was to run out in October. Now I'm winding up again, because of a recent addition to funds which will keep me going till April," Dr Dollamore said.

Dr Winterbourn estimates that about $40,000 a year is needed for the selenium studies.

Nor is work on nutritional status of cot death victims and their mothers being carried out anywhere in New Zealand. Nutritional factors have not been included in questionnaires completed by cot death parents.

Autopsies do not help either. They do not look at levels of selenium, GTP and vitamin E, or if there are abnormal levels of oxidation. They simply exclude other causes of death in SIDS babies.

Time for a change, I'd say.

MIDWIFE Maggie Banks (left) with Glenys Parton and eight-week-old Gemma who was born at home.

Home births increase

WITH the recent changes in the Nurses Act and the trend to early discharge from hospitals, giving birth at home is becoming increasingly popular.

This week is National Homebirth Awareness Week — one in which the Waikato Homebirth Association wants to make available information on all aspects of birthing and to provide education that is orientated to birthing at home. "This is one of our major roles," says the Hamilton co-ordinator of homebirth services, Glenys Patton.

"Homebirth Association works from a perspective that birth is a normal, active, healthy process and that birth at home is as safe as giving birth in any outlying maternity hospital.

"Because a woman at home does not use drugs in labour and labour is allowed to follow its normal course without interference, most of the common risks of childbirth are eliminated. Transferral to hospital is available but rarely needed.

"Home births mean women are in a familiar environment with people they know and trust — they are able to labour without fear and interruption."

After birth, mothers have a continuity of care and support by both the midwife and others in the association. Emotional bonding and breastfeeding are more readily established also, adds Glenys. "The baby is more alert and less likely to suffer from any complications in its first days of life and post natal depression is rare."

"I felt surrounded by love, support and confidence throughout," says one homebirth mother, Julie. "Josh was born into candlelight a the loving arms of family a friends — just where he belongs."

Her husbands adds "Stress leve were relatively low and the feeli was never that of having to fit with a medical schedule."

Glenys says the Homebirth Ass ciation is a group of people from wide variety of backgrounds, w have a desire to be well educated current maternity practices and t reasons both for and against th use.

It meets monthly on the seco Monday of each month at the Wo en's Health Action Centre 7.30pm. Personal support is offer to new members, there is a comp hensive library of books, acti birth ante natal classes and an a nual review of the standards practice of domiciliary midwives.

herbs: FOR NATURAL CHILDBIRTH

SQUAW VINE: (Mitchella repens)
Squawvine is especially helpful in Childbirth. It strengthens the uterus for safe and effective childbirth. It is called a uterine tonic because it does relieve the congestion of the uterus and the ovaries. This herb restores menstrual function. Contains antiseptic properties, which is ideal for any kind of vaginal infection. It also is beneficial as a natural sedative to the nerves. Take with other herbs, such as Red Raspberry.

RED RASPBERRY: (Rubys idaeus)
Red Raspberry is one of the most renowned and proven herbs for women, especially during pregnancy. The herb contains nutrients to strengthen the uterus wall. It helps in the nausea, helps prevent hemorrhage, and reduces pain and eases the childbirth process. It helps to reduce false labour pains, so common in pregnancies. It helps enrich colostrum that is found in breastmilk. Drinking the tea after birth will help decrease the uterine swelling and will cut down on post partum bleeding.

BLACK COHOSH: (Cimicifuga racemosa)
Black Cohosh is used as atonic for the central nervous system. It is a safe, excellent sedative plus it contains estrogen, the female hormone, helps in hot flashes, contracts the uterus and equalizes blood circulation. It has the ability to neutralize poisons in the bloodstream.

PENNYROYAL: (Hedeoma pulegioides)
Pennyroyal contains a volatile oil which works in the stomach to remove gas, helps suppressed flow and is used just before childbirth. Relieves abdominal cramps which is associated with birth.

LOBELIA: (Lobelia inflata)
Lobelia is a valuable herb. It is well known for removing any obstructions from any part of the system. Lobelia is the most powerful relaxant in the herb kingdom, and has no harmful effects. With its healing powers to remove any congestion within the body, and especially the blood vessels it works on the muscle spasm, making the combination excellent for making childbirth easier. Also lessens pain.

This combination of herbs can be found in a special birth remedy that is being successfully used by natural birth educators and those into natural remedies. Herbal 5-W which is taken 5 weeks before birth. Contact your local Herbalist or Health Food Store.. or OPTIONS if you require more information.

OPTIONS

TOPIC FOR NOVEMBER PUBLIC MEETING

Support Systems after the baby is born

TOPICS FOR NEXT YEAR

FEB Post Natal - What to do

MARCH Lactation - changes in breastmilk throughout life cycle

APRIL Back Problems - How to prevent them

MAY Food Allergies - Video

JUNE Cascade of Intervention

Expectant moms take longer than expected

For many women, the news of pregnancy instantly sparks the question: "When is the baby due?" Typically, the obstetrician consults a standard algorithm to formulate an answer. And most likely, the baby will arrive about a week behind schedule.

That's the conclusion — at least for middle-class whites — of Boston researchers who measured normal pregnancy durations and compared them with traditional gestation estimates.

Led by obstetrician Robert L. Mittendorf of the Harvard School of Public Health, the team examined records from a private practice, retrospectively evaluating all 339 pregnancies of white, middle-class patients who gave birth between April 1, 1983, and March 31, 1984. They excluded patients lacking precise records of normal menstrual cycles, as well as pregnancies complicated by illness, induced labor or cesarean section. Using menstrual histories to determine ovulation dates, they measured the gestations of the 114 remaining women.

In the June OBSTETRICS & GYNECOLOGY, the team reports a median gestation of 274 days for the 31 first-time mothers and 269 days for the 83 women who had previously given birth. That's eight and three days longer, respectively, than the standard estimate of gestation.

Since ancient Rome, physicians have assumed human gestation lasted 266 days, based on 9½ menstrual cycles. Now known as Naegele's rule, this remains the standard by which most U.S. obstetricians predict due dates, Mittendorf says.

"What we're saying is maybe the real due date for whites is a week later, and this will almost certainly have implications for the post-term infant," he asserts. "For example, if a patient is two weeks beyond Naegele's rule for a due date, [the obstetrician] might induce labor for postmaturity" without realizing the infant is actually only a week overdue.

Peter S. Heyl of Boston's Beth Israel Hospital expresses some skepticism of the limited sample size but regards the Harvard findings as potentially very significant. "In my line of work, gestational age means a lot. It does make a difference when physicians will induce [labor in] somebody based entirely on the fact that she's reached 42 weeks." Induced labor has a higher incidence of infection, says Heyl, who adds: "I think it's pretty safe to say that an induced labor is more likely to end in a cesarean section than a spontaneous labor."

Mittendorf is now evaluating data on more than 10,000 women in hopes of further redefining gestation to account for race, age, sex of baby, and the mother's history of cigarette, alcohol and drug use.

— *W. Stolzenburg*

MIDWIVES

LIZ CARLAW 491000

MAGGIE BANKS 64612

THE HOMOEOPATHIC TREATMENT OF

EXPOSURE TO VACCINATIONS

*A series of articles by Derek **Briggs**, R.S.Hom.(U.K.), I.C.Hom.(N.Z.).*

*Derek Briggs and his wife **Pat are** Directors of The Auckland College of Classical Homoeopathy.*

The College was founded in February, 1984, with the specific intent of upgrading New Zealand's Homoeopathy to international professional status.

At this date the College can reasonably look back and claim to have been a major dynamic in the advancement of Homoeopathy which we are seeing today.

The Briggs have recently developed a Video home study course which is making advanced homoeopathic study available to out of town New Zealanders and Australians.

For further information write to

Mrs Pat Briggs,
P.O. Box 19-502,
Auckland 7.

In the late 18th century, when Dr Samuel Hahnemann first developed Homoeopathy, humankind was a reasonably simplistic organism.

We were heir to the Psoric miasm and the multitude of skin complaints this produces, but we had relatively slight exposure to the Syphillitic and Sycotic (gonorrheal) miasms.

In the late 20th century the picture is vastly changed. Apart from the well-known degeneration caused by refined foods and environmental pollution, we are also heir to a vast upsurge in the Sycotic and Tuberular miasms with a significant input of the Syphillitic miasm — all blending into the Carcinogenic.

Hence the vast upsurge in cancer and degenerative diseases prevalent in this generation.

Let us consider the many generations of smallpox vaccination, compulsory in many countries and much pressured in the rest.

This gave rise to a number of devastating side effects.

Clarke's Materia Medica briefly summarises the "proving" effects of vaccine matter as —

"Cheloid, eczema, leprosy, naevus, nephritis, smallpox — (which it was meant to protect from), tumours, 'vaccinia/vaccinosis' — (either term covers this syndrome) and whooping cough",

and starts by saying —

"Vaccinia, Smallpox, (and 'Grease' of horses) are inter-related diseases".

The main remedy for vaccination side effects and the vaccinosis syndrome was eventually found to be Thuja Occidentalis, of which the main use to that date had been in the treatment of gonorrhoea.

LIKE CURES LIKE — Remember?

And if it takes gonorrhoea therapy to cure vaccinosis, then what on earth did they shove into our oldies?

— All with genetic alter effects.

Likewise, the triple vaccine — Diphtheria, Tetanus and Pertussin in the one injection (plus Polio orally).

Pertussin is, of course, the vaccine matter of whooping cough, a sub-branch of the Tubercular miasm. And Homoeopaths know, via Phyllis Speight's work on Chronic Miasms, that most chronic ear troubles can be related back to the Tubercular miasm.

By an amazing coincidence, there has been an upsurge in ear troubles, mainly the "glue ear" epidemic, in recent years, starting within days or weeks of the triple vaccine injection — containing Pertussin — remember?

By another amazing coincidence, based on the Homoeopathic Law that —

HIGH POTENCIES ANTIDOTE LOW POTENCIES —

a high potency of the triple vaccine will usually cure the ill-health and ear troubles of the afflicted child; where time coincidence is such that cause and effect of the vaccine are clear.

This is not some airy-fairy waffle but the hard proven experience of this writer and many other experienced Homoeopaths.

So what, then, about glue ear?

But I digress!

What I started off to say is that for the vast majority of children who haven't had this form of Homoeopathic treatment, the vaccine miasm stays in the system and often forms a block to the efficient action of well-prescribed Homoeopathy.

Mothers! Look up your Plunket books!

So with the inherited effects of the smallpox vaccine in multi-generation stimulation of the Sycotic (gonorrheal) miasm, not to mention the compounding effect of the sexual revolution —

Plus the simulated sub-tubercular miasm generated by the triple vaccine —

Plus the aggravated syphillitic effects generated by Mercury in the food chain — (Homoeopathically, Mercurius is the most similar remedy to Syphillis) —

Not to mention the orthodox medical philosophy that all symptoms must be suppressed at the superficial level — hence, from our point of view, pushed back in to a much deeper and more damaging organic level.

— Homoeopathically speaking, folks just ain't what they used to be! There! That's what I started out to say in the first place.

Because the human race has changed, and our miasmic inheritance now acts at a deeper level, the relatively superficial effects of our old-time acute prescribing frequently can't reach the depths where the problem is located. This leaves us with a 50-50 success rate, or thereabouts, in acute prescribing. This, conversely put, is a 50-50 failure rate. This is not to negate the use of good acute prescribing in the domestic situation. Far from it! In fact, I strongly support the view that every home should have its copy of Tyler's Pointers and Clarke's and Shinghal's Prescribers.

Where the children have not been vaccinated, and are being reared healthily, this is the outstanding way to travel.

My viewpoint is simply that a 50-50 failure rate is not a good enough success rate on which to build a new profession, is it?

Craving your indulgence, I would like to advance the cause of chronic Classical prescribing as a means of re-vivifying our race, generation by generation, back to the relative simplicity of Hahnemann's day, and beyond.

Slow progress, but the work has already been started at the very tip of the human spearpoint.

This generation of Homoeopathic practitioners and teachers is uniquely privileged in being called to lay the foundation of this, may I suggest, spiritual work.

And now to business!

People tend to prefer neatly specific solutions to specific problems. In Homoeopathy, which is an exceedingly subtle science, cut and dried knee-jerk solutions are rarely the best answer — if they work at all —

e.g. Chamomilla for teething? All teething??? etc.

The trouble is that Homoeopathy is based on the concept of the SIMILLIMUM — the most similar remedy.

LIKE CURES LIKE, remember?

In other words, Homoeopathy has to be prescribed accurately and precisely in order to have its best effects.

A missed prescription will have no effects; while a near-miss will have enough effect to confuse the case, probably suppressing some symptoms, and altering others, without any trace of a genuine cure at the Vital Force level.

Often the "LIKE" that has to be cured is at the deepest and most subtle level of the patient's total organism. It may well require an entirely different remedy to that conventionally indicated by a study of the patient's superficial symptoms.

Hence for that other 50%, the ones who missed out on an acute cure, the level of skill required to treat them needs to be truly professional, and professional in a manner entirely different from orthodox medical practice.

Classical Homoeopaths, then, like to talk in terms of the remedies which will cure a given type of patient — e.g., a Pulsatilla patient — an Arsenicum patient, etc.

People oriented to specific remedies for specific complaints (99%) prefer to think of — e.g.

Pulsatilla for measles.
Chamomilla for teething, etc. —

an approach which makes the Classical Homoeopath shudder.

Let's try and blend the twain.

In our next issue I intend to discuss the subject of Infertility, and I would like to do this in a manner giving the personality types of the various remedies, supported by actual case histories where I have them.

.... Continued

BIRTHS

CONGRATULATIONS TO:

Margaret Campbell and Roy, a son and sister for Andrea

Simone and Colin Prosser, a son

Trish Dempsey and Chris, a son by caesarian section

Lyn and Brian Coker a son - Byrón

Lee and Graeme Burton, a son