

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

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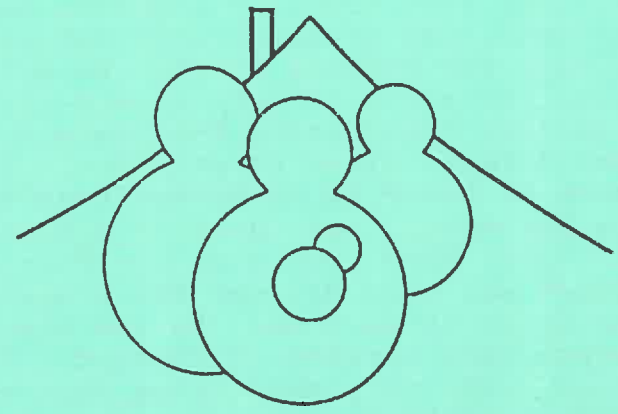


contributions and queries for the newsletter
ph: 849-0316.

Magpie

HOME

BIRTH



Monthly meetings of the Association are held on the
second Monday of each month at 7.30pm at

Link House, Te Aroha St, Hamilton.

ph Glenys 8551 842 for details

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

Waikato Newsletter

December issue.
1991.



New M. Banks,
14 Eton Drive,
Hamilton.



Hi, hello, and seasons greetings to you all. Here I am with the December issue. This is of course the last newsletter for the year. It may only be the 3rd newsletter I've put together, but it has been fun and I am looking forward to the issues of 1992.

If you usually simply browse through the newsletter, I do recommend you stop to read the centre item. The female cradle, very interesting.

Pregnant with our first child 4 years ago, I had heard of people videoing their birth. I was certain these people were very sick. A complete change of attitude to birth, and pregnant with our second baby we chose to tape the coming birth. We are glad we did. Videoing the birth of baby is not for everyone. However if you are considering this idea I can recommend the Waikato Video Camara Hire. While this small business is based in Cambridge they deliver in Hamilton, to the door. And there is a drop off point in Hamilton. Let them know your due date as a "loose booking" and they deliver the camara as late as 11 pm and as early as 6 am. No one else around town will match this service, I checked. Good charge out rates also. The only snag being, that a "loose booking" can't guarantee a camara. This is not likely to be a problem though. Their phone number is on page 628 of the yellow pages.

I must sign off here folks, my archaic typewriter, is wheezing and complaining.

Merry Christmas, Peta Crimp.

Birth Notices



Welcome little babies,
Congratulations to;

Julie and Arthur Payze. A son, Tate, (wee brother for Abby). 3650 gms. Born 7.10.91.

Shelley Butler and Earlwyn Trebilco. A daughter. Born 13.10.91.

Tracy and Graham Pedersen. A daughter, Liane, 4200 gms. Born 26.10.91.

Tracey and Steven Frew. A daughter, Hannah, 2880 gms. Born 29.10.91.

GINGER DELIGHT

Ingredients: 180 gms butter
¾ cup sugar
1½ cups flour
1½ tsp ginger
1½ tsp baking powder
1½ cups cornflakes
70 gms crystallised ginger sliced
50 gms butter
2 tbsp golden syrup
1½ cups icing sugar
1 tsp ginger



yummy yummy!

Method:

Cream butter and sugar
Stir in cornflakes and sifted dry ingredients
Press into a sponge roll tin and bake at 180°C for 20 minutes.

Melt butter and golden syrup. Add icing sugar and ginger. Spread ¾ icing over base. Cover with sliced ginger then drizzle remaining icing over.

The Nappy Chappy's CLUB



The Waikato's
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Mary 8474 463

or

Yvonne 8497 358

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• TEMP' OR REGULAR BASIS. enquires welcome.

Merry Christmas to you all. And if you are on the roads over the xmas break, buckle the little one's up safely, and drive with care.

W.H.B.A.

YOGA

Yoga conjures up images of people getting stuck with their legs wrapped around their ears. I once received a phone call from a woman who had done this, and had to be talked out of the posture, stage by stage.

Yoga in pregnancy, is very gentle exercise, ideal for those not used to stretching the body. Like aerobic exercise, yoga brings a feeling of wellbeing and energy, with the advantage that it can be done at home, whatever the weather and your level of fitness. A flexible body uses less energy going about daily tasks, as holding tension and tightness in the muscles actually requires energy. Movements become freer and easier when the muscles give readily.

In pregnancy, yoga exercises should be designed both for overall fitness and specifically to open up the hip, or pelvic, area to bring you in touch with this part of the body, and prepare for labour. Experience has shown me that this can make a big difference to the length of labour.

The back often feels the strain of the extra load during pregnancy, and yoga movements are ideal for gently strengthening the muscles of the lower back, abdomen and buttocks to prevent back problems.


Recovery after birth is normally faster with a well toned body, a big plus because very few women find they have the regular time to exercise with a new baby in the home! Sleeping, eating, drinking and getting to the loo become top personal priorities!

The daylong sense of relaxation and peace that half an hour's yoga brings, gives you the chance to enjoy pregnancy with serenity. Practice in relaxing muscles under stress and in using breathing to release tension is invaluable for labour. These need to be learnt ahead of time so they become second nature. The stress of labour is no time to start practising new techniques! Nothing beats the quiet confidence that the body you have come to know so well in exercise will do its job when labour starts. ■



A Serious Omission

A London editor submitted to Winston Churchill, for his approval, a list of all those who had been his teachers. Churchill, looking at the list said, "You have omitted to mention the greatest of my teachers - my Mother!"

FOR SALE, 
 a metal frame bassinet,
 with skirt, head valance,
 & nappy bag - only **\$60.**
 Heather King 849-3535.



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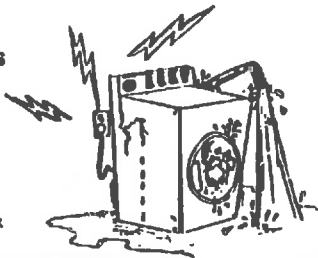
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The garage sale

Raised \$304.00



A Special thanks for the plants and trees donated.

The garage sale held early November, bumped up W.H.B.A. piggy bank by \$304. Thank you to everyone who donated goods and time. Thanks also to Julie for letting us use her garage.

The B.Y.O.

lunches are

not just a post

- natal group. With

baby or pregnant, if you

are a member you are invited.

12th December. 12 noon we are having a pot-luck Christmas lunch at 29 Oakfield Cres.

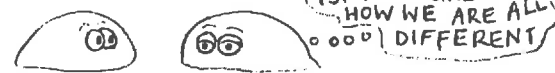
everyone welcome! What was the office

meanings. This new theme 2 monthly B.Y.O

lunch. TO BE HELD ON THE 3RD MONDAY OF THE MONTH. Phone Christine 849-3905

The next B.Y.O lunch is January 20th - 10am to 2pm

as we aim to deliver a well rounded news-letter, please recognise that all articles etc may not be our personal views.



very important guys

WE ARE ASKING FOR ALL LIBRARY BOOKS TO BE RETURNED BY THE 9th DEC' THIS IS FOR A COMPLETE STOCK COUNT, AND TO REPAIR THOSE

BOOKS THAT NEED ATTENTION THE LIBRARY WILL BE RE-OPENED A FEW WEEKS LATER. EARLY NEXT YEAR

Thank-you.

PAGE 7

PAGE 8

THE FEMALE CRADLE

Rebeca Barroso has been a traditional midwife for fifteen years and is a member of the NAPSAC group. Genesis. She is also the proud owner of the smallest gynecoid pelvis she has ever encountered. During a workshop which she led in Minneapolis she had a volunteer measure the intertubular diameter of her pelvis. Rebeca then squatted while she talked and after several minutes demonstrated that she had increased her pelvic measurements by 2 1/2 finger widths.

Rebeca then discussed the myth of the inadequate pelvis. According to the *medical model* pelvic inadequacy leads to the following: maternal death is 7 times greater; incidence of infection is 20% greater; 5-10% will sustain tears and lacerations; the baby will suffer inter-cranial hemorrhage and stillbirth 4 times more often than women with "normal" pelvises.

Rebeca countered. "In my fifteen years of working as a midwife, the only pelvises I have encountered that were inadequate to give birth were 2 or 3 that were crushed in car accidents. The bones had healed at funny angles. I have never encountered a woman whose pelvis was misshapen due to malnutrition, although I feel it could be possible."

Rebeca explained that all pelvises are movable. Women who are pregnant experience a softening of the cartilage in the pelvis. The joint in the back of the pelvis (the sacroiliac joint) is the strongest and most adjustable joint in the human body. Rebeca feels that there is a misconception that the pelvis is like a jail cell and that the iliac spines act to pierce the baby. "It's like holding an egg in an egg cup. The spines serve to keep the baby from falling out of the pelvis before it's time."

Rebeca does pelvimetry for many of the mothers that she helps, but it's not to diagnose an inadequate pelvis. She will make a sketch

of each woman's pelvis to scale so that the woman can visualize how the baby will need to move to come out. "We all know from raising kids that if we can do something, the kids will follow." Rebeca feels that if the woman knows how she would need to move to exit her pelvis she can teach her baby to make those same moves.

Rebeca then discussed the varying types of pelvises and the advantages and potential problems of each. She emphasized, though, that there is no type of female pelvis that is incapable of birthing a baby. It's just that each woman has a unique pelvis, and she has to work with what she's been given.

50% of all women have "true female," or gynecoid, pelvises. The distinguishing feature is its round opening (figure 1), and the narrowest diameter is the anterior-posterior (AP diameter) or true conjugate. These women have wide, classical female hips and usually have a measurement of 14 inches or greater between their elbows and small finger tip. Rebeca often finds that these women have feelings of inferiority about their bodies. She remarked, "A lot of these women say, 'I always felt my hips were too broad,' and I reassure them, 'No, you have a wonderful pelvis'" Rebeca finds that this is the pelvis that most easily births babies.

5% of all women have a platypelloid or flat pelvis (figure 2). Most of these women are small in stature, although not every short woman has this type of pelvis. Rebeca has seen three women with this type of pelvis give birth—all with no problems. The front to back diameter is really tight, and these women tend to have problems with urination during the labor.

She has also seen women with an anthropoid or "ape-like" pelvis (figure 3). These women have a classical swimmer's body. They have wide shoulders and narrow hips. This pelvis can be a little more problematic, but it works fine, too. The largest diameter here is not from side to side, but from front to back, so that sometimes the baby's head goes into the pelvis transverse; that is, the head of the baby faces 3:00 or 9:00. 25% of women have this kind of pelvis.

The android or male pelvis (figure 4) has a narrow pubic arch and not much in the way of anterior-posterior diameter. The "sits" bones (medically known as tuberosities) are next to each other. These women are always big women, and what they lack in shape, they usually make up for in size. The baby is often pushed to the back because of the narrow pubic arch. Rebeca finds that many of these women have a higher incidence of back labor, and there could be more likelihood of a tear, especially with a long perineum. 20% of all women have this kind of pelvis.

Rebeca finds that it doesn't matter so much what type of pelvis a woman has as much as her attitude toward it. "Some women have had traumatic sexual or obstetric experiences. You look at their hips, and you can see that they are not cold; they are frozen." Rebeca remarked that sometimes babies are posterior because the woman has so much tension in her pelvic floor, sacrum and lower back that baby doesn't have enough room to move around.

In order to open the pelvis and increase awareness and acceptance of that area, Rebeca recommends that pregnant moms spend time squatting during their pregnancies. She doesn't recommend any specific birth position, however. "It's really important for the midwife to let the woman get in touch with what she primarily knows and not confuse her with a lot of intellectual gibberish."

One thing that she has seen mothers do is spontaneously devise a routine or pattern of several positions over the course of labor. "It's almost like a dance." She finds that this happens a lot and is very effective for women birthing a posterior baby.

According to Rebeca one of the most destructive things a midwife can do is monitor the laboring woman's progress. Announcing, "You're still at 4," can have a harmful influence on the woman's progress. "If a woman asks me, 'How dilated am I?' I respond by asking her, 'How dilated do you think you are?'"

She carries a knitted cervix to births so that women can use that to picture their own dilation. Even announcing progress to a laboring woman can be harmful, according to Rebeca. If a woman is marking her progress and then finds the need to slow down, she may think something is seriously wrong with her labor.

from the *North Dakota Midwives Alliance*, November 1988.

by Yvonne Kurtz, CNL

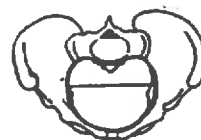


Figure 1



Figure 2



Figure 3



Figure 4



THERAPEUTIC MASSAGE

Ann Sutton, Newell Road, Hamilton

PH: 8 5 6 6 2 4 0

- Pregnancy Massage
- Babies and Children
- Back and Neck Pain
- Headaches
- Stress Relief
- Relaxation

• *Massage, Acupressure, Reflexology*

Ann Sutton Dip. de Mousgraffe Massage Therapy

Ginger: Age-Old Relief for Nausea

The legendary power of ginger root as a nausea reliever is still respected. As plant pharmacologist Albert Leung notes, "it's quite common today to see people in boats around Hong Kong munching on preserved ginger." (*How Ginger Fights Vertigo*, *The Washington Post*, 28 Feb 1990)

As is often true of herbal remedies, ginger has withstood the test of scientific scrutiny. In 1982, Brigham Young University and Mount Union College jointly compared the effects of Dramamine and powdered ginger root on a group of seasick-prone people; those taking ginger root experienced significantly less nausea and dizziness. A Danish study, involving a group of 80 green naval cadets, showed that ginger is 72 percent effective against vomiting. Although its medicinal component has not yet been isolated, some researchers believe that it acts to interrupt the usual feedback loop between the stomach and certain brain centers; others say it acts on the balance receptors in the inner ear.

Many women report excellent results using ginger to combat nausea and vomiting in the first trimester of pregnancy. Its healing action takes effect within 25 minutes and tends to last at least four hours. Helpful preparations include ½ teaspoon powdered ginger in tea, 1 teaspoon freshly grated ginger

root, 2 or 3 capsules (500 mg each) powdered ginger, or ginger snaps and other ginger-based foods. It is important to avoid swallowing dry ginger alone, as it may burn the esophagus. ("Morning Sickness Asides," *Birth Write*, Newsletter of the Ohio Midwives Alliance, Spring 1990)

Ginger root in greater amounts - up to 20 capsules (500 mg each) per day, in 3- or 4-capsule dosages - has been used to treat life-threatening nausea and vomiting in pregnancy. (Beverly Roach, "Ginger Root [Zingiber Officinale]," *The Birth Gazette*, vol.5, no. 1, Fall 1989) In such instances medical supervision is strongly recommended.

Ginger has other healing properties as well. It lowers blood cholesterol and is a proven antibiotic (especially effective against salmonella), antioxidant and anticoagulant. Designated by the government as "generally recognized as safe" ginger has few documented side effects. Because of its anticoagulant properties, however, it should be used cautiously by pregnant women approaching their expected date of birth. ("Morning Sickness Asides," *Birth Write*)

Ginger for pregnancy is one possibility; ginger for travel is another. When travelling with children - by car, boat, or plane - bring along the ginger. ■

Dear Members,

Here it is at the end of the year and a busy year at that. It is sometimes rather frantic with meetings to attend and submissions to write and just keeping up the energy and passion of homebirth. I am sure with new health reforms that it is going to be more difficult rather than easier to get accountability within the health profession - still we try - for women and their families.

I wish to express a big thank you for the support members of the committee have given me personally over the past year. The muffins, the verbal support and the sounding boards have made the job seem worthwhile and I really appreciate your being a part of the team.

A big thank you to Liz and Maggie for their support of the Association and a welcome to Jo Hoyle who is stepping into the Domiciliary field. We look forward to a new and busy year for you all.

Hope you all have a safe and happy Xmas break.

Happy homebirthing !

Glenys P
Co-ordinator



congratulations to Julia and Peter Drury on the birth of their baby son after a very long and courageous labour. You are an inspiration Julia. - Glenys Parton
November 28.

And what do you do ?

I'm a birth activist.

When asked what I do, instead of saying I'm a homemaker, though I am, or a nursing mom (of two!). I say I'm a birth activist. The responses that I get are generally confused ("A birth what?"), "What's that?", "I didn't hear you. What is it again?") but very interested. It always sparks a long discussion of what a birth activist is and does and why we're needed.

1) We liked his whole attitude toward birth. 2) We mutually liked and respected each other. 3) He is a family practitioner, so he is not blasé about birth.

Becoming a birth activist is easy. All it takes is a simple declaration: Giving birth is, for 95% of all women, a healthy act, done by healthy women. Anything and everyone that interferes with that health has to be stopped. Being a birth activist is a bit harder. It means acting on that declaration by educating everyone you can, writing letters to newspapers, doctors, hospitals, and legislators, being effectively angry with the right people, and showing the world, by whatever means necessary, that we mean business.

I became a birth activist (though I didn't know it then) in the recovery room, after having my second child by emergency cesarean, when I said to my husband, Richard, "The next child is going to be born vaginally." Six weeks later, when I told my obstetrician the same thing, he told me to write other doctors, as he did only repeat scheduled cesareans. I then wrote almost every obstetrician and family practitioner in the telephone book. After three weeks of reading return letters and talking to doctors on the telephone and discussing things with Richard, we decided on our doctor. We chose him for three reasons:

Having a baby is too important an event to be controlled by anyone but parents. WE owe it to ourselves and our babies to be as educated about birth as possible, and to act on that knowledge, so that our, and everyone else's, babies are born with love, respect, and joy.



This comes from a U.S. mag 1982. The issue isn't outdated!

Birth Story

Mandy is in desperate trouble. Her baby is nearly a month overdue and she is becoming weaker by the hour. A consultant from the nearby maternity hospital is called and having examined Mandy decides that without urgent hospital treatment the baby, whose fetal heart beat is faltering, will almost certainly die. Mandy is whisked into one of the hospital's empty delivery rooms; 5 doctors and 3 nurses stand by for an emergency Caesarean section. But the consultant in charge believes there is still hope of a relatively normal birth. He is worried that surgical delivery will result in the baby being rejected by its parents ... when natural instincts are blocked emotional problems are suffered.

He consults with his team and they decide to attempt a vacuum delivery. Mandy is prepared for her operation. It is a straight forward medical technique.

For nearly an hour the team works with tense professionalism. The suddenly it is all over. Wrinkled, slightly bloodied and so weak he needs an instant puff of oxygen to help his breathing, the baby is finally brought into a strange clinical world. The nurses wrap him up in towels, hold his tiny hands and stroke his face. For another hour they hold an oxygen mask over his face pumping strength into his tiny body. Mandy, still unconscious is put on a stretcher and taken home.

The consultant suddenly realises the danger - too much handling of the baby will destroy his natural scents and may lead his mother to reject him. One of the team has an idea - they rescue the placenta and carefully lay it with the sleeping baby who is taken to his mother.

Mandy, rouse from her anaesthetic and finds her baby between her legs. Gently she lifts him up, caressing him and, in a moment, the baby is contentedly suckling at his mother's breast. Bonjo, the father, is let through and walks to Mandy's side. He gently places a hand on his son's head. Baby Lukas, named after the hospital in Holland where he was born, is finally one of the family.

What do you have to do to receive such compassionate care; such genuine concern for the long term emotional as well as physical effects of birth, such respect for the importance of instincts and smells and touch? How did this lucky mum not only avoid induction or acceleration of labour but also a Caesarean section or an episiotomy and forceps delivery?

Not easy for us mere humans: Mandy is an eight year old 260lb gorilla; Bonjo, the father, a 530lb colossus.

The hospital made only one mistake - they tied the baby's umbilical cord with the same surgical thread they would use for a human child. Mandy spotted the unnatural knot and instantly bit it off.

Why cannot this degree of thought and care be extended to human mothers? Do we really care so little about our bodies and our instincts that they are considered expendable. This mother did not have to search for the quality of care she required nor have to insist that her feelings were respected - these things were accorded her as a natural right. What has happened to basic human rights in maternity care?

Originally from YOU : The mail on Sunday Magazine, July '83
Reprinted AIMS Quarterly Journal Autumn '83

Today

Today I left some dishes dirty
The bed got made around two thirty
The nappies soaked a little longer
Their odour grew a little stronger
The crumbs I spilled the day before
Were staring at me from the floor -
The dirt streaks on those window panes
Will still be there next time it rains
"For shame, oh lazy one," you say
And "just what did you do today?"
I nursed a baby while he slept
I held a toddler while she wept
I played a game of hide and seek
I squeezed a toy so it would squeak
I pushed a swing, I sang a song
I taught a child what's right and wrong
What did I do this whole day through?
Not much that shows, I guess, it's true
Unless you think that what I've done
Might be important to someone
With bright blue eyes and soft blond hair
If that's true, I've done my share.

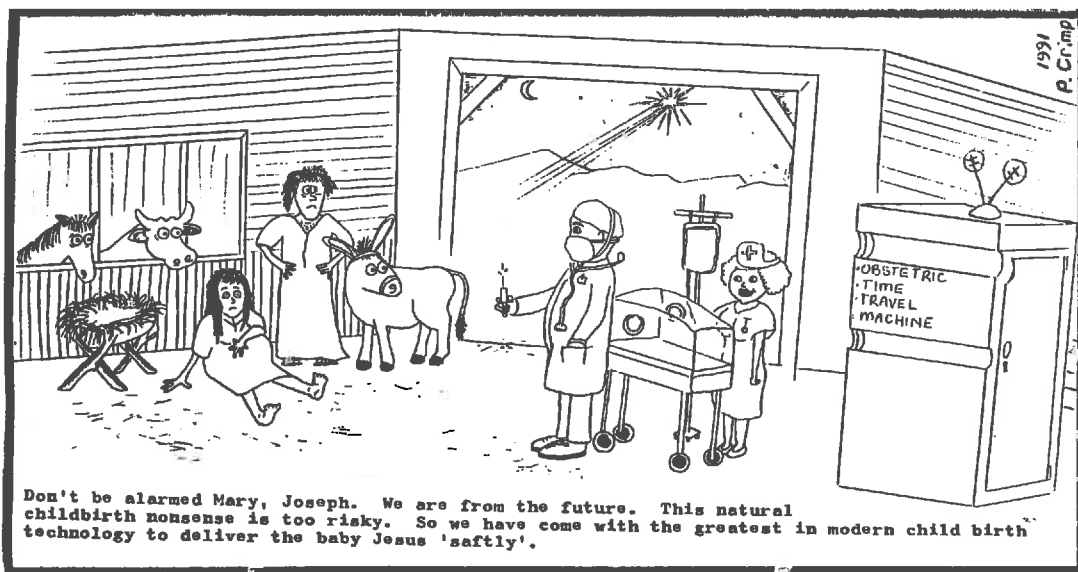
compared to hospital birth, to give birth at home is just like - instead of buying an apple in the supermarket - picking it from the tree on a warm, sunny day. Is like - instead of being driven through a lovely countryside by car - bike through it at ones own pace peacefully.



CHILDBIRTH AS A MEDICAL EVENT (From Shelia Kitzinger)

The modern obstetric view of birth in our society is based on the assumption that childbirth is a medical event which should be conducted in an intensive care setting. The whole of pregnancy is seen as a pathological condition terminated only by delivery. The modern high-tech obstetrician actively manages labour with all the technology of ultrasound, continuous electronic monitoring and an oxytocin intravenous drip. Many obstetricians have never had the opportunity to see a truly natural birth.

To turn the process of bringing new life into the world into one in which a woman becomes simply the body on the delivery table rather than an active birth giver is a degradation of the mothers role in childbirth.



1991
P. Crump

Birth Story appeal



If you would like your birth story to feature in one of the next issues of The Waikato Home Birth Newsletter, please send it to our box number. I currently do not have a local story for the January letter. Any material submitted is welcome, but must be in my hands by the 25th of the month to appear in the next issue.

Any member is welcome to come along to the committee meetings. Indeed all help and input is appreciated. Ask any committee member about the next date and venue.

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Enhances brain functions. Aids alignment of cranial bones. Disperses negativity. Reflects will and power aspects of God. Enhances full energies of body/mind/spirit.

GOLD

Purifies and energizes physical body. Improves circulation, strengthens nervous system. Aids tissue regeneration.

ONYX

Relieves stress. Strengthens bone marrow. Enhances emotional balance and self-control.

RUBY

Enhances circulation, vitalizes blood and entire body/mind. Strengthens immunity. Helps banish sense of limitation.

SILVER

Enhances mental functions. Aids circulation. Strengthens blood. Relieves stress. Relates to the moon, subconscious and female aspects. Emotional balance. Speech improvement. Excellent energy conductor.

(Excerpts from 'Crystal Awareness Guide' by Legion of Light 'The transformational properties of Gems and Minerals').

children at the birth

Involving children throughout the months of pregnancy and the subsequent birth of their new baby into the family is vital to reduce sibling jealousy. When older siblings attend the birth of their new brother or sister, there is no separation from the parents and no detachment from the event. There is so much love present in the air when a baby is born and it is really sad that some siblings miss out on sharing all that family love. The bonding within the whole family is very strong as all have been involved, becoming a real part of the pregnancy, labour, birth and beyond. It is a lasting experience to remember and cherish for the rest of their lives.

Thankfully small children have no pre-conception of birth as something dreadful, instead we portray to them that birth is a joyous family occasion, which can be hard work but it is immensely satisfying and rewarding. Too often this is only possible if home birth is chosen - a common reason for the rejection of hospital services.

Young children who are separated from the birth often view the baby as something interrupting their own existence. Too often, despite preparations, they believe the baby comes from the hospital, not from the mother. There is no sense of

affinity with the new baby, just resentment at the way it changes things. The child is naturally accepting when there is no separation or alienation from the mother giving birth, and when there is no mystery or unknown place as to where the baby comes from. Children are aware of the baby's presence within the mother and at birth they see it emerge from her body, that this baby is part of the family is unquestioned. Perhaps the child helped in some way by giving mummy a cold drink, another pillow, talked to her or held her hand. Whatever the level of involvement, the sibling shared and experienced the work, the pain, the relief and the love - they saw in reality their own birth and beginnings. They feel in touch with the whole event and show now fear, only love and acceptance for the new little being. From personal experience my own six year old daughter was very moved by her sister's birth and uninhibited, she naturally stroked and touched her as soon as she was born - eyes glowing in wonderment and love.

Naturally children should not have their minds made up for them or be expected to attend a birth against their inclination. They deserve to have their say in the decision making, and should be given plenty of opportunities to voice any doubts or reservation, and to discuss any fears they may have. Adequate preparation of the children for the event is as necessary as it is for the mum. In preparing children for a birth it is suggested that you look at books, photos and videos of births. Discuss their hopes and fears, and actively involve them in birth preparations and pre-natal visits. For the actual birth it is wise to invite a close friend or family member whom the child knows well to cater especially for the children's needs.

Jenny Mos

Sibling relationship. Starting as you mean to go on.



9th Dec'

Public Meeting
7.30 pm
Link House.



Please bring
a small
plate of
Xmas fare
to share.

Public Meeting
TOPICS 1992.

February
Meet the
Midwives.

March
Physiology.
Guest speaker.

April
Children at
the birth.
Avoiding
sibling
jealousy.

May
Positive ways
to avoid
intervention.

June
Breastfeeding,
in support of
La Lache.
The nursing
strike.

BABY DEATHS

Most baby deaths in Britain occur because of poor heart monitoring, misuse of forceps, and inadequate supervision by senior doctors, says a study published in Britain.

Research into 64 obstetric accidents, outlined in the *British Medical Journal*, shows that some doctors do not always recognise when foetal heart monitors indicate that a baby is in distress.

The authors of the study, from University College, London, said that five infant deaths were directly attributable to

mismanaged forceps, and misused forceps indirectly caused one maternal death.

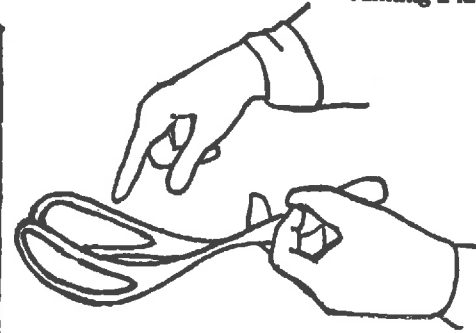
"Repeated attempts to use forceps by junior doctors is dangerous."

They added that many inexperienced junior doctors in Britain were left for long periods on labour wards without visits from registrars or consultants.

"In two cases where consultants doubted the competence of junior staff, they still did not visit the labour ward during 24 hours.

"The cases in this series could be dismissed as isolated incidents, but we believe that they reflect more general problems," the researchers said.

"Our results suggest there is a need to examine junior doctors' ability to use forceps and investigate the extent to which senior staff participate in running a labour ward."



Play Equipment Ideas for Xmas.

There are many good commercial swings, slides and other play equipment available. But an old fashioned swing hung from a tree, places to climb and hide, knotted ropes and a timber climbing frame may better suit your budget and your garden.

Here are some other ideas:

- Short lengths of round posts set into the ground at varying heights for stepping "stones".
- Cable reels (talk to your local power board) for jumping off or suspending a plank bridge between.
- Old tyres bolted together and suspended for climbing. Or use them for free play. You can lay them on the ground for a bouncy path, or stack them one atop the other for the children to climb into.
- A commercial slide chute set into an

existing slope - no ladder to fall off.

- A large cardboard box for use as a sunny day playhouse.

Look at the play equipment at your local kindergarten for ideas on swings and climbing platforms that could be built at home. Talk to your building supply yard for advice on the grade of timber to be used and the depth to which upright supports should be buried for optimum stability.

Remember to safety-proof the ground beneath swings, slides and climbing equipment with NZ Standards Association approved undersurface rubberised matting or bark, pea gravel or sand laid to a depth of 20cm (8 inches).

Keep sandpit sides to a height that toddlers can negotiate. A heavy duty polythene liner in a shallow hole, filled with clean sand and framed with wooden planks or railway sleepers makes a good sandpit. Cover when not in use to keep out cats and rain.



Little Treasures Christmas '91