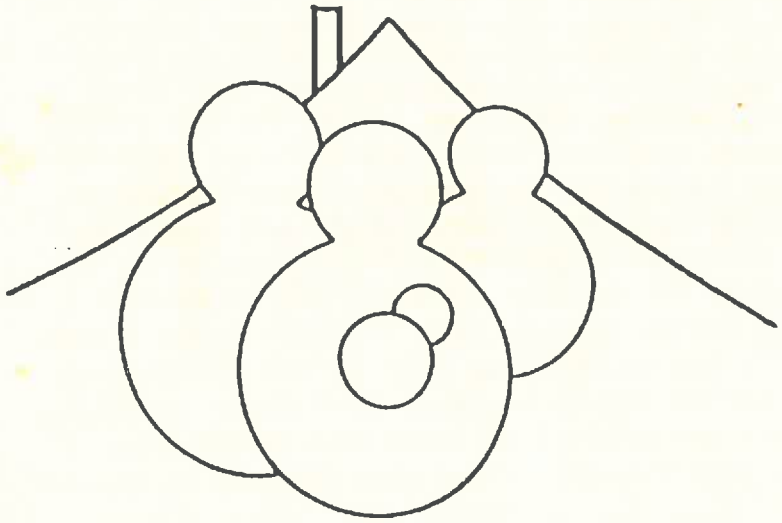
Maggie

Waikato Home Birth Association Newsletter

Monthly meetings of the association are held on the second Monday of each month at 7.30pm, at Link House, Te Aroha St, Hamilton.

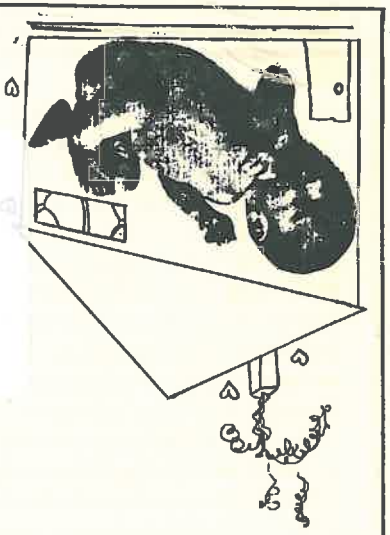
MARCH 1992



Phone Glenys 855 1842 for details.

Contributions and queries for newsletter phone 849 0316 or write to:

Peta Crimp
7 Garnett Ave,
Hamilton



Waikato Home Birth Association
Newsletter

Maggie Banks
14 Eton Dr
HAMILTON

Expiry: 1/99

29th Feb.
11.42 p.m!!

(Typewriter died may it rest in peace.)

I dont believe it. Ive gotten the March issue together. After I have assembled all the articles & bits there is always something really interesting left out that I didnt manage to fit in. Still, there is always the next issue.

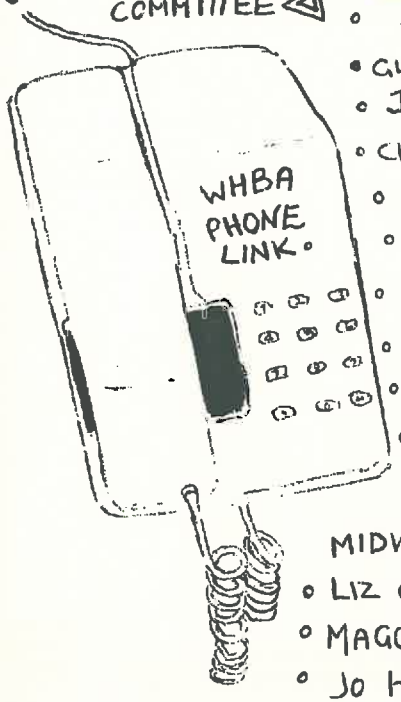
This last month has been busy & crazy. I rushed off and bought a Morris Minor 1000. $150 worth of car. There isnt a panel on her that doesnt need work. (and thats only the exterior!!) David believes everyone should have some basic mechanical knowledge. So when I stumbled upon this black hand painted monstrosity, I thought "Fabulous, I really, really want this car, I shall fix it myself!" (I had grand visions of a bright yellow, polished, & beautifully restored vehicle.) - So far in a frenzied burst of enthusiasm I have ripped out and thrown away the carpet and all the seats. That was a month ago.

Two weeks ago I desided I wanted to learn to play the side drums, these are the drums that make the rolling sound behind the Scottish Bag pipes. So I dashed off to a Scottish Pipe Band and promptly bought drum sticks & learn-how-to books.

In amoungst my girls, the business, the morris minor and the side drums my passion for Home Birth burns. Its been 9 months since I had Breezsha and not a day goes by without my talking to some one about Home Birth. One day New Zealand will have "Direct Entry" midwifery. Home Birth will be the high profile, acceptable, norm, and 90% of our G.P.'s will be well informed & Home Birth enlightened. I have faith in this becomming reality. (more faith I might add than I have in the morris minor gleaming a bright yellow, or my marching in the Christmas parade playing the drums.)

Many thanks going to Ellen Stapleton for her 4 birth stories. I felt uncomfortable with the idea of separating the 4, so the appear together. Birth stories are feelings, emotion & perception. I will never alter or edit these stories and they are printed word for word as the woman writes.

see you all March 9th. Peta Crimp.



COMMITTEE

- JOEY MATTHEWS 8554290
- GLENYS PARTON 8551842
- JULIE MARSHALL 8568998
- CHRISTINE DAWSON 8493905
- SARA NAPIER 8467597
- PETA CRIMP 8490316
- JOANNE RIDDER 8438219
- SIMONE PROSSER 8562615
- JOANNE HODGSON 8557742
- ELLEN STAPLETON 8436279

MIDWIVES

- LIZ CARLAW 8491000
- MAGGIE BANKS 8564612
- JO HOYLE 8563966

Do Babies Need Extra Water?

Even in tropical areas, infants who are being exclusively breastfed do not need to be given additional drinks of water to prevent dehydration; in fact, babies who are given supplemental water appear to consume less breast milk.[1] An in-depth study conducted in India during the summer involved 45 infants about 10 weeks old; 22 were breastfed and given supplementary water and 23 were breastfed but were not given additional water. (The former received about 11 percent of total fluids as water.) There were no significant differences between the two groups in the concentration of their urine, in their weight change or in their body temperature. However, the infants who received water supplements consumed significantly less breast milk than the infants who received no water. The researchers conclude that "exclusively breastfed infants can adequate maintain water homeostasis during summ months. . . . Water supplementation is u necessary and offers no additional adva tage for maintaining hydration status."

1. H. P. S. Sachdev et al., "Water Supplementation in E clusively Breastfed Infants During Summer in the Tro ics," *Lancet*, I:929, 1991.

One day you will find that you have stopped regarding your baby as a totally unpredictable and therefore rather alarming novelty, and have begun instead to think of him as a person with tastes, preferences and characteristics of his own. When that happens you will know that he has moved on from being a "newborn" and has got himself settled into life. Nobody can date that moment except you. An easy birth, close satisfactory contact immediately after it, and a good fit between his needs and your expectations, will all tend to bring it forward. Post-natal depression, feeding difficulties, or a baby who needs handling in a way that does not come naturally to you, will all tend to keep it back. But whether he is settled at two weeks or at two months, that moment will come.

Welcome Little Babe's

Mary McKay – A daughter,
Stephanie, born Jan 27.
Jane Galloway & Brian Godfrey –
A daughter,
Lennie, born Feb 6.

IF YOU WOULD LIKE TO WORD YOUR OWN BIRTH NOTICE, OR WOULD PREFER NOT TO HAVE THE BIRTH PUBLISHED, PHONE 8490316.

...In France people have been known to laugh aloud in the streets. Such a sin, especially on Sunday in Wellington or Dunedin, would be regarded with the most solemn expressions of displeasure.

New Zealand Observer, February 1914

TOPIC FOR

WAIKATO HOME BIRTH ASSOC MARCH 9th PUBLIC MEETING

PHYSIOLOGY

come along - bring a friend, see you there.

$ PIZZA Fundraiser!

ONCE AGAIN WE ARE SELLING THOSE YUMMY PIZZA'S!

closing date for orders, mar 27. Delivered, Apr 10 Ring a committee member to order

Every Pizza sold helps W.H.B.A. 2 little. So order yours now. Details further in

THE BIRTH OF THE "STAPLETEN" BOYS

I would like to tell you about the births of my 4 young sons. My oldest son Daniel; was born in Denmark 16th March 1984 by Caesarean Section. Daniel was a breech presentation. Tony and I were given the options of a breech delivery (which we were told is difficult for a first time mother and often ends in a Caesarean anyway) or an elective Caesar. We opted for the Caesarean out of my fear of birth. Daniel chose his own birthday as my water broke 9 days before the scheduled Caesarean.. I have never regretted choosing this method of birthing; what I do regret however is what was to come in my pregnancy with Johan, my second child.

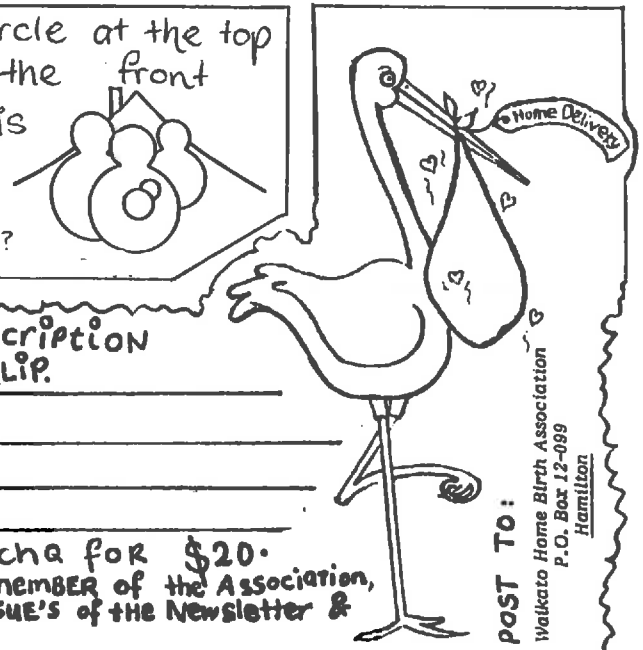
Have you got a pen, paper and five minutes!

Our midwives need your support! The "medical fraternity" is campaigning against midwives as independent practitioners and the Nurses Amendment Act.

If you've had a home birth (or domino) with a midwife attending and been happy with her service, write a few lines supporting her to Simon Upton, Minister of Health and Katherine O'Regan, at the Parliament Buildings, Wellington. It won't take long, and you don't even need a stamp to post it!!

this appeared in the Wellington Home Birth Ass' Newsletter (Dec) I have re-printed it for our members. ALL letters will help.

A green spot in the circle at the top right hand corner, on the front cover means..... This is your last news-letter. So please re-Subscribe. No green spot? Pass the slip on to a friend. Thanks!



Walkato Home Birth Association Newsletter

SUBSCRIPTION SLIP.

NAme: _____

aDDreSS: _____

PhonE: _____

I have ENclosed a cha for $20. this fee will List me as A member of the Association, it will entitle ME to 11 issue's of the Newsletter & use of the Library.

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

7 Garnett Avenue
HAMILTON

16th February 1992

this is my own personal letter. Its up to you how you would word your letter. I will print the reply, to this letter.

Dear Mr Simon Upton

I have two daughters. My first was born at Taranaki Base Hospital. Such was the horrendous nature of her birth that I decided to research the New Zealand birthing options, whilst we were expecting our second baby.

To this day I am convinced the earlier trauma I experienced was directly attributed to the Hospital as a whole and to a Doctor specifically. None of which is able to be proved. It is my personal belief, held through experience that, the medical profession are a law unto their own and by in large above accountability.

So we were therefore delighted to discover that the law allowed us to have our baby at home and ecstatic to further realise our midwife was a practitioner in her own right and we need not have a Doctor in attendance.

The highlight of my life, so far, has been giving birth to my second daughter. Born at home with my family about me, and also secure in the knowledge that a competent and professional midwife was also with me, and above all else without a Doctor.

Sir, I believe birth too important an event to be left to Obstetricians alone. There is a need in our community for midwife attended only births.

I am aware that a section of the medical profession are lobbying to change the new laws pertaining to domiciliary midwives practicing wihtout a Doctor.

Such is my abhorrence to a situation, creating a lack of women's choice, that if the law states I must have a Doctor present, at such a personal and private event, I could not ever willingly have another child.

Please take your time, don't make a decision brought on by Doctors using "safety" scare tatics. Look at the statistics of the safer home birthing choice.

My future family depend on an enlightened decision to allow New Zealand women to choose a midwife only at the birth of their precious children if they so wish.

Yours trustingly

PETA CRIMP
(Member of the Waikato Home Birth Association)

During my 9 months of pregnancy I was fit and very well and not at all bothered with the extra load in my belly. Because of my previous Caesarean I was under the B team at Waikato Womens Hospital At every visit to the antinatal clinic I met a different midwife and a different doctor. Since there was several visits these different people became many, and each person would give me different information. I was told things like "We'll induce you at 37-38 weeks", "If you haven't done much (dilating) in about 4 hours we'll section you" or "Why bother with a trial of labour". Towards the end of my pregnancy I was so anxious and uptight about the whole affair and also still very frightened of labour!!

Finally 12 days "overdue" I started labouring. This was a Thursday evening at 8.30. At 2.00 O'Clock we went to the hospital. My contractions were coming with regular intervals about 5 minutes apart. On arrival at the delivery suite everything stopped. I was told this was normal. Settled in a room I started up again. An internal examination showed 1 cm dilated. Friday morning the kettle went off the boil and I went home. Friday and Saturday it was an off again on again affair. Saturday morning I went to delivery suite to be monitored for 30 minutes. Everything was find but I was getting very tired, since I had had no sleep since getting out of bed Thursday morning. The duty doctor asked the obstetric registrar permission to induce and was refused. He then asked me to report back to the anti natal ward 7.00 O'Clock Saturday night where I would spend the night and then be induced Sunday morning. All Saturday afternoon my mother-in-law, (this wonderful lady knows about having babies, having had 8 of her own) marched me up and down her hallway and helped me breath through contractions. On arrival at Ward 51 I was examined vaginally and the same duty doctor found I was still only 1 cm diluted; Whilst I leaned against the wall contracting, he again phoned the obstetric registrar asking for permission to induce and was again refused. He then said "Well fix her and stretched my cervix. I was given 2 Halcian tablets, and then put to bed. When I woke up 2 $^{1}/_{2}$ hours later I had had a show and the contractions had changed....to a backache. These contractions were very different so all previous "labour" had "only" been severe Braxton Hicks contractions. The midwife rubbed my back for a while and when she also felt this was the "real thing" she packed me off down to delivery suite. At about 2.00 O'Clock Sunday morning. Here I asked for Tony (my husband) to be called. The midwife told me she would call him about breakfast time, since he had had as little sleep as I had. She also told me she had called the Anaesthetist to put in an epidural, her reasons being my tiredness, and that this birth was going to be long and hard. At this time I met the obstetric registrar. I was told by her she would break my waters and then slip a monitor into my baby's scalp. I was 4 cm dilated. Tony arrived in delivery suite about 9.00 O'Clock Sunday morning. He was happy the labour was finally progressing but he was also feeling rather useless "just sitting" there watching the monitoring machine. I fell asleep again for another 2-3 hours and while I slept my labour slept at 7 cm dilated for the same period of time. Finally at 3.25 Sunday afternoon I pushed my 9165 grams baby boy (9.3oz) into this world, (the obstetric registrar checked my uterine stretch line internally; it looked as if she put her whole arm inside me). I had torn and our GP stitched me up. Johan's umbilical cord was cut as soon as he was born and he was taken outside to be seen by a pediatrician. He was brought back into the delivery room whilst was being stitched up and Tony held him. I looked at my new wee son but knew something wasn't quite right and he didn't seem to cry properly, so he was whisked off again for a second examination and then taken to New Born Unit (NBU). I didn't get to see him till after 9.00 O'Clock when I very slowly waddled down to NBU. I asked to breastfeed my baby but was refused on the grounds that he had just been tube fed. Then I asked to hold him and was told no he had only just settled. I was too uncomfortable to sit and my legs weren't too steady due to the epidural and my being so tired, so I went back up to the Ward. I went back down to the NBU 2 times more that night and both times was refused to cuddle or feed my baby. He was in NBU because of Antibodies having entered his blood-stream. (A positive coombes test!!) and he would get very jaundice and needed to be under the lights. On Monday I saw a baby under the lights in the Ward nursery and then demanded that ,my baby be brought up to the Ward. This was refused. I went down to NBU and saw David Bauchir the Paed. He could see no reason for Johan not being with me, and Johan was brought to the Ward. I had counted Power points in my bedroom and asked to have him room in. From then on we started getting acquainted. I stayed in hospital 7 days.

By the time I was pregnant with our third child I knew I had to do better. I had 2 children already but still hadn't felt child birth. I'm a bit of a coward and I knew that if I went to hospital I'd accept every drug offered me. Solution to this matter "HOMEBIRTH". I asked my GP who wasn't exactly keen but said OK. I contacted the most experienced domiciliary midwife Clare and she was very keen (she knew my dissatisfaction and sadness of Johan's birth, me having called her already 1 $^{1}/_{2}$ years before telling her my story). She gave me mountains of encouragement and support and only she knew of my fear of birthing During this pregnancy I did two antenatal courses through the Home Birth Association. They were a great help; I now felt more in control and not so frightened. Sunday the 10th

September 1989 at 7.00 a.m. my waters broke as I was getting out of bed. I carried on with my daily duties and Tony went to clean out the garage. We were both expecting another long haul. There were no contractions only water dripping. At 3.00 p.m. Clare got home from her holiday overseas and came straight to see me. She arrived and suddenly it was all on. I was standing leaning against the wall using a couple of hot water bottles on my back and belly. I was getting uncomfortable tightenings but hadn't started thinking "pain" (probably because I expected a couple or so more days like this). Clare started setting up for the birth. She asked to examine me and found me fully dilated. I think both Tony and I just looked at her thinking she didn't know what she was talking about. We had not expected our labour to go this smooth and easy and it lasted only 2 - 2 1/2 hours. Nikolai was pushed out in 5 minutes at 5.00 p.m. and the placenta was born 8 minutes later. I didn't need any stitches, which helps a lot recovering from a birth. I was on Cloud 9 for weeks. I just couldn't get over how good I felt. Physically, mentally, I had finally done it.!!!

My pregnancy with Alexander was as uneventful as the 3 previous. I was fit and healthy and looking forward to the coming birth. I felt in control and I had no doubt I could birth this baby. I booked with the same midwife, feeling we were on the same wave length. On Friday 14th June while cooking dinner I felt a low backache. After dinner I had a pinkish show, then called Clare, who came out to check. 2 cm's dilated. All night I sat in bed with my hot water bottles. In the morning I called the midwife to ask how to get the baby to move down further (He was sitting sideways between my ribs) since contractions were weak only lasting 30-40 seconds and very irregular. This morning I walked a lot, but this didn't work; He hadn't moved down by 4.00 p.m. the midwife called back. I was 6 cm dilated she asked to rupture my membranes. I agreed to this,the breaking of the waters made him move down. Contractions got more regular (spaced about 5 minutes) but were only lasting 30-40 seconds. Still Alexander literally "sailed" into this world. I only took 40 minutes after rupturing my membrane, until he was born. He did get his head stuck half way out of me and Clare had to push my vaginal opening around this head. (I remember this very well). This was another long birth but an excellent one. We were ecstatic Tony and I to have our new baby born at home. I didn't need stitches and felt very well. Tony has, from being very doubtful about the safety of homebirth, when I was expecting Nikolai, gone to be an advocate for homebirth. He tells everyone interested "Its a breeze"!!

Thanks for taking the time to read my story.

Ellen Stapleton.

Supporting Home Birth

Any registered midwife can work in the home or a hospital. Domicilary midwives are those with a special commitment to home birth, to non-intervention and support for the women and the choices they make. Maggie Banks is a Hamilton domiciliary midwife
She writes about her role.

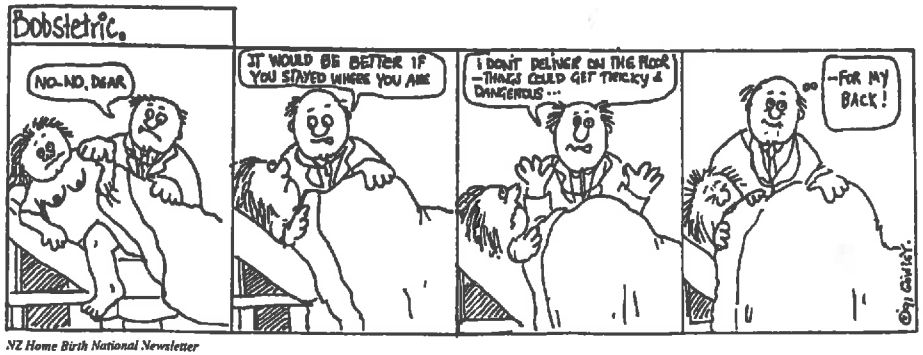
Giving birth at home has become a real choice for N.Z. women since the changes to the Nurses' Act 1977 which occured last year. These changes have restored midwives to their former role and recognizes the ageless practice of women helping women to give birth. It is a great step towards women reclaiming birth as a normal healthy event.

The domiciliary midwife is the only health professional in New Zealand able to provide a complete childbirth service. All care from the confirmation of pregnancy, throughout pregnancy, labour and birth and newborn care until six weeks later can be provided by the domiciliary midwife without the involvement of doctors, nurses and hospitals. The service is paid for by the maternity services payments which the midwife receives on the woman's behalf, so there is no charge to her.

The education and preparation for birth are typically noted in a birthplan which is a document of the woman's informed choice and consent and is signed by both parties. The sharing of pregnancy and birth knowledge between midwife and pregnant woman is fundamental to the woman maintaining her power and control over her body. The effect is to shatter the mysticism of birth that many professionals promote to enhance their inportance during the process.

As a hospital - employed midwife I was bound by policies and protocols that rarely reflect the needs or wishes of labouring women. They are often stressors to her and her baby and upset the flow of labour. The transition to domiciliary midwife requires much re-evaluation of practice, expecially when coming from an obstetric unit setting where birth is treated like a medical crisis with reliance on machines and intervening in the process.

As a domiciliary midwife my focus is on the woman and her baby and how I can help her to use her own strengths and to act as part of her 'team' along with her support people.



NZ Home Birth National Newsletter
Summer 1991/92

IS THE NURSERY A POSITIVE EXPERIENCE ?

Mothers whose babies stayed in the nursery at night did not sleep longer or better than mothers who kept their babies in the room with them during the night. While many mothers want to keep their babies with them at night, a common belief of health professionals is that mothers will have a more restful night's sleep if their babies stay in the nursery. Because of this conflict, a study was conducted to determine the impact of rooming-in on maternal sleep at night. Twenty-one healthy, full-term newborns and their mothers were included in the study. The infants of ten mothers remained in the nursery at night and were brought out to the mothers for feedings, if so requested. Eleven infants roomed-in with their mothers at night.

Maternal sleep data was collected during the first two consecutive nights following birth. Each mother was asked to estimate the number of hours she slept during the previous eight hour time period, from 11:00 p.m. to 7:00 a.m. Mothers also rated their quality of sleep on a seven point Likert scale, from "poor disrupted sleep" to "sound restful sleep." Seven out of ten mothers in the nursery group took sleep medication at least once during the nights of the study while none of the ten mothers in the rooming-in group took sleep medication. There was no significant difference in the amount or quality of sleep for mothers in either group. Mothers in the nursery group reported they slept an average of 5.35 hours during the eight hour period while mothers in the rooming-in group reported they slept an average of 5.55 hours. On the seven point Likert scale, the mean quality of sleep score was 4.78 for mothers in the nursery group and 5.23 for mothers in the rooming-in group. Mothers in both groups experienced marked sleep disruption and were dissatisfied with the amount and quality of sleep they had while in the hospital.

Keefe, M. R. 1988. The impact of infant rooming-in on maternal sleep at night. *J Ob Gynecol Neonatal Nurs* 17(2): 122-126.

AMAZING HUH. YOU WONDER HOW THEY FIGURED THAT OUT.

AT THE FACTORY

The increase of power-driven machines is of undoubted benefit to the health of the workers, for the treadle driving of the heavy machines used in boot-making has a tendency to induce womb troubles.

Grace Neill, 1895

The Trouble With Ultrasound

Health Risks, Psychological Effects, Social implications

by Naomi Bromberg Bar-Yam

I have been teaching childbirth preparation classes in Israel for the last two years, both in English and Hebrew, at home and in a private hospital in Jerusalem. When I began teaching I asked my students, "Has anyone had an ultrasound?" I learned very quickly that the appropriate question is, "Has anyone not had an ultrasound?" Israeli doctors routinely order two to three ultrasounds per pregnancy. The slightest hint of "complication" or unclear result means even more ultrasounds. Although not all American doctors use ultrasound routinely, it is becoming more common to do so.

Ultrasound is a useful tool in detecting certain potential problems in pregnancy. When the benefits outweigh the risks, it is important that ultrasound be available and that it be used. However, in speaking with pregnant couples and reading research and position papers on this subject, I have come to understand that the risks and dangers of ultrasound are far broader and more subtle than just the possible health risks to mother and baby of exposure to unknown amounts of ultrasound radiation. There are psychological and emotional implications for expectant families and professionals, as well as implications for the society as a whole.

Health risks

Numerous articles describe the lack of research on the short and long term risks of exposure to ultrasound radiation. Preliminary animal studies seem to indicate that ultrasound exposure may be linked with low birth weight and other newborn conditions. Long term effects of exposure to ultrasound have not been assessed. The American College of Obstetricians and Gynaecologists (ACOG), the International Childbirth Education Association (ICEA), and the Food and Drug Administration (FDA) have stated that while the health risks seem to be low, it is advisable to use ultrasound only when medically indicated, not routinely in pregnancy.

Doppler, which doctors use at prenatal office visits to hear the baby's heartbeat, uses higher doses of ultrasound radiation than an ultrasound picture of the fetus. The Doppler allows the doctor to hear the heartbeat much earlier in the pregnancy than was previously possible, although the value of this information is not clear.

Electronic fetal monitoring (EFM) uses ultrasound technique to detect the baby's heartbeat in labor. Originally EFM was designed to be used in "high risk" labors where it was important to regularly monitor the baby's response to contractions and/or medications. In many hospitals EFM is now used routinely on almost all laboring women. Aside from the constant exposure to ultrasound radiation, the monitor sometimes forces the women to be immobile, often flat on her back which might cause the fetal distress the monitor is designed to detect.

An additional risk, which may be as or more serious than the exposure to the ultrasound itself, is diagnoses made and treatment prescribed on the basis of misinterpreted ultra sounds. Not all doctors know how to read ultrasound. Doctors who use ultrasound routinely to determine size of the baby and location of the placenta cannot always make more subtle diagnoses on the basis of ultrasound. Ultrasound is, after all, a picture taken through the uterus and the amniotic fluid. Its clarity depends on, among other things, the quality of the equipment and the position of the fetus. Misdiagnoses could potentially precipitate induced labors (with the usual dominc effect of pitocin induction, spinal epidural. forceps delivery).

Misinterpretation of the data is also a problem with Doppler and EFM. Because early detection of the heartbeat and constant fetal monitoring in labor are relatively new and poorly studied, it is not always clear what constitutes fetal distress. Hasty decisions for medical intervention in labor are often made on the basis of a monitor strip early in labor. Many times the baby is born healthy with no signs of distress.

Expectant couples must make sure that the person reading their ultrasound has special training and much experience in interpretation of the reading. In addition, if treatment is to be prescribed or recommended on the basis of ultrasound during pregnancy and perhaps even labor, a second opinion should be sought. This can be in the form of a second expert, be it a doctor, midwife or ultrasound technician, who will read the ultrasound or EFM or perform another test to confirm or reject the original ultrasound interpretation.

Emotional and psychological effects

How many times have women said, "I'm willing to do the ultrasound just to reassure me that everything is okay?" Ultrasound does not tell us that "everything is okay." If we are lucky, ultrasound may tell us that somethings are okay. As we have seen, it happens occasionally that the ultrasound is not reliable. Along with the myriad of other prenatal tests available, ultrasound sometimes gives couples a false sense of security about the welfare of their babies. It is always important to remember that all the prenatal tests combined cannot guarantee a healthy baby or an uncomplicated birth.

At the same time, these tests distance us from our own bodies (of which the fetus is a part) and our own sensations and experiences. In her book on midwifery Heart and Hands: A Midwife's Guide to Pregnancy and Birth (available through the ICEA Bookcentre), Elizabeth Davis reminds midwives to elicit and take seriously the reactions, sensations and gut feelings of the pregnant woman regarding the progress of the pregnancy and the conditi n of the fetus. These observations and comments should be recorded in the patient's medical

record along with the results of her blood tests, nutrition analysis, weight gain, etc. When women are in tune with their bodies and their babies, they often have an accurate sense when there may be problems that cannot be detected from the outside. The reverse is also true; when all the experts say there may be problems, women often sense that in fact "everything will be okay."

It is important for each couple to personally assess what information is important for them to have regarding the course of the pregnancy and the well-being of the baby. They then need to ask themselves if it is possible to obtain that information and what is the best way to get it. The answer will differ for each pregnant woman and couple.

When doctors and midwives rely on Doppler, EFM and ultrasound instead of their own hands, ears and intuition, they lose (or never learn) important skills. Many doctors and midwives in training today are not taught to use a fetoscope at all. When the machinery malfunctions, caregivers are left at a loss. Just as pregnant women need to know that the person interpreting an ultrasound or EFM tracing has expertise and experience, the caregiver using the fetoscope should also have much experience in finding and monitoring babies' heartbeats.

With electronic equipment being relied upon more and more, these professionals also lose invaluable physical and emotional contact with their clients. This contact helps the woman feel comfortable and confident during labor - confident in herself, her ability to find the physical, emotional and spiritual strength needed to birth the baby. She needs to feel confident the professional and family support around her will help rather than hinder the individual pace of her labor.

Social implications

Birth is a social, culturally defined experience as much as it is a physiological, emotional and spiritual one. Every culture has its tools which it considers indispensable to safe, healthy birth. When those tools include amulets and incense, we smile smugly at a society we consider "preliterate," non-medical, non-Western. Only a generation ago our own cultural tools included chloroform, forceps and stirrups. Birthing women revolted and said, "This is unsafe and unfair. Women and their partners should be active participants in the birth."

The tools of birth are important for two reasons:

- they are often useful in making birth a safer, more comfortable and joyous experience for mothers and their families. This is no less true of prayers, amulets, massage oils, birthing stools and ropes than it is true of fetal monitors, ultrasound, hospitals, forceps and cesarean sections.
- the tools each culture uses to monitor and aid in pregnancy and birth are indicative of that culture's attitude towards those events. What do our culture's tools tell us about our attitudes towards pregnancy and birth?

Routine use of ultrasound (in all its forms) perpetuates the social attitude that birth is fraught with danger and risk rather than being a normal, healthy process. Such testing is an extension of the medically controlled, mother-incapacitated or even unconscious births so common a generation ago. We continue to view pregnancy and birth as painful, frightening events full of unknowns from which only medical science can save us. While the expression of our attitude has changed, the attitude itself remains among consumers as well as physicians.

Perhaps most graphically of all the tests, routine use of ultrasound technology points to our view of the mother as the barrier between the baby and the outside world rather than seeing her as the baby's nurturer and protector. It is difficult for doctors and pregnant women to resist the urge to see what is happening "in there" because we lack confidence that our bodies, minds and souls know how to nurture and birth babies.

Conclusion

There are many professionals, parents and expectant couples attempting to change this basic attitude for themselves and society as a whole. As more is learned about birth in other places, it becomes obvious there are very few specific tools truly indispensable to healthy, normal birth. How is it possible to bring about a change?

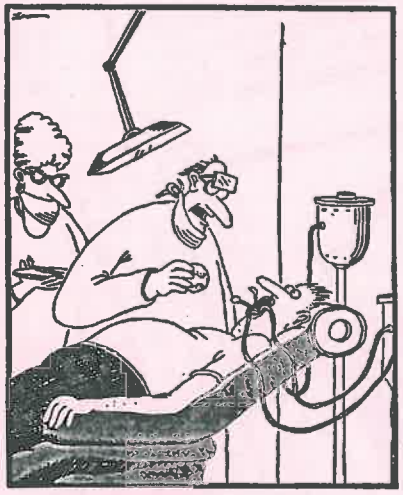
It begins on a individual level. Couples must find their personal balance in the use of new technology. Professionals can support this by dispensing accurate information and asking questions which allow couples to discover for themselves what is best for them, letting them know it is permissible to refuse any or all tests. All testing must be the personal, informed choice of each individual and couple. This will involve a change in attitude on the part of consumers as well as medical professionals.

We criticize the medical profession for over-managing medical care and not informing us sufficiently of the pros, cons and unknowns of a particular test or treatment. If this is so, we as consumers must be prepared to take more responsibility for our own care. That means not always relying on the word of one doctor. It is up to us as consumers to do our own leg work, to ask questions, to seek out second opinions, to say no, to be prepared to change caregivers if we do not share the same philosophy of prenatal care and birth. We also must be prepared to engage in an ongoing dialogue with the doctor or midwife with whom we do choose to work. Together we must establish an open, trusting relationship so when faced with a decision that must be made quickly, we will trust one another. When such a relationship exists, pregnancy and birth can proceed with a minimum of unnecessary interventions. The experience will be joyous, exhilarating, wondrous and safe for everyone involved.

Naomi, MSW, is a childbirth educator teaching childbirth preparation classes at home and in a Jerusalem hospital. She is currently living in Rehovot, Israel, with her husband and three children

This is the association's news-letter. But it's your news-letter too. If you have a comment or a letter to the Editor. Send it in !!!!

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



"Now open even wider, Mr. Stevens.... Just out of curiosity, we're going to see if we can also cram in this tennis ball."

FLEAS AND FLIES -
The Herb RUE helps to repel flies, so does TANSY. Make a strong tea (teaspoon), steep for 10 minutes and use a hand spray container to spray the room with the liquid.
Make an infusion of PENNYROYAL and THYME, along with crushed GARLIC and spray this onto windowsills to repel insects and flies.
PENNYROYAL, EUCALYPTUS and MINT all help to disperse fleas and flies.

Polio from nappy

Reuter — Southampton

A man contracted polio from the soiled nappy of his niece who had been vaccinated against the disease just days before. Doctors said yesterday that it was literally a one in three million chance that he contracted polio. He has developed paralysis of the lungs and has been placed on a ventilation machine.