

Waikato Home Birth Association Inc. Newsmagazine 1993

Maggie Banks
Te Awa Rd
RD 3
HAMILTON

Expiry: 7/94

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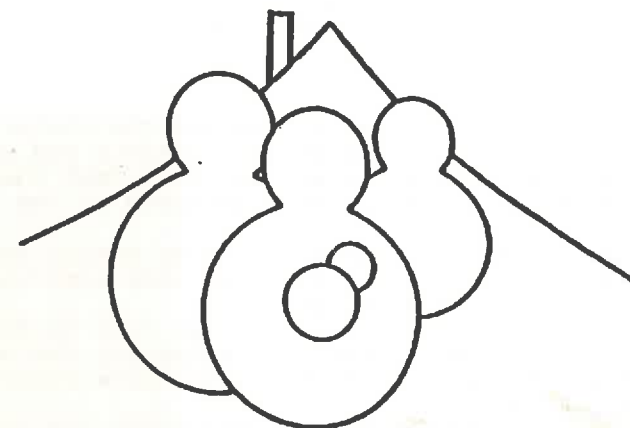


Monthly meetings of the association are held on the second Monday of each month at 7.30pm, at Link House on Te Aroha Street. For enquiries please phone Peta on 849-0316.
Core group meetings are held on the 4th Thursday of each month at 7.30pm at Home Birth House. All members are welcome - phone Glenys on 855-1842 for the agenda

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

Waikato Home Birth Association Inc.

Newsmagazine



DECEMBER

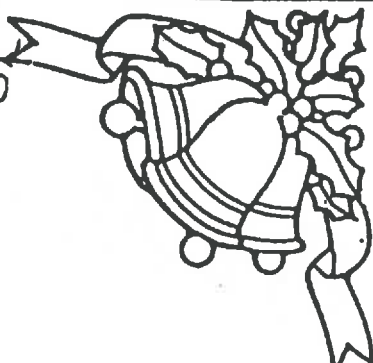
1993

PHONE NUMBERS:

Glenys Parton	855-1842	Chairperson WHBA Inc.
Sharon Sayer	854-0475	Treasurer
Anne Marie Graham	843-4092	Newsmagazine Editor
Peta Crimp	849-0316	Public Meeting Coordinator
Joanne Ridder	843-8219	Mailing List Coordinator
Home Birth House		834-0682

8 D Richmond Street
Open: Wed, Thurs & Fri
from 10am to 2pm

Merry Christmas
to all.



EDITORIAL

Dear friends,

With Christmas just around the corner and everyone rushing around and buying presents and getting more and more into the Christmas spirit I feel that this year should be a good happy time compared to the last few years.

I really enjoy getting together with my family and watching my childrens happy faces as they open their presents on Christmas morning.

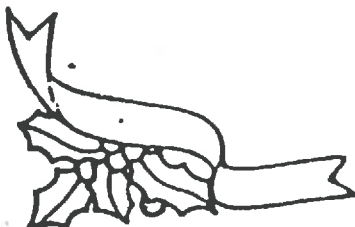
This month I have had so many articles come in from all directions that I had a huge task selecting the ones for this Edition. Thankyou to all those who have contributed it is much appreciated.

We have two great birth stories this month one was written by a ten year old sister of the baby born. I think its a neat idea and I would love to have more along the same vein ,brothers or sisters.

The next public meeting is to be held on the 13th of Dec ,It will be nice to catch up with everyone. Please bring a plate of Christmas fare and I hope you can all make it . Have a great Christmas and if you are going away take care and have a great holiday.
So until next year,bye.

Kind regards

Anne Marie Pentecost



MIDWIVES

Maggie Banks	07 856-4612	Hamilton
Belinda Beetham	07 843-8082	Hamilton
Liz Carlaw	07 849-1000	Hamilton
Fern Drysdale	07 883-8506	Putaruru
Sally Greed	07 827-8148	Cambridge
Jo Hoyle	07 856-3966	Hamilton
Jenny Johnston	07 868-2116	Thames
Cathryn Knox	07 825-8052	Raglan
Jane Orange	07 856-6546	Hamilton
Alaine Shaw	07 871-5966	Te Awamutu
Megan Spooner	07 825-8233	Raglan

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

No Green Spot? Pass the form on to a friend

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

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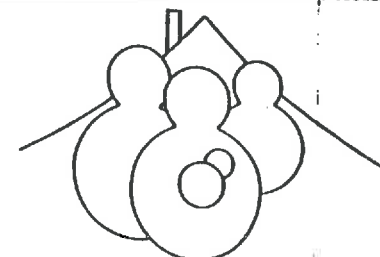
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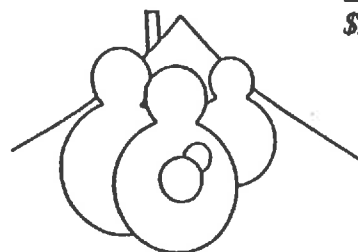


THE GOOD MOTHER

*I try to be a good mother
And read to her in bed,
But the story's interrupted
By whatever fills her head.*

<i>Why's the cat having kittens? And why's a snail brown? Why's there boogies up our nose? Can I eat upside down?</i>	<i>Just shoosh while Mummy's reading Or we won't get to the end — The story gets all muddled Then we'll have to start again.</i>
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*My little one is thoughtful
And it looks as though she'll try it.
Then with eyes wide open sighs and says
"You know I can't keep quiet".*



*Envelope Recycling Labels
\$2.00 for 20 \$3.50 for 50*

**HOME BIRTH
WHANAUTANGA**
A SAFE ALTERNATIVE

Send SAE to Waikato Homebirth Assn. P.O. Box 12099 Hamilton

BIRTH NOTICES

On:	These parents:	had a:	named:	where:	attended by:
2/11/93	Brigid & John Devcich	son	Joshua	Hamilton	Maggie
4/11/93	Stephanie & Peter Morrison	Daughter	Holly	Te Awamutu	Alaine
30/10/93	Mariana & Tony Andrews	son	Kiwa	Mangakino	Fern/Julia/Sally
31/10/93	Dianne Rolston & Colin Dowd	son	Oscar	Putaruru	Fern/Julia/Sally
2/11/93	Lee-ann & Andrew Whelan	daughter	Michaela	Putaruru	Fern/Jane
12/11/93	Christine & Daryl Hussey	daughter	Natasha	Hamilton	Maggie

COMING EVENTS

9th December - Thursday, Cambridge Home Birth Support Group are having an evening meeting. Contact Debbie Stewart 827-8202, Wendy McNutt 827-3872.

13th December - Monday, Waikato Home Birth Association Christmas Meeting. 7.30 PM at Link House, Te Aroha St. An evening for sharing - Birth Stories etc. Please bring a plate for supper.

14th December - Tuesday, Baby Daze Meeting at Home Birth House, 8D Richmond St from 9.30AM to 11.30AM. Contact Belinda Beetham 843-8082, Peta Crimp 849-0316.

The Te Awamutu Home Birth Support Group have had their final meeting for the year. They raised \$550 with their Dinner Raffle. The first meeting for the year will be late February. Contact Alaine Shaw 07 871-5966, for further details.

BABY DAZE

The W.H.B.A. Post Natal Group.
Held at Home Birth House every 2nd Tuesday
9.30 - 11.30 a.m.

Parents and Littlies welcome.

The Baby Daze group has been meeting every 2nd Tuesday morning as advertised in the Newsletter. With the original intention of having topics e.t.c. however the gatherings have been much more informal with a great many topics discussed. So far we have had new faces at each gathering, and of course new faces are very welcome. The next dates for Baby Daze meetings are November 30th and December 14th. The group will get together again next year and those dates will be published in the next Newsmagazine. Remember there is no Newsmagazine for January.

Try to come along! PUBLIC MEETING

The W.H.B.A. December Public Meeting
Link House, Monday 13th December, 7.30pm.

TOPIC - Birth Plans.

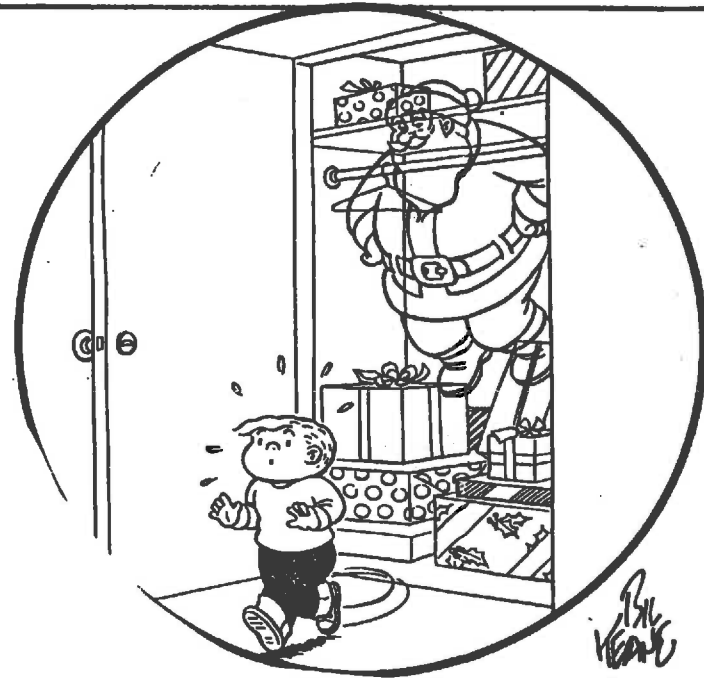
Traditionally our Christmas meeting is small, being smack in the middle of December. However it would be nice this year to see a bigger group for the last public meeting of the year. This is a really interesting topic and the more people the more input. So if you haven't been to a meeting for a while, make an effort to come along. It would be nice to wish you a merry Christmas personally. If you have a written birth plan that you have saved from a previous pregnancy and are willing to share this with our discussion then please bring it along with you. A chance for others to hear what a birth plan can be, idea's for what to include and how a birth plan can prove to be very usefull.

Please also, if you are feeling energetic
could you provide a plate of Christmas fare.

1993 has been a challanging year, and many co-ordinating group members and midwives have worked especially hard to keep track of and on top of the health reforms. The whole area of health reforms and what it means for midwives and for consumers of Home birth still appears murky. What is clear is that to retain and sustain the Home Birth Option in 1994 is for us all to keep talking about Home birth. Keep spreading the message, letting our friends and neighbours know of the option. The W.H.B.A will continue to have public meetings monthly through out 1994. Let others know where and when they are, and I will look forward to seeing you there.

Merry Christmas
Peta Crisp.

Public Meeting Co ordinator, and Contact for Baby Daze.



"Tell Aunt Nancy I've got all the clothes I need."



"Let's get one that's real wide at the bottom so there'll be room for lots of presents."



"What did you tell Santa?"
"I told him you'd put a check in the mail."

Brittle bones—the legacy of aluminium pots?

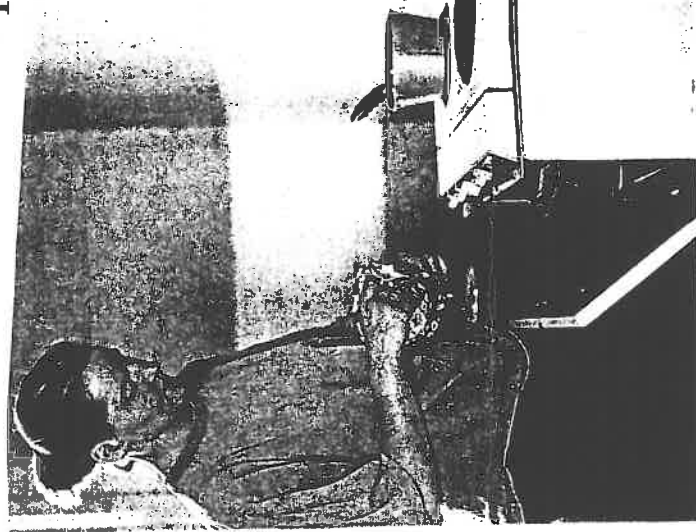
6 November 1993
New Scientist.

ALUMINIUM pots and pans are shunned by culinary purists who say they perform badly in the kitchen. Now these utensils may also be implicated in hip fractures among old people who used them years ago when boiled vegetables and pot roasts were popular.

Robert Cumming, an epidemiologist at the University of Sydney, carried out a study of hip fractures among 416 men and women over 65. These are the most serious fractures among elderly people in terms of loss of mobility and confidence. Half of the people in Cumming's sample had hip fractures while half did not. The groups included 35 men with hip fractures and 174 women and 70 men and 137 women with no fractures.

Cumming asked the people if they had used aluminium pots when they were 20 and 50 and whether they still used them. He also asked what they cooked in the pots. "I found that if you had used aluminium cooking pots when you were 20, you had twice the risk of breaking your hip," he says. However, Cumming told a scientific conference in Sydney earlier this month that elderly people who use aluminium pots and pans today are not more likely to fracture a hip than those who have changed to steel or glass equipment.

The reason for the findings are unclear. Cumming suspects that the



Cooking up a crisis: Using the wrong pots and pans could cause hip fractures in later life

people who used old-fashioned aluminium pots and pans when they were 20 absorbed aluminium while their bones were still forming. This reduced the overall strength of their hips and so made the people more vulnerable to breaks later in life.

The aluminium may have damaged the

bones by interfering with the way they normally release and take up calcium. If this is true, the women would have been more susceptible to fractures than the men because their bone density falls after the menopause.

Cumming believes that the popularity of stewed fruit and tomatoes in the 1930s, 1940s and 1950s made matters worse. Many who took part in the study said they ate these dishes daily. By boiling such acidic foods for hours, unwitting cooks guaranteed that high quantities of aluminium leached from the pots into the food.

According to Cumming, it is too early to consign aluminium utensils to the scrap heap. "This is the first epidemiological study that has looked at this," he says. "After two more studies, then yes." Besides, he suspects that modern aluminium pots are less likely to shed aluminium molecules during cooking than their predecessors.

Cumming became curious about aluminium and fractures after Bengt Mojborg, a Swedish orthopaedic surgeon, raised the possibility of a link. Cumming added questions about aluminium pots and pans to a broader study of hip fractures. "I didn't expect to find anything," he says.

Cumming has submitted a paper on his work to the *Journal of Osteoporosis International*. Leigh Dayton, Sydney



When Jane Rogers found at 30 weeks pregnant that her baby was breech she started to prepare herself for the possibility of a hospital breech delivery. She found it difficult to find a positive view of breech delivery and was keen to share her story.

At 36 weeks, having accepted that my baby was determined to stay breech, I had a good cry, waved goodbye to my home delivery and started to look forward to the birth. The consultant was very positive about my wish for a natural delivery. My other deliveries had been very straightforward. A pelvic x-ray showed a pelvic outlet of 14 cm ('You could get the Queen Mary through there', my sister said). A scan estimated the baby at 7.5 lb. Everything looked good.

Two days before my due date, I picked David up from school. We all went for a walk with Barney, the dog, in the late June sunshine. I came home, prepared the meal and, when Nick arrived home, I had a short sleep while he dished up the meal. After tea, the children played in the garden and I took Nick a cup of tea out onto the back step where he was combing the dog! 'Oh dear!' I said, as my rather murky waters flooded the stones. Nick said afterwards he thought the 'Oh dear' meant a fly in his tea! I waddled upstairs to change while Nick phoned the hospital. I knew the baby's position meant I would have to go in immediately in case of cord prolapse. As I started to undress the reassuring sensation of a contraction soothed my anxieties - I felt everything was going to be okay. It was 6.30 pm.

My friend, Maddy, came to look after David and Jenny. They both seemed quite excited at the thought of a new sister or brother.

We arrived at the hospital at 7.15 pm. Once undressed and showered, my midwife, Bev, examined me. I was relieved to hear the steady beat of the baby's heart and thrilled to know that I was 5 cm dilated. Bev read my very optimistic birth plan, basically 'no intervention... unless', and was encouraging but realistic. She explained it was usual to use for-

ceps to deliver breech babies and obviously this may affect my position, and could mean an episiotomy. I decided not to worry about it.

I was taken to what is apparently known as the 'forceps room'. No

"my very optimistic birth plan, basically 'no intervention... unless'"

wallpaper, lots of stainless steel, a trolley full of instruments, a resuscitation unit and Nick. Thank God for Nick. 'Well, this is nice' he said, and we laughed - giggled really.

The contractions came thick and fast. I sat on the edge of the bed and then stood up during contractions. Eye contact with Nick helped at first, but then I just wanted to lean on him. Bev examined me standing by the bed and thought the baby's bottom was hanging down. Ours is a small hospital and twins were being delivered next door. The consultant and registrar were in there. The registrar (or house officer) Dr K came in. He could not, he said, examine me standing by the bed. I clambered on, clambered off again to have a contraction, clambered on again. 'Eight centimetres', he said. He warned me not to push. He wanted to be here when I pushed so they were to call him when I had an urge. It was 8.30 pm. The shift had changed and my new midwife, Trish, listened gravely to Dr K, as he left, she came to where I stood by the bed. 'Is this how you want to deliver?' she asked. I could have hugged her! Bev stayed on and there was a student too, but I was getting beyond all that. I knew Nick was there and I knew Trish was too: I could feel her confidence washing over me.

I was wanting to push. I asked for gas and air, and I drank it in, trying not to push. Next contraction, on my hands and knees, head pushed in the pillow, I wept as in a 'B' movie, 'Oh please, I've got to push. Please let me!' I could feel my perineum fanning out. I heard Bev say, 'Shall I go for Dr K?' Trish sounded very calm, 'No, just give me a few minutes'. I felt elated. I could feel the baby turning inside me: each push was easy and productive. She gave me three or four contractions, and the baby's bottom was about to crown.

Dr K returned and asked her to turn me over. 'She's alright', she said, he came up to my end. 'Please could you help me and turn over?' 'No!' I grunted mid-contraction, movement would have been impossible. I was screaming now. I felt really great - bloody painful but good too. Next contraction, the bottom was born. I was making a lot of noise, but I felt the legs pop out and felt them being held up. The head was born next, before the forceps had even been unwrapped. Trish put the baby between my legs and I stroked it and loved it. What was it? I could not see. The cord was short and the placenta had not been delivered. 'No syntometrine too!' I bet the doctor was thinking. A minute later, out plopped the placenta, the cord was cut, and... a girl. Eleanor Rose. The paediatrician arrived and went, and she was all mine, all 8lb 9oz of her. She was a full pound bigger than David! Both Nick and I were very emotional, she was beautiful, with her great far neck she looked like a Sumo wrestler! She was born at 9 pm after just two and a half hours of labour. When Trish examined me and found that I did not need stitches, I was elated. I thanked everyone, but it was the confidence of the midwives that had really helped, Trish's in particular. Her experience and confidence in herself and in me

MEDIA REPORTS

Vaccine pamphlet put out by company

TIMARU. — A Timaru GP is warning parents not to be alarmed by a pamphlet about HIB meningitis which was delivered to local homes over the weekend.

Local Medical Association representative Bruce Small said the pamphlet urged parents to vaccinate their children against the haemophilus influenzae type B disease, saying 'It infected 160 New Zealand children each year and caused death and disability.'

The pamphlet comes after a warning yesterday from the Public Health Commission that many children were not being vaccinated.

The commission said only 60 percent of children were fully immunised by the age of two, but to effectively eradicate diseases like measles, 85-95 percent needed to be properly vaccinated.

Senior adviser on communicable disease Harry Nicholls said while almost all children began their series of injections, an increasingly large number did not get the extra doses they needed. He said a national strategy was needed to improve immunisation coverage.

However, Dr Small said the pamphlet distributed in Timaru was written by pharmaceutical company Rhone-Poulenc Rorer NZ Ltd, which stood to gain financially by encouraging parents to vaccinate their children.

"We've had a lot of parents ringing up, saying they've got this pamphlet and wanting to know what they should do.

"It is a nasty disease — it can kill — but whether the vaccine is absolutely necessary is debatable.

"We don't have high rates of hepatitis and other infectious diseases, so I wouldn't recommend parents rush out and vaccinate their children."

He said the way the pamphlet was written suggested it came from the Medical Association or the Department of Health.

"My big concern is that the company did not make it clear who issued the pamphlet," said Dr Small. "I mean, the suggestion it's come from the Medical Association gives it some weight, when really the company stands to make money from it."

"In the tiniest of writing on the back it does give the firm's name and says the pamphlet was issued 'in the interest of improved public health' but that's not enough."

Dr Small said the vaccines cost \$30 each and were not subsidised by the Government, meaning everyone, regardless of their medical grouping, had to pay \$30.

"And about 50 percent of that will be profit to the pharmaceutical firm."

Rhone-Poulenc Rorer general manager Alan Anderson yesterday disputed Dr Small's claims that whether the vaccine was necessary was debatable. "The Government intends putting it into the schedule in the next 18 months and they wouldn't do that if its worth was debatable."

NZPA

24/9/93.

GP WEEKLY NEWS

Listeria guidelines for pregnant women

In light of recent publicity surrounding the effect of listeria on pregnant women, the Public Health Commission has reprinted leaflets and posters explaining risks and precautions that can be taken to minimise the chance of being infected by listeria.

According to the leaflet, listeria is a common bacterium found in soil, plants, water and in the droppings and faeces of animals and humans. It has almost no effect on healthy adults and children. Most people are exposed to it regularly. However, infection of listeria is dangerous for pregnant women as it can cause miscarriage and stillbirth. As well, newborn babies have a high death rate caused by the listeriosis infection.

Jenny Reid, a nutritionist with the Public Health Commission, said the purpose of the leaflet was to outline a few simple steps for pregnant women to safeguard against listeria. Safe food handling, she said, went a long way in diminishing the risk to pregnant women and their unborn child. The risk increases when processed foods without preservative are not handled safely, not heated properly or stored for a long time.

'Pregnant women should follow simple rules such as cook-

ing food until piping hot, especially when using microwaves, eating freshly cooked foods, thoroughly washing raw fruit and vegetables, and re-heating cooked food which has been stored in the fridge, so that it is piping hot.

'Also, there are some foods that should be avoided: chilled, pre-cooked seafood products, unless eaten hot; paté, pre-cooked chicken, ham and other chilled pre-cooked meat products; uncooked seafoods; stored salads and coleslaws; unpasteurised milk,' Ms Reid said.

Instead, she recommended as 'safe' all freshly cooked foods, pasteurised dairy foods, freshly washed vegetables and fruit, all tinned foods, bread and baked foods without cream or custard, dried food, cereals and beverages.

For a copy of the leaflet or poster, or for further information on food preparation and safety, contact the public health unit of your local crown health enterprise. □

Continued from previous page

had given me a wonderful birth experience.

The next day, Dr K visited me and explained why he usually liked to deliver breech babies with an epidural and forceps. I am not sure why he did this, but it seemed a little pointless to explain this to a woman with a stupid grin on her face because she has just had the best baby ever (one of a set of three actually) in the best way possible!

Reprinted from: *New Generation*, December 1990.

Danish woman pregnant with nine embryos

COPENHAGEN: A 40-year-old Danish woman has become pregnant with nine fertilised embryos after receiving hormone treatment, doctors said.

A spokesman for Copenhagen University Hospital said doctors were considering removing most of the embryos to allow the woman to give birth safely.

The woman had undergone treatment at a private clinic and the multiple pregnancy sparked a debate on imposing tighter controls on hormone medication for infertility.

Denmark's Ethical Council called for a ban on infertility treatment in private sector hospitals.

The Copenhagen hospital said that it was the first time in their experience that hormone treatment had fertilised so many female eggs in a patient. □

EVStd 15-2-93

Mothers flee from cockroaches

AUCKLAND. — An Auckland woman said yesterday she discharged herself from National Women's Hospital soon after giving birth because of cockroaches in the ward.

She said there were up to 20 cockroaches crawling on the floor of her ward so she discharged herself 15 hours after delivery.

Shree Helliwell, 24, of Manurewa, said she was one of seven women who left soon after delivery because of the "filthy" conditions.

"The cockroaches were everywhere — climbing the walls, coming through the floorboards — and staff were so embarrassed they were crushing them with their feet," she said.

Mrs Helliwell said she and other mothers complained to staff, who said the hospital was due to step up its pest control programme. However, she decided to leave after she saw cockroaches crawling up her baby's crib, over her bed and through clean nappies.

Maternity services manager Anne Nightingale said the pests were a constant problem but the cockroach breeding season made control more difficult. NZPA



13/10/93

GP WEEKLY CLINICAL

Smoking in pregnancy raises child asthma risk by over 30 percent

By Jo Haynes

Women who smoke while pregnant increase the child's risk of suffering asthma symptoms before the age of 16 by a third, one of the largest-ever epidemiological studies of childhood wheeze has revealed.

The research, which followed 15,712 infants from birth, also found boys were 40 percent more likely than girls to wheeze, and babies under 2kg at birth had a 36 percent higher risk of wheezing than heavier babies.

In total, just over 30 percent of the children in the study, all born during one

week in April 1970, had had wheezing symptoms by the age of 16. Nearly 21 percent wheezed before age five.

Information collected

Social and medical information was collected for each child at birth, age five, 10 and 16, in the study led by Dr John Britton, senior lecturer in respiratory medicine at Nottingham City Hospital.

The results showed:

- some 32 percent of children who were never breast-fed suffered wheeze by age 16 compared with 28 percent of those breast-fed for more than three months
- 39 percent of children whose mothers smoked 25 or more cigarettes a day during the child's first five years wheezed, compared with only 29 percent of children whose mothers never smoked during this period

Ends Next page



Doctors call for cradle standards after baby deaths

SYDNEY: The deaths of two babies in rocking cradles has prompted a group of doctors to call for cradle design to be controlled by a new Australian standard.

The babies, aged 10 and 11 weeks, were found face down against one side of their tilted cradles, the doctors wrote in a letter published in the *Medical Journal of Australia*.

Locking pins designed to keep the hanging cradles upright were not in place.

Neither baby was put to sleep on its stomach but, because they were able to rock the cradle, they rolled onto their faces and suffocated, one of the doctors said.

Parents should be warned about rocking cradles because standards could not stop the use of second-hand cradles, visiting paediatrician at Adelaide Children's Hospital Dr Susan Beal said in an interview.

'Never leave a child alone [in a rocking cradle] without a secure locking pin in place,' Dr Beal warned.

Parents should ensure the pin could not fall out or be removed by toddlers, she said.

Dr Beal was one of four doctors who, together with a South Australian consumer affairs official, wrote to the journal calling for the standard.

Although the 1971 cot standard had reduced baby deaths, it did not cover cradles, they wrote.

A voluntary standard has

been adopted in South Australia to prevent pin removal and excessive tilting and a public education campaign to warn parents about rocking cradles began in SA this year.

The letter described studies which found a 14-week-old infant was able to lift her head when rolled to the side of a tilted cradle but a 10-week-old baby became distressed.

Rocking cradles allow babies too young to turn over by themselves to roll over, trapping some of them face down and increasing their risk of succumbing to sudden infant death syndrome [SIDS].

'Nobody's absolutely certain of the (SIDS) mechanism but before we know the mechanism we can stop half the babies dying by sensible infant care,' Dr Beal said.

Dr Beal, who is researching cradles for the SA consumer affairs department, said parents should:

- Ensure mattresses are the right size for cots
- Avoid using bedclothes on babies, especially duvets
- Use nightclothes to keep babies warm
- Tuck blankets in so they cannot cover a child's face, even if the child slipped down the bed
- Never put babies to sleep on an adult bed - babies have been hanged between mattresses and bed heads
- Ensure cot bolts are secure and not exposed within the cot.

Position vacant:

Housewife

Applications are invited for the position of manager of a lively team of four demanding individuals of differing needs and personalities. The successful applicant will be required to perform and co-ordinate the following functions: companion, counsellor, financial manager, buying officer, teacher, nurse, chef, nutritionist, decorator, cleaner, driver, child care supervisor, social secretary and recreation officer.

Qualifications: Applicants must have unlimited drive and the strongest sense of responsibility if they are to succeed in this job. They must be independent and self-motivated, and be able to work in isolation and without supervision. They must be skilled in the management of people of all ages. They must be able to work under stress, for long periods of time if necessary. They must have flexibility to perform a number of conflicting tasks at the one time without tiring. They must have the adaptability to handle all new developments in the life of the team, including emergencies and serious crises. They must be able to communicate on a range of issues with people of all ages, including public servants, school teachers, doctors, dentists, trades people, business people, teenagers and children. They must be competent in the practical skills listed above. They must be healthy, creative, active and outgoing, to encourage the physical and social development of the team members. They must have imagination, sensitivity, warmth, love and understanding, since they are responsible for the mental and emotional well-being of the team.

Hours of work: All waking hours and a 24-hour shift when necessary.

Pay: No salary or wage. Allowance by arrangement, from time to time, with the income-earning member of the team. The successful applicant may be required to hold a second job, in addition to the one advertised here.

Benefits: No guaranteed holidays. No guaranteed sick leave, maternity leave or long service leave. No guaranteed life or accident insurance. No worker's compensation. No superannuation.

**"39 percent
of children
whose mothers
smoked 25 or
more cigarettes
a day during
the child's first
five years
wheezed"**

Prime link

'The results show maternal smoking in pregnancy is the prime link with asthma in children,' said Dr Britton.

Dr Donald Lane, consultant chest physician at Churchill Hospital, Oxford, and former chairman of the National Asthma Campaign, said GPs were in a key position to help cut asthma morbidity by stressing the importance of mothers giving up smoking during pregnancy and the child's early years. □

— Pulse

- after adjusting for other risk factors, exposure to maternal smoking during infancy was significantly less of a risk than maternal smoking during pregnancy
- the three key risk factors that remained independent predictors of the likelihood of children wheezing before 16 were: exposure to maternal smoking *in utero*, male sex, and low birth weight
- the relationship with smoking during pregnancy was linked to amount smoked, rising to a 33 percent higher risk among children whose mothers smoked 15 or more cigarettes a day. Paternal smoking had no effect on the risk.



Off the Hook

by Sandy McKay

I've got a small confession to make. . . It's this telephone. I just can't keep away. Maybe I'm an addict. A habitual and compulsive dialler of other people's numbers (or pusher of other people's buttons). All this ringing and answering - it's really got me hooked.

I discovered my dependence by accident. One day the phone went on the blink. Just like that - stopped working. I went to make a call and the line was dead. No dial tone. Nothing. At first I wasn't too worried - managed to soldier bravely on with the domestic duties. And the morning passed without a dingle. I even got some work done. Washing out, dishes done, baby back to bed, house vacuumed, jam spots sponged off brunch-coat - and it's only 10 o'clock.

By 11 o'clock I start to flag and by lunch time I feel feverish, giddy, and not a bit well. I start yelling at the kids, my dialling fingers are starting to seize, and there is an uncomfortable dryness about the mouth region.

"Don't panic", I tell myself. But the phone is still dead as a door knob. Soon I start to tear about in search of hard plastic objects to hold against the exposed eardrums. I should have had at least five calls by now. Mum - to find out what she missed on the tele last night, my sister to tell me what's on sale at woolies, someone from the fundraising committee, and Cheryl from playgroup. Even a heavy breather would be better than this silence.

It's only postnatally that I've become a "regular user". Before that it was just once or twice a day. But now I find I can't walk past the receiver without pausing for a chin wag. I'm even considering getting a cellular model to take to the clothes line so I can chat while I peg.

And whenever I hear those rumours about Telecom charging for individual calls I come over all hot and jittery.

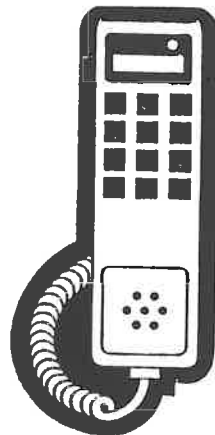
You see, my phone is my link to the world. My reassurance that there are others out there, talking to Big Ted and scraping dollops of playdough off the thermo drapes. And by dialling a sequence of digits I can reach other dutiful disciples - devoting their days to dusting, discipline, and various assortments of dollops. Dialling is our salvation. Our insurance against insanity.

I give thanks daily to good old Alex Bell and wonder with respect and awe how our forebears ever managed without him. The telephone is like magic. Through the wires you can talk to anyone. You can dial up anything from a prayer to a curtain to a pizza. You can conduct entire relationships through the wires - conversation after conversation, without ever knowing (or caring) what the other one looks like. You can organise your life through the telephone. Everything from cakestalls, to coffee mornings, to mid-week toga parties. You can borrow recipes, spread rumours, make complaints. Win friends and influence people. Talk on the radio, buy things from the paper, clothes from the catalogue. Get a home massage. Make appointments, break appointments. . . The world is your oyster!

Once, in a moment of daring, I rang a number in Venezuela - just for a touch of the cosmopolitan. No. I couldn't be sure who answered but I'm certain I could hear dishes clattering in the background - and for some reason that really helped me through the day.

Of course my usual phone calls are a bit less exotic. More likely to go something like this:

- Hello J.
- Hi
- Are you busy?



- No Just changing E's nappy.
- Oh - Will I ring back?
- No. She's okay. What's new?
- Nothing much. Oh - hang on a minute. It has just dived into the bread drawer. Sorry - what were you saying?
- E's got nappy rash again.
- Have you tried cornflour?
- No. Am I supposed to.
- Whoops. K has just tipped the dog's water all over the floor.
- Are you okay?
- Yeah - I'll clean it up after. How's things anyway?
- Pretty good. I just made those biscuits you gave me the recipe for.
- Did they turn out?
- No. Burnt to bits.
- Crikey dicks! E's just done a poo on the kitchen table. Better go. Thanks for ringing.
- Bye.

Therein lies the beauty of the telephone. How else would you get to have such inspiring conversations. Or know that other people's kids do poos on tables and flood the kitchen with dogs water.

Hey. . . Do you hear that. That ringing noise. Bling. . . Bling. . . It's the phone! It's the phone! Excuse me a moment while I lurch excitedly across the room to answer it.

"Hello. . . Hello. . . Hello. . . Is there anybody there?"

"Is there really anybody there?"

Sandy McKay is a freelance writer whose main job is nurturing her young sons, Keri and Hamish. She is married to Craig, and the family lives near Dunedin with a dog called Mandy, a cat called Mavis and various visiting night creatures.

THE DAY YOU WERE BORN

"JACK WILLIAM"

20. 10. 1993.

You were born at eight to eight, ten pounds ten ounces was your weight. Everybody loved you so and of course took thousands of photos. Your nana helped you along the way just like she did for me at your age. We named you Jack because everyone agreed on it and it stopped all our fights about names. We bought you all these tiny clothes only to find out you were far too big for those, so we put you in small clothes for the first few days and then we had to quit them and use bigger ones. It was such a pain but everyone still loved you all the same. Did you know that at six days old all you did was sleep, feed, keep mum up all night long, and shut your eyes when visitors came along. All the visitors forgot about poor little me and turned to you, what a disappointment for your big sis ! Well little Jack, that's about all I've got to say about you when you were less than a week. I hope when you're older like at the age of ten you will still love me like you did back then.

Bye from your loving sister, Kate. (27 October 1993)



gush of water just seemed to burst out of me with force! I knew that our little boy was not far away. Natalie came in to watch activities with her Nan. She joined in the coaxing, massaging and offering me water while I continued to labour. I moved over to the birth mat by the couch and into the final stages - the desire to push came very quickly. At this point I thought Jane would want to check my progress with an internal examination but she encouraged me on to breathe through and over these enormous waves of contractions. This enabled the baby's head to be born very slowly and gently and kept my perineum intact. Jane applied hot towels to my perineum throughout this stage which provided amazing relief from an almost delightful pain. Mark arrived somewhere around this stage and I was aware of his arrival and all the introductions that took place. Gavin moved to deliver our little son which he later described as a truly special event to experience and one which has given our home new meaning. I felt the baby slip gently and slowly from my body - in no rush at all - there was no rush to be had - no need to push for the sake of it - just to let it happen. Alexander Ross slipped to Gavin's waiting arms - wet and slippery and beautiful. Enormous waves of emotion overcame me then and I think most of us there. Gavin and I had known we were to have a little boy and to hear the delight in everyone's voice as Alexander was welcomed to our world was a very special moment for me. I will never forget those sounds and the voices around me. Jane passed a darling little boy to me while still connected to my placenta and I had my first sight of the little person that had occupied a special space in me for a long nine months. Wet, slippery and with a little vernix and blood on him, he looked and felt just wonderful. He suckled at my breast almost immediately and Jane prepared me for the expulsion of my placenta and membranes. This happened within about 25 minutes after the birth. Gav and Natalie cut the cord after it had stopped pulsating.

I'm still absolutely over the moon with having made it to having the home birth I had dreamed of and planned for. I feel fulfilled in myself as a woman, having been able to deliver our little boy in the most natural way in the world. With my team of special family and friends there to guide me and support me, I followed the path of many woman before me and gave birth to my son at home, safe and secure in our surroundings.

Jane has become a firm friend throughout this pregnancy and then she was right there at one of the most momentous events of our family and of my entire life. An amazing source of strength and support. I think Jane helped us to achieve this birth with love and patience I would never thought possible. I feel so very lucky to have had the chance of sharing the sometimes harrowing months of my pregnancy and then the wonderful birth with Jane.

I also feel both privileged and humbled in my birth experience - privileged in that I was lucky enough to be able to have the choice of birthing at home and humbled in the almighty power of Mother Nature and her ability to judge when things are right to happen - I'm just so thankful I did not succumb and interfere!

BIRTH STORY OF ALEXANDER ROSS

I wonder to myself if this should read Birth Saga - the pregnancy seemed to last soooo long, especially the final stages.

We were delighted to find ourselves expecting our second child - planned and very much wanted.

I had contemplated having our first child (Natalie) at home but being the first had decided on the "safe" option of the hospital scene - which I do not regret. The decision to birth #2 at home was a very easy one - it just seemed the right thing to do. Natalie attends the Daycare Centre behind the Home Birth House (HBH) and I noticed the sign with interest a number of times before popping in. I met Maggie and talked with her about the Home birth option and promptly joined the WHBA that day. I needed to fully discuss this option with my husband and Maggie also needed to check her booking situation for October 25th (the Estimated Delivery Date). A few days later, Maggie rang to say she was unable to take the booking and offered to get one of her colleagues, Jane Orange to contact me - which Jane did that afternoon.

On talking further to Jane I was even more sold on birthing this baby at home.

I opted for shared care with Jane and our family doctor - Mark Vaughan. For us, we felt very fortunate with the expert care provided by these professionals. Jane has become a very good friend of all the family and we feel that our family's relationship with Mark has also had the opportunity of strengthening.

The pregnancy itself was a lot more difficult for me than that of Natalie. I feel now, a lot of the trials I faced were probably of my own making although some were genuinely health related. I am a naturally busy person! This trait led to a number of problems along the way with a few periods of bed rest with sheer exhaustion. I love my family life, my friends, my job (part-time bursar at a primary school) and the demands of our small block of land. However, there were a few times when I was informed in no uncertain terms to slow down or risk the home birth that meant so much to me.

As time progressed, it appeared that I was overly large for my dates and a second scan was suggested at 31 weeks to check progress of the baby and for dates. From this it appeared that our baby was a month ahead of the original Labour Day making our due date the end of September. As Natalie was two weeks early, we flew into panic as things about the house were far from ready for a new addition nor were the birth plan details - these had been safely gathering in my mind and none but myself had any inkling of any of it! Consequently I finished work earlier than planned and began getting everything ready for the possibility of a late September delivery.

Antenatal classes offered by WHBA and HBH were a wonderful source of information and ideas and also a great release for the ideas and feelings I was experiencing. I made some lovely friends who have also been of much support through the difficult last weeks.

The end of September came and went and we waited - all signs were indicating a term baby. The first Friday in October arrived and at lunchtime contractions started up thick and fast. Out came the video and we rang Jane to let her know what was happening. These contractions continued until Sunday

morning when everything then seemed to slow down. Disappointment and frustration reigned in our house as for the following three to four weeks the pattern of contractions came and went without and result (seemingly) except for my increasingly tired state - body and mind. Near the original due date of 25 October, I was becoming extremely uncomfortable, tired and despondent - my "focused" state of mind that I had worked so hard to achieve seemed to slip by me. Another scan and trace monitoring (CTG) was arranged to ascertain the state of the baby - movements were very slow and times without movements had me beginning to panic. Jane assured us that the baby was and would be fine - just to go with the flow and look to the fact that my body was gearing up to produce this baby. Also that the work of the last month was with a reason!

I was required to have three monitors at the hospital - being told that the baby was post-term and that if movements were not improved very soon that induction would become necessary - my notes reflected "not recommended for home birth"!!! I must admit seeing that scribble at the bottom of the page did little for my state of mind at the time. Jane attended the final trace and I'm sure the baby knew who he was dealing with as he performed beautifully (I'd had no movements at all in the previous traces). The second specialist was not overly concerned but again stressed the importance of enough movement in a twelve hour period. So home again to wait!!! Labour weekend came and went and I had a small show on Monday afternoon. Not enough to jolt me out of my ever-lowering state of mind about this birth. On Wednesday to wake up and see the crib still empty was just too much and I think I blew a mental fuse. Natalie helped me to move it down to the baby's room and to close the door on the lot of it. I was feeling like I would be pregnant forever. Jane rang to arrange another antenatal and then I called my Mum in Whakatane to see if she could come over for a couple of days to help with Natalie and just be some company for me. I was feeling increasingly guilty for the way I wasn't coping with her and for the short temper that I wanted to subdue but which kept creeping out.

Mum was able to come over that afternoon which I was relieved at and also Gav's folks arrived unexpectedly back from Raglan to "Just be there".

Jane checked everything out and later in the day called to see if I would mind Maggie giving a second opinion. I had been having quite a bit of discharge over the last couple of days and Jane wanted to confirm that it wasn't a hind water leak. Maggie seemed convinced things were "imminent" but I just couldn't bear her to say the words - the suggestion was made to try and get through half a day at a time as I was convinced that I could still be like this for another couple of weeks if the original dates were correct - it just didn't bear thinking about. Induction was fast becoming a real option for me, after what seemed like an eternity of waiting. Maggie offered me her book on Pregnant Feelings which contained some very good visualisations - one of these I read through a couple of times before bed trying to refocus my thoughts on the baby. I was doubting in my mind that I was ever going to be able to do what was required to give birth. I had felt more like giving birth six weeks ago than I did right then.

About midnight, I needed to go to the toilet (another

teaspoonful!! - I was just hating this routine) and then back to bed. In about 20 minutes I needed to get up again for another go - this time I had quite a large show with it and then a very sharp long-lasting pain. The pain took ages to subside and by then I was quite awake so decided to go out to the lounge - Gav needed sleep for work that he wouldn't get if I stayed around (He was also ragged after the weeks of expectation and lack of sleep). Mum was still stitching in her bed so she came out to stitch in the lounge and we had a hot drink. Things appeared to hot up all of a sudden with contractions about 3 1/2 minutes apart and lasting 45-90 seconds. By about 1am I decided to give Jane a ring - still not 100% convinced this was it - but wondering??? Was my body actually going to do it and give birth??? Jane seemed convinced even if I wasn't and said to give Les (my sister in Auckland) a ring and to call her back when we were ready for her to come.

I decided a shower would be helpful as contractions (still only rather strong tightenings) were now approaching 2 minutes apart and consistently long duration. The shower seemed to help things along nicely and then slow them down. I dressed into my oversized shirt and settled down to read some more of the visualisations. From about 2.30am pain actually entered proceedings and I needed to try and focus myself on what was happening. Our mantlepiece seemed the perfect height to stand against and let my body go on with its work. My natural instinct was to panic when the pain started but somewhere within I was able to tell myself to relax and let it go. Les arrived at 3.40am and contractions were fairly steady and gaining intensity. We lit a candle on the mantlepiece and continued on in its a beautiful muted light. At 4.20 I decided on another shower and Gav helped direct water and massaged my back and tummy. The heat was delicious and provided so much relief. I was feeling very strong pressure in my pelvis at this stage and asked Gav to ring Jane and get her to come down. Les continued on with the massage while I concentrated on some breathing and pelvic rocking. Jane arrived at about 4.40am and I filled her in on where I felt I was at - if this was it!!

Contractions continued and periodically Jane monitored the heart beat of the baby which appeared to be coping well. Between some of the contractions I needed reassurance that this was the real thing and that it wasn't another false alarm. I had a continuous supply of iced water which helped relieve a very dry mouth. At about 6.30am I lost a large amount of water - seemed to be the forewaters - moved between the mantlepiece and an easy chair as my legs were beginning to shake a little and feel very tired. I also held a hot water bottle against my tummy as this seemed to be wonderful relief too.

Natalie arrived on the scene at about 7.15am - Gav had dressed her up in co-ordinating clothes and done her hair up - she looked so grown up and pretty. She was very much at ease with all the activity about and wondering when I was going to make the noises I had told her about. I had a few tears at that stage - just with the sheer joy of all that was happening and at having such a relaxed and happy labour. I was enjoying myself and knew where I was and at what stage I was - I had a fantastic support team who just seemed to know what I needed and when - it was wonderful.