Maggie Banks
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Expiry:7/95

new zealand 45c

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

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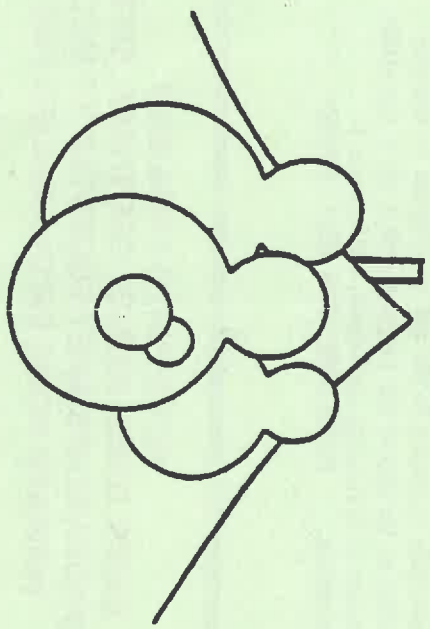
Waikato Home Birth Association Inc.

Newsmagazine 1995



JULY

PHONE NUMBERS:

Debbie Stewart	827-8202 Chairperson WHBA Inc.
Judy Grundy	854-9349 Treasurer
Joanne Ridder	847-4987 Mailing List Coordinator
Christine Hussey	849-1750 Newsmagazine Editor
Robyn Parker	856-3247 HBH Roster Coordinator

Home Birth House **834-0682** **8D Richmond Street**

Open: Wed	10am-2pm
Thur	10am-2pm, 5pm-7pm
Fri	10am-2pm
Sat	10am-12pm

Hi everyone,

Sorry about the delay in getting out this months magazine. In the last fortnight I have had a husband in hospital and a son celebrating his 3rd birthday and things are now getting back to normal (normal for my household anyway!).

Thank you to all those who came to the AGM. It was great to see so many people. For those who couldn't make it I have included the reports in this months mag.

Anyone who is interested in being part of a parenting group that will focus on creating harmony within the family - especially in regard to our use of language in everyday relating as the way we use language with a child can either encourage or discourage confidence, self-esteem & independence. PLEASE PHONE FIONA KELLY 8561350

HOME BIRTH FAMILIES !!
MUMS, DADS, BABIES, BROTHERS, SISTERS, GRANDPARENTS ARE REQUESTED TO MEET FOR A WAIKATO HOME BIRTH FAMILIES PHOTO.

WHEN: Sunday 23 July at 3 pm.
WHERE: Hamilton Gardens Pavilion.
REASON: To update WHBA Home Birth Families Photo for display purposes.

BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
7/6/95	Jane Cairns & David Carter	son	Winston	Cambridge	Cathy/Jane
7/6/95	Dayna & Peter Hitchens	son	Eli	Ototohanga	Jane/Karene
4/7/95	Vivienne & Allan Lockwood-Geck	son		Cambridge	Sally/Jane
6/7/95	Linda & Allan Goodger	daughter	Donna-Marie	Ngaroma	Maggie/Christina

Birth Notices of financial members of the WHBA only will be placed in the Newsletter. If your birth notice has been omitted please contact Joanne Ridder ph 847-4987 to have it placed in the next newsletter

The WHBA endorses the following sample of quotes taken from "Qualities we expect in a midwife" in the booklet "Have you considered a home birth?"

A midwife should believe that birth is a normal physiological process rather than an illness, an instinctive process which for well women and babies should not normally need medical or technological interference.
A midwife has an ethical responsibility not to intervene in the normal process of labour and birth.
Her practice should reflect a wholehearted dedication to this philosophy.

In terms of professional qualities a midwife needs to show through her life experience an affinity with women, and that her desire to support and empower women be the main focus of her practice. She needs to be culturally and socially aware, respecting all the definitions of family and capable of attending a woman she is caring for without prejudice towards her personal circumstances.

Midwifery is a Women Centered Profession
Information and names of practicing Home Birth Midwives is available at Home Birth Resource Centre, 8D Richmond Street, or phone Debbie Stewart, 827-8202

SUBSCRIPTION FORM

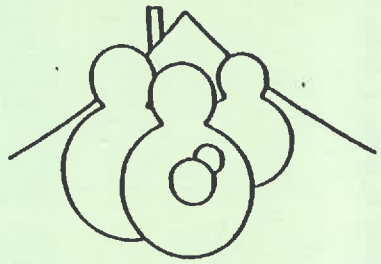
If there is a GREEN spot on this form then it is time to renew your subscription.

No Green Spot? **Pass the form on to a friend**

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

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

Annual Subscription (your choice):
$20 $25 $30 $35 Other $.....
Practicing Midwife
Professional Sub ($50) $.....
Cheque enclosed for $.....



NAME:.....

ADDRESS:.....

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PHONE:.....

Health Research Council Consensus Development Conference

Whose genes are they anyway?

The use and misuse of genetic information

National hui, fono and forum before the conference *Takapuwahia Marae, Porirua*

Conference includes local and overseas speakers, question times, workshops, and discussion of a consensus statement *Airport Hotel, Kilbirnie*

Participants include Maori and Pacific Islands people, consumer, privacy, human rights and workplace groups, health workers, funders and policy makers, researchers, legal, ethics and religious representatives

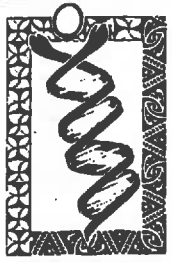
Costs - Free for sponsored people. $80 students/low waged and $160 waged: half price for one day
Sponsorship application deadline - Monday, June 12
Registration deadline - Thursday, July 20

Contact Jenny Rankine
phone 09-379-8227 ext 822
fax 09-377-9988
PO Box 5541, Auckland 1

Health Research Council of New Zealand

Community meetings 24 July, Conference 25 - 27 July 1995, Wellington

Health Research Council Consensus Development Conference 1995



Whose genes are they anyway?

The use and misuse of genetic information

Concurrent hui, fono and forum. Monday, July 24
Conference 9am Tuesday, July 25 to noon, Thursday, July 27

Meetings, Takapuwahia Marae, Porirua; Conference, Airport Hotel, Wellington

Process

The Health Research Council sponsors annual consensus development conferences on controversial health issues, to enable the interest groups involved to explore their different points of view and consider research-based knowledge.

A panel of informed lay people identifies common ground and summarises the consensus reached during the two days of talks, workshops and discussion in a written statement. This is discussed and amended by participants. The published statement provides information for policy makers, and priorities for further research.

Participants

People with inherited conditions, consumer groups, tangata whenua, tagata Pasifika, privacy and human rights groups, workplace representatives, researchers, health workers, funders and policy makers, legal, ethics, religious groups and other interested people.

Aims

The HRC aims to

- Facilitate discussion and debate about genetic information
- Identify issues and generate priorities for health research
- Produce a report of the conference by focusing on the following questions -

What is genetic information?
Who should have the right to know genetic information?
What criteria should be used for genetic testing?
What ethical and legal controls do we need?

COMING EVENTS - July.

Note these dates on your calender

Preparation for Birth Classes
Series begins **Tuesday 25 July,** 7.30 - 9.30pm for 5 weeks.
Contact H.B.H. ph 834-0682 or Rachael Sorensen ph 856-3817.

Raglan Preparation for Birth Classes
Series begins **Wednesday 4 October,** 7.30pm for 6 weeks.
Ph 825-8052 for details.

Cambridge Home Birth Support Group
Contact Angela Welton 827-3549 or Nola Griggs-Tamaki 827-4297.

Te Awamutu Home Birth Support Group
Contact Helleni Quirke 07-870-2622 or Tereasa Tamaki 07-871-8637.

Morrinsville Home Birth Support Group
Contact Joanne Leask 07-889-6220.

Baby Daze - at Home Birth House 8D Richmond St
Tuesday 22 August, 10am - 11.30am Morning tea and discussion group.
Contact Belinda Beetham 843-8082 or Janet Young 854-7502.

Te Ahuru Mowai o Waikato - Whakawhanau ki te kainga. The Sheltered Haven Homebirth for Maori Women.
Contact Donna Rika 847-3416, Tina 856-2434 or Rangimarie Hohaia 07-871-2756.

Immunisation Awareness Discussion Group
Meetings in recess. For information contact Belinda Beetham 843-8082 or Jane Young 854-7502.
"For an Informed Choice" tapes are available for purchase - $6 at H.B.H. Two copies are also available to borrow from the WHBA Library.

WHBA Core Group Meeting
Monday 24 July, 7.30pm at H.B.H, 8D Richmond St.
Contact Julia Drury 855-8266 for the agenda.
ALL MEMBERS WELCOME

HOME BIRTH FAMILIES - PHOTO TO BE TAKEN AT HAMILTON GARDENS PAVILION, SUNDAY 23 JULY AT 3PM.

WAIKATO HOME BIRTH ASSOCIATION INC

---------- CHAIRPERSONS REPORT ----------

1994-95
Presented June 26th 1995

I reluctantly agreed this year to continue as the incumbent chairperson and would like to say at the outset of this report a very large thank you to the core group women who have supported me once again. It has been great to be associated with such a passionate group of women - passionate about Home Birth that is.

This year has been a year of building on all of the areas developed last year with consolidation of our antenatal group through to the steadfast support of managing the finances, membership and producing our monthly newsletter and a welcoming of new faces to the Core Group.
Presenting this report gives me an opportunity on behalf of you all to collectively reflect on what we have achieved this year.

PUBLICITY

Home Birth House Resource Centre
At the beginning of this reporting year under the guidance and enthusiasm of Dorothy Dando we made a commitment to be involved in opening the house at set advertised hours to enable women and their partners and members of the public access to the resources we have at H B house. This has seen the development of a roster first by Dorothy and more recently by Robyn Parker where many women have committed their time and energy to personing the house at a selected time. As I reflect on the roster I note many women's names some familiar and others I have yet to meet and I take this opportunity to thank each one for their support, commitment and energy. In analysing the house usage it appears as mixed success and some opening times are more supported than others. As with all things we do this is coming up for review and I feel confident it will continue to be part of our service.

Display Boards
This year saw us make a difficult decision in not supporting the publishing of a book planned in around 1988 and instead use the money towards display boards suitable for promotion of Home Birth in the community.
These boards are portable and a small sub group is developing the display material and art that will "decorate" these boards. We feel excited that this part of our publicity plan is coming together and the group has generated some pretty creative ideas to ensure our messages are well received. We

This Week, Thursday, May 11, 1995

Support groups for new mothers

There is no need for new mothers to feel isolated or guilty about not coping well with their new job according to the New Mother Support Groups.

National co-ordinator for the groups, Anita Batt, said that they have organised a national awareness week leading up to Mothers Day on Sunday, May 14, to try to reach mothers who have not heard of the groups.

"Most new mothers find that looking after a baby is a pretty demanding job. They're thrown in the deep end with no experience or training and their confidence takes a bit of a beating," she said.

"Mix that with exhaustion from broken sleep and isolation from the social contact they were used to if they were in the workforce before and you have a recipe for a big dive in self esteem."

Anita Batt said there was a network of New Mother Support Groups around the country which give women the opportunity to share their experiences and feelings in a neutral environment without fear of criticism, to improve their confidence and self esteem, and to develop friendships with other mothers living in the area.

"They're not just coffee mornings though. The groups have structured discussion sessions on agreed topics, such as coping with tiredness, changes in relationships, and unwanted advice on parenting techniques," she said.

"New Mother Support Groups focus on the mother and her needs rather than her parenting skills or the baby. We also provide a creche to give the women a chance to concentrate on themselves. It's really the only time out many women get when their babies are young."

Anita Batt stressed that the New Mother Support Groups are not just for first-time mothers or those who are finding many aspects of motherhood difficult. All mothers of a young child or children were welcome.

She added that New Mother Support Groups also gave women the opportunity to learn skills useful for both personal and career development.

"All our discussion groups are led by women who have been through groups themselves and have chosen to do a New Mother Support Groups training course in listening and facilitation skills. Rather than giving advice or claiming to be experts, they provide a safe supportive atmosphere where women feel they can talk freely and be listened to without being judged," she said.

Several women who had trained with New Mother Support Groups had been able to develop new careers using those facilitation skills. Women who became involved in the administrative and liaison side also learned valuable management skills.

In the last year alone some 1,500 women had been involved with New Mother Support Groups in many different areas: Whangarei, Auckland, Tauranga, Hamilton, Te Awamutu, Putaruru, Tokoroa, Rotorua, Taupo, Palmerston North, Woodville, Pahiatua, Paraparaumu, Wellington, Nelson and Christchurch.

Anita Batt said the annual national gathering of New Mother Support Groups gives further opportunities to learn new skills – kayaking and abseiling were two of the activities offered at the last gathering.

●The Hamilton contact for NMSG is Margaret Garrett, phone (07) 855-8501.

W.H.B.A. Members, we would like you to send us your special photograghs of your labour, especially involving children, partners, support people, etc. Please write your name and address on the back of the photo. Please include the negatives (for enlarging purposes) these will be returned. These photos will be displayed at the house, and some will be used on our display boards. Please help us to show the loving family side of home birth. Photos accepted until the end of July.

FOR SALE

Changing Table $20
Nappies $20
Other baby items in good condition.

Ph: 8558266 Julia

Hui to target pregnant smokers

Pregnant women will be targeted at a series of nationwide hui aimed at curbing smoking among Maori.

Eddie Hauwai, executive director of the Maori Smokefree Trust, which is organising the hui, said reducing the high number of smokers was important for the future health of Maori.

"We believe that a smokefree future for Maori rests strongly on our ability to help our (children) to not start smoking and that also begins with pregnant mothers."

If infants "come from a smoking mother they carry a lifetime of illness", Mr Hauwai said.

The hui would be held at marae around the country because the marae was seen as a safe place for Maori to come to, he said.

The first one-day hui would be held at Te Ngiira Marae, Papakura, south Auckland, on July 10.

Meanwhile, Tainui today supported a call from Maori health group Te Waka Hauora for the Government to spend more money on smoking prevention measures for Maori.

Te Waka Hauora head Maanu Paul yesterday said his group was to lodge a claim with the Waitangi Tribunal for a bigger share of the money earned in tobacco tax. He has also called for a ban on tobacco sales as a way of reducing the high mortality rate of Maori from smoking-related illnesses.

Maori Smokefree Trust figures show 52 per cent of Maori smoke and one in five will die prematurely from smoking-related diseases.

Tainui health worker Timi Maipi said today if a claim to the Waitangi Tribunal would stop tobacco sales then he was all for it.

He believed rangatahi (youth) were most at risk and early intervention programmes were needed to prevent them from starting to smoke.

"Parents have a large role to play in the prevention of smoking," he said. "If they can get to their kids early enough to stop them from starting, half the battle for healthy Maori would be won."

have applied for a grant to purchase a TV/Video that will make the information unit more complete.

NEWSLETTER

The newsletter is a vital link to our membership and is a major monthly commitment - I know as I have been newsletter editor. It is my privilege to commend and thank Christine Hussey on the fantastic job she has done over the last year as she has continued to build and develop the newsletter in her own style. There is hardly a month goes by without a birth story and we all look forward to the newsletter in our letter boxes.

FUNDRAISING

Fundraising was continued by Sally and Libby in the first half of this reporting year through to Xmas and resulted in a very successful garage Sale and Xmas raffle. Thank you Libby and Sally, Wayne and Paul for your energy and enthusiasm.
Fundraising is now under the guidance of Janet Young and she is probably horrified at following that act but has managed in the short time to achieve a sausage sizzle and organise a raffle. It is probably pertinent to remind ourselves that we must accept working within the constraints (usually family) of the group and the individuals within the group and there will always be times of great activity and moves forward and other times of lesser activity and that's okay. Best to do what we can well . I know a lot of effort goes into fundraising no matter whether it is sorting and organising for garage sales or seeking sponsorship for raffles and I wish to acknowledge these efforts.

TREASURER

Sharon and Brad Sayer have done a superb job in keeping track of our financial situation and providing us with a simple, clear statement of our financial affairs on a monthly basis.
We have appreciated this in enabling us to make informed financial decisions and to accurately account for our finances.
A large vote of thanks from us all for your support.
Judy Grundy has kindly taken over the reins from Sharon in the past 8 weeks due to Sharon's extra commitments and I thank Judy for her support over this time.
Robyn Parker agreed to be our auditor again this year and I know she also has a lot of other commitments so I thank her on behalf of us all for this service in support of the organisation.

ANTE NATAL EDUCATION

This has continued this year under the guidance of Julia Drury and runs mainly independent of the Core Group with reporting and clarification the usual input required.
An Antenatal Co-ordinators report supports this report.

Thank you Julia for sustaining this role and that of secretary for the most part of the year.

PUBLIC MEETINGS

We made a decision to reluctantly cease these meetings during the year due to low attendance. Although we constantly review this situation we have not yet re-established these meetings.

MEMBERSHIP

Well what can one say with Joanne Ridder having her finger on the pulse of our membership update and renewals. This task makes the newsletter posting run smoothly and (dare I say) we were even able to identify a keen member who tried to renew their membership twice. Once again with thanks to Joanne for this service.

LIBRARY

Our library is a major part of our information service and I thank those who have continued to update it throughout the year with additional video and audio resources as well as reading material.

SECRETARY

We have had great support from Peta in the first half of this reporting year and then by Julia and it has been good to establish a system of getting mail responded to and issues raised at the Core Group through efficient secretaries. My thanks on behalf of the group for both minute and mail work.

LOBBYING AND POLITICAL WORK

This has been a quieter year. Only Debbie managed to make it to the August Conference and we have not had a lot happening with the RHA. One could speculate a great deal on the reasons and I am not sure whether that's good or bad or whether we have got to the point of conserving our energy on more immediate and fruitful activities.
We are still being rung by women desperate for information about services or procedure they are requiring to find they are still not getting full information and support from their health providers.
We continue to attend the quarterly meetings with Senior O & G staff of Waikato Women's, and to provide a voice for women whose care is not women centred, individualised and in the main midwifery focussed and not firmly based on informed choice and consent. This forum however is under review.
We wait to see what the joint RHA Maternity Strategy will bring in terms of care provision and note that still today Home Birth women are not able to access a home care based service postnatally yet their counterparts who

by Glen Stenhouse
child psychologist

Aggressive Behaviour

Almost every day, acts of aggression and violence feature on the front pages of newspapers. There has been a lot of attention focused recently on violence in the family, and anger management groups, particularly for men, have become widely available. Many referrals to child and family centres are for children who behave aggressively and seem to have difficulty in controlling their anger.

What causes aggressive behaviour, and what can we do as parents to reduce the chances that anger and aggression might become problems for our children?

Causes

Children seem to come equipped with a range of behaviours which they use to protect their territory and property. A good example is the 2½-year-old who unleashes a barrage of hurtful behaviour on a newly-arrived sibling. This can include pinching, punching, biting and eye-poking, carried out both openly and secretly, for no other reason than to give the newcomer the clear message: "Go away – I don't want you here!" The interesting thing is that these behaviours are most unlikely to have been learned, either by direct experience or even through watching TV. Most toddlers are unlikely to have been bitten, pinched or poked in the eye, yet these tactics may be used skilfully and energetically on a new arrival.

Playgroups and preschools can be the scene of toe-to-toe combat when the desire for another child's toy is stronger than the patience to wait for it, or when verbal negotiation hasn't worked. Toddlers and preschoolers can lash out at their parents' kneecaps when things aren't going their way, and even babies seem to enjoy yanking a handful of Mum's hair, or squeezing a fistful of nose.

In general, aggressive behaviour in little children is usually an expression of frustration, a way of saying "Keep off – that's mine!", or a way of getting what they want when words fail them. The specific behaviours used – hitting, pinching, biting – seem to come naturally, with little or no coaching required!

Aggression can be an effective way of getting what you want, and children who have achieved success with a shove or a thump learn to use these methods whenever their wishes are frustrated. Aggression can become their preferred strategy to solve all sorts of problems.

Children with a language delay, or speech difficulties, may also use direct action methods to achieve their aims because their verbal communication skills are inadequate. Frustration at not being understood can add to the mixture, making it even more explosive.

Finally, some children just seem to be born with more than their share of anger. They are irritable as babies, very demanding as toddlers and preschoolers, and seem generally to have a very short fuse – the slightest thing will set off a tantrum or a whirlwind of shouting, throwing and slamming. In other words, for some children their natural temperament is on the fiery side. This can be part of the hyperactivity (ADD) syndrome, which includes a high level of physical activity, a short attention span, and a low tolerance for frustration.

What can be done?

Aggressive children need guidance and support in a number of areas.

1 Have a clear rule that aggressive, violent behaviour is not acceptable in your family.

2 Avoid exposing them to examples of aggressive behaviour, including your own. If your own temper is explosive you may be providing them with a real-life model of how to use anger to get what you want. Television violence is another way that children learn aggressive behaviours, but the effect is not simple and direct. You don't need to worry that a reasonably placid and peaceful youngster will be turned into an Incredible Hulk by watching cartoons containing violence. However, research shows that naturally aggressive children seem to be more interested in violent programmes and may be more inclined to copy them. If your child is inclined to be aggressive, censor their TV viewing.

3 Try to make sure that aggressive behaviour is never rewarded. Return the toy that was captured in a snatch-and-grab raid. Give lots of love and sympathy to the victim of a hit-and-run attack, and a cold shoulder to the aggressor. Don't give in to toddler terrorism. The only reward for aggression should be time-out, and an apology to the victim. Ignore tantrums but not aggression. There should always be a negative consequence for aggressive behaviour.

4 Stress the need for words rather than action, saying rather than doing. Good communication skills reduce the need for aggression to get what you want. Teach good ways of asking and negotiating, and remind your child about them when conflict is looming.

5 Reward co-operative behaviour with praise, hugs, and stamps or stickers. Be on the look-out for sharing rather than grabbing, asking rather than snatching, and using words rather than hitting. Strengthen these behaviours by noticing them and commenting on them.

Anger management

With children older than about 7 who have a definite problem with aggression and anger, it is possible to start teaching anger management techniques. These include:

1 Recognising the warning signs that anger is coming.

2 Being alert to situations that lead to angry outbursts.

3 Learning strategies that will divert anger.

4 Using self-talk to control anger.

5 Role playing what to do in situations that often lead to conflict.

6 Recording the frequency of "victories" against anger, i.e. the times when the impulse to explode is kept in check.

7 Learning to negotiate and use words rather than actions.

If your child has a long-standing or serious difficulty with aggression and anger management, it can be helpful to talk to a professional who works with children's behaviour problems. Your family doctor can advise you of a suitable person or agency in your area.

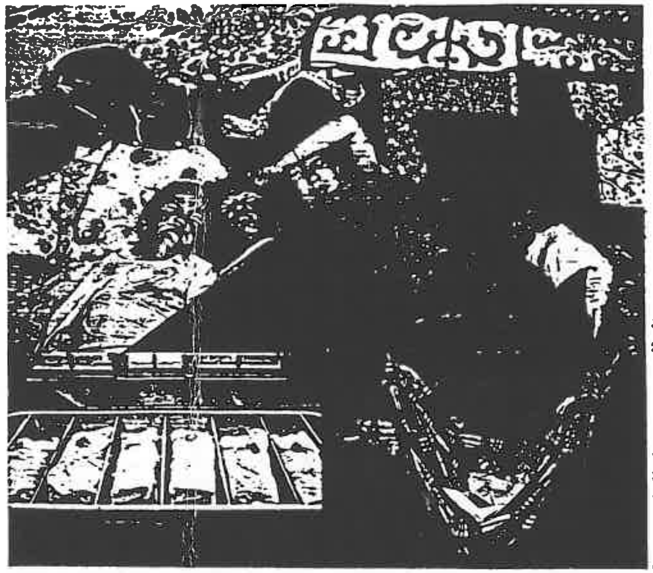
from sleep apnoeas—those fleeting moments during sleep when all of us stop breathing. He contends that babies essentially "learn to breath" during the night as they are aroused by mother's movements and are triggered to take breaths from her exhaled CO_2.

McKenna's ideas go even further. "The infant's evolutionary history, and just about every psychological study of infants, reveals that they are designed to respond favourably to sensory stimulation," he says. This suggests to McKenna that the idea of monitoring a sleeping baby through an intercom is all wrong. Instead, we should switch the amplifiers to let sleeping babies listen to family noises. "Babies' heart rates and breathing are known to change and be positively affected by listening to mother speak, laugh or sing," he says. "Family noises promote healthy infant sleep."

Research by anthropologist Mark Flinn from the University of Missouri seems to confirm that children are especially sensitive to their family environment. For the past eight years he has been tracking the stress levels of children in a rural village on the Caribbean island of Dominica. Once his young subjects are used to the idea, it is easy to get them to spit into a cup. This gives Flinn and his collaborator, Barry England of the University of Michigan Hospitals, a window into the children's health. They analyse the saliva for the hormone hydrocortisone, which signals stress, and for chemicals produced by the immune system that point to infection. "We've found that children have a threefold increase in the probability of coming down with an upper respiratory infection within seven days of having a high stress event," says Flinn.

And children are most affected by stress generated within the family. Flinn found that children living with step-parents and unrelated carers have higher hydrocortisone levels than those living with their biological family. More telling, the hydrocortisone levels actually track family upheaval. "In one family with three children, the parents had a fight, the mother left, and we saw a rise in hydrocortisone levels in the children over the next few days," describes Flinn.

Seen from an evolutionary perspective, this type of response makes sense. Flinn believes that successful social interactions are more important than basic skills like hunting. "That's where the mental chess game is," he says, "and those are the things that probably have the most important impact on survival and reproduction." Younger members of our species are especially sensitive to this kind of stress because childhood is the period when we learn the crucial social rules that help us stay alive and lead a normal life



Sweet dreams: where children sleep may affect their development. In the Altar mountains of China (top) they huddle in tents, in Rangoon, Burma (right) it's a hammock and in a Polish hospital newborn babies sleep separated from their mothers on trolleys (left)

The right stuff

But the definition of "normal" is culturally based. What is good parenting in one society is not always best for children from another. Two studies by Robert LeVine of Harvard University highlight this point. The Gusii people of southwest Kenya live in polygamous marriages. Each wife tends her own household and an agricultural plot which feeds her family. Women bear 10 children on average. Babies are carried at all times, they sleep with their mothers and breast feed on demand until they are about 17 months old. Then mothers return full time to the fields, leaving their toddlers in the care of older sisters and brothers, some as young as 5 years old.

The Gusii way is to protect the infant from danger, keep it calm and produce a compliant child who slips easily into a sibling hierarchy. Mothers respond immediately to distress signals from infants by soothing them physically. But they do not often talk to babies or encourage them to express their emotions. In contrast, Le Vine found, American white middle-class mothers from Cambridge, Massachusetts do not hold their infants as much as the Gusii mothers do. But American mothers constantly interact with their infants verbally and visually. The Western way is to engage the child. By encouraging social interaction and exploration the parent tries to train an infant to respond to periods of learning in the future.

Both models have attained the status of "common sense" in their culture, and yet neither is right or wrong outside its environmental and social context. For example, when Gusii mothers were shown videos of American mothers responding to infant cries, they were shocked at how slow the mothers were to comfort their children. On the other hand, no American mother would let a five-year-old look after her toddler.

Every culture's righteous attitude about parenting rests on the notion that early childcare dramatically moulds personality and temperament. Yet in the end, it seems, even the best laid plans of parents and societies are thwarted by the innate flexibility of the human spirit. Western kids brought up to be independent may return home as adults, and Gusii kids raised without intense verbal prompting by their parents make the grade in Western-style classrooms. □

Meredith F. Small teaches anthropology at Cornell University.

birth in hospital and go home immediately or a short time later do - and my home birth children are 7 & 5 --- goodness things do move slowly don't they - it appears that it doesn't pay to save the GOVT money by having your baby at home - its a good thing there are heaps of other more important benefits to birthing at home.

MIDWIFERY STANDARDS REVIEW

Several Home Birth Members along with their Parent Centre counterparts and the College of Midwives are involved in teams that review the practise of midwives on an annual basis. These midwifery review teams have approximately one review per month and from my personal experience have developed into a sound process that is evolving and improving all the time. It is inspiring to be involved with people (midwives included) demonstrating commitment to the process and to getting the process right.

MIDWIFERY SUPPORT

We have once again been supported and benefited by our association with the midwives who link with our group and I think the adage " women need midwives need women " says it all. Our mutual contact woman to woman provides constant inspiration for both parties.
One concern that has come to our attention recently is the number of midwives doing home births who are not submitting stats to Auckland. Currently the Waikato Stats do not reflect the accurate numbers of home births being done in the Waikato and the lack of support in this area is disappointing to say the least.

The year ahead I see as a time to identify ways in which we can increase our profile to the public - specifically in the area of what we do well and that is provide comprehensive information and support to women and their partners on their pregnancy birthing and parenting journey.

A thanks to all who have supported the organisation over the year - and especially those husbands and partners behind the scenes who have supported you to support the organisation.

I look forward to the coming year and my continued association with such a wonderfully supportive group of women.

Glenys Parton
Chairperson

TREASURERS REPORT

The Waikato Home Birth Association had a successful financial year ended 31 March 1995, with a net profit of $2,820. This was achieved, as the Committee decided to invest little in upgrading resources and concentrate more on increasing the cash base during this period.

The various methods used are detailed below:

- Net fundraising income (excluding donations) amounted to $1,296. Special thanks to Janet Young, Libby Cooney, Sally Whitford and all the others who organised and assisted with the sausage sizzles, raffles, and garage sale.
- Giving subscribers the opportunity of paying extra money at the time of renewing their memberships, resulted in donations of $325.
- The settlement of a lengthy legal process this year resulted in a debt of $1,231 being cleared.
- We secured a Trust Bank Community Grant of $200 to update library resources.

With a good cash balance the Committee agreed to allocate the money raised from fundraising as follows: Sixty percent to be spent on publicity and Blue Book updates which will raise the profile of the Association. The new sign outside Home Birth House is another example of this. Twenty percent will be allocated to purchasing new books and other educational resources for the library and the remaining funds will be used for conference attendance and other miscellaneous expenses.

Congratulations to all those who contributed their valuable time during the year. We now have a sound financial base on which to operate more effectively and will ultimately be able to provide an increased advisory service to those seeking home births.

SUBSCRIPTION RATE CHANGE

During General Business discussion at the WHBA AGM on 26 June 1995 a motion was passed to alter subscription rates to include a Professional subscription rate for Practicing Midwives.

This has been set at $50 per annum due on renewal.

The WHBA continues to look forward to your ongoing support.

'Successful social interactions are more important than basic skills like hunting. That's where the mental chess game is'

stops crying for up to five minutes. Barr concludes that infants are sensitive to different feeding methods —continuous food is a possible key to contentment. But he stresses that neither practice is "correct" in the biological sense.

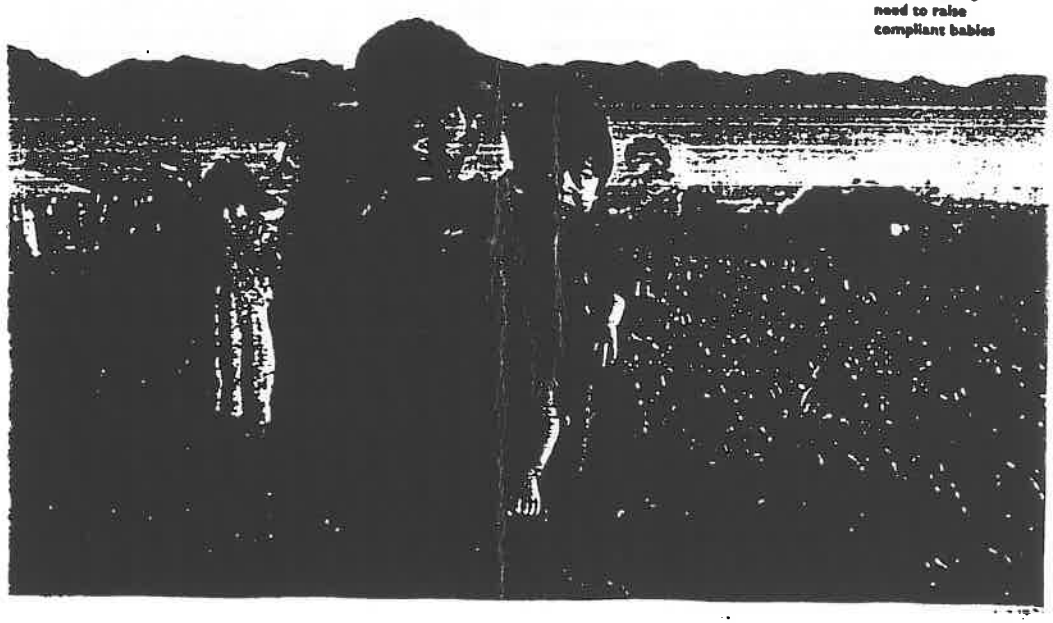
Even in sleep, contrasting views of how children should behave set one culture against another. Sara Harkness, a child development expert from Pennsylvania State University, describes the accepted view in the West: "Sleep is so basic that we expect it to look universally the same—that babies will naturally sleep through the night at four months of age." But this sleeping norm is a figment of our cultural imagination.

In a comparative study, Harkness and her colleague Charles Super found that Kipsigis infants from Kenya normally wake up several times a night while babies in Los Angeles conform to their parents' expectations and start to sleep through the night when they are a few months old. Even in cultures that are superficially similar, "ethno-theories" guide parenting. In a second study, Harkness and Super showed that Dutch children go to bed earlier and stay asleep on average two hours longer than American children. "The Dutch parents loved to talk about how important regularity is to children," says Harkness. "In contrast, the American parents we interviewed continually talked about developing the children's individual potential and maximising the intense relationship between parent and child. The organisation of sleep was a reflection of their different ethno-theories."

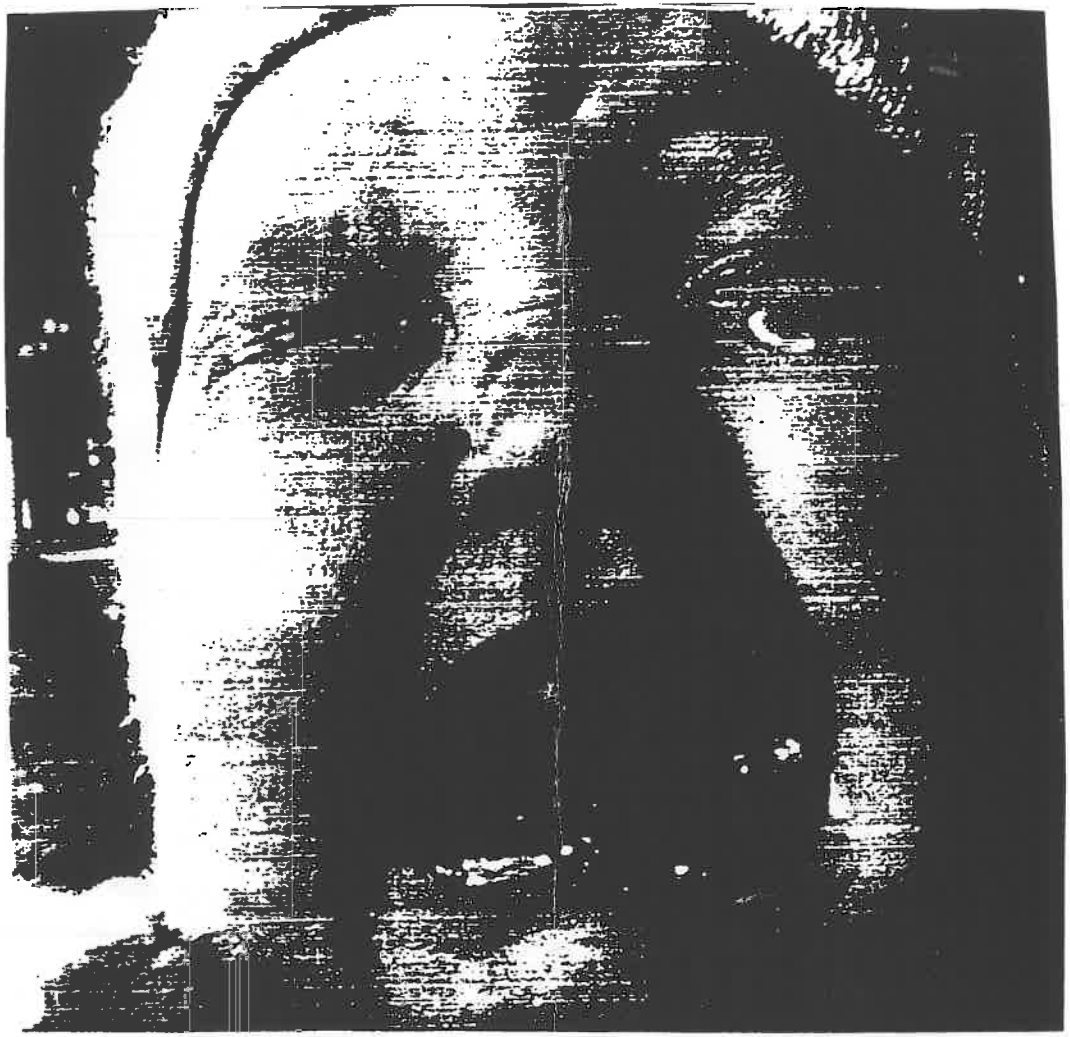
None of these approaches to sleep is harmful to children. But other sleep researchers have highlighted cultural attitudes to sleep that could be. In the West, infants usually sleep alone in a cot or bed in a separate room from their parents. According to McKenna, this practice is based on a series of myths that ultimately serve parents, not babies. Some Western parents fear they will roll over and suffocate their babies, yet this does not happen in the many societies worldwide where co-sleeping is the norm. Other parents fear their kids will develop an unhealthy psychological dependence. There is no evidence that this is true—indeed, quite the reverse. Now McKenna has shown that babies may benefit physiologically from sleeping next to a parent for the night.

Night watch

With sleep expert Sarah Mosko at the Irvine Sleep Laboratory in the University of California, McKenna recruits mothers and their babies to find out just what goes on when the lights go out. Wires are taped to their heads, hands and abdomens to monitor how vital signs such as heart rate and breathing change as they sleep. Meanwhile, a video camera captures shifts in body movement. Scratchy lines on a polygraph sketch a dance between mothers and babies—when baby or mother wakes, the other sleeper does too, and when mother moves from one level of sleep to another, baby follows. The video tapes show mothers and babies sleeping face to face, sharing breaths. More poignantly, sleeping mothers unconsciously reach out and comfort their shifting bundles. This dreaming tango, McKenna believes, evolved to help human infants recover



Child care: mothers who place their offspring in the care of older siblings need to raise compliant babies



Will the Observer

practices, affect the health and survival of infants becomes essential.

Controversy over infant care is at its height where breast feeding is concerned. The use of formula became standard practice in most developed nations after the Second World War. Bottle feeding was seen as better for babies and less trouble for mothers. And many assumed that bottle feeding was responsible for the decrease in infant mortality during this time rather than improvements in nutrition and healthcare. Culturally, bottle feeding came to symbolise "modern" while breast feeding seemed primitive, and was soon considered socially offensive. The flaw in that view became all too clear when industrialised nations encouraged women in developing nations to shun the breast and open cans of soya milk instead. Places like sub-Saharan Africa and Bangladesh, where sanitation and medical care are inadequate, suffered a sharp increase in infant mortality.

The bottle feeding trend has had other, more subtle effects on infant wellbeing that ethnopaediatricians are just beginning to document. Ronald Barr, a paediatrician and child development researcher at McGill University in Montreal, has studied the pattern of crying and fretting among babies from different cultures. He found that the infants of !Kung San hunter-gatherers in Botswana whimper for only a few seconds at a time while Western infants cry for much longer. !Kung San infants feed relatively frequently—for a few minutes every quarter hour—so maintaining an even blood sugar level. Western babies, by contrast, "pulse" feed in long bouts separated by hours. Barr wanted to see if this could be contributing to the distinct crying patterns.

'A few drops of something sweet on the tongue and an unhappy newborn instantly stops crying'

Barr gave Western newborns an extra feed of either milk or sugar-laced water between their normal feeds. They stopped crying for several minutes and it was not just the act of picking them up that calmed them. A few drops of something sweet on the tongue and an unhappy newborn instantly

HOME BIRTH PREPARATION SERIES Report for AGM 26th June 1995

Over the last year there has been some new additions to the HBPS team. Belinda Beetham has taken a year off facilating the classes and Adele Buckton, from Raglan, has joined the team. I resigned from the position of Co-ordinator in May, and a big welcome is extended to Rachael Sorensen who is the new Co-ordinator. The role of the Co-ord. will stay the same, it is a position that enables you to meet and talk with women who wish to make informed choices about their birth.

The facilators had a very successful all day gathering in Feburary, where they revised the course content, looked at resources and generally had a great catch-up and re-energise. Libby is planning another gathering soon.

Over the last year we have had 8 series, where 50 women and their partners and support people have attended.

In analysising the Evaluation forms over this time, we have recieved.

Series Date	E.I Ret.	E.2 Ret.
07-06-94	3	2
19-07-94	6	4
30-08-94	-	2
11-10-94	4	2
15-11-94	-	only just sent
07-02-95	3	not sent yet
21-03-95	1	" " "
Totals	17	10 =27

The Evaluation forms are generally well filled out with lots of very positive comments regarding the content and presentation of the series. Women comment on their empowerment and confidence improving through the information recieved in the series. Women also comment on some topics they would like developed or included in the series and the facilators take this into account when reviewin class content during their quarterly gatherings.

We have had one offical complaint where a woman wrote to us after she withdrew from a series, as she did not feel we were meeting her needs regarding the information she required. We refunded her money and wrote back to her extendi our regrets that the 2 classes she attended did not meet her needs.

We have recently purchased some new educational material, books and videos, which is of benefit to the facilators as well as other WHBA members. We now subscribe to the International Journal of Childbirth Education, which provides up to date information and ideas.

I extend a big thank you to all the facilators who make these series a success for the women who attend.

Regards,
Julia Drury

Julia Drury

MY BIRTH STORY - FIONA'S ARRIVAL

I think I had decided on a home birth almost as soon as I became pregnant. Brendan was initially nervous about the decision but willing to support the idea and, as he learned more about birthing options and the sometime consequences of hospital interventions, he became increasingly enthusiastic about having our child at home. This was to be my first child and I gained little support for a home birth from my GP - a common problem encountered by women like myself disturbingly labelled with the title of "elderly primigravidae" (I am 33!). I toyed with the idea of share care for some time before opting for midwife -only care and all its consequent benefits of support and encouragement. In my seventh month, after Jo's death left us all so saddened, Jane took over as my midwife. I immediately felt trusting and secure in her care and my resolve to have a home birth deepened.

The latter part of my pregnancy went well and 40 weeks came and went. I paced and fretted. Jane pleaded patience. Brendan remained relentlessly calm as always. A 6pm on Saturday night Gwen, my second midwife called in for a chat and to check over the baby. My uterus was irritable and I was jumpy and sore. Gwen thought it wouldn't be long. I didn't dare hope. In bed that night I was, unusually, unable to get comfortable and had trouble dropping off. By midnight I was aware of increasingly strong contractions. Jane was right - I had no doubts that my labour had started! Brendan was excited and, in his usual style, leapt into action. He called Jane who advised us to stay cool and keep her up-to-date on progress. By 1am the contractions were 2 minutes apart and Jane was on her way. In hindsight, I remember feeling and almost surreal calm. At last I could push this baby out!

We hadn't practised filling the birth pool, although we had the measure of setting it up. Once Jane arrived, Brendan applied himself to the task with his customary vigour. My contractions were strong and regular and the baby's heartbeat was untroubled by the relentless squeezing. Once the pool was ready I relaxed into it. Brendan said later that the relief was clearly audible! Jane called Gwen and Brendan called his Mum Jean, who had to travel from Auckland, and Donna, my other support person. The pool made coping with the contractions so much easier. It was warm and supportive and I only had to stand when Jane checked the baby's heart rate periodically.

By the time Gwen and Donna arrived I was working hard, but feeling relaxed and pleased to be with such a supportive crew. Donna left to feed her daughter Kate just as Jean arrived . We were all very excited and despite some bouts of vomiting and tears I felt confident and extremely happy. My contractions at this stage were mostly around the front. Jean climbed in the pool with me and massaged my back and applied acupressure to my feet during each contraction. I had no appreciable show until 9am the next morning. Jane now knew things were progressing! I tried different positions during this time - leaning on the bench in the kitchen and on hands and knees. I knew I no longer wanted to be in the pool but I had difficulty getting comfortable anywhere. The hot towels behind and the cold flannels up front helped enormously and after two hours or so of strong contractions - which I felt mostly around the back - I adopted a head down-bottom up position. It wasn't altogether comfortable but Jane insisted it was helping the last bit of the cervix to open. Everyone was very quiet - each intent on their own duties. I remember thinking ...'someone PLEASE talk to me..." but unable to utter a word. Brendan was no doubt fighting the crushing pain in his hand which had been clamped in my vice-like grip for the last 10 or so hours. I don't remember why I let him go at that stage but held Donna's gloved hand for comfort still not able to speak. It was enough to get me through that brief time when I thought that I was too tired to go on. Quite suddenly, I felt really pushy and wanted to stand. With Brendan and Gwen supporting me on each side, I could give them all my weight with each contraction. I could feel the baby move down steadily with each push. We were all incredibly hot - it was now near midday on a typically sticky Hamilton day - and we were dressed for the night before.

Suddenly Jane could see the bulging forewaters at the perineum. She asked my permission to rupture these and relieve the pressure. A dark head immediately appeared. The baby's heartbeat continued to be steady as she bounced back and forth on my perineum. Finally her head emerged. Jane called for me to slow down but I was on a roll! Another push and baby Fiona shot out like a cork to be skillfully caught by Jane. Fiona grabbed Jane's T-shirt, fearful of being dropped, spluttered and cried. I held her, unbelieving really that this perfect form had joined us so quickly. There seemed to be blood all around. I was quietly grateful for the extra large birthing mat I'd made. Fiona fed almost immediately - strongly and competently as she was to continue. Brendan cut the cord with the enthusiasm he usually applies to gutting trout. He held his new baby girl for photos while she pulled hopefully at his chest hairs in vain.

I was feeling very peculiar at this stage - euphoric and light headed - not only on account of the large blood loss. Jane coaxed me into pushing out the placenta, which made a reluctant exit after becoming caught briefly in the cervix. Again I was aware of all the blood but was willingly helped off to bed with my new daughter to leave the clean-up job to the competent crew. It was comforting to hear the bustle of order being restored in the next room, to hear the voices and the laughter, and to know that it had all gone as we had planned - without trauma or stress - surrounded by a strong supportive family of carers. Thank you (in no particular order): Jane, Brendan, Gwen, Donna, and Jean. I couldn't have done it without you.

Tracey Greenwood

Bringing up baby

Every parent wants to raise a happy well-adjusted child. *Meredith F. Small* finds out how different societies can best meet the needs of their children

Jeff Johnson

IF YOU pick up your child every time she cries, she will whimper and whine simply to get your attention. Never sleep with the baby because you will surely roll over and suffocate him. Newborn infants need rigorous schedules to be content; breast feed only every two hours. A good mother must spend hours every day talking with her child to encourage mental development.

New parents are deluged with advice from paediatricians, childcare experts and just about anybody on the street who stops to peek into the pram. What few parents realise is that most of these rules, these laws of infant care, have little scientific credibility. But that may change if proponents of a new brand of research into childcare, called "ethnopaediatrics", have their way. This group of anthropologists, paediatricians and child development researchers seeks to discover exactly how different styles of parenting across the globe affect the biology, growth, health and survival of infants. The researchers also aim to explain how those cultural differences come to be; how they are forged from social expectations about children, as well as varying perceptions of child health and disease. For instance, in Guatemala, mothers of zinc-deprived babies were alarmed at how alert their infants became after taking zinc supplements. In these women's experience, such alertness was a sign of illness.

Making sense of every variation in childcare across the globe will be no easy task. But with one-third of the world's population currently under the age of 15 the need to do so has never been greater, says Carol Worthman, an anthropologist at Emory University in Atlanta, Georgia. Expanding research into Western parenting practices is no answer, say the researchers, because most of these children live in developing countries where parental values differ from those in the West. Foisting Western beliefs on the rest of the world is definitely not on the ethnopaediatrics agenda. Worthman and her fellow researchers believe there is no one "right" way to rear infants—but there are ways that are out of tune with their local needs. It is the aim of ethnopaediatrics to identify parental practices that conflict with the needs of the infants.

Newborn babies are the same the world over. Their reflexes have been honed by millions of years of evolution so that they instinctively know when to sleep, when to eat and how to cry out to signal their needs. But the way these needs are met varies hugely from one society to another. From the moment babies start interacting with their mothers, they become members of fast-changing modern societies, often quite unlike those that babies adapted to through evolution. Childcare in every society aims to shape babies into the type of children—and eventually adults—valued by that culture. Different societies have different expectations. Stimulating infants with incessant chatter, for example, might be a good idea in the socially assertive West, but less necessary in other societies.

And societies are not static. What was good for one generation of parents may be considered bad practice by the next. "In many cases, cultural development has contributed to the survival and well-being of babies," says James McKenna, an anthropologist at Pomona College in Claremont, California. "But it's important to realise that the changes cultures make might not be equally good across the board." And so understanding exactly how culture, and varying parenting

"The requirement ... will prompt parents and caregivers of those children who are not fully immunised to have immunisations brought up to date," Mrs Shipley said.

"Where the parents and caregivers conscientiously object to immunisation or where there are medical reasons for not immunising a child, a certificate demonstrating that they have made that informed choice is also required."

Mr Cooper said it was "very unlikely" that schools in danger of overcrowding could use enrolment schemes to bar unimmunised children from attending."

All enrolment schemes have to approved by the ministry before they can be enforced.

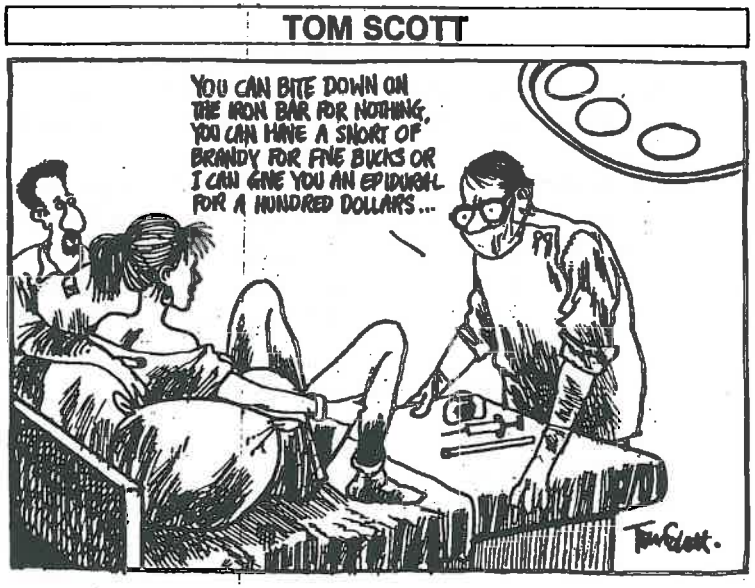
"It (the scheme) would actually have to comply with the Human Rights Act," Mr Cooper said."I think that (banning unimmunised children) could be in breach of the act."

Most enrolment schemes were based around trying to accommodate children within the school's catchment area, usually including a physical zone as well as siblings of existing pupils, Mr Cooper said.

"The ministry has taken into account that the enrolment schemes have because greater in number than we had predicted," he said.

This was often because schools did not have the physical resources to cater for higher-than-expected population growth in some areas. The ministry was addressing this issue, so it was likely there would be fewer schemes in the future, he said.

Nelson Evening Mail 1.4.95



The Editor
Home Birth Newsletter

22/5/95

Dear Editor,
The International Vaccination Symposium held at the Aotea Centre in Auckland on April 1st & 2nd, organised by the Immunisation Awareness Society, was excellent. It was attended by about 210 people, including some members of the Home Birth Association. Sixteen doctors, researchers, scientists, health activists, and parents of vaccine damaged children voiced their concerns about vaccination. Dr. Gilian Durham from the Public Health Commission presented "Immunisation 2000", which "has a clear target to achieve a 95% immunisation coverage of all children at the age of two by the year 2000."

This government policy was in sharp contrast with the views of some of the other speakers. Dr.Gerhard Buchwald MD is a specialist for internal medicine and retired hospital superintendent who is also the medical adviser to the German Association for the Support of Victims of Vaccine Damage and the author of "Vaccination - A Business Based on Fear". He said that vaccination has been around for about 200 years but that "no vaccine has ever prevented any diseases". He says "the motivation for government-mandated vaccination programmes is the profit-oriented thinking of the pharmaceutical industry".

Viera Scheibner, the former Principal Research Scientist for the NSW Government affirmed her findings that vaccination is very stressful for babies and is the leading cause of cot deaths. She also says that vaccines are ineffective and that in her extensive studies of the medical literature she found "no evidence whatsoever that vaccines have ever prevented any diseases". Viera calls vaccination "the epitome of ignorance and the unscientific approach to illness", and that "vaccines contain substances which are so noxious they should not ever be injected into human beings".

Viera Scheibner is one of the speakers on the audio tape "For an Informed Choice" which a reviewer recently rated "thoroughly recommended - a vital tape in the debate on vaccination which is rumbling through society today". This tape is available for $9.50 from the VINE, PO Box 149 Kaeo, Northland. We also recommend the IAS newsletters (annual subscription $15) or Viera Scheibner's book "Vaccination" ($36 incl. postage), both available from the IAS, PO Box 56-048 Dominion Rd, Auckland.

Erwin Alber
Vaccination Information Network
PO Box 149, Kaeo, Northland

Mandatory Choice for Vaccination Becomes a Reality in N.Z.

On 29 March the Minister of Health, Jenny Shipley, announced a new policy aimed at increasing the rate of vaccination in this country. Apparently, two few N.Z. children are vaccinated to prevent outbreaks of epidemics of the illnesses for which vaccinations are available.

This new policy will require parents to present a vaccination certificate when enrolling any child born since 1 January 1995 into an early-childhood care centre or school. During an "epidemic", the Medical Officer of Health may require unvaccinated children to be kept home from school.

This ruling is simply about raising vaccination rates. The Minister and health authorities who helped draft it clearly have no interest in the debate about the safety and/or efficacy of vaccinations. There is no mention of keeping a national statistics which would show how many children succumb to an illness against which they have been vaccinated, nor is there any mention of mandatory reporting of adverse reactions or side-effects to individual vaccines. In fact the policy does not even define what constitutes an epidemic.

New Zealand has Human Rights legislation which makes it illegal to discriminate against a person on the grounds of age, gender, race, religion, sexual orientation etc. It is concerning that this government supports denying access to education on the basis on vaccination status, especially when the evidence to support the safety and effectiveness of vaccinations is, at best , equivocal.

No act of Parliament has been passed, so there is no legal requirement for parents to complete or present a vaccination certificate when enrolling a child at an educational facility. It is unlikely that an enrolment scheme which excludes unvaccinated children from government funded daycare facilities or a directive from the Medical Officer of Health to prevent unvaccinated children from attending school during and "epidemic", would withstand a legal challenge. However many parents will feel intimidated by this policy and most are not in a position to take the matter through the courts.

Given that a considerable percentage of our members choose not to vaccinate their children, we would be interested in publishing information or advice from any person(s) experienced in the area of Human Rights Legislation about how parents can challenge this ruling in respect to access to preschool facilities and exclusion during an "epidemic".

Parents must choose on child vaccination

The Government will force parents to decide whether to immunise their children against serious childhood diseases under a new immunisation strategy announced yesterday.

The Government stopped short of introducing compulsory immunisation, or tagging Family Support payments to immunisation. Instead, it plans "compulsory choice".

Health Minister Jenny Shipley said this meant parents would retain the right to choose whether to immunise their children, but they would no longer have the option of not making a choice.

Children born from January 1 this year will require a vaccination certificate to enrol at a school or early-childhood centre. Children who are not immunised could be directed by a medical officer of health not to attend school during an epidemic.

All children will move onto the new schedule from February next year.

Mrs Shipley said the national immunisation strategy alued to have 95 poercent immunised by the year 2000.

A national survey in 1992 found that less than 60 per cent of two-year-olds were fully immunised.

"The right of children to remain free of preventable diseases comes first," she said.

Significant changes will be made to the immunisation schedule. Children will have an extra vaccination against whooping cough but will require fewer visits for all their vaccinations: five rather than eight.

Immunisation for all children, especially Maori and Pacific Island children, would be improved, Mrs Shipley said.

Doctors and Plunket have welcomed the strategy. The General Practitioners' Association said the strategy reinforced parents' responsibility to have their children immunised, or at least to make a decision.

While welcoming the changes, Plunket said they did not go far enough. Policy director Pat Tuohy said he had wanted a national immunisation register to be established. A register had been instrumental in improving immunisation rates in Britan.

A policy of compulsory choice might not be workable, he said. The United States had such a policy but immunisation rates there were no better than in New Zealand.

Christchurch pediatrician David Teele said the changes were an innovative compromise between mandatory immunisation and the present system.

"The Government is clearly on the right track. I would give full marks to Mrs Shipley for this initiative."

The policy did not infringe anyone's rights, ***(except those of children who were not immunised.)***

Dr Teele applauded the decision to offer an extra vaccination for whooping cough, a disease seldom seen in the United States and more common than it should be in New Zealand.

Mrs Shipley said immunisation was a simple safe, and effective way of protecting children from preventable diseases that could cause serious complications, even death.

More than 10,000 New Zealand children contracted measles during an epidemic in 1991, resulting in four deaths and 570 admissions to hospital.

"New Zealand is a First World country, but we do not have First World immunisation statistics," she said. "This initiative is a good chance for us to close that gap."

The Press 30 March 1995

Non-immunisation ban 'unlikely'

It is unlikely schools will be able to exclude non-immunised children says the Ministry of Education's acting South Island manager for nation operations, Bede Cooper.

Earlier this week, Health Minister, Jenny Shipley announced a new policy requiring children to produce an immunisation certificate, or a certificate stating their parents had made an informed choice to refuse immunisation, before attending preschool or school.