

Waikato Home Birth Association Inc. Newsmagazine 1996



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Te Anau Rd
RD 3
HAMILTON

EXPIRY: 7/96

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WATERBIRTH INFORMATION EVENING

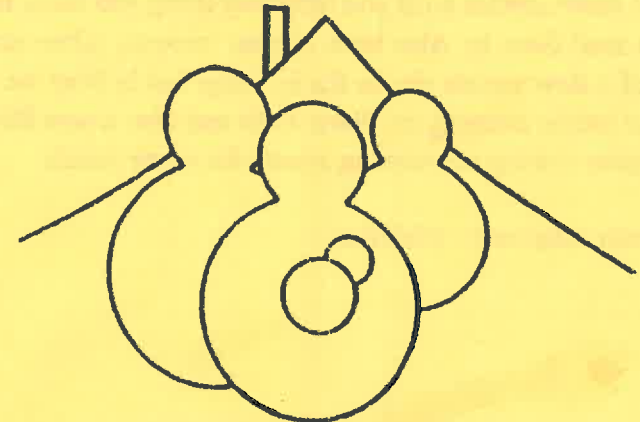
TUESDAY 14 MAY 7.30PM

PH 855-3019

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

Newsmagazine 1996



APRIL

PHONE NUMBERS:

Glenys Parton	855-1842	Treasurer
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Christine Hussey	849-1750	Newsmagazine Editor

*Please post Birth Stories & articles to Christine
c/o 12 Knightsbridge Place, Hamilton.*

The W.H.B.A. Library is now located at
25 Roy St, Hamilton.

Phone Joanne Ridder to arrange a time
to borrow or return books & tapes.

Hi everyone,

I hope you are all well. I'm on the move again. My parents have sold their house and have bought a lifestyle block in Te Kowhai. So we are packing everything up again but this time it won't be so bad as most of our stuff is still in storage. My own house is getting nowhere in a hurry thanks to the city council. I will give you a new phone number and address next month so you can keep sending in all your wonderful stories.

Please I need more articles so if you have any thing you think may be of interest please send them in. Also birth stories, recipes, jokes etc. April is a bit of a slow month due to the holidays but in May we will be having another public evening on Water birth and also a new Birth Preparation series starting see coming events for more details.

Until next month, take care - Christine

BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
10/2/96	Sarah & Brian Duffell	daughter	Emma	Matamata	Maggie/Paulette
19/2/96	Jane & Finton-Rooney	son	Shaun	Hamilton	Maggie/Jane
1/3/96	Hannah Banks & Ken White	son	Tobin	Tamahere	Maggie/Paulette
5/3/96	Emmeline & Michael Pitcher	daughter	Naomi	Morrinsville	Jane/Jenny
12/3/96	Karen & Brent Robinson	daughter	Riana	Scotsmans Valley	Jane/Jenny
18/3/96	Marianne Kemish & Quentin Lockley	son	Thomas	Hamilton	Maggie/Paulette
25/3/96	Marie & Steve Smith	daughter	Sarah	Hamilton	Paulette/Maggie
25/3/96	Kylee Jenkinson & Quentin Marsh	daughter	Cassidy	Pirongia	Maggie/Karene
29/3/96	Pauline Walker & Aaron Goldsworthy	daughter	Alicena	Otorohang a	Jane Belinda
30/3/96	Sarah Oliver & Gordon Bassett	daughter	Ramona	Hamilton	Paulette/Maggie

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, phone Debbie Stewart, 827-8202

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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:

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P.O. Box 12-099
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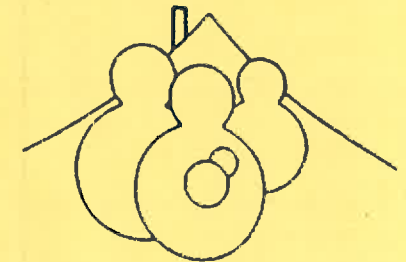
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Practicing Midwife

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COMING EVENTS - April - May.

Note these dates on your calendar

On the origins of the midwife

Sarah Bunney

CHILD BIRTH is more hazardous in humans than in any other primate. And using the length of labour as a measure, it is more difficult for a human mother to give birth than it is for a nonhuman primate. Karen Rosenberg, an anthropologist at the University of Delaware, thinks this means that at no time in the history of *Homo sapiens* could mothers have given birth without help.

Rosenberg reached her conclusions by taking a fresh look at how humans acquired their mechanism for giving birth (Year-

book of *Physical Anthropology*, vol 35, p 69). The human birth mechanism is unique: a baby has to take a tortuous path through the birth canal, rotating its head halfway through. This is because the sacrum and other pelvic bones are arranged for upright posture, and because a fetus's head is large compared with the rest of the body.

In all nonhuman primates, the birth canal is basically a straight tube that throughout its length is wider from front to back (the anteroposterior direction) than it is from side to side. In chimpanzees and gorillas particularly, the baby's head fits in the birth canal with room to spare.

An ape infant enters the birth canal with the long axis of its head aligned with the mother's pelvis, passes through and emerges facing the same way all the way down (see Diagram). So an ape birth is comparatively simple.

By contrast, the human birth canal is a tunnel of varying cross section. At the top of the canal (the pelvic inlet), it is wider from side to side (transversely elongated). But at the midplane, halfway down, it becomes deeper from front to back but less wide. At the outlet, the canal is almost circular. Of these three obstetric planes, the mid-plane is smallest in circumference and the outlet the largest.

The long axis of a baby's head is larger than the anteroposterior diameter of the pelvic inlet. This means that a human baby has to start its journey facing the mother's side. Then in midplane, where the transverse diameter of the canal decreases, the head flexes to bring the chin down onto the chest, and it rotates through 90°. It now faces either the mother's front or back—usually the latter, unlike other primates.

Finally, the head passes through the rounded outlet—in a different orientation from the one in which it entered the birth canal. After the head and shoulders

have emerged, the rest of the body, which is not as wide, emerges easily. If necessary, ape and monkey mothers can easily use their hands to help in the delivery of their own babies, something that is difficult, even dangerous, for a modern human mother to do.

There is obviously a limit to how big the head of a human fetus can be and still pass through the birth canal. This explains why, in modern humans, the rapid brain growth that in most primates occurs only before birth has to continue in infancy. Only when a baby is a year old does brain growth slow down. So

but unlike apes, she was bipedal, although she may have walked rather differently from later hominids.

Present evidence suggests that Lucy's pelvis was consistently widest from side to side and therefore more oval throughout its whole cross section than a modern human pelvis. Also, the pelvic outlet was narrower than the inlet. There was ample room for the fetal head in the gracile australopithecine birth canal. But the birth mechanism is more problematic.

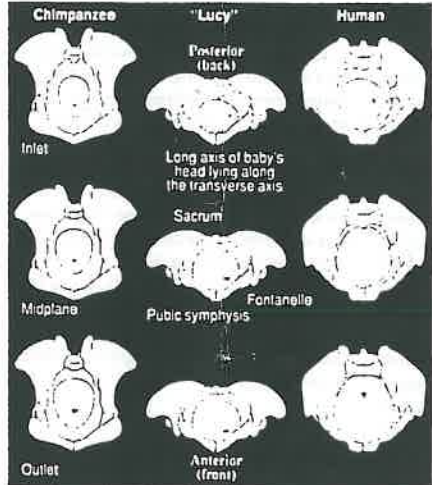
One possibility, put forward by Robert Taque and Owen Lovejoy in 1986, is that an australopithecine baby's head

entered the birth canal facing towards the side, as in modern humans, and that it emerged with this same orientation. This would mean the baby's head did not rotate in the birth canal. A popular idea is that they had an ape-like pattern brain growth before and after birth. A later stage in human evolution, early *Homo erectus*, is known from a nearly complete skeleton from about 1.6 million years ago found at Nariokotome on the west side of Lake Turkana, Kenya. Information from this skeleton about the birth canal is, however, limited because it belonged to a 12-year-old boy.

The Nariokotome boy's brain was almost twice the size of a gracile australopithecine's. However, this hominid had long legs and narrow hips, and palaeoanthropologists believe that the birth canal of its female counterpart was too small to take a large-brained baby. From studies of the skeleton, Alan Walker of Johns Hopkins University and his colleagues suggest that for the Nariokotome boy's brain to reach the adult size, it would have needed to continue to grow at a fast pace after birth, as it does in modern humans.

Therefore, 1.6 million years ago it would appear that hominid social behaviour would need to be sufficiently advanced for the care of helpless young.

Neanderthals (usually called *Homo sapiens neanderthalensis*)—a much later stage in human evolution dating from around 130 000 to 30 000 years ago—had brains the same size or slightly bigger even than ours. Rosenberg suggests that their birth mechanism did involve rotation of the baby's head, as in modern humans, and that the baby appeared facing the mother's back. Along with brain expansion and this type of head presentation came difficult deliveries and the need for midwives. □



Turn baby turn: unlike other primates, the heads of human infants have to turn during birth because this is the only way out

in terms of brain development, human gestation lasts 21 months. No other primate has this pattern of brain growth and such a long period of total infant dependency. In all other primates, including apes, the pace of brain growth changes from the rapid fetal rate to the slower post-fetal rate as soon as the baby is born.

But how did humans' unusual patterns of birth and development evolve? Because the size and shape of the pelvic aperture determine the way an infant is born, Rosenberg was able to make some deductions about the evolution of the birth process from the pelvic bones of fossil humans.

Palaeoanthropologists have reconstructed pelvic girdles belonging to "Lucy", the famous 3-million-year-old female *Australopithecus afarensis* from Hadar in Ethiopia. Lucy was lightly built or "gracile", with a small brain, barely bigger than an ape's.

WHBA Core Group Meeting

Monday 15 April, 7.30pm at 15 McNicol St, ph 855-8266.

Contact Julia Drury 855-8266 for the agenda.

Note: Meetings now held 3rd Monday of the month.

ALL MEMBERS INVITED TO ATTEND.

Pregnancy and Birth Information Evening

Tuesday 14 May, 7.30pm, at Link House Te Aroha St.

Discussion Topic - Waterbirth. Contact Stephanie Law 855-3019

Home Birthers' Coffee Morning.

Date yet to be determined for May due to April school holidays.

Contact Janet Young ph 854-7502.

Immunisation Awareness Support Group

Wednesday 1 May, 7.30pm at 10 Thames St. Focus for discussion: Meningitis.

Come and meet other concerned parents and share information.

Contact Clare Shallcross 855-6997.

"For an Informed Choice" tapes -two copies are available to borrow from the WHBA Library.

Preparation for Birth Classes

Series begins Tuesday 28 May, 7.30 - 9.30pm for 5 weeks.

Contact Stephanie Law ph 855-3019.

Raglan Preparation for Birth Classes

Contact Adele Buckton ph 825 8942 for details.

Pregnancy Yoga and Relaxation Classes

Thursday evenings 5.15pm at Plunket Rooms, Richmond St.

Contact Paulette Whitford ph 856 0130

Cambridge Home Birth Support Group

Contact Sandy Upton ph 827-8361 or Andrea Powell ph 827-1723.

Te Awamutu Home Birth Support Group

Contact Helleni Quirke 07-870-2622, small library available.

Morrinsville Home Birth Support Group

Friday 26 April, 10am, bring a plate and share morning tea. Contact Dianne Simmons ph 07-884-9792 for details of address.

Te Ahuru Mowai o Waikato - Whakawhanau ki te kainga. The Sheltered Haven Homebirth for Maori Women. Contact Rangimarie Hohaia 07-871-5858.

Addie's Birth 18/12/95

I was very sick of being pregnant and more sick of people wondering when the baby was going to be born. I think I might have asked for it since I knew when I got pregnant and knowing that my dates were right I did not think I was going to go over due. If I did I thought it would only be a day or two.

I was 41 weeks and Maggie my midwife was going away on the 20/12/95 Maggie was happy for me to carry 42 weeks since I was well and the Baby was all right.

I said that I wanted to have the baby a few days before the girls had their holidays. So I had one lot of castor oil on Friday the 15/12/95. I had herbal preparation on Saturday the 16/12/95.

On Sunday the 17/12/95 I had a bath with William and we were talking about the thing we had tried to have the baby and William said that I might be wasting my time in taking the castor oil again. I said anything was better than doing nothing. I started crying because if it did not work. I was going to ask Paulette and my Doctor if they could be with me if I had to go into Hospital. I had Maggie coming to see me on Tuesday 19/12/95 before Maggie went away so if I had not had the baby was not born by then.

I started taking castor oil at 6am then at 10am I did not have any breakfast because I thought it was a waste of time eating when it all came out the other end.

My Family had been invited to a B.B.Q. So I rang up my friend to see if the B.B.Q was still on because it had been raining all morning long. So we went up the Road for the B.B.Q. I had some lunch let alone I had taken two lots of castor oil. I went home at 2pm and I had some more castor oil. I went for a walk around the block. I came home and had a rest and then I went up the road to see what my children were doing. I'd had 4 glasses of red wine and I am a person that does not like to drink when pregnant. I went to bed at 10.30pm Sunday night.

I got up at 11.15pm to go to the toilet I went back and said to William that I was in labour and did he want me to come back to bed. William said yes because that's what Maggie would say. I was in bed for 5 or 10 mins and then I was going back to the toilet. I asked William to ring Maggie and he said he had to wait until I had three contractions and they had to be five mins apart because of all the castor oil I had taken that day. The sooner Maggie got to my house the happier I would be. William had started running the bath while I was still on the toilet and he had woken Clare up because she wanted to be with me while I was in labour. William rang Maggie after I had got into the bath, at that time I had three contractions in five mins.

there is extreme urgency in the request for a toilet—asking them to hold on for a few minutes is like asking an adult to wait five hours for a cup of coffee!

Small toilet users also like to check out all the toilets in the universe, hence the numerous requests when out and about. Rest assured, this is normal and if treated as a serious request, it will run its course.

If by four years of age, your child is having no successful "dry" days, it would pay to have them checked by your GP. There are a few rare conditions warranting further investigation, but the majority will be reassured that there's nothing physically wrong.

Toilet training is a major social issue, fuelled by many myths and huge peer pressure—mostly from well-meaning people who really have no idea what it's like to have a four-and-a-half-year-old who still has several wet pants a day, most days.

And try not to take it to heart when other people say, without thinking, things you wish they wouldn't. Focus instead on the positive qualities of your child—their own special abilities and uniqueness.

What these long-suffering parents need is reassurance not ridicule, and to be admired for their perseverance during a particularly long and weary haul.

Some children respond well to personally dealing with the consequences of wet pants, such as having to wash their clothes themselves—the novelty generally wears off after a week or so, and they decide maybe it's not worth all the hassle, so they conform.

Day by day but still wetting the bed at night? Again, the age at which children remain dry throughout the night varies considerably. By the age of three and a half, about 75 percent of all children are dry at night; but the rest continue to wet the bed.

This condition is known as enuresis, and most specialists feel it isn't a problem until the child reaches seven years of age. Small solace for those facing mounting laundry piles, but there are a few measures which could be useful.

Some parents report favourable responses by waking the child in the late evening and taking them to the toilet. Various mattress alarm devices are available which activate when the child begins to urinate, while some children are prescribed drugs.

For some younger children, a type of disposable nappy, called Pull-Ups, have been quite successful. These pull on and

off like nappies and are easily handled themselves. Though designed for the early days of daytime toilet training, these are a good compromise at night, as the child doesn't feel like a baby wearing nappies.

“Use language they understand and ensure consistency by all involved”

The same principles used for toilet training should be used for bed-wetting. Lots of praise for dry nights, and a record of achievement, but never scold or punish a child for wetting. The child has no control over this problem and any punishment is likely to deeply hurt them.

Try to keep positive, but don't kick yourself for the occasional angry outburst. It's hard to remain unaffected, but it's important to try to keep those feelings in check, as the child will definitely react negatively if you do.

While it may be extremely trying for parents of "late" trainers, the truth is that being able to go to the toilet is not a particularly useful skill in the grand scheme of things. ■

Acknowledgements and further reading:

Special thanks to Linda French, child counsellor and toilet training aficionado. *Toilet-Training & Bed-Wetting—A practical guide for today's parents*. Heather Welford

Toilet Training Toddlers, Phyllis Brock and the Leslie Centre (a branch of the Auckland Presbyterian Support Services)

Pam Sutton is a freelance writer/ editor and professional volunteer, living in Porirua with her husband Adrian. Toilet training their daughter, Ashleigh (almost 5) has taken more than 20 months and that's just for daytime! They're hoping the next baby (due shortly) will not be so much of a problem. Pam has been involved with Parents Centre for 6 years and is marketing & publicity officer for the Mana branch.

Small boys definition of conscience:

Something that makes you tell your mother before your sister does.

The dilemma of whether a boy should sit or stand is an individual matter. However, most children prefer to sit until they get the hang of it. By watching older males using the toilet they will one day want to be a "big boy" and stand up. Placing a table tennis ball into the bowl, to encourage "aiming", is also advised.

Children naturally want to please their parents and will generally try hard at this new task, but they cannot do it alone. They need loads of encouragement, reinforcement, and praise. Show how pleased you are when they make it to the toilet in time, let them flush the toilet and don't forget the importance of washing hands when finished.

But, if they don't make it in time—and there are usually lots of those—try to appear unconcerned and say "Oh well, maybe you'll go in the toilet next time". Remember, they don't realise the value of your shagpile rug or plush lounge suite.

Establish a routine of sitting on the potty or toilet after breakfast, after lunch and after dinner. Try to keep them sitting for five minutes or more. This can be done by making the bathroom a fun place to be, with books, pens and paper, and of course a patient parent.

Some children respond well to "performance" charts, using stickers or reward systems. Make it easy for the child to get a reward, whether it's the sticker itself or something else. And make sure the reward is given as soon as possible—how many adults respond well to delayed gratification?

Going on a special shopping expedi-

tion to buy some new underpants—let your child choose them—can also be a great incentive.

If your child refuses to sit on the potty or toilet, try not to despair, show anger or disappointment. Rather, leave it for a few weeks and try again.

For a few children (and their parents) toilet training is an absolute nightmare. Regardless of what the parents have done, the pot remains empty, the pants

few weeks. This may be all the motivation the child needs to get back on track.

Then, start by getting them to sit on the pot with their clothes on. When they're comfortably sitting for five minutes (with a parent reading, for example), then progress to nappies on, and in time, to nappies off.

It is usual for children to go through various stages. One of the more common stages is wanting only to use their

**"try not to take it to heart
when other people say things
you wish they wouldn't. Focus
instead on the positive
qualities of your child—their
own special abilities and
uniqueness"**

remain wet and the parents' patience is wearing thin. These sensitive souls need careful and gentle handling and encouragement.

The solution depends on the child's age, how long the "training" has been going—months or even years!—and how much parental patience is left.

If the child is still young—under 3—perhaps all that's needed is a break from the training and back into nappies for a

potty—even if you're out visiting. This is easily remedied by carrying said pot in a large supermarket bag—just whip it out when required.

This stage doesn't last long—usually until the child starts using a toilet. Small toilet users have an uncanny knack of wanting to go "right now," just as you've arrived at the shop, at granny's, or half-way down the motorway.

At the beginning of toilet training

Williamina had woken up with a sad face and wondering what was wrong with her Mum. William told her that I was going to have the baby. When William came back to the bathroom I asked if he had rang Maggie he said yes I have, did you tell her that I had three lots of castor oil today and to HURRY up, he said yes. Did you ring Paulette for Maggie, William said No because Maggie said she would ring Paulette.

The pain was so great that I started to cry instead of breathing through the contractions. William said for me not to cry and to start breathing through the contraction William said come on you can do it. After a good 10 mins of crying I feel better and I thought that William is right so I stopped crying and started breathing through the contractions and in between the contractions I was saying that I wished that Maggie would HURRY up. When Maggie arrived I felt happy and was feeling more relaxed. I laid down in the bath to have a break while I was in labour it did not last very long and I was getting up for another contraction Maggie heard the baby's heart beat with the Doptone.

I was having lots of cold drink before and after Maggie came during the contractions. Maggie was wiping my face with a cold flannel I said to her do I look that bad and Maggie said No I thought it would make you feel more fresher O.K. I said and kept on going with the labour. I was starting to feel very uncomfortable and put my left leg up so that my foot was on the floor of the bath I did that just after I had a show.

Then 5 mins later I gave two pushes Maggie said the baby's head is out and I thought to myself well that's good but who has got the energy to push the rest of the baby out, at that point I thought if it was that easy to ask someone to push the baby out well then the job would be done for me. Let alone I felt that I could push the baby out I gave it another try to push and the baby was out when I saw baby I panic because the cord was caught around the baby's neck I thought the cord was caught around the baby's right arm but I might have been dreaming.

Clare asked me what the baby was I had a look and it was a boy. I got out of the bath and walked into the lounge with our baby boy in my arms. The placenta was born about 1/2 hour later. After all the things I had taken from Friday to Sunday.

Addie's Birth was very fast and very painful and the afterpains were so bad that I had to take the Panadol every four hours and with taking all that castor oil on Sunday there was no way I myself could control the labour.

Where as when I had Bronwyn at home three years ago she was only a little bit overdue and I did not do anything to start her labour and I could rest in between the contractions. Addie took 2 hours in total.

Jensina McLaren.

A Postnatal Drip is a person who asks you when you are due, two weeks after the baby is born.

PIGS CAN FLY Tantrums?

"A tantrum is a noisy and sometimes violent outburst of temper, especially by a child", states one of my dictionaries. I would like to add my own thoughts to that definition. I believe that a tantrum is a healthy release of pressurised frustration and anger. The problem with tantrums is ours. We (our society) tends to view tantrums as "bad" behaviour which should not be tolerated. Surely, it is important not to try and stop the tantrum (suppress the anger) but to allow it to take place (provided no one is in danger) and look at the root cause of the anger. Through bitter experience I have learnt that any effort to intervene has never resulted in a positive outcome. On the other hand through self awareness and much soul searching I have come to understand at least some of the reasons behind Rowan's tantrums, and this has resulted in a more positive family relationship.

I am happy to say that over the past 3 or 4 months the relationship between Rowan and I has continued to improve. During this time I have been working on myself, and asking for spiritual healing for us both. Help has come from many sources; my sister, people from my meditation/healing groups, other spiritual healers, and of course from my own spiritual guides and helpers. The release of anger which I had been suppressing (as described in my article December 1995) has allowed me to look at the situation more calmly which in turn has allowed the growth in understanding to take place. Learning about past lives that Rowan and I have shared together has contributed a great deal to my understanding. Rowan's fear of being left (both left alone and left behind), his fear of losing me, his need to have me close to him, and his fear that he might die if I go away, I believe, have all come through from past lives.

I have been aware for some time now, that Rowan's blood sugar level has also had an effect on his behaviour. I had learnt to control this by making sure Rowan ate frequently (about 2 hourly). On the day of Rowan's worst ever "tantrum" (9th November 1995) many factors contributed to the event. I went to pick Rowan up from Kindergarten for the first time (previously, Paul had done this). Rowan was hungry and tired - his blood sugar was down. Seeing me brought up the realisation that I had not spent much time with him recently (he had not fully accepted my reduced mothering role). He demanded to be carried to the car - I refused (I was still struggling with letting go of the power that he had over me). By the time we reached the car he was lying on the ground screaming and kicking. The trip home was memorable to say the least. It is no easy task to concentrate on driving with a screaming, kicking child in the back seat demanding me to "Stop", "Go back", "Go to the airport" etc, etc at a decibel level way above my limit. We survived the journey, however the "action" was just beginning. Once inside Rowan continued his rage. He threw anything he could lay his hands on, and a bookshelf was pushed over. I tried to control the situation

or not rain?

To Train or not to train?

**That is the
question says
Pam Sutton.
First some
reassuring
facts...**

- One-third of all children are not fully toilet trained by their sixth birthday.
- Those who aren't toilet trained by six years of age are not lazy, spiteful or slow learners—it is not a race.
- The physical development for most children to start toilet training is generally not acquired until they are between 2 1/2 and 3 1/2 years of age.
- Accidents can happen up to a year (or longer) after being toilet trained. There can also be accidents when the child is ill, if they drink a lot, or when under stress, such as moving house, a family death, new baby, etc.
- It is not a test, nor is it a measure of the child's intelligence. Late toilet training has no bearing on the child's future development.
- There is, however, a link between late training and children with asthma or milk allergies.
- Heredity plays a large part, so if both parents were late trainers, chances are their offspring will follow suit.
- No amount of bullying or bribery will make a child go to the toilet when they are not physically and physiologically ready.

Deciding when to start toilet training can be difficult because every child is different. The right time for someone else's child may not be the right time for your child. To be successfully toilet trained, a child's nervous system must be sufficiently developed to the point where the child is aware that they wish to urinate or have a bowel motion.

This seldom happens before 18 months of age, and more usually about 2 1/2 years. Of course, it doesn't help to know that someone's little Johnny was out of nappies—night and day—by 20 months. This does occur occasionally, but is the exception rather than the rule.

At the other end of the spectrum are those ever-hopeful parents still waiting after years of trying to get—and keep—their child toilet trained.

Rest assured, though at the time it seems impossible, the "accidents" will gradually decrease and one day you'll actually have to think hard about when *did* the last accident occur.

As to the age-old theory that boys are harder to train than girls—it depends entirely on who you talk to. There are two schools of thought, with one side saying it's easier for boys because they can see where it's all coming from—a distinct advantage; whereas others believe that boys feel less pre-wee sensation because of their different biological make-up.

Just as heredity plays an integral part in how long it takes to train a child, it also dictates, to a large degree, the child's bladder capacity.

Some children's bladders can hold onto a veritable waterfall for many hours (try seven!), whereas others need only a thimble-full to feel the urge. For some women (and many more who daren't admit it) stress incontinence is a problem, especially after having had a baby. These women are given special exercises to retrain their bladder, and some of these could be tailored to help children enhance their "holding" ability.

One are the days of mothers "holding out" their babies over a pot half an hour after a feed. Sure, most of the time something happened and it saved on dirty nappies—but this wasn't toilet training, it was parent timing.

Fine if your child has regular and predictable toileting habits but most children are neither regular nor predictable.

Today, parents are advised to wait until the child is at least two years of age—and some even leave it closer to three. If your child shows considerable

interest before, then all means have a go, but don't expect miracles.

The reason for this is that the physical development of the myelin sheath surrounding the central nervous system (connecting the brain and the rest of the body's nerves) is generally more developed at this age and there is more chance of success. This myelin sheath is responsible for ensuring smooth message transmission from bottoms to brains.

Because the sheath grows spasmodically, the messages may sometimes get through and then again, they may not.

Common signs of toilet readiness:

- Child stays dry for at least two hours or is dry after naps.
- Shows by words or action that he/she wants to urinate or pass a bowel motion.
- Can follow simple verbal directions.
- Can take pants on and off and walk to and from the bathroom.
- Wants soiled nappies changed—immediately!
- Asks to use the toilet or potty.
- Asks to wear "grown-up" underwear.

This explains why an apparently "trained" child suddenly starts to have accidents.

From the beginning, explain to the child clearly what you are trying to achieve and what it will mean for the child ie growing into a big girl/boy, benefits of wearing clean, dry underpants, no more nappies, etc. You'll probably have to repeat this explanation often until the child understands fully.

If your child can't yet follow simple instructions, such as "Put the cup on the table", "Pick the book up and give it to Dad", or similar, it is unlikely they will be able to understand what it is you're wanting them to actually do.

Use language they understand and ensure consistency by all involved, be they parents, grandparents and caregivers. Everyone should use the same words, procedures and responses. Don't assume the child knows wee-wees, pee-pee, number ones or tinkle mean unne—there are more than 50 euphemisms for going to the toilet!

DIARRHOEA.. a cup of KOROMIKO leaves or Homeopathic NUX VOMICA. If severe IPEAC 30c. and drink plenty.

PAIN...Homeopathic ARNICA.

TOOTHACHE..the herb BLACK WALNUT in tincture form This will also restore the tooth enamel.

HEART PROBLEMS.the herb HAWTHORN BERRIES taken in a tea daily to strengthen the heart muscles.

BLEEDING..herb GOLDEN SEAL, but seek practitioner help.

HEADACHES..No 10 and 11 Biochemical Tissue Salts and avoid eating acid foods(chocolate, oranges, wine, red meat) AND CHANGE YOUR DIET.

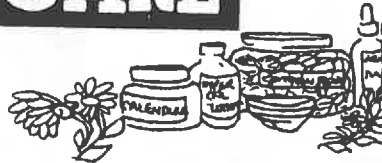
FUNGAL PROBLEMS..take yeast out of your diet and bathe with LAVENDAR oil.

TRAVEL SICKNESS..the antidote is Homeopathic, NUX VOMICA.

FLUID RETENTION..No 11 Biochemical Tissue Salt(Nat Suli

The list can be endless and each issue we unravel more remedies if you can apply to home care in order to work with prevention. Often though we can go back to a simple basic for improving our health. That is to organically, oil our bodies regularly deworm when necessary and keep our bowels working well, also remember to drink pure water.

FIRST-AID CARE



Have on hand Homeopathic remedies to cover most first aid situations: BRUISING...caused by injury is quickly dealt with by taking ARNICA 30c..which is taken internally. Then bathe the area with ARNICA TINCTURE diluted if the injury is tense.

NOSEBLEEDS...ARNICA TINCTURE diluted and sniffed up into the nasal passage. Pinch the top of the nose above the affected area and place an ice pack over the nose itself. Rest the head until bleeding stops.

SPLINTERS...SILICA 30c expels foreign matter from the body which is far better than probing with unsterile needles: Bath with HYPERCAL LOTION until the splinter has been rejected from the body(this goes for prickles, thorns etc .. well).

EYEWASH...EUPHRASIA TINCTURE.

BURNS... simple burns can be treated immediately by picking an ALOE VERA plant leaf, splitting it open and pasting the gel that exudes from the plant onto the burn. Pack ice into a sterile cloth on top of the ALOE VERA gel and then burn. This applies to severe burns also but medical attention must be sought. Give the patient Vitamin E (natural or synthetic) to feed oxygen to the blood until the burn heals, as this vitamin is lost with burns.

FRIGHTS or STRESS SITUATIONS...4 drops in a little water of a Bach Flower Remedy called RESCUE REMEDY. An instant cure that calms one in any situation that brings about stress:- accidents, tantrums, arguments, emotional upset, exam or stage fright, panic feelings, going to the dentist. Can even be used on animals. Non addictive Rescue Remedy calms the mind and adrenal system.

CUTS... bathe with HYPERCAL LOTIONS, a natural antiseptic and when clean apply CALENDULA OINTMENT or CREAM. This often stops bleeding in minor cuts but will ensure the tissue does not scar.

by putting him outside. He was foaming at the mouth by the time he smashed the glass in the front door. I was numb with anger and despair, however I jumped to save him from being skewered by a jagged piece of glass. This person in front of me was definitely not my 3 and a 1/2 year old son. I remember thinking that he must have been taken over by some evil spirit. The shock of the broken glass shook him into submission as I dumped him onto a chair and proceeded to clean up the broken glass. I was crying so much I could barely see what I was doing. Rowan was back in his own body again as he became concerned that "dogs might get in (through the hole) at night". I reassured him that Dad would cover up the hole, and he drifted off into an exhausted sleep. I ran to the phone to call my sister for help.

A week or so later my sister phoned to tell me that her spiritual healing group had performed an exorcism on Rowan. A very powerful and ugly entity had been expelled! We were to give him heaps of "Rescue Remedy", and he showed a remarkable improvement. Of course the big question in my mind was "How is it possible that our son could have picked up and carried such a burden". Only a week ago a psychic proposed an answer to my question. When Rowan was only one month old he was taken to a practitioner who scared him. Rowan screamed through the consultation. At the time I was very uneasy about it, but as a new mother I did not have the courage or strength to override the practitioner and pick Rowan up and get him away. Unfortunately this may have damaged Rowan's soul, a weakness which may have let other entities in. I now believe that this may also have been the cause of Rowan's mysterious screaming on awakening - a pattern which has ceased since the exorcism. Fortunately, the episode with the practitioner taught me a lesson. I never ever again left Rowan to scream, nor did I believe that he ever screamed without a very good reason. Psychic healing has now been used to restore Rowan's soul to its optimum strength, (with noticeable results).

On a more personal level, I am pleased to say that I have made further progress in healing the relationship between Rowan and I. Early in January this year Rowan had another (less violent) "tantrum". This time I chose to leave him strapped in his car seat, as I was determined not to allow him to rampage about the house, possibly causing further damage. (This episode took place about 6 weeks prior to the psychic healing of Rowan's soul). I also chose to sit on the terrace (where he could see me) until he calmed down. After about 10 or 15 minutes with no change in his attitude I suddenly realised that I could try sending LOVE to him. The effect amazed me. Within one minute he was perfectly calm. This was a breakthrough on two counts. Firstly, I had managed to actually feel love for him while he was in a fit of anger, and in need of it most. On previous occasions I had always been wound up in my own anger and despair and had reflected only those feelings toward him. Secondly it was the first occasion that I had seen the sending of love work. In any past experience of sending love I had never really known whether it made any difference.

You know children are growing up when they start asking questions that have answers.

The following evening a meditation group member channelled a message from spirit. "Love is all we need" was the general theme. It affected me so deeply that I broke out into uncontrolled sobs - in the middle of the meditation! A breakthrough had taken place. I had previously known in my head that love heals, but now I know it in my heart.

We are now working on the cause of Rowan's blood sugar imbalance. I believe it too may be related to a past life. His most recent past life, in fact. In this life he died (according to the psychic) as a result of poisoning due to an overdose of tetracycline (a penicillin derivative). This I believe may have weakened his immune system in his present life. We are treating it with homeopathy and it is as yet too soon to determine the result. Yet another natural remedy - the Bach flower "Vine" I hope will alleviate Rowan's dependence/possessiveness of me.

I would like to finish with a message which I channelled (my first time in a group) last night. "Be true to yourself. This is the important thing. Suffer not the consequences of a false skin, for inside you is a perfect jewel which radiates far out to the heavens".

Love to all,
Dorothy Dando
5/3/96.

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Healthy Options
Aug/Sep 1990

BE THE PHYSICIAN

Are you feeling low, maybe your chest feels rough, perhaps there's a nagging pain in your side or even a hint of a headache? What do you usually do? Wait until symptoms increase in severity before taking any steps to deal with the problem, or do you call your Doctor and then feel silly because there is nothing much to pinpoint, just waddering uneasiness as you feel unwell? This dilemma faces many people on a regular basis. Do you ignore the symptoms, hoping they will go away or wait until the problem increases in intensity until a health crisis develops, then seek a practitioner?



prevent a health crisis from materialising. Remembering of course, that ones diet plays a very important part in wellness and if you are not eating organic food then you can expect to have health problems, for good health is not just finding a cure but is preventing unwellness by taking self-responsibility.

SELF HELP:
Then there are simple cures for specific complaints which can be taken as a herbal tea, vitamin supplement or a homeopathic antidote.

In this age we are no longer content to 'pop pills' and when a visit is necessary, often the medication prescribed just suppresses the condition until the cause is diagnosed. The whole area before these treatments are necessary is called 'Prevention'. It makes sense to prevent a crisis, but in order to do so one must listen to ones body. Our physical and mental body will give plenty of warning signals when any disharmony develops, the key is to recognise what those symptoms are. Once realised taking care of yourself is so much easier, and certainly medical attention can be kept to a minimum. For too long we have expected the Doctor to provide 'cures' in order to prevent further health problems within, but we often forget that medical training is best suited to 'crisis care'. In the meantime we can take care of ourselves by taking more self-responsibility.

family life, and the Doctor was only called in if an emergency arose (if they were lucky enough to have one nearby!) Every woman who was the head of the household, which often consisted of several families, prepared home remedies and that traditional knowledge was handed down. We now have a complete turn-around as science is taking another look at the traditional 'housewife cures' which have been scorned for decades. So whilst science is still uncovering what already exists we can turn back to those home cures that have kept civilisation alive for centuries, but with modern age technology.

If you were left without any outside assistance and had to deal with any normal family health crisis, how would you fare? Often not very well, and it is this uncertainty that has developed with our realisation that drugs and medicines have commanded our lives to the detriment of prevention techniques. So with this in mind, the following symptoms and cures have been listed in order to help you cope with day to day unwellness and

CONSTIPATION...drink one cup of Alpine tea.

HEARTBURN...a cup of peppermint tea and the No 9 and 10 Biochemic Tissue Salts.

INDIGESTION...papaya enzyme or 1 dose Homeopathic CARBQ VEG. 30c. Continued indigestion indicates a closer look at diet is needed.

EXCESS MUCOUS...mix SLIPPERY ELM POWDER into liquid or food and take daily until clear or if accumulative, a herbal blend of COMFREY AND FENUGREEK in warm water. This will prevent fluid building up on the lung.

COUGHING...begin by oiling the throat then take a natural cough mixture consisting of chopped, simmered onion and add honey to the liquid and sip.

SORE THROAT...a mixture of cayenne pepper and honey to be sipped, or homeopathic BELLADONNA for hot dry symptoms.