

Maggie Banks
Te Awa Rd
RD 3
HAMILTON

Expiry: 7/98

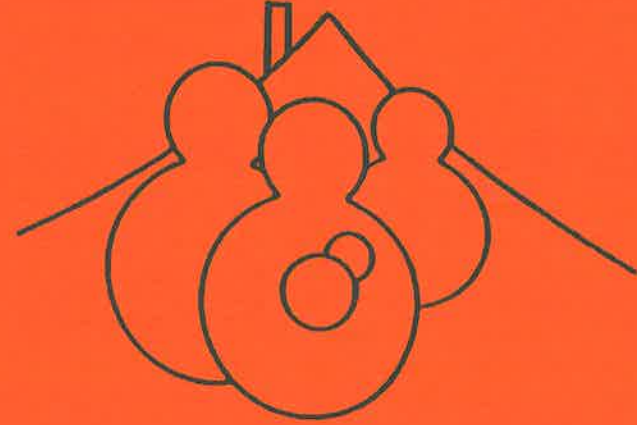
Disclaimer: Opinions expressed in this magazine are not necessarily those of the Waikato Home Birth Association Inc.

**WHBA COREGROUP MEETING
MONDAY 17TH NOVEMBER
PHONE 846-1371**

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

Waikato Home Birth Association Inc.

Newsmagazine 1997



NOVEMBER

PHONE NUMBERS:

Karen Benge	855-5003	Chairperson WHBA Inc.
Glennise Head	846-1371	Treasurer
Joanne Ridder	847-4987	Mailing List Coordinator
Karen Walker	825-5025	Newsmagazine Editor

*Please post Birth Stories & articles to Karen
Old Mountain Rd, R.D. 1, Waitetuna Valley, Raglan*

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.

COMING EVENTS - November - December.

Note these dates on your calendar

WHBA Core Group Meeting

Monday 17 November, 7.30pm at 40 Vardon Rd, ph 849-9478.

Contact Glennise Head ph 846-1371 for the agenda.

ALL MEMBERS INVITED TO ATTEND.

Home Birthers' Coffee Morning.

Friday 28 November, 10am, bring a plate and share morning tea at 40

Vardon Rd. Bring your babies and toddlers. Welcome to all members.

Contact Brigid Devcich ph 849-9478.

Immunisation Awareness Support Group

Sunday 23 November, 2 - 3pm at 10 Thames St. Please bring a plate for shared afternoon tea as it is the last meeting of the year.

Topic: Whooping Cough/Pertussis. Contact Clare Shallcross ph 855-6997.

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

Preparation for Birth Classes

Series begins February 1998, 7.30 - 9.30pm for 5 weeks.

Contact Vanessa McColl ph 827-4516.

Pregnancy Yoga and Relaxation Classes

Thursday evenings 5.30pm at Parent Centre Rooms, 113 Rostrevor St.

Contact Paulette Whitford ph 855-0929.

Cambridge Home Birth Support Group

Tuesday 2 December, 10am bring a plate and share morning tea at 1 Pepys Place. Bring your babies and toddlers. Welcome to all members.

Contact Jane Cairns ph 823-1661 or Vanessa McColl ph 827-4516

Meeting regularly on the first Tuesday of the month.

Morrinsville/Te Aroha Area Home Birth Support Group

Friday 7 November, 10am bring a plate and share morning tea at 31

Coronation Rd. Bring your babies and toddlers. Welcome to all members.

Contact Heidi Jennings ph 07-889-0581.

Raglan Preparation for Birth Classes

Contact Adele Buckton ph 825-8942 for details.

Te Awamutu Home Birth Support Group

Contact Karene Clark ph 07-871-9114 or Helleni Quirke ph 07-870-2622

Small library available.

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



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 25 Roy St, Hamilton, ph 847-4987.

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:.....

PHONE:.....

Spicy Sausage Pasta

300g dried pasta shapes
2tsp oil
4 flavoured sausages
1 ½ cups tomato pasta sauce
½ tsp. ground black pepper
dash of chilli powder
½ cup sliced green olives

Cook pasta according to manufacturers instructions. Heat oil in a frypan. Remove skins from sausages and crumble meat into the pan. Cook for 3-4 minutes until brown. Add pasta sauce, pepper and chilli powder. Heat until boiling. Stir in olives. Toss through cooked drained pasta. Pile onto a serving dish. Sprinkle with optional red pepper and serve immediately. Serve with grated parmesan cheese and a mixed vegetable salad.

Pregnancy, Birth and Early Childhood Information Resource Centre

We are putting together a list of people who will be able to take part in the running of the Resource Centre.

The times for opening are most likely to be either 9am - 1pm or 10am - 2pm with two shifts in each time slot. Which do you prefer?

9am - 1pm _____ (shifts from 9-11am, then 11am - 1pm)
or 10am - 2pm _____ (shifts from 10-12pm, then 12pm - 2pm)

Please indicate which time slot, day of the week and week of the month you would be available:

	Week of the month:									
	Monday	Tues	Wed	Thurs	Friday	Sat	1st	2nd	3rd	4th
1st shift										
2nd shift										

(You may of course tick more than one time slot!)
Would you be available to be "on call" at short notice if needed?
Yes / No

An orientation/training session will be held to familiarise us all with the duties and routines .

Name: _____ Phone Number: _____

Postal Address: _____

Please return this to Philippa Morrison, 4 Baffles Cres, Hamilton
by 10 October.

Thanks!!

Greeting Home birthers

October was an interesting month for me but I survived the challenge and noe this month I'm winding things down at tech and plan to spend time with my children at their Kohanga. I also plan to do some paintings over christmas.

The evening at the pregnancy, birth resourse center where we had Waikato Women share their birth stories was really great. I enjoyed listening to the stories and there magic must have rubbed off on my sister in law who came along had planned a hospital birth but now is going for home birth.

The birth story this month came via Lyn McCroskery, The women is in Australia and as I understand it her sister is a Waikato Home birther. So thankyou all for your time and effort.

How wonderful it was to be looking through the paper to see Eileen and Ted in the birthing pool. It is great to have positive exposure, especially in the media.

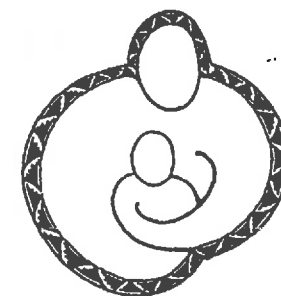
This months issue is about birth support. Research shows how beneficial it is to have good birth support. Prehaps people could write either about support they recieved or have given.

May I remind people also I need birth stories for the magazine and/or for the book that is to be compiled in the new year.

If anybody could contribute to the association either by coming to the meetings or fundraising ideas we would be grateful as many hands make light work.

A little message for Fiona- Kiaora.

Karen Walker.



BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
6/9/97	Yvonne Kuys & Michael Angelo	son	Stefan	Hamilton	Jane/Maggie
3/10/97	Angela Bowker & Phil	son	Andrew	Hamilton	Maggie/Kerri
9/10/97	Jane Divett & Steve Abbott	son	Maxwell	Hamilton	Maggie/Kerri
18/10/97	Anne Young & Grant	son	Ethan	Hamilton	Maggie/Jane/Kerri
25/10/97	Melissa & Chris Gibbs	son	Ezekiel	Hamilton	Maggie
28/10/97	Lidewej Bakker & Geerten Lengkeek	son	Robert	Cambridge	Jane/Belinda
3/11/97	Margaret & Karl McElhinney	daughter	Mary	Hamilton	Belinda

Mother Goose

Alissa Floyd

My poor hospital born babe...
pushed out desperately,
efficiently,
into doctor's impatient hands.

I feel like Mother Goose
laying my egg in a porcelain sink.

My blessed home born babe...
eased out gently,
quietly,
into midwife's loving hands.

I feel like Mother Goose
warming my egg in a downy nest.

The Core group
wish to Thank the four women and families
who allowed us to use some beautiful photos
of their births to make a lovely
new photo montage poster
titled "Birthing Families."

If any other H.B. members have some great photos of their
birth, we would love to be able to make more posters.
We take Laser copies of your photograph so no damage
is done and we send your copies back to you.
Please send to WHBA PO Box 12-099, Hamilton.

BIRTH POOL FOR HIRE
FOR DETAILS PHONE
BELINDA BEETHAM 823-2902,
GLENNISE HEAD 846-1371

Plantain Ointment.

Great for-* Nappy rash, Haemorrhoid, Chapped and cracked skin.
Contains-* Organic Plantain, Virgin olive oil, Beeswax.
\$3.75 per 65g jar

Callendula Ointment

\$4.00 per 65g
Call Care Anderson
ph(07)8256769



**MATERNITY
FASHION**

- Workwear
- Casualwear
- Formalwear

The range is
available to view
in Hamilton
once a month

Work room open
every Thursday
9.30 am to 12 pm
Outside these hours
please phone first
Phone (07) 888 5033
7 Barnard St
Matamata

Judith Hallis

Qualities we expect in a midwife.

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.

A midwife should see her role as a facilitator who can help a woman explore and research options for her birthing experience and help her articulate her own needs in the birthing situation. She can do this by including the woman in her own health care, building her knowledge of and confidence in her own body.

The midwife must at all times respect a woman's right to make informed choices over her birth. It is the woman who is in charge of her birth (or her advocate who she has empowered to act on her behalf) and it is the woman who delivers her own baby. From this philosophy we see it is important that a written birth plan be viewed as a document of informed consent, a respected contract of care between midwife and woman.

A midwife needs to be informed and up to date, technically proficient, capable of recognizing abnormality and knowing when referral is appropriate. She needs to be able to provide information fully and impartially for a woman to be able to make informed choices. She needs to be able to work well under pressure and be able to respond in an emergency. A midwife needs to be knowledgeable and comfortable with a broad range of natural aids to women's wellness.

A midwife should be prepared to be accountable to her consumers and the midwifery profession for the way she practices.

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.

A midwife needs at all times to maintain a professional attitude, respecting the privacy of the woman she is caring for. She needs to be aware of the issues that are affecting women in today's society and to care for a woman sensitively, woman to woman, in the environment the woman chooses and in a way that will lead to greater feelings of self esteem and confidence for the woman.

A midwife should belong to her professional body i.e. The New Zealand College of Midwives (Inc) and adhere to the standards of practice of such a body.

Midwifery is a Women Centred Profession.

Information Resource Centre Rostrevor Street



In the last Homebirth Newsletter there was a form asking for support for the operating of the new Information Resource Centre in Rostrevor St.

I thought it would be useful to tell you a little about this centre and emphasise the need for everybody who is able to contribute in any small way they are able to making this venture a success.

This centre is a joint venture between a number of local community groups including La Leche League, Hamilton Parents Centre, New Mothers Support, and The Waikato Homebirth Association. It will also envelop some of the needs of a sister group the local branch of The New Zealand College of Midwives.

The aim of the centre is to provide a co-ordinated one stop information shop for women who require information on pregnancy and birthing and who require post birth information on issues such as breast feeding, parenting or self help support groups from a variety of agencies. The centre will also provide a meeting venue for the post birthing, parenting and tots classes that are presently run by the participating groups for parents and their children.

The centre ultimately aims to bring together all those groups that have been operating in the community, some from private homes, whilst recognising and retaining their individual contribution to the information that pregnant women, their partners and extended family require at this time in their lives.

It will provide women and their families with information on the options of services available to them and the where to and how to access services they need so they are able to choose what best suits their circumstances. As well the centre will house written resource material in the form of books for borrowing and journal publications on relevant topics.

The centre has experienced its birth through seeding funding for its first year from Hamilton Parents Centre and will initially be staffed by volunteers and funded through the rental of premises and established fundraising activities. The long term plan is to form a Trust whose job in part will be to secure on going funding for the centre and ensure its viability.

If your talents and skills or just sheer women power can help in any way to push this Centre into permanent reality then please come forward. As you can see - not only do we need day to day assistance but if you have any skills to support the establishing of a Trust etc. then please come forward. Each person making a small contribution means a lot is achieved.

We will not have another opportunity like this where such generous seeding funding has made it possible for us to get started.

The contact person is *Phillipa Morrison*, 4 Baffles Cres, Hamilton
Telephone 8567873



Waikato Home Birth Association Fundraising event of the year.

Saturday 6th December
4.30pm

Held at local Kohanga Reo
(blue building)
Duke st, Frankton

Join us for a afternoon of fun
Two storytellers
Popcorn and drinks provided
Suitable for 2-8 year olds

Sausage sizzle half sausages 50 cents
Small face painting eg stars and moons 50 cents

Tickets available at \$4 per family
(includes drinks and popcorn)
Call Karen ph 07 8255025

Ps: Adults always welcome

Equipment available to Members

Plain wooden high chair
Bouncinette
Jolly jumper

Breast pump battery operated Pur brand.
All available to borrow for holidays etc
contact Karen Walker 07 8255025

How to Gracefully ask for
and accept support.

How to gracefully ask for help

If asking for help makes you feel something is wrong with you, by all means, start small. Ask for a hug from your partner. Ask a co-worker to field one phone call. Say no to something small and truly distasteful. Pick thoughtfully and carefully whom you can ask for help. Be honest with yourself about your fears. For most of us, asking for something is tantamount to delivering our baby on Oprah. But if we ignore our fears, we can sabotage ourselves. When you ask for help, tell the person you are asking how hard or scary it is for you. Or ask yourself, "What am I afraid of?" in the moment of asking. Avoid apologising for needing help. It makes the person you are asking uncomfortable and encourages the martyr syndrome. Practice makes not perfection but an expanded comfort zone. Get in the habit of asking for support once a day.

How to gracefully accept help

When someone offers to do something for you, take a deep breath before you say anything. Count to five as you breathe. Look into the person's eyes and say "Thank you". That's all. Realise he or she is giving you a gift. Allow yourself to feel the warmth and generosity this person is offering you.

Imagine the person who is helping you is helping your unborn child. Feel the gratitude and rightness of this: How your child deserves everything good, deserves help and support. Then imagine spreading this feeling of being worthy throughout yourself. You can visualise this as a light or a warm wave of approval radiating out from your baby's heart throughout your womb, receiving the love and support of your mate as he or she feeds you, or your best friend as he or she buys you a chic pregnancy outfit, or a total stranger as he or she carries your bags for you. Let the gift in.

Repeat to yourself, "The more I receive, the more I am able to give".

REF-The pregnant woman's comfort book.

Environment

The birthing environment a woman chooses can affect how she feels during labour and birth. Mental, emotional, psychological and environmental factors that surround the woman greatly affect the physical process of labour. Labouring in a secure environment enables relaxation and encourages the release of endorphins. Endorphins are chemicals that the body produces under certain circumstances to cope with pain. Noise, yelling, chanting, moaning etc also help the output of endorphins. Giving birth in an environment supported by familiar friends/family greatly reduces the labouring woman's anxiety levels improving her tolerance of pain.

Support person's goals.

- * provide a secure environment for the pregnant and labouring woman.
- * Help ensure a happy stress free birth for the woman, partner and baby
- * Assist the woman to avoid unnecessary pain relief/drugs
- * Support the woman and her family in the early days following the birth.

Labour support checklist:

Early labour*

- *Turn up hot water-showers/baths
- *Massage
- *drinking and eating
- *toileting
- *remaining active/walk around house/block/park
- *rest/go to bed

Later labour*

- *Woman to be the focus of support
- *Labour support does the fetching and carrying for anything the woman may require
- *Loose clothing, spare clothing, familiar with environment to find linen, sanitary pads, buckets etc
- *Ensure woman is warm; cool
- *Sensitivity to smells
- *Sensitivity to noise- speak in lower voice, unplug phone.
- *Hot water bottles(tummy, back and feet)
- *Chairs, pillows etc for comfort.
- *Reminding to go to toilet
- *Food for woman.
- *Encourage use of different positions.
- *Massage- light, heavy. will vary-over buttocks- tension out of shoulders.
- *Accupressure to heels during contraction
- *Cold flannel to brow/neck
- *Hot packs, use very hot water(rubber gloves)-buttocks/back-perineum.
- *Wipe woman's legs if necessary-keep her refreshed
- *shower/bath
- *ice on tummy/back
- *If woman sick use large bucket, refresh mouth
- *Ensure messages get the woman- don't talk to her bottom.

Summary taken from Labour support(1993) by Glenis Parton.

I would love the opportunity to meet with anyone interested in having a student midwife involved in their pregnancy. Please contact me to arrange to meet together and allow me the opportunity to introduce myself and my philosophy. There is no pressure or commitment. To find out what's involved

Karen Walker

Ph (07) 8255025



By Helen Webb

The Birth of

Elissa Anne Webb Manley

Prologue

Saturday 5 August, 1995. The sun is shining warm upon my back. Piercing through the spaces between the curving branches of the Sydney Red Gum with its clear, brilliant radiance. The air is alive with bird calls - Lorikeets, Spinebills, Crimson Rosella, Cockatoo, Whipbird, Thornbills, Kookaburra . . . The beginning of August must be the beginning of Spring in Sydney.

And for the first time in my 41 years, I feel I am pregnant. Silly to feel so sure - only one month today since the last menstrual period. But I am going to allow the joy of the feeling today. I walk in the bush, taking in the subtlety of the spring flowers. Down by the creek I pick a tiny sprig of Phebalium, with its creamy yellow star like flowers, and take it home to welcome the baby spirit, if it has decided to stay with us . . .

The Birth

Friday 29 March, 1996. I had decided to finish work at the Nature Conservation Council two weeks before the baby was due (it was getting too much of an effort to walk to the rocks from Circular Quay station). I thoroughly enjoyed a large baked dinner with my friends and co-workers to mark the occasion. I told them I would be in for a meeting on Monday if I didn't go into labour over the weekend. Nobody expected me to, though. I had told the baby that I was ready and that it was welcome to come early if it wanted to.

On Friday night I noticed that the 'Braxton Hicks' contractions (let's call them pre-labour contractions - I'm sure they are named after a male obstetrician who 'discovered' them), were becoming more painful and waking me up, and I asked Terry to ring me from the Glebe markets where he was going for the day and to give me a contact number 'just in case'.

Friends visited, and I had a peaceful day. In the afternoon I went to the pool at Epping for my usual 12 laps, alternating breast stroke and free-style. I felt strong and invigorated. I had intended to rest afterwards, but it was time to get tea ready for Terry's return. I had felt a number of uncomfortable 'pre-labour' contractions and they seemed to be becoming regular - about every fifteen minutes. I wondered if things could be starting.

I decided that I wanted a few jobs done - cleaning the bathroom, etc. "Can't we leave it until the morning?" "No, I want them done tonight!" "Oh well, okay".

We went to bed early (about 9pm) and I slept until about 12pm, but by then the contractions were waking me up, although still 15 minutes apart, and I was not so comfortable lying down. I decided to leave Terry to sleep, and went into the lounge room, where I sat hemming up some curtains, and standing to rock through the contractions. Terry joined me at about 3am and kept me company, preparing the 'labour-aid' drink, and running a bath for me. He was wonderful, practical support, attending to all the jobs that needed doing and giving me moral support.

At about 5am, I rang Maggie to let her know that the contractions were getting more uncomfortable and that labour seemed to be well in progress. Poor Maggie. She was at a retreat for midwives in the Blue Mountains, and I woke everyone up with the pager beeping. "Probably just pre-labour", she said. "Could go on for days - try to get some sleep". "Oh dear", I thought. And tried (not very successfully) to do so.

And so it went on through Sunday. Well spaced contractions, 10 to 15 minutes apart but not much fun when they appeared. I made myself comfortable on a reclining chair on the front verandah, in the sun, looking out at the bush and the lovely Sydney Red Gum, and dozing in between contractions. It was a perfect autumn day.

This happened to be the weekend when both my chosen support people were away. I rang some other friends to check out their availability. Friends came to visit and joined us for lunch and I was glad of their support. Tein went off to do the grocery shopping for us and, later, to pick up the birthing pool from Maggie's place. Susanna said she would come back at night if we needed her. Later in the afternoon I rang friends from my mediation group and asked them to put in 'some energy' for me, as I was finding the contractions a bit hard. A number of them told me later they had been meditating for me.

I tried Ju Ju Sundin's suggestion of squeezing 'stress balls' during contractions. (Terry had made me some nice little leather penguins filled with wheat) and that helped me to refocus from the pain. A few times I felt nauseated and threw up, but it passed off quickly and hadn't stopped me from eating lunch.

Maggie called in about 4pm to see how things were going. She found that the cervix was only about .05cm dilated but was fully effaced. I had thought I would be discouraged by such a small result, but I wasn't. I just thought, "Oh well, the cervix has to thin out before dilating with the first labour, so the contractions must be doing their job. It's just taking longer because the contractions are more widely spaced". Everything seemed fine, so on we went.

After tea, Terry and I went for a few laps, walking up and down our quiet suburban street and I could really feel the contractions intensify. Again, I felt nausea, but it passed quickly.

Susanna came to stay the night with us on Sunday and she was a great help. She and Terry took turns supporting me through the contractions - I would stand with arms around one of them and the other would rub my back or put a hot water bottle on it. I was managing the pain of contractions better. Instead of moaning, I was breathing out, or making stronger sounds through contractions, telling myself, "It's only fire in the belly, it's only fire in the belly".

For both these women- indeed for all Maori women- the hospital births were a shock. Te Aroha remembered "I was strung up like a sheep carcass in stirrups. It was terrible. I didn't ask for the afterbirth, I was too frightened in hospital. I thought my spine would break, lying on my back with my legs in the air. It was terrible being swabbed. It was all an embarrassment. Nothing was tapu. They examined you down there, but that never happened to you at home. The area was never touched. At home you were taught to do things yourself, they showed you. I helped a neighbour give birth to twins. I'd been taught. But in hospital you couldn't do anything, they did everything to you.

Te Aroha's words pinpoint the problem of Maori childbirth practices in the thirties- that the cultural beliefs were eroded and lost due to the changes in the physical world- "Nothing was tapu". The self reliance of Kei Ahitapu would have been eroded by the constant supervision of the district nurse, and eventually such knowledge would have become obsolete.

Ref= Coney, S. (1995) Standing in the sunshine. pp 58-59.

Labour Support

"Each Woman is an individual. Each woman's labour is unique to her. Each labour of each woman may be different."

Traditionally women have advised, nurtured and assisted each other in pregnancy, birth and in the time following. This phenomena was largely lost when birth moved to hospital where even partners did not participate in the labour and birth. In time partners have been allowed to participate, however their role until recently has been largely seen as a minor role and most men viewed themselves as a companion, to be with the woman and observe the labour and birth. The value of the partner at the birth is not to be dismissed however, in fact their role needs to be enhanced to reflect the family unit that is created with the birth of the baby. However there is a clear distinction between the support and comfort that can be given to a woman in labour compared to companionship alone. A woman in labour often has a profound need not only for companionship but also empathy and help. Those responsible for her and her baby's well being (Doctors, Midwives) even if capable of providing support may often need to give these needs lower priority than their clinical duties and in some cases their personal needs. Without a labour support person the woman's emotional and physical needs go unmet and she may not cope as well as she might with good support.

Choosing support people

Choosing the right people to support you in labour is most important, as support people need to be confident in their beliefs of the natural progression of labour and a woman's ability to give birth. Should you choose to have somebody at your birth and later change your mind, you need to feel confident that you can do this. Some women are more comfortable with support people they do not know too intimately, others choose close friends and relatives. Extra consideration needs to be given to support people specifically for any children attending the birth.

Te Aroha's experience was much the same. Her grandmother pulled her forward to push the baby down. The baby popped out. It gave a loud cry. My grandmother cleared the mucus quickly with her fingers.

Other woman put their arms around their husband's, uncle's or grandfather's neck at this stage. Taurangi Tenana Clendon, on Moturua Island in the bay of Islands at the time, sent her only helper, her husband out of the room at this moment for fourteen of her sixteen children's births. "Oh dear....I couldnt bear him to see the pain and the trying" She used her three legged stool as others used the knees, hooking the edge above her stomach while leaning on it and bearing down.

For Ngarohi's baby, the mucus was cleared out of the nose and mouth with a rough warm cloth. Sissors were used to cut the cord after knots were tied with cotton. The baby was oiled and wrapped up and put near her.

Te Aroha's grandmother, Kei Ahitapu, used a kokata, or flat pipi shell to cut the cord and strands of cotton to tie it. Te Aroha recalled; "There's always blood in the cord, you know. Well I saw my grandmother move the blood towards the baby's body then tie the cord. After a gap, she moved a bit of blood back to the mother and tied it. Then she cut the cord with the Kokata." The baby was oiled and wrapped in a warm towel, covering the haed to keep it warm.

The placenta was expelled after the stmach was rubbed or messaged. Emere Kaa, a maternity nurse working in the community, recorded that there was a specific massage for this, moving from right to left and the placenta usually came away after te to twenty minutes. If it took longer, the nurse was called. Retained Placenta was a common problem. But in Te Rawhiti, Kei Ahitapu relied solely on Maori trdition. The Aka vine was scraped and then boiled. This was drunk hot to get rid of clots and to clean the blood out. No salt was allowed while drinking this. If there was a haemrrage, the same mixture was drunk, only cold and with sugar. If the bowels didn't move after two to three days, flax root was used and later epsom salts or senna pods. Any tears to the mothers body were treated by washing, with the woman lying down, her knees tied together. This seemed to heal them. At no time were private parts touched, thus preserving tapu and hygiene.

All fluids from the birth, the afterbirth itself, any sanitary pads and the baby's first nappies with meconium were rolled up in the cloths and buried in a special place. These were considered most tapu.

Ngarohi never had any trouble feeding her babies because she massaged her breasts and nipples every day during pregnancy to shape them for suckling. Te Aroha's breasts became engorged. She explained the remedy used: My grandmother found the really spiky leaved tea tree and packed these around my breasts, then bound them with a sheet. They hurt, but the milk started flowing. She massaged away the hard lumps. This never failed particularly after the second packing.

In between contractions, I was fine and Susanna and I chatted a bit about old times when we had been at school together. Susanna was timing contractions. 10 minutes apart and lasting perhaps a minute, then later 7 minutes apart, then around 20 minutes apart at 3am. Not the 3 minute intervals, lasting 1.5 minutes, that I had expected and that Maggie had told us to watch out for. Terry had got the birthing pool set up, and I had transferred there from the lounge room. Terry then persuaded me to come to bed for a while and try to sleep, and I was surprised to be able to get in an hour or so.

I called Maggie again about 4am as I was feeling pressure on the bowels and the head seemed to be well down. I thought that if the cervix was only 2cm dilated I would transfer to the birth centre, where I was booked in just in case Maggie came, and I was encouraged to find it was 5cm although I would have preferred it to be fully dilated.

Maggie said that we should go for a walk, and step out into the contractions. I was dragging the chain well and truly (pulling back during contractions), but I got into swing of things, and did a couple of laps up and down the street. She reminded me to tune into the baby and give it encouragement, because 'babies don't like hurting their mothers'.

When we returned, I got back into the birthing pool and Susanna or Terry put hot wet nappies on my back as I rocked through contractions, leaning forward on the soft inflated sides of the pool. I found this position the most comfortable - supported by the water, I was able to spread my knees apart and felt the cervix was really opening up. With Maggie's encouragement I rested between contractions, but she thought I was not in the space yet for giving birth as I was still quite chatty and aware between contractions. I was surprised that despite very little sleep over two nights, I didn't really feel tired. I tried to talk more to the baby, telling it we were looking forward to seeing it.

When the sun came up, I could look out through the (rather foggy) glass doors of the room, and see the bush, with the sun picking out the golden tips of the She-Oaks. It must have been about this time that Maggie examined me again, and the cervix was 3cm dilated, so I was encouraged with that. Terry made some breakfast for himself and Susanna, who left soon after as she had to go to work. I didn't feel like anything to eat, but continued to drink the labour aid, and Maggie breakfasted later.

Sue Thompson, one of my birth support people who had returned from Fiji the day before, came over a bit later and so did Hedwig, a trainee home-birth midwife from Germany. Maggie examined me again, as I felt like pushing, but the cervix was still only 3cm, so Maggie and Terry retired for a bit of sleep, and Sue and Heddie took over with hot nappies, scented washer wipes, labour aid and quiet, steady encouragement. I was using plenty of vocalisation through contractions, which seemed to help me, and no-one seemed to mind.

By about 10am, I still felt that the labour hadn't got much further and contractions seemed to be slowing down if anything. I was very reluctant to get out of the pool, but decided I had better try a walk up the road with Maggie again, or I could still be going for hours. Heddie fetched Maggie, and I went to try and find a dress that I could look respectable in.

When I returned, another contraction came and I reached for the nearest person (Heddie), draped myself around her neck and pushed. Amniotic fluid gushed out and I felt the head move right down. "Looks like we won't need that walk", someone said.

I was looking for Terry and just then he appeared, having woken thinking he heard a baby crying. Another contraction and push and I got back into the pool, ready to give birth.

Maggie asked if I wanted to sit back, but I preferred to lean forward, and told Terry to go around so he could see the birth. Another push, some panting, and the head was born. Maggie told me to feel the head, and there it was, such a nice small head, all coated with vernix. What a considerate baby! The contractions were still 5 minutes apart, and I didn't like to leave the head under the water for too long, so I lifted up more, out of the water.

Another push, and there was the baby. What a miracle - the baby was really there - tiny, pink and alive. I sat back in the pool with the baby on my chest, to hold and cherish and admire this perfect little being, who was breathing and moving and trying to open her eyes. I checked for the sex and found we had a girl. "Elissa", I said to Terry, and, "You are so welcome here, little one", to Elissa.

I laid her back onto my knees so that I could look at her better, keeping most of her body and head under water, with just her face out so she could breathe. She seemed so peaceful.

After the cord had finished pulsating, Maggie got Terry to cut it and Terry held Elissa while I transferred to the bed.

It took a little while to get the knack of breast-feeding (I needed more hands), but soon Elissa was suckling. Within 15 minutes, the placenta (looking very healthy and intact) was delivered, with no fuss or intervention. I felt fine - just a bit tired and a bit sore (I had a few grazes to the perineum),

After that, Terry and Elissa and I all settled into bed together. Cups of tea and hot muffins were brought in, and then we were left to rest and marvel at Elissa - lovely peaceful little face and perfect hands with such tiny fingers - while Sue, Maggie and Heddie got on with the job of cleaning up. Elissa had been born at 10.31am on Monday 1st of April, 1996 (a special day for a special person), and weighed in at 6lb 2oz.

Everyone was such a marvellous support - I have never felt so intensely looked after. And it was lovely to be at home, all together and with our friends, and not have to undertake a stressful journey through the traffic to hospital, which seems to be a hallmark of so many births. Had I been in hospital, I feel sure the labour would have been augmented to speed things up, and then I would probably have had trouble coping with the contractions, and then who knows? - epidural? Foetal distress? Forceps?

Special thanks to my wonderful partner, Terry, and to Maggie, for having the courage and dedication to make home-birth possible for us and for her intuitive support in the long tradition of women supporting women in childbirth. And to Sue, Susanna, Tein and Heddie for all their wonderful support and help.

And to Elissa, our dear little daughter. You have brought us great joy.



BIRTH

By the mid 1930's 78% of European women gave birth in hospitals, but only 17% of Maori women did so. 83% of Maori women gave birth at home. The 1937 Commission of Inquiry into Maternity services in New Zealand reported that most Maori women gave birth in the "native fashion with the assistance of their own folk". The native fashion involved kneeling or squatting to have the baby, a rather 'crude method' according to the commission, although it conceded it was effective. This description of the traditional Maori birthing process illustrates the general Pakeha devaluation of Maori practices. In 1907 the Tohunga Suppression Act was passed, which effectively institutionalised this devaluation by outlawing experts within Maori society. The only experts now were Pakeha, and confidence in Maori practices was gradually undermined. By the 1930's much Maori knowledge has become hidden and forgotten. Knowledge of childbirth practices also started to wane.

Ngarohi Raroa Kaa had six babies at home in Rangitukia on the East coast - the first in 1936 - and a seventh in hospital. "In my day when you had a baby the whanau came in and helped. It was lovely, really. My Mum and Dad were there and the Kuia. They were very good with births. They used to come and sit and talk about my progress through the labour - Ripeka, Moana, Caroline Kirk, Parehati Ngatai - they knew - and the district nurse - nurse Banks. She was always there to supervise"

TeAroha Burgess Beaumont had four babies at home, the first in 1938. Six more were born in hospital. Her grandmother, Kei Heke Ahitapu, attended her births and most of the other births in the isolated TeRawhiti area in the bay of Islands. Everyone did things. These experiences were, with some minor variations, typical of what happened in childbirth at the time.

A room in the house was cleared out except for a bed for after the birth. There was a tin bath for washing afterwards, and clothing. Old clean cloths - a sack with a sheet on top - were placed on the floor to receive the baby; next to the cloths was a benzine tin, butterbox or stool with a pillow on top to lean on while kneeling or squatting during contractions. This room was considered tapu from the second stage onwards until the pito, or cord dropped off, and the mother had to stay in there during this time.

Ngarohi described her birthing experience "I walked around inside and out in the first stages in between the pains. I squatted for the pains and my back was massaged. My mother used to say prayers all the time to keep things safe. When the pains came closer my mother felt the baby's position "The baby's ready" she said. She sat on the box and the nurse sat behind me. I put my arms around her waist and she held my arms. When I pushed down with the contraction, she had her knees under my breasts to help move baby down. It was born quickly in about four pushes. It went down and the nurse caught it."