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EXPIRES 7/97

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

WHBA INC ANNUAL GENERAL MEETING

MONDAY 16 JUNE, 7.30PM

ALL WELCOME TO ATTEND

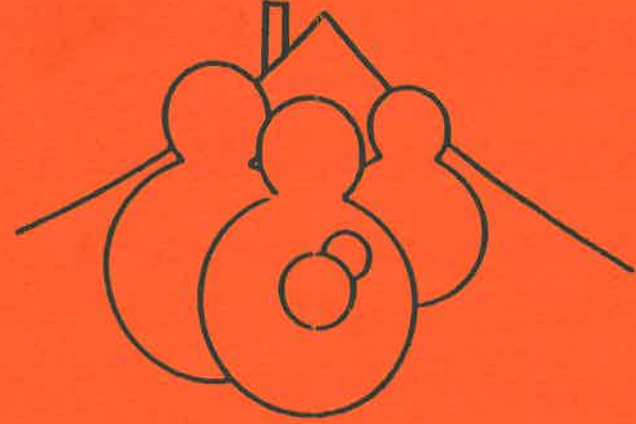
PHONE 855-8266

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

Waikato Home Birth Association Inc.

Newsmagazine 1997



JUNE

PHONE NUMBERS:

Karen Benge	855-5003	Chairperson WHBA Inc.
Glennise Head	846-1371	Treasurer
Joanne Ridder	847-4987	Mailing List Coordinator
Christine Hussey	854-1209	Newsmagazine Editor

*Please post Birth Stories & articles to Christine
41 Discovery Drive, 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.

Waikato Home Birth Association Inc. AGM 1997

Monday 16 June, 7-30pm at Link House, Te Aroha St.

AGENDA:

- Welcome
- Apologies
- Minutes of last AGM
- Treasurer's Report
- Other Reports
- Election of Officers
 - Chairperson
 - Secretary
 - Treasurer

General Business

Supper and chat to follow meeting.

NOTE: Any additions to the agenda need to be forwarded to the Secretary (Julia, Ph 855-8263) as soon as possible.

ALL MEMBERS WELCOME

WAIKATO HOME BIRTH ASSOCIATION LIBRARY

At present the library is being stored at Joanne Ridder's - 25 Roy Street, Newton please phone 847-4987.

Selection of Titles available: Number.

New Life	5	NatureBirth	13
Natural Pregnancy	14	Spiritual Midwifery	21
Babies	26	Children at Birth	27
Silent Knife	39	Yoga and Childbirth	42
A Shot in the Dark	44	Birthrights	58
Birth at Home	63	Birth over 30	64
Options in Childbirth	80	Womanly Art of Breastfeeding	
Pregnant while you work	88	NZ Baby & Toddler	120
The Dance of Intimacy	147	Treasures Baby Book	165

SUBSCRIPTION FORM

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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 Street, 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:.....

All mothers are physically handicapped.

They only have two hands.

Mother's Book of Insight - Mary Anne Mills

BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
11/5/97	Joanne & Alan Hodgson	son	Yudhi	Hamilton	Liz
13/5/97	Nicky Duxfield	son	Rian	Hamilton	Jane
18/5/97	Megan & Darrell Wiremu	son	Jacob	Hamilton	Jane/Kerri
30/5/97	Michelle & Norman Morris	daughter		Hamilton	Jane/Maggie
30/5/97	Sue Cote & Ben Smith	daughter	Tara	Raglan	Paulette/Adele
31/5/97	Nadia Mason & Carey Monaghan	son		Te Kuiti	Jane/Heather/Maggie

COMING EVENTS - June - July.

Note these dates on your calendar

WHBA Annual General Meeting

Monday 16 June, 7.30pm at Link House, Te Aroha St.
Supper and chat to follow meeting.

Contact Julia Drury ph 855-8266 for the agenda.

ALL MEMBERS INVITED TO ATTEND.

Home Birthers' Coffee Morning.

Date and time to be confirmed.

Contact Brigid Devcich ph 849-9478.

Immunisation Awareness Support Group

Sunday 29 June, 2pm, 28 Claudelands Rd. Discussion topic: Measles.

Contact Clare Shallcross ph 855-8997

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

Preparation for Birth Classes

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

Contact Vanessa McColl ph 827-4516.

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 855-0929.

Cambridge Home Birth Support Group

Tuesday 1 July, 10am bring a plate and share morning tea at 18 McLean St.

Bring your babies and toddlers. Welcome to all members.

Contact Jane Calms ph 823-1916 or Vanessa McColl ph 827-4516.

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

Morrinsville/Te Aroha Area Home Birth Support Group

Date and time to be confirmed. Contact Heidi Jennings ph 07-889-0581.



FROM PREVIOUS PAGE

gives them is often visible. Jennifer tells another story about the power of giving praise.

"On the way home from her first swimming lesson Ebony seemed to be sound asleep in her car-seat. I told her father how brave she'd been, emphasising the courage it took to leave my side, to interact with the other children and to put her face under the water. When I looked in the rear-vision mirror I saw a tiny smile curling up her lips, even though her eyes were still tightly shut."

You're not boasting when you tell someone about your child's achievements, especially to family members. Remember that praise might be music to little ears, but public praise sounds like a whole symphony!

YOUR CHILD'S BODY CONFIDENCE.

Feelings of pride, achievement and belonging are most easily achieved through sport, particularly team sports. The day your child straps on his first pair of football boots or slips her first netball pinny over her head is the day he or she takes a huge step towards building his or her own self-esteem, independent of your input.

Sharon Hancock recommends beginning to build body confidence in your child as early as possible.

"Over-reacting when your toddler falls over is one example of encouraging insecurity rather than body confidence," she explains. "A far better option would be to comfort her, then demonstrate your belief that a small

spill will be no obstacle in the path of her determination to achieve her goal. It sounds complicated, but basically it's a matter of giving her a kiss or a cuddle then putting her down to get on with the serious business of standing on her own two feet."

Jennifer sums up her feelings when she says, "Ebony has a strength of character now that she lacked before. Her increased self-esteem hasn't changed her personality, but it has given her the courage to face obstacles that previously, in what we've come to refer to as her 'pre self-esteem' days, would have her running for cover. We've always been proud of her and interested in her achievements, but making a conscious effort to let Ebony know that, has resulted in a happier and more confident little girl." ✨

Sheree Gleeson is a psychiatric social worker at the James Fletcher Hospital in Newcastle, NSW.

and I were working together like a well-oiled machine. In between contractions it was like an operating table - "Face cloth. Drink. Massage." After each contraction he was massaging my shoulders like a coach in a boxing ring does, trying to relax me. In hospital I had simply wrung his arm off. Given the opportunity, he was wonderful.

At 1.50am, 10 hours after the first contraction, I felt Melanie's head low in my body and began to push and it was about this time that Juliet, the second midwife, arrived.

After having had an epidural with Jessica, it was an awesome (and slightly disconcerting!) sensation to feel my baby's head crowning, and at 2am, standing supported by Denise and Garry, I felt that rush as Melanie slid into the world.

Without forceps, without ventouse, without drugs, my baby girl arrived and at that moment everything I missed out on at Jessica's birth presented itself to me. I felt my baby's warm, wet slippery skin against mine as she squirmed in my arms.

No-one took her from me. No-one took her away to label her. No-one interfered. From that moment we never parted, not until I

'I felt my baby's warm, wet slippery skin against mine as she squirmed in my arms. No-one took her from me. No-one took her away to label her. No-one interfered.'



chose to lay her down on the bed while I delivered the placenta. The midwives and Denise slipped into the background and in the dimmed light of the bedroom we examined our new wee babe. It was the most special moment of my life and no-one intruded upon it.

Within about 20 minutes Melanie latched on and I went on to successfully breastfeed her for eight months without incident.

By about 5am I had showered and the midwives had gone on their way. It was the cherry on top to cuddle up in bed with Garry, to be held by him and talk about the whole event, and as I lay listening to the sound of tiny, fast breathing at the foot of our bed, they quietly crept up on me. Overwhelming feelings of contentment, fulfillment, pride, happiness, awe, love, satisfaction. An unfathomable, incongruous mix of bitter/sweet which is almost indescribable. The best I can come up with is it's like a big, warm, glowing smile inside. And it lasts forever.

Bernadette Bond is a Christchurch freelance writer.

maggie banks
Home Birth Midwife
RGON, ADN, RM.

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6 June 1997

Dear Home Birth families

On July 1996 the new contract for payment that your midwife (and doctor) works under - Section 51 - was introduced. There are many difficulties associated with this including a reimbursement for your midwife's home visiting which does not cover the costs of her running her car, a miserable allocation for the second midwife at the birth, a miserable nappy service (three days worth) and a "swings and roundabouts" payment structure which does not accommodate the woman who requires lots of extra visits. Home Birth midwives however continue to provide the comprehensive service they have always provided.

What is intolerable is the fact that only one out of the four Regional Health Authorities in New Zealand (and it's not yours!) are providing the Home Help service you are entitled to under Section 51. The Home Birth Associations of Aotearoa at their annual conferences since the beginning of time have put remits to the Minister of Health etc to get a nappy and Home Help service for Home Birth families. The Waikato Home Birth Association and the midwives have tried to get the Home Help service for you. We have failed.

It is now up to you to write and put pressure on:

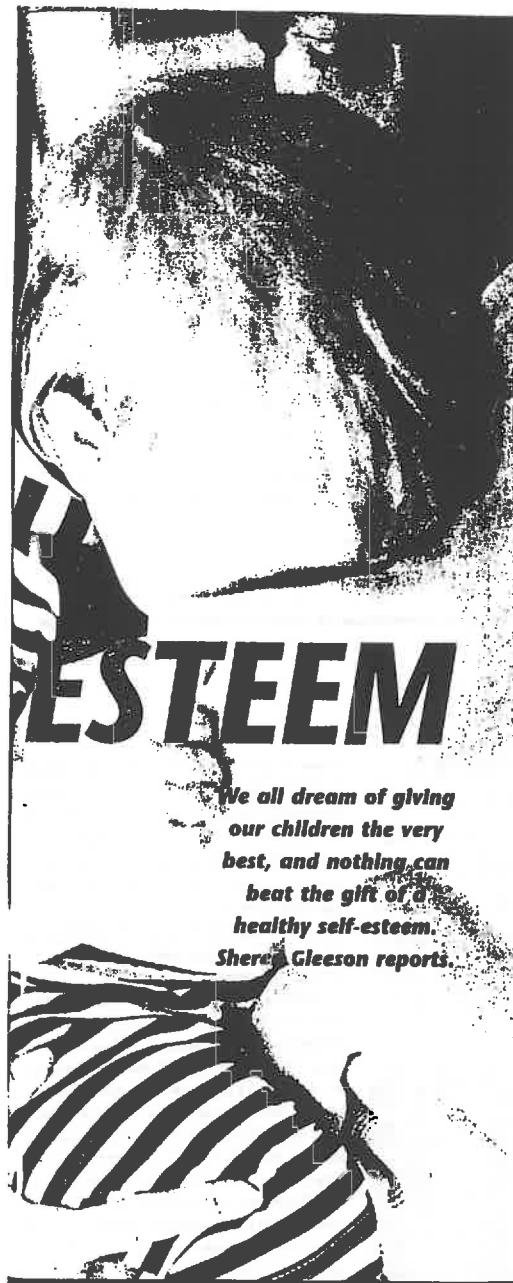
- a) The Minister of Health - C/- Parliament Buildings, Wellington (no stamp required)
- b) Your Member of Parliament - C/- Parliament Buildings, Wellington (no stamp required)
- c) Barbara Brown - Midland Regional Health Authority, PO Box 1031 Hamilton .

Get yourself, your partner, your children, your birth support people, your parents, your friends, your church - all the people who did the Home Help - into gear. You have saved the country megabucks by birthing at home. You are a tax payer. How much do you value your health and the best opportunity to recover well from giving birth? Write now and ensure that Home Birth women get that opportunity by getting their Home Help service.

The only way we will achieve this is by an avalanche of letters to the people who make the decisions.

Regards

Maggie



*We all dream of giving
our children the very
best, and nothing can
beat the gift of a
healthy self-esteem.
Shere Gleeson reports.*

wrong, while keeping quiet about the numerous things they do every day which are worthy of praise. This pattern means that, without realising it, we are conveying the message that our children are "naughty" more often than they are "nice".

Overall, Sharon explains, children's behaviour tends to improve more rapidly when they experience lots of positive feedback and are quietly corrected when they are acting inappropriately. Just like adults, children enjoy feeling good about themselves and once praised, will strive to be praised again.

YOUR CHILD'S OPINION.

By asking "What do you think?" you are telling your children that you think their opinions are important — that they are intelligent people with worthwhile ideas to express and share. Parents who include their children in age-appropriate decision-making processes find they are more likely to participate enthusiastically socially, particularly at school, where they feel able to offer their thoughts, question things they don't understand and socialise in a confident manner.

YOUR OWN VULNERABILITY WITH

YOUR CHILD.

If your children think of their parents as completely invulnerable, there is a risk they will feel inadequate and be less likely to admit their fears and insecurities to you. If, on the other hand, they see you working through your issues — saying sorry when you are wrong, for example — they will learn that mistakes are normal and bad actions don't necessarily make a bad person.

YOUR

CHILD IN FRONT OF OTHERS.

Jennifer found this piece of advice particularly useful when she was attempting to build Ebony's self-esteem.

"I'd make a point of telling her grandmother or aunty when they telephoned how proud I was of her achievements — which might be anything from a drawing she's completed to a household chore she'd helped me with — knowing that Ebony was within hearing range."

Children like to know extended family and friends are hearing positive things about them, and the glow it

CONTINUED OVERLEAF

How to improve YOUR CHILD'S SELF-ESTEEM

HOLIDAYS IN DISNEYLAND, PONIES FOR Christmas and interior-decorated nurseries are (unfortunately!) well beyond the means of most parents. It is natural to dream of giving your child the world, yet few mothers and fathers realise the most important gift is something we are all capable of giving — the gift of self-esteem.

Self-esteem is not vanity or arrogance, but Jennifer, 35, worried that too much praise would encourage her daughter to become conceited.

"At 3, Ebony was painfully shy and clung to my skirt like a frightened little monkey whenever friends or family were around," she explains. "Her self-confidence was low and she never joined the rough-and-tumble games her cousins were always playing. I finally realised she had a problem when my husband pointed out her favourite words were 'I can't Mummy'. She refused to try anything new because she simply didn't believe she had the ability to achieve what the other children around her were achieving."

Jennifer's GP referred Ebony to a social worker who identified low self-esteem as a major factor contributing to Ebony's shyness.

"Over the next few months Ebony's father, Gavin, and I concentrated hard on building her self-esteem, using the methods the social worker had suggested," Jennifer explains. "It didn't work miracles — Ebony is introverted by nature and will probably always be shy — but by the time she started pre-school she had a definite sense that she had something of value to offer to the world. I noticed it in her willingness to play with other children, her new-found ability to speak up for herself when she felt she was being treated unfairly, and her eagerness to offer an opinion where before she would have remained as quiet as a mouse."

Sharon Hancock, a social worker with a particular interest in early childhood, explains that far from cultivating vanity or arrogance, parents who actively develop their children's self-esteem are doing them an enormous favour.

"Self-esteem is about security," she says. "It is a fundamental feeling of being worthwhile, of being loved

and valued. Children who feel valued grow up to value themselves and to value and respect other people. They know they are special and they don't have to draw attention to themselves to prove it."

Many parents are convinced of the necessity to build their children's self-esteem, but are unsure of how to go about it. The following are useful, though by no means exhaustive, suggestions for you to try.

PLANTING THE SEEDS OF SELF-ESTEEM

ON THE POSITIVE, NOT THE NEGATIVE.

It is easy to fall into the habit of chastising our children when they have done something

PHOTOGRAPH: LEANNE TENNIE

Dannielle Grace Busch: 22 March 1997
Parents: Dean and Deborah Busch
Midwives: Lyn McCroskery and Belinda Beetham

Although we were excited about the pregnancy and starting our family, the upcoming experience had some unknown aspects as neither of us had been part of or seen a birth other than those on TV, videos we'd watched or from pictures in books we'd read throughout the pregnancy.

Our birthplan was fairly basic. While we had not totally committed ourselves to a homebirth, we were sure about being at home as long as possible. Like a lot of things throughout the pregnancy and as they were saying through the birth, "intuition" would let us know - we decided we'd go with our instincts.

Our original due date was 26/3/97, Wednesday and scan date 18/3/97, Tuesday. Between these dates and those days up to Easter everyone was busy on some day. Dean was saying Monday - Friday birth (cricket was Saturday/Sunday and Easter weekend). Lyn, although in town, was unavailable between 9am - 5pm from 18 - 21/3/97 and I had social appointments I wanted to go to. Our poor baby - what a schedule to fit into!

Saturday 22nd March

Time: 3am: Woke feeling uncomfortable but went for one of the many toilet stops. Went back to bed not thinking any more of it.

Time: 10am: After laying in bed planning our day together as cricket was rained off, we headed for a walk around town. At 11am decided to go visit the in-laws. Sitting and standing still was not comfortable. At this stage it still never occurred this was the labour progressing, I thought it was just another uncomfortable day. Decided to do the groceries while out and eventually arrived home for lunch at 1pm. Lazed the afternoon watching TV and cross stitching. A hottie helped ease the discomfort and pressure in my lower back and front pelvic area.

Time: 3pm: Rang Lyn "just to let her know how I was feeling". She suggested a few snacks, rest (sleep would be better) and maybe a hot bath. Not a lot else was said. Dean was outside cleaning and building the birthpool in case we needed it in the coming days.

Time: 6pm: A hot bath was great but not wide enough for me to relax my legs. Lay timing the contractions, 5 - 6 minutes apart, 1 - 2 minutes long. Tried to lay down but instantly felt sick.

Time: 7pm: Dean rang Lyn. Questions relayed between three of us. At times I could not reply as was concentrating on the contraction. Lyn was obviously timing them on the other end as she said to Dean "definitely get the pool ready, your baby will probably be here tonight."

At this point I felt a little unsure. Was this the real thing or just a practice run? While I wanted Lyn there now to confirm things I for some reason agreed to 8pm. I moved into the lounge and sat on the birth mat watching rugby (thought this

might distract me). No chance. Pressure got worse. I remember saying if these are the falsies, I don't think I'll handle the real thing. I may need to go to hospital just to take the edge off. Looking back this comment gave me some relief, by voicing my thoughts out loud and a reassurance there was a further option if I chose or wanted it.

Dean rang my mother (who had left from visiting at 5.30pm) to say things are happening. He then got busy filling the birth pool.

Time: 8pm: Needed to pee (again). Lyn and I headed for the toilet where I stayed for 30 - 40 minutes. It felt more like 10 - 15 minutes to me. At 8.30pm waters broke while still on the loo, chatting to Lyn. I was apparently 8 - 9cm at this time. Lyn asked if I'd like to move to the pool. I agreed however it took me a few contractions to get myself ready.

Time: 8.55pm: Contractions more frequent and harder. The pushing began. Found massaging my tummy during contractions and breathing helped a lot. Dean was there supporting me - I wanted him to push his head against mine. A funny type of support Lyn tells us later but it gave me something to resist instead of the contraction and also made me feel that we were both pushing, working together to birth our child. Lyn was trying to monitor the baby but as I lifted half out of the water, another contraction would come so I'd go back. It wasn't till this moment that I realised how heavy everything felt. Belinda, our backup midwife, was busy giving me back and tailbone massages. (These were just great).

Time: 10.05pm: Head was crowning and the stretch was definitely felt. While it hurt, it was a different type of hurt as I could visualise what was happening and what the end result would be.

Time: 10.17pm: Dannielle Grace arrived. The next hour passed quickly with first cuddles, more photos, Dad cutting the cord and the delivery of the placenta. I then enjoyed a hot shower followed by coffee and toast and more cuddles of our daughter.

This being our first child/birth, I can only presume the water was a huge help factor as felt no burning sensations, had no tears and did not feel the full extent of the weight/heaviness during the delivery. I also did not realise the weight of Dannielle till I lifted her out of the water to her Daddy.

I also feel that being confident with our level of preparation and awareness of the experience helped make our birth extremely fantastic and a wonderful memory.

The support, relaxing manners and words of encouragement from our midwives Lyn and Belinda throughout the pregnancy and delivery are also extremely important factors. Our special thanks is extended to them both.

Deb Busch

one, and the latter is almost as important as the prior. It's taken me this long to figure out that although hospitals meet a labouring woman's physical needs, they can fall down badly when it comes to meeting her emotional needs. And some doctors simply can't compete with midwives when it comes to ante- or post-natal care because they just don't have the time. A woman isn't going to impart her most intimate thoughts and feelings in a conversation with a time limit on it.

In getting to know Julie, my home birth midwife, she, on a couple of occasions, spent a good couple of hours discussing my feelings about my previous birth experience and my plans for the impending one. By the time I laboured she had a clear understanding of what my fears, hopes and limits were.

The night Garry and I went to the home birth introductory evening it was with some trepidation that we climbed the stairs to their offices. We expected to be met by the smell of wailing incense and a roomful of alternative women. We were surprised to see the cross section of people and we soon learned that home birth isn't so much for the alternative woman, but the alternative birth for women.

Home birth has so much to offer but women are so institutionalised by not only the medical profession, but by society too. It is a societal expectation that women should birth in hospital.

A deciding factor for me (and this has since been confirmed by Dr John Hudson, a Christchurch practitioner) was that the Christchurch Home Birth Midwives carry on them exactly what is available at low-tech hospitals where women regularly give birth. It was a decision I made with excitement and elation. Here was a chance for me to have what I had heard other women talking about.

I've read with interest the slanging match between doctors and midwives and Karen Guillard once stated: "It didn't take long to take births out of homes and put them into hospitals... maybe 10 years. So I hope things can reverse in the same time, 10 years to take birth out of the hands of doctors."

But it's not up to the doctors. It's not up to the midwives. It's up to us. There is a better birth experience.

It was a scorcher of a day, about 3.30pm,



Bernadette with
two-day-old
Melanie.

'I waddled along the banks of the Avon, pausing under the long tendrils of the willows while I gently breathed and swayed through each contraction. It was serene - I was serene.'

when things finally got underway in earnest during my second labour. Garry strolled and I waddled along the banks of the Avon, pausing under the long tendrils of the willows while I gently breathed and swayed through each contraction. It was serene - I was serene. I had no fear of the contractions but welcomed them.

At home I was sitting on the bed naked when Julie, my midwife, arrived. I had read several home birth books and noticed with disdain that in all the photos the women were completely naked during birth - I thought it was really unnecessary, yet the weather dictated otherwise. I was thankful I was at home because I couldn't have wandered

up and down the hospital corridors like that.

Apart from one or two resting periods, I remained upright and mobile for the whole labour and was only examined twice, once on my request. Julie had explained to me that she didn't routinely do internal examinations as she could tell how a woman was progressing by her breathing and how she was coping with the contractions.

Throughout almost my whole pregnancy I had doubted my ability to cope with the pain, but in the last couple of months I underwent a type of mental metamorphosis. I did experience moments of feeling I couldn't cope much longer, but they were transient. At those points Julie would suggest a change of position which really helped.

She regularly monitored the baby's heartbeat and after my waters ruptured, when things got really tough, she had another trick up her sleeve - hot cloths placed on my lower back at just the right moment, and it was the best pain relief I've ever had. It completely removed the pain from my back with each contraction (Melanie was posterior) and localised it to the front, which made it much more manageable.

I had chosen my sister-in-law, Denise, also a mother, as a second support person. I wanted to tell her how awful it was and know that she knew what I meant.

As I reached full dilation and felt completely overwhelmed, I gained energy and impetus from those around me. With every contraction each person in the room focused on me and what was happening within. It was Denise and Garry's voices I heard urging me on when I began floundering with my breathing. They were telling me not to stop, to keep on going, and had I not had someone to give me that proverbial finger in the back, I wouldn't have been able to keep my head above water. I had only about half an hour of unbearable pain when nothing helped but I'm lucky that was short lived.

Garry's role was much more involved at home. With my previous labour I felt he was purely an emotional support and so I thought he would play very much the shadow role again and that I would turn to Julie for all my active support. I was pleasantly surprised when I found she had stepped back and Garry

see the faces of the people working at my other end, I felt completely disempowered. I had absolutely no control over this milestone-in-my-life moment. I felt another contraction through the merciful block of the epidural catch me in the corner of my pelvis. I don't think there is any greater incentive than the words "forceps" or "ventouse". "Oh!" the obstetrician seemed surprised. "I think you're going to do it yourself."

Jessica was placed on my pelvis but I couldn't hold her close because of my lying position so she was taken from me to be cleaned and tagged and was returned to me once I had delivered the placenta and had the epidural removed.

When finally the three of us were left to ourselves, I snatched furtive glances around me at the backs of the busted white uniforms nearby as I tried to latch her on - I had no idea what I was doing, but she just wouldn't stop crying.

The oxytocin (an anti-haemorrhagic drug) began to take effect and, head banging, I felt like throwing up. A nurse asked if I wanted to take her with me to my room or have her in the nursery. At the time the nursery sounded like a good idea.

It is a lasting and tormenting vision for me of my swaddled bundle leaving the room over the shoulder of that nurse. Jessica went her way, still screaming, deep into the bowels of the hospital, and I went mine. I had waited nine long months to see her face and cradle her in my arms, and no sooner had she arrived than she was gone again.

Once Garry had gone home I was alone in a dark, unfamiliar room, bleeding and numb. I remember listening to the distant-near-distant squeaking of shoes in the corridor as I lay there wondering where my precious wee baby girl was in that huge labyrinth. I had been through this unbelievable ordeal and accomplished this incredible feat and yet had nothing to show for it. I felt empty.

It was eight hours later when I saw Jessica again and she had her first feed.

Cross infection while in hospital meant she came home with a staphylococcus skin infection and by day nine I had developed

'I had been through this unbelievable ordeal and accomplished this incredible feat and yet had nothing to show for it. I felt empty.'



In labour with Melanie on the banks of the Avon.

a staphylococcus (a test later revealed) breast infection and so was the beginning of the breastfeeding nightmare.

In retrospect, I had already subconsciously decided before I began labour that I couldn't do it without pain relief or medical intervention and I believe it's because I had no previous experience to base my birth on. I based it on what was presented to me at the antenatal classes - 101 ways to avoid the pain, (i.e. pethidine, Entonox, epidural) rather than

how to work with the pain. And although both aspects were covered, the seed had been planted and it was this suggestion that I couldn't give birth unassisted that dominated my subconscious. Doubt.

It is this attitude to birth that is one of the fundamental and polarising differences between hospital and home births. It's the thinking and beliefs behind it. I still can't understand how a woman can work with her body when she can't feel it or is so bombed out

of her brains she can't manage it. I now know that a woman's birth experience pivots precariously upon the medical staff attending her and most often it's sheer luck as to whom a woman chooses to provide her maternity care and who is rostered on duty.

Many, many women have high intervention births in hospital and depending on their personality, never wonder if it could have been a better birth experience, and that's fine. But what is it that makes some women question a high intervention birth and some not? Karen Guillard, National Co-ordinator for the New Zealand College of Midwives, says: "Many women don't question their birth experience immediately because they think that because they've come out with a live baby then it must have been a good experience. Then after having a second baby they realise just how bad the first experience was. That happens a lot."

And I agree wholeheartedly. That was me. It wasn't until I became pregnant with my second baby that gradually the sense of loss I had experienced with Jessica's birth manifested. I knew I missed something but at the time I wasn't aware it was the feeling of control.

There must be women out there who feel they have had non-intervention births in hospital and have retained control. Despite this, hospitals are, for me, wholly representative of the removal of control from the birthing woman, and although it's unavoidable in some instances and we are lucky to have such specialised care available, it's not something I'd care for ever again.

I am acutely aware now that birth is not only a physical experience but an emotional

Over a cuppa one evening my support crew, James and I are discussing my hopes and plans for our baby's birth. Only 4½ weeks to go and as I have just finished work I am really looking forward to the next month of preparation. Dad and James tell me how it is all common sense and nature will take its course etc. Easy for them to say! Little did they know what Ruby had in store for us - sooner rather than later!

Into bed that evening and I am exhausted. The baby has been wriggling excessively all day, rather strange I thought but was completely unconcerned. Ten minutes later my waters burst - Yikes no plastic sheet on the mattress, I jump out of bed and rush to the loo. Yes it's true my membranes have sprung a leak! I tell James and we decide to sleep on it. Wishful thinking. All I could think about was how unorganised I was. I had left everything until I had finished work - what a mistake. I was alarmed at this unforeseen change in plans. We got through the night and nothing had happened so I called my midwife Jane and told her the news. She came round for a visit and discussed possible outcomes. The plan was to hopefully hold off labour for a few weeks so long as no infection or other complication was apparent. This suited me but I had a nagging feeling Ruby had her own agenda.

If I did go into labour I would not be able to have our planned waterbirth at home. This was a real downer, so I concentrated on keeping her safe and well inside my tummy for awhile longer. We had a trip to Waikato Womens to monitor the baby and check all was AOK. It was and we came home to wait and wonder what was going to happen.

I had lower back pain and as we went to bed I couldn't settle. I decided to get up and let James get some sleep. I called my mother at 11.30pm and told her and Dad to come over from Papamoa as I was having pains 15 minutes apart. The contractions were manageable and I tried to sleep on the couch in between the tightenings. I spent most of the night watching terrible infomercials on late night TV, they're enough to slow down labour! I was very happy being on my own in the dark, but worried that I should wake James and tell him what was happening, he was blissfully unaware I was in labour! I decided to let him sleep, I knew he was going to be in for a big day.

Finally morning arrives, I call Jane at 6.30am and contractions are about 5 minutes apart. Murn, Dad, Tina (sis) and James (support team) have assembled and are getting stuff ready to take to hospital. I remind them to get the champagne. Jane arrives and we go to hospital. A hell car ride I could have done without. Nevermind that's the breaks and I am in the birthpool by 10am. James is holding me and everyone is getting very hot, it must be 40 C in that birth room. Contractions are doubling up and my breathing is going haywire. Jane gets me sorted out with some long slow breaths while Paulette massages my lower back in just the right spot. I settle down and focus on the affirmations

and visualisations I have learnt at Paulette's yoga class. Our baby is nearly here, I touch her head, I'm told she has a headful of black hair. Her head is born, one more push and out she slips. Whew, what a feeling. She swims up to meet us - what a prize we have. She is perfect. A healthy 6lb baby, not bad for 35 weeks.


The support crew are very excited, they have been unreal. Their next mission is to go and buy some clothes for Ruby and pick up a car seat so we can take her home!

Wow, what an experience, 48 hours ago I was revelling in the thought of 4 or 5 weeks off work, pampering and preparing myself. Now it was all over, or should I say it was just the beginning.

I feel very fortunate having two of the best midwives in the Waikato (and country no doubt) assist me. Even though we didn't have our planned homebirth I still had a fantastic experience that I wouldn't change. I learnt a couple of good lessons, be prepared and expect the unexpected. It was great to share Ruby's birth with my sister and parents, consequently they all have a special relationship with Ruby. She is spoilt to bits by Granny, Pop and Auntie Tete.

I look forward to my next pregnancy and birth and my only hope is that women with the skills that Jane and Paulette possess are around to help me out.

Kate Robertson



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Mother's Book of Insight - Mary Anne Mills

One woman's very personal account of her two different birth experiences.

by Bernadette Bond

um lives in Wellington but we talk a couple of times each week. It was a Saturday night in 1993 and, propped up in bed, I had a cup of hot chocolate balanced on my bulging tummy and the phone tucked under my ear. "What did it feel like Mum?" And although the first of her seven babies was born almost 40 years before, each birth was burnt into her brain. But what surprised me the most was her lack of negativity. She spoke only with a sense of resignation to fate, a reverence of her body, and, most curiously, warm, intimate nostalgia. It was quite obviously a welcome trip down memory lane.

There are many things about parenting that are a mystery to me and that was one of them. The enjoyable birth experience. I couldn't and didn't understand it, and I understood it even less after the arrival of my first baby, Jessica, later that year. The only thing I felt when Jess was born was a humungous headache and an overwhelming urge to be sick. The fulfilling, hugely satisfying, womanly process of giving birth was as much a mystery to me as the joys of breastfeeding had been.

However in 1994 I had an experience with the birth of my second child, Melanie, which totally altered my attitude.

Even today some of my family and closest friends still don't really understand why I chose a home birth for Melanie, and least of all do they understand my fear of giving birth in hospital. The reason I chose to birth at home with my second baby was because, after my previous delivery, I was more afraid of losing control to hospital staff than to the pain.

I have a lucid memory of Jessica's birth - me, flat on my back in theatre, legs unfeeling and

dangling in stirrups. Although I received the care I needed at the time, the experience was awful. I spent 17 of the 24 hours lying on a bed and was too afraid to move as it seemed to bring on a contraction. There had been a sea of ever-changing faces as one shift moved into the next and with each new shift came another examination. I wouldn't like to guess how many times I was poked and prodded by the midwives, my doctor and the obstetrician, and after five hours of full-on contractions I didn't need to hear I was only 2 to 3cm dilated. I seriously doubted my ability to give birth unaided.

During the labour I needed total quiet and darkness but a midwife tore into the room while I was mid-contraction, ripped back the curtains and shouted "Right, what's going on here?!" I was already tense and this only made things worse. I again seriously doubted my ability to continue unassisted.

I was as much a bystander to the process happening within me as they were. My body, my baby and I were completely separate entities.'

At one point, two midwives stood, arms folded, on-looking as I lay writhing on the bed. "Isn't she breathing well?" It was as if I wasn't there. It made me feel more alone in my journey.

Pethidine. Boy, were they keen for me to have some pethidine. And they wanted me to justify my refusal: "Why Bernadette? Are you afraid of it? It's only a relaxant." In between contractions I gave her a flat no - both times.

Entonox. I kept on missing the peak of the contraction. Things were getting so bad

I sucked on it between contractions so as not to miss the peak.

Epidural. Seventeen hours after it all began they wheeled me down to theatre with my husband, Garry, wheeling the entonox alongside. The gas had absolutely no effect whatsoever but the psychological dependence was phenomenal.

An epidural had sounded so straightforward in the antenatal class but they omitted to mention the drip, the catheter and the foetal monitor in the vagina. I had tubes coming out of every orifice of my body. But hey, I was in heaven. I couldn't feel a thing. For Garry, his wife was back.

When I reached the pushing stage I felt completely divorced from my body. Numb from the waist down with Garry holding one leg and a midwife holding the other, they watched the monitor, told me when I was having another contraction and when to

push. I was as much a bystander to the process happening within me as they were. My body, my baby and I were completely separate entities.

They wheeled me into an annex of the theatre and my mouth went dry when I saw the stirrups and the angled light on the retractable pole. Once on the table I was told to lie flat on my back and when I asked how I could deliver a baby lying down the obstetrician gave me a curt "You'll see." It wasn't open for discussion.

As I lay, legs dangling, neck straining to