

Waikato Home Birth Association Inc. Newsmagazine 1997



Maggie Banks
Te Awa Rd
RD 3
HAMILTON

Expiry: 7/97

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

WHBA CORE GROUP MEETING

MONDAY 21 JULY, 7PM

ALL WELCOME TO ATTEND

PHONE 855-8266

SENDER:

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

Waikato Home Birth Association Inc.

Newsmagazine 1997



JULY

PHONE NUMBERS:

Karen Bengo	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.**

COMING EVENTS - July - August.

Note these dates on your calendar

WHBA Core Group Meeting

Monday 21 July, 7pm at 11 Stella Place ph 855-5003.

Note Susan Bramley Co-ordinator, Well Child Programme will be present at 7pm to discuss this issue, see letter included.

Contact Julia Drury ph 855-8266 for the agenda.

ALL MEMBERS INVITED TO ATTEND.

Home Birthers' Coffee Morning.

Friday 25 July, 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

Date and time in August to be confirmed. Guest speaker: A Doctor speaking on their perspective of Vaccination. 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 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 5 August, 10am bring a plate and share morning tea. Bring your babies and toddlers. Welcome to all members.

Contact Jane Cairns ph 823-1661 or Vanessa McColl ph 827-4516 for details of address. Meeting regularly on the first Tuesday of the month.

Te Awamutu Home Birth Support Group

Contact Karene Clark ph 07-871-9114 or Helleni Quirk 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.

WAIKATO HOME BIRTH ASSOCIATION LIBRARY

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

Selection of Titles available: Number.

High Level Wellness	1	New Active Birth	9
Billings Method	10	Spiritual Midwifery	22
Baby Massage Book	29	The Child Under Six	31
Women Centred Pregnancy	35	Teenage Sexuality	51
Birthrights	59	Freedom & Choice in Childbirth	
Women's Experience of Sex	69	Womanly Art of Breastfeeding	
Inner Beauty, Inner Light	78	Birth	87
Safe Pregnancy Book	112	Childbirth at Home	115
Post Natal Exercises	123	Journey of Recovery	130

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 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:.....

**TAMARIKI ORA - WELL CHILD PROGRAMME
HAMILTON'S PILOT**

Selwyn St. Private Bag 3200 . Hamilton . NEW ZEALAND . Phone 07 839 8726 x7664 . Facsimile 07 534 3684

19 May 1997

K Bengé
Home Birth Association Co-ordinator
PO Box 12099
HAMILTON

Dear Karen

RE: Tamariki Ora - Well Child Programme (WCP)

As the recently appointed co-ordinator responsible for getting the above pilot service underway in Hamilton, I am interested to meet with representatives of the Home Birth Association. This representation would be ideal if it included midwives and community women.

My purpose for this meeting would include the following:

- * An update on the WCP to date having commenced 5th May .
- * What does the Home Birth Association expect of the WCP?
- * What issues can the Association identify from a consumer perspective?
- * What issues can the Association identify from a midwifery perspective?

I believe it crucial that in implementing the WCP I have contact with as many perspectives as is possible in an endeavour to ensure the WCP 'does as it should' for all concerned. For this reason, I would value the Association's input at this time.

Please will you contact me as soon as possible so that we might discuss such an opportunity further. Apologies for the letterhead - my need to correspond has surpassed the logo designers and printers!

Yours sincerely

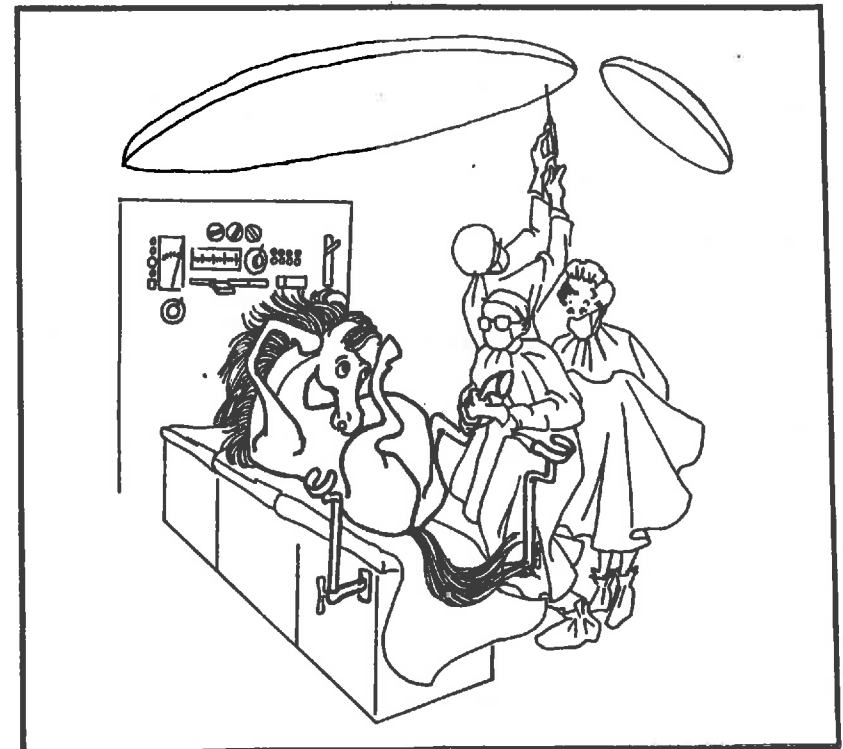
This will be discussed at the Core Group Meeting
Monday 21 July at 7pm.
11 Stella Place, ph 855-5003. All welcome to attend.

Susan Bramley
Co-ordinator - Well Child Programme

Morrinsville and Te Aroha Plunket Parent and Child Show
Sunday 20 July, Westpac Trust Events Centre 10am - 3pm, Products, services on display and for sale, Seminars, Health, Education etc. Contact Cherie Van Bysterfelt ph 07 884-8827.

BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
6/6/97	Nicole Muir & Alexei Gilchrist	daughter	Sophia	Hamilton	Belinda/Jane
15/6/97	Jackie Fried & Dion	daughter		Hamilton	Liz/Lyn
18/6/97	Christine & Harley Underwood	son	Blair	Te Poi	Belinda
3/7/97	Kathy & Kevin Millard	son	Grayson	Te Poi	Maggie/Ursula



WRITTEN AND PRESENTED BY
KAREN BENGGE: CO-ORDINATOR

CORE GROUP

The Core Group at present comprises of 17 women and has undergone a transition phase this year with people leaving to pursue new avenues. Fortunately new women have joined the group and we are still encouraging others to do so. Many thanks to all the Core Group members for their support and energy during 1996 and 1997.

CO-ORDINATOR

I accepted the role in June 1996 and am happy to continue in this role. My main emphasis during 1997 and 1998 has been the writing and presenting of a funding proposal to Midland Health, with the aim of providing free Antenatal classes to women.

SECRETARY

Julia has provided a vital element to our Core Group, her efficiency and energy will be sadly missed as she wishes to resign from her position this year. Julia intends to stay on as a Core Group member. I am sure she will be prepared to train her replacement and advise them in anyway possible. Once again thank you Julia for your personal time and energy, you have made an incredible contribution to the Waikato Home Birth Association, which has been extremely appreciated and I thank you warm heartedly on behalf of the WHBA.

TREASURER

Glennise Head has held the position of Treasurer since June 1996. She has our finances well under control and has presented efficient, easy to follow monthly financial reports. Glennise's organisation skills are an incredible asset to the WHBA and we thank her for her time and energy.

Robin Parker has agreed to be our Auditor again this year and we thank her for this service in support of our organisation.

MEMBERSHIP

Joanne Ridder continues to update and review our membership lists which stand at 120 as at June 1997. We appreciate her efforts in this area and the support she provides with the printing of our monthly newsletter, and phone contact for information.

NEWSLETTER

Thank you Christine for your dedication in regard to publication of our monthly newsletter. May the power of print continue, it serves as a wonderful connection between us all.

FUNDRAISING

Janet Young and Clare Shallcross organised a food stall as part of the Plunket Craft Show in November 1996. We raised \$250.00 and we thank all those involved in helping this project to be a success.

LIBRARY

Joanne has continued to provide this service from her home. She has brought books along to public meetings and continue to make this service available to all who are interested.

On receiving \$250.00 from Trustbank Community Grant, a collection of books were donated to the Chartwell Library on our behalf this year as a means of helping women to make an informed decision regarding birth.

Babies Suck

Hello, I'm Catherine. I'm the proud owner of three preschoolers. It's awful.

Sometimes it's fun, but most of the time it's awful.

Don't get me wrong: I love my children. I do. If someone were to come along and say, "Look, I'm sick of your whingeing. I'll take your kids and raise them in wisdom, health and happiness and you can go back to breakfasts in bed," I'd say, "Nah, that's okay thanks, I'd rather do it." Which is really strange because most of the time it's awful. I guess that's bonding.

But it's the toughest job I've ever had, this primary caregiving, and I've had some beauts. I've taught 40-strong classes of 15-year-olds how to use the possessive apostrophe (when what they really wanted to do was be outside flirting with the tech boys from next door). And I've pulled pints in a London military pub when the IRA was busy blowing apart London military pubs. Let me tell you that neither job even approaches trying to love something that has a tendency to eat its own poo.

Someone told me recently, "As they grow, it will get better, it really will." Mind you, somebody else, with a sort of hunted look about her, told me, "It only gets worse." She has teenagers.

In the hope that it does get less awful I want to share the story of my elder sister Stella with you.

About a decade ago, Stella had two early-teenage daughters and two preschoolers.

Stella's glasses had broken frames, mended with sticky tape, her hair fell in her eyes and she wore hand-me-downs.

And a decade ago, Stella never sat down.

If she wasn't washing, she was hanging out washing, bringing in washing, sorting and folding washing, ironing washing, putting washing away and sorting the next load of washing.

"All that washing," I'd exclaim.

"You never sit down! I'm never having kids!"

At the time I was living it up in Australia. Childless and smooth of face I'd jet home to New Zealand for a fortnight's family reunion before heading back to the wonderful rat race of Melbourne. I was swathed in make-up and the latest fashions from South Yarn.

I'd sit and drink endless coffees and talk to my sister who'd give me muffled replies from behind baskets of washing.

I'd bring home wondrous gifts for my nieces, outfits that in those days were something special in New Zealand. The teenagers would ooh and aaah over their gifts. They adored me.

They treated their mother like poop. Once Stella wore a scarf I'd brought her and had shown her how to wear it as I did. You know - with style. Her daughters took one look and fell about shrieking with derision. She never wore it again.

As I said, that was a decade ago. My, how things change. Fate has dealt me these three preschoolers and I'm down to two outfits. Both are jeans. I do still manage to wear make-up. Often. Rarely.

My boutique clothes of the mid-80s hang lonely and abandoned in the wardrobe waiting for gridiron shoulders to make a comeback.

I eat my breakfast standing. I stand to eat lunch. I sort of lean to eat dinner. I spend much of my life in the laundry.

Stella is ten kilos lighter than I am and has a flat stomach. She wears rose-apricot glasses frames that tone with everything she wears. She has smooth apricot skin and wears apricot make-up and exudes health and well-being and the serenity of a full night's sleep.

She has these neat tops with gathered shoulders and stand-up collars



and she never looks less than chic.

Sometimes my nieces seek her advice about clothes.

Once, my 18-month-old Thomas did a vomity hiccup on Stella's hand. From my new standpoint of mother I felt she really did make an over-the-top fuss about it.

"It's only a little chuck," I yelled as I staggered outside with the thousandth load of washing.

"You sort of grow out of not minding chuck on your hand," she yelled back, her drop earrings jangling as she shuddered.

I hope so. I dream of a time when I too will get to wear stylish tops with gathered shoulders and stand-up collars. I like to think that one day I too will be repulsed by a bit of chuck on my hand, instead of automatically wiping it on the back of my jeans.

I like to think that one day soon, my nieces will visit me. I hardly see them these days.

Catherine Taylor is a former teacher and freelance journalist who, after reliking 10 years Married Without Children, found herself pregnant three times in four years. These days she needs to lie down a lot.

FEET-TO-FEET

Some women of the Mbuti tribe in Zaire sit feet-to-feet with a friend, holding hands.

MOTHER'S LAP

In Tonga in the South Pacific, a woman in labour sits on her mother's lap on a floor specially covered in soft mats.

SLEEPING POSITION

Zuni women of the American Southwest once gave birth lying on their sides, facing the midwife. With each contraction, the woman would pull on the midwife's belt while another helper behind used the heel of her hand to put pressure on the mother's lower back. This counter-pressure eases the pain of back labour.

LEGS OVER THE SHOULDERS

A woman of Western Samoa sits propped up with pillows, with the midwife facing her between her bent legs. If the mother grows tired, the midwife puts the mother's legs over her shoulders to help make the contractions more effective.

SITTING

Kanuri women of Borneo sit over a warmed wooden bowl; the warmth is believed to help both mother and baby.

KNEELING

Mixtecan Indian women in Mexico kneel on specially woven straw mats, with their knees wide apart and their partners sitting behind, holding them round the waist.

STANDING

On the Easter Islands, women stand with their legs apart, leaning against a male midwife.

UNDERWATER

Russian women often give birth squatting or seated in a bath, a practice that is gaining popularity throughout the West.

PUBLIC MEETINGS

Maggie Banks lead a Public Meeting on August 1996 on Choosing your Lead Practitioner and changes in provision of maternity services. This was a very informative evening. Our second public meeting was held on October 22nd. It was titled "Dealing with the Pain of Childbirth". The main focus of the evening was to involve a midwife's perspective and the personal experiences of members of the Core Group. We also invited Frans from Health 2000, who advised women of pre and post birth natural products that can assist women giving birth. This meeting was well attended and provided very practical solutions. However, because we now require a new Organiser in this field, Public Meetings are not scheduled at present except possibly during Home Birth Awareness week! This position has been advertised in our Newsletter and will be continued to be in the hope that a volunteer will respond.

POST NATAL COFFEE MEETING

'Baby Daze' a monthly get together at Brigid's house have continued through out the year. This is an open opportunity for women and their children to share time together and support each other.

Thank you Brigid for providing this opportunity.

HOME BIRTH PREPARATION SERIES

Stephanie Law was the Co-Ordinator from February 1996 to March 1997. We wish to acknowledge Stephanie's hard work and efficient guidelines. She has definitely helped in the evolution our preparation classes and we wish her well, her report is attached. We are in the process of applying for funding from Midland Health for an Home Birth Preparation Series. At this stage we are planning to employ two Home Birth childbirth educators and redesign our classes in preparation for 1998.

A special thank you goes to all the Facilitators who have given up their time, energy to make this service available to women and their partners. Clare, Jenny and Christine and Joey have our sincere thanks and we look forward to them being a part of the classes in the future.

CONFERENCE

Belinda Boeham and Jane Orange attended the National Conference in Christchurch in September 1996.

PUBLICITY Display Boards and Posters

These have continued to be used by the Waikato Home Birth Association during 1996, the banner launch, public meetings and shopping centres and WHISE, which Janet Young organised. Julia now intends to take on the role of organising where the display will go.

HOME BIRTH AWARENESS WEEK

The banner flew at the northern end of Victoria Street. A public meeting was well attended which dealt with the Pain of Childbirth. A family picnic took place at Parana Park to celebrate Home Birth Awareness week. Our publicity in the local paper wasn't a total success and this year a small committee will take responsibility of this area. Julia has also begun planning this event for 1997. Thank you for your planning and effort Julia. I'm sure 1997 Awareness week will be great.

GRANT APPLICATION

We have applied to Trustbank for the funding to be able to purchase a Birthing pool, so that we can rent it out to Birthing women. As already discussed, we are in the process of applying for funding from Midland Health for Antenatal Classes.

MIDWIFERY STANDARDS REVIEW

Debbie Stewart and Glenys Parton have continued to be consumer representatives on the Review Committee throughout 1996 & 1997, they have been joined by Sandra Mackenzie and Vanessa McColl from the Cambridge Support Group. We thank these women for their time, energy and commitment in providing this very important job, and link with all those wonderful midwives.

POSITION STATEMENTS

These have been written by Core Group members to establish the association attitude towards relevant topics, for example

- Women need midwives need women
- Breastfeeding and Section 51 - regarding the selection of a Womens primary care giver.

Once again I would like to take this opportunity to thank all those involved in the Core group and the wider Waikato Home Birth Association community for your support over the last year. may we all look forward to a positive future with growing membership and many more wonderful homebirths.

Yours sincerely

K. Bengt.

HOME BIRTH PREPARATION SERIES REPORT

for the year ended June 1997

Since June 1996, the Waikato Home Birth Association has run four Home Birth Preparation Series (HBPS), with a total of 26 couples attending the classes.

Each series consists of five evening sessions, and one series is held each term. The series are facilitated by two consumers from the WHBA, with a different midwife being involved each night.

A waiting list system is in place for when classes are fully booked, and participants are required to pay the series fee several weeks in advance in order to ensure that their booking is confirmed. This has resulted in an improved collection rate and facilitators are now being paid for their time.

Classes are currently being held at the YWCA Women's Room and participants are happy with this arrangement.

The WHBA has applied for funding from Midland Health for the HBPS, and it is anticipated that the whole structure of the classes will be changed. These changes include employing a childbirth educator familiar with home birth, to run the classes.



Stephanie Law
HBPS Co-ordinator

BIRTHING POSITIONS

Women in many parts of the world say that since every labour is different, every woman has to find the birthing position that suits her and her baby best.

CRESCENT MOON

Given the choice, many women intuitively adopt semi-upright positions like squatting or kneeling, in which the back curves like a crescent moon; this opens up the cervix so that the baby has an easier time negotiating the bones and muscles leading into the vagina. Perhaps we find these positions comforting because they're so flexible, letting us move with the baby and rock our pelvises when there's back pain.

SQUAT

It's only natural that women who squat every day to cook, eat, wash, plant and gather should feel comfortable squatting to give birth. But women who are used to the comfort of chairs find it hard to squat for any length of time unless they've practised during pregnancy.

HAMMOCKS

A Tapirape woman of Brazil lies in her string hammock with her legs hung over the sides and her back cradled in a gentle C-curve. A two-inch slit is cut in the hammock for the baby to be born through. When she feels the urge to bear down, she pulls on two wooden poles at each side of the hammock.

ROPES

In rural areas of the Sudan, traditional 'rope midwives' hang a rope from the ceiling for the mother to grasp and bear down on while she squats against a pillar.

BODY PHYSICS

Lepcha women of the Himalayas squat, leaning back against the warm bodies of their partners. The man supports the woman with his arms under hers, and massages her breasts and belly between contractions.

In Bang Chan, Thailand, a woman leans back against her husband's body while he digs his toes into her thighs; perhaps this toe pressure, like oriental shiatsu, gives her some relief.

WAIKATO HOME BIRTH ASSOCIATION (INC.)

ANNUAL GENERAL MEETING

16TH JUNE 1997

TREASURERS REPORT

My leg was on Pam's back or it was pushing into her side. After a few pushes (3?) I felt like nothing was happening, that our baby wasn't still moving out. Pam said to Gregory "you can tell your baby's coming out as you can see the rings on the head". I still wasn't convinced (panic I think - feeling that I couldn't do this). Pam then said "would I like an episiotomy" - with that said I knew I could push out a house! A threat Pam wasn't willing to go through with, she hoped I would say no, she told me that later. I did NOT want one, it made me focus again! With two deep pushes, and my head against Gregory's side, our baby's head was born. Pam said to be quiet so we could listen to our baby making squeaky noises. I could feel the shoulders move into position - it was an amazing feeling. Gregory had a look at our baby and saw baby having a good look around! I asked for a rest to catch my breath as I thought it would be as hard to push out the shoulders as it was the head. A few breaths and with another gentle push and our baby boy was born at 10.20am. I said "Is that my baby" - it was a release of overwhelming emotions - joy, love and even loss as he was no longer a part of me. I looked at Gregory and he has tears of joy in his eyes, and I could feel the love surrounding us, then he kissed me. Gregory cut the cord after it stopped pulsing and I helped. It seemed like we were alone, even though Pam was there. Fifteen minutes after Tarantino was born I delivered the placenta, baby was at my breast drinking, and then I gave a few small pushes while Pam gently pulled on it. Pam showed it to us before it was put into the freezer (we planned to bury it later). Five minutes (20 after the birth) later Mum and Dad arrived, slightly disappointed that they missed it all, but overjoyed to see their new grandson. All of us were amazed how fast it was, even Pam commented that she thought I wouldn't deliver before lunch. Tarantino was checked over, weighed, dressed and perfect! Then handed to his proud grandparents. I had a shower and then went into the lounge to have a cuppa and to breastfeed my new son!

What an amazing feeling birth is - what a truly exhilarating feeling to give birth the way I wanted, with love in a caring environment - my home!

Thanks to Pam Sanders for her help (and threats) in achieving this!!

Dianne De Estena

P.S. My brother rang at lunch amazed that I answered and shocked that his nephew was here so quick!!!

As of June 1996, I took over from Glenys Parton as Treasurer. The reports that I present to you for the end of the Financial year (April 1996 to March 1997) have not been Audited as it was a hard job working out where figures were taken from and how they were made up and I am unfortunately unable to give you a Balance Sheet. Once I have spoken to Robin Parker more about this a full copy of the Audited Financial Reports will be printed in the Magazine.

As you can see from our Cash Book entries we had a brought forward Balance from 1995/96 of \$1393.55. we have had a Total Income of \$6487.21 less our Total Expenditure of \$5628.28 and .47cents I was unable to find, which leaves us with a Net Cashbook Balance of \$2252.87. Our Cash Book Balances agrees with the Bank Statement as at the 31 March 1997 as having \$2252.87 in the bank.

As per our Income and Expenditure Account our Total Income of \$6487.21 less our Total Operating Expenses (which includes our Conference and Fundraising Expenses) of \$5263.33, gives us a Net Operating Profit of \$1233.88.

Fundraising:

As at 1 April 1996 we had a brought forward Balance in Fundraising of \$704.80, together with fundraising done in October 1996 we had a Total of \$1159.20 to spend. As you can see the split has been made as 0.6 to Publicity & Equipment, 0.1 to Books, 0.25 to Conference, 0.05 to Unexpected Outcomes. You will see the respective purchases made throughout the year for each of the areas and the remaining amounts that will be taken forward to the start of April 1997.

Grants

As at 1 April 1996 we had a brought forward balance for Display Boards Grant of \$31.09, add to that a further Grant received in July 1996 for \$200.00, we had a total of \$231.09 to spend. We have spent \$96.35 leaving \$103.50.

In November 1996 we received a Grant of \$250.00 to purchase books to be donated to Chartwell Library. We have spent \$228.65 in doing this, leaving us with \$21.35.

As an association we have begun to set up the hireage of a Birthing pool to financial members. Once this has got off the ground we hope to see an increase in our membership and help get our Association more Community aware.

I would like to thank the Core Group for their support throughout the year and hope as an Association we can go forward and reach our future goals.

Glennie Heald.

IMMUNISATION AWARENESS

MEETING 29 JUNE 1997

MEASLES

"Measles is a self limiting infection of short duration, moderate severity and low fatality, which has maintained a remarkably stable biological balance over centuries."

"Universal - present in all continents".

1st noticed in history in 9th Century, recognised as infectious in 17th Century.

ABOUT THE DISEASE

It takes 10 - 11 days after the exposure before 1st signs/symptoms occur (10/11 days "incubation period). It is a viral illness. The disease has two distinct stages:

1st Fever, malaise, runny nose and eyes & sore throat etc (very "flu-ey type symptoms) Also has yellow spots which appear in the mouth and soft palate.

This stage lasts 2 - 4 days. Measles virus is present in nasal secretions, tissues, internal organs and lymph system. Very infectious!!!

2nd The spots or rash usually occur on or around 14 days after exposure to the virus. Spots first appear on the face, neck and upper trunk of the body and over about 3 days the spots spreads to the lower trunk and extremities. Rash then fades and disappears with spots turning brownish before going completely.

Other symptoms (as per 1st stage) may worsen slightly with the onset of the rash, but subside fairly soon after rash appears. Antibodies in the blood disappear as rash occurs so improvement occurs dramatically once the spots are "out".

Infectious from beginning of 1st stage until 4 days after the rash appears.

Epidemics seem to occur 3 - 4 yearly despite vaccination.

Vaccine policy in U.S.A aimed to eradicate measles by 1982 - this has not happened (U.S.A. 95 - 98 % vaccination rates in most states ie. most states vaccination is MANDATORY).

When Pam arrived we were in the bedroom enjoying the quiet with our two cats on the bed with us, oblivious to what was happening! At 7.30am we talk with Pam about when to call my parents to come (they live in Taumarunui, two hours away) we decide to ring them and say to start to get ready. At 8.15am I ask for a V.E. as I wanted to know how far along I am, so my parents don't miss it. Pam said that I am about 5cm dilated and that my cervix is soft, and that we had better tell my parents to leave NOW!!! I thought wow this is going fast - halfway.

Back to the bath as the contractions have become quite strong since 7am. Pam coaches me through my contractions giving me a way to cope - she said "it's like climbing up a mountain, tough going up, but once you reach the peak it gets better, eases". I saw that mountain at each contraction and focused on the peak, and when that was reached the pain ebbed slowly away. During this Gregory was rushing around getting water, straws and ice. No ice in freezer, ahh!! That was Mum and Dad's jobs.... I was quite relaxed and with every contraction my hand was held by either Gregory or Pam - I'm not sure who! Only once did I feel like asking for pain relief, as the contraction ebbed so did that thought, as I couldn't speak during it. With no words spoken my needs were met - cold flannels, drinks. I could feel our baby moving down when suddenly a contraction hit in three bolts and I panicked, Gregory told me to breathe, as I was saying I couldn't handle it his words were forceful and it broke my panic and made me focus once again. Transition had hit and I wanted out of the bath. After the next contraction I stood up, and gravity hit!! Whoa it was a heavy feeling.

We went into the bedroom (9.30am), I stood with Pam rocking and still adjusting to the new sensation of the head. I screamed a little which actually helped. It was then I looked at the clock and I realized my parents weren't going to make it. I felt like keeping our baby in, as I wanted them here. And I was also fighting my body. Instead of working with it. I then knelt leaning on the bed. I started pushing/my body did, but felt nervous/scared I knew this was the only way our baby was going to come out and once I got my head around that I felt more in control. I couldn't feel the contractions, that felt weird (like losing a reliable friend), so I turned around and squatted with Gregory behind me, I was using his legs for support. Just before that I threw up, which didn't surprise me, but was yuk!! Pam was putting hot cloths on my perineum - what a relief to the stinging, stretching feeling. We got out a small mirror and I saw our baby's head, Pam suggested I touch it, I couldn't, as I could only think of the pain and if I touched it, it might get worse, strange logic? But seeing our baby's head helped as I was still fighting things. Then Pam suggested "hopping on to the bed" - how could I "hop" on to it - well I did! I was lying on my left side.. Gregory knelt on the bed and I held on to him.

Tarantino Gregory Rangi De Estena's birth story

Firstly I decided to have a home birth after witnessing the terrible birth of my nephew in hospital. A change of shift and many indecisions later he was born. I knew then I deserved something better, my own midwife, who would stay with me. Secondly and more importantly, I felt the need to birth in a more friendly and relaxing environment. That was three years ago.

On August 30th 1995 I had a home pregnancy test, we just knew it would be positive. My pregnancy went well, I did have a scare at 11½ weeks when I had some bleeding. It brought back some scary memories of a miscarriage I had when I was younger. After finding out from a scan that everything was fine, my pregnancy went well and I was due on 28th April 1996.

After falling asleep around 12.00am Wednesday the 24th of April 1996 watching T.V. I woke up at 1.30am needing to go to the toilet. I did and then turned off the T.V. and went back to sleep. At 2.30am I woke again needing to go, so once again I did, (I thought this is it as I really emptied my bladder) then it was back to sleep for the night! At 3.30am I was again woken by my bladder (or so I thought), but as I sat up I knew it wasn't my bladder leaking! I felt amniotic fluid running down my legs as I dashed to the toilet, I felt like a little kid with a new toy! I sat there thinking "yay THIS IS IT" and getting very nervous and excited! I got a pad after a while and went back to the bedroom to tell my husband Gregory. I turned on the light and saw my "show" on the side of the bed, I woke up Gregory and told him, he did a double take. We whispered about what was happening, letting it sink in. It was 4.17am and I felt something in my tummy, it must be a contraction. Thinking labour would be long we decided not to ring our midwife (Pam) until 6am, a more decent hour to be woken up!!

We (Gregory actually) decided to get some sleep, huh, fat chance I had waited a long time for this and I was too excited to sleep anyway. I got up and had a cup of tea, something to eat. I went back to bed, but even Gregory was too excited to sleep even though he usually HAS to have 8 hours!! So we went into the lounge and put the heater on. It was now 5.15am and I had been having mild period like pains for the last hour 5-10 minutes apart. By 5.45am I thought it would be good to relax in a bath.

At 6am Gregory rang the midwife, and she said to ring back when the contractions were 5 minutes apart - they were! I was having them 5 minutes apart with smaller ones in between. Gregory and I decided to wait another ½ hour before ringing her back. Gregory rang my brother as he would be off to work (7am) and we wanted him to know, he asked whether he should get the day off, we said no as it would probably be a long day. Graeme (brother) said that he would ring at lunch and check how things were going. By then it was 6.30am and we rang Pam back and she was on her way.

1984/85 Epidemic in NZ 34% of Measles cases were in vaccinated children, 19% were unsure and 67% in unvaccinated - most of these were too young to be vaccinated, and who had some other medical complication. In fact some books, note that the vaccination programme has pushed the Measles into age groups more likely to suffer from complications ie. babies and older children/adolescents and adults.

VACCINE

The Measles vaccine is cultured on chicken embryo (rubella or aborted human foetus cells!!).

Given as part of MMR at 15 months and 11 years.

Ministry of Health book claims immunity to these is lifelong after the vaccine and that the diseases are not contagious from a vaccinated child. The book recommends giving the vaccine even if child has had the Measles (Franz said this is a big NO NO) or a Measles only vaccine.

Measles only vaccine is used during an Epidemic and children 6 months plus are encouraged to have the vaccine.

Measles vaccine will produce a rash in 5 - 15% of children, usually 6 - 7 days after the vaccine and lasting several days.

MOH BOOK STATISTICS

Measles Complications

Vaccine Complications

1/10 - 100	Otitis Media/ Pneumonia/ Diarrhoea/Stiff Joints	1/35
{1/1000 - 15% die { - 25-35% brain damaged	Encephalitis/Brain Damage	1/1,000,000
{	Meningitis	1/100,000
{	Convulsions	1/2,500
{1/1000	Death	
{	Rash/fever/local reactions	1/7
{		

Figures like these are apparently for "undeveloped 3rd world countries" where children are malnourished and hygiene is poor. Really Encephalitis is 1/1000,000.

An 'outbreak' is deemed when the 1st case is reported. Vaccine should be available to all in the area within 3 days of this.

Vaccine only effective in 95% of cases some books say, others are less positive! Believe need 95% vaccination rate to stop outbreaks (U.S.A. has this but still has Epidemics!). 60 - 90% of Measles cases will be in already vaccinated children.

Continuing "Epidemics" are blamed on non-vaccinated children and low vaccination rates. During outbreaks non-vaccinated children must stay home (vaccinated children may stay) from 1st case to 14 days after rash disappears in last case.

Measles on decline pre-vaccine. In U.S.A. 800,000 cases in 1958, 500,000 in 1962 (vaccine introduced in 1963) and cases have continued to decline - but cannot be sure this is a result of the vaccine or whether decline may have continued naturally due to better hygiene/nutrition etc.

Vaccination tends to by pass the bodies normal defence mechanisms (eg. mouth, nose, lungs, circulation, lymph tissue) and goes straight into blood stream. This is a shock for the system and one reason why the disease may return in adolescence/adulthood - antibodies not in mouth /nose, lungs etc.

The death rate from Measles is 10 times higher than pre-vaccination.

Since vaccination an "atypical" type of Measles has developed. In atypical Measles rash begins at the feet and palms of hands and then moves towards the body. often cases like this result in other complications, such as pneumonia. (Homeopathic theory of 'cleansing' believes that symptoms move from the centre of the body out and from the head to the feet - atypical measles may therefore indicate an "internalising" of the disease rather than shaking it off.

Fever reducers (ie. Pamol etc) were found to prolong the duration of Measles and increase complications (eg. encephalitis). Some believe catching the disease naturally builds a child's immunity to help deal with more serious diseases later in life.

Vaccinated mothers cannot pass on immunity to their babies - hence more infants contracting the disease now as mothers vaccinated in 60's 70's and 80's. Pre-vaccine 90% Measles in 5 - 9 year olds, post vaccine 55% -65% occurs in 10 plus year olds and more under 2 year olds.

Fear of other contaminated material entering the body through vaccine ie. chicken diseases.

In 1993 Japan stopped using MMR. Switzerland has not used it at all and continued to lobby the U.S.A. to stop it.

New Zealand outbreaks nearly every 2 years. 4 year gap from 1980 - 1984, then outbreaks in 1984 and 1985. In 1991 epidemic 10,000 cases were reported, 560 hospitalised, 4 deaths (in already ill children apparently poorly nourished).

OTHER SIDE EFFECTS FROM VACCINE NOTED IN VARIOUS BOOKS

Ataxia (lack of muscle Co-ordination), mental retardation, 1 sided paralysis, multiple sclerosis, arthritis, asthma, allergic disorders, hyperactivity, learning disorders.

In 1993 in England 2 out of 3 MMR vaccines brands were withdrawn due to high risk of causing meningitis.

U.S.A. case rule against parents of vaccine damaged child (Measles) as risk of vaccine were on the vaccine batch insert (which the parent had never seen/were not aware). Be aware - ask to read this if you a vaccinating.

Question - Is Measles vaccine really necessary - pre-vaccination Measles were seen as a mild disease with rare serious complications and negligible fatality in normal, healthy children. Once it had "been through a family" it would not return as immunity to it was developed naturally.

Vitamin A = helps to catch the disease - low Vitamin A can result in eye damage, respiratory problems and diarrhoea.

FRANZ

Vitamin C and immune support e.g Echinacea

Remedy - Particular to symptoms if caught Measles

e.g. if itchy use Rhus.Tox
if child is clingy use Pulsatilla
if spots become infected use Mercury

If child is very healthy and immune systems is in good order child may not even catch Measles when in contact with disease (or at least not show signs of "full blown Measles" as body coped with disease so well and quickly that no signs manifested.

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