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WHBA CORE GROUP MEETING
MONDAY 18 AUGUST, 7.30PM
ALL WELCOME TO ATTEND
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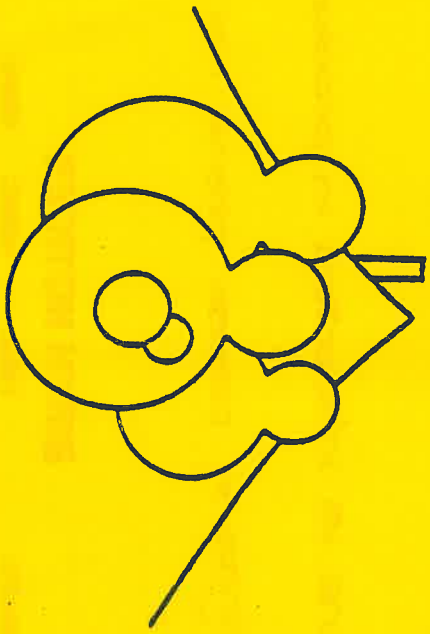
Newsmagazine 1997



AUGUST

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

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Phone Joanne Ridder to arrange a time
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Help please!

I have no birth stories for next month.

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BIRTH NOTICES

On	these parents:	had a:	named:	where:	Midwife / s
2/7/97	Jane & Russell Aston	daughter	Kate	Matariki	Marie Ann
12/7/97	T.J. Ngohe & Campbell	daughter		Tauwhare	Maggie
17/7/97	Diane & Cleo Tamariki	son	Kendall	Hamilton	Paulette
23/7/97	Martina Jiminez & Richard Two Bears	son	Rani	Te Pahu	Maggie
30/7/97	Lisa Beach	daughter	Tawhipari	Hamilton	Maggie/Paulette

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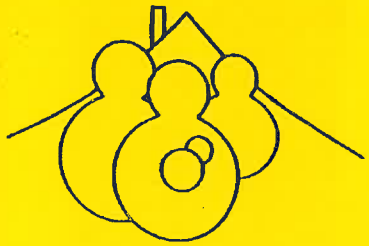

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FACTS YOU DON'T WANT TO KNOW

THE HORRORS OF THE STATE: WHO OWNS MY BODY?

ROMANIA AND TIBET

WE TEND TO THINK OF OUR BODIES AS OUR OWN AND YET THERE ARE PARTS OF THE WORLD TODAY WHERE WOMEN'S REPRODUCTIVE RIGHTS ARE CONTROLLED BY THE STATE. IN ROMANIA UNDER CEAUSESCU'S REGIME, EVERY WOMAN, MARRIED OR NOT, WAS FORCED TO BREED, AND PRODUCE FIVE CHILDREN. SINCE CONTRACEPTIVES WERE UNAVAILABLE, AND THERE WAS OFTEN NO WAY TO PROVIDE FOR THE FIVE CHILDREN THEY WERE REQUIRED TO PRODUCE, THE SCARS OF FREQUENT ILLEGAL ABORTIONS (MANY WITHOUT PROPER ANAESTHETICS) HAVE LEFT ONLY 5 PER CENT OF BUCHAREST WOMEN OF CHILDBEARING AGE WITH HEALTHY UTERUSES.

TIBETANS TODAY SUFFER A CHILLING FORM OF GENOCIDE BY THE CHINESE, WHO HAVE FORCIBLY OCCUPIED THEIR COUNTRY SINCE 1950. TIBETAN WOMEN ARE CHECKED EACH MONTH FOR PREGNANCIES. ON EACH NEIGHBOURHOOD BLOCK IN THE CAPITAL, LHASA, A FEMALE GOVERNMENT OFFICIAL MONITORS MENSTRUAL CYCLES. ANY TIBETAN FEMALE DISCOVERED TO BE PREGNANT IS TAKEN TO THE HOSPITAL FOR AN ABORTION. BY THE END OF 1989, 87,000 WOMEN HAD BEEN STERILIZED IN QINGHAI PROVINCE IN CENTRAL ASIA. THE CHINESE GOVERNMENT'S TERRIFYING JUSTIFICATION OF THESE GENOCIDAL PRACTICES MAY BE FOUND IN ITS OFFICIAL REPORT ON FAMILY PLANNING POLICY: 'IT IS MUCH MORE COMMON TO FIND IN THEIR POPULATION PERSONS WHO ARE MENTALLY RETARDED, SHORT OF STATURE, DWARFS AND INSANE.' WHILE THE LEGACY OF CEAUSESCU'S BRUTAL REIGN LIVES ON IN THE THOUSANDS OF UNWANTED CHILDREN IN STATE ORPHANAGES AND THE SCARRED WOMEN FORCED TO BEAR THEM AGAINST THEIR WILL, TIBETANS WILL BE LUCKY TO HAVE CHILDREN OF THEIR OWN WHILE THE CHINESE CONTROL THEIR HOMELAND.

Many children are spoiled because parents can't spank Grandma.

Mother's Book of Insight - Mary Anne Mills

COMING EVENTS - August - September.

Note these dates on your calendar

WHBA Core Group Meeting
Monday 18 August, 7.30pm at 28 Claudelands Rd ph 855-6997.
Contact Julia Drury ph 855-8266 for the agenda.
ALL MEMBERS INVITED TO ATTEND.

Home Birthers' Coffee Morning.
Friday 29 August, 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
Thursday 18 September 7.30pm at 10 Thames St. Contact Clare Shallcross ph 855-6997
Guest speaker: Dr Janion Heywood: Vaccinations from a GP and Homeopathic perspective. **Cost: Gold coin donation.**
"For an Informed Choice" tapes -two copies are available to borrow from the WHBA Library.

Preparation for Birth Classes
Series begins **Tuesday 4 November,** 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 2 September, 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 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.

Back to the Home Birth Information Page

Dawn's Birth Story

From: Dawn Hulspple <hulsf@mail.airmail.net>
Date: 29 Jan 96

Hello, my name is Dawn E. Hulsopple. January 17, 1994, I gave birth to a beautiful baby girl here in Dallas, Texas. She weighed 6 lbs, 2 ozs., and was 22 inches long. Her eyes were already green, like mine, and she had the softest wispy blonde hair. When she emerged from my body, she sneezed, then giggled! It was a beautiful moment. Cassidy Madison was born.

The man that would become my husband had spent the entire weekend before that with me while I was in preliminary labor. The dedication he showed for a child that was not his was profound. My love for him deepened as the weekend went on. On Monday morning, everyone that was to attend the birth met at the midwife Eveith's house. We laughed and walked and went out for lunch. We talked about how excited we all were. There were two betting pools: The first was whether it was a boy or a girl. The second was whether or not I would be right in my estimation of arrival - January 18, in the wee-hours of the morning! (I was only off by 20 minutes!)

The labor escalated around 11:00 in the evening. Around a half an hour later, it was over. My father, a five-time veteran of child-birth, had never seen anything like it: Instead of the screams of pain and terror he expected of his brave eldest daughter, going through this without drugs of any sort, he heard the victory yells of a woman determined to give every shred of strength and hope into the child she was bearing. The midwives were amazed at the ease with which I delivered my first child, as though I had done it a thousand times before. The energy in the room was vibrant and alive and full of joy. Throughout the entire thing, I felt the hand of God.

My child's parents held her while the cord was cut. I looked up at them holding her, so proud and happy to finally receive that which they could not have before. "This is my gift to you," was all I could think to say.

Now, I'm expecting my own child. That brave man that stayed with me then is my husband now, and we're expecting maybe two beautiful Mulado children around the end of June.

Cassidy's father was a man I certainly did not love, and her conception was something that I was not a willing participant in. Instead of living with the weight of my hate and anger, I gave that little girl the best and richest experience I was capable of: A clean slate with her family, with no resentment over her existence, and an introduction into the world that would give her the extra advantage of peace and love and the unavoidable understanding that God, by whatever name you call Him, was there when she was conceived, and when I called her mother for the first time, and even there in the birthing room.

These days, I work when I can through the temporary services. My husband and I lost our apartment a couple of months ago shortly after I lost my job, only two or so months into the pregnancy. We each live with our parents now until we can find another apartment.

I want nothing more than to give my own child as much as I gave Cassidy. (I cannot think of her as mine anymore - her family loves her as much as I do, and they are just that: a family.) I worry a lot about whether or not I'll be able to pay for it - it certainly looks like I won't. The alternative scares me: To birth in a hospital where IV drips are madatory "just in case" they have to induce, or worse. To be told throughout the pregnancy that it's MY CHOICE, right up until the time I go into labor, and then there is NO CHOICE. Episiotomies, epidurals, inducers - this is not my idea of a healthy childbirth. My body was made the way it was to perform a certain function: to have a baby. I don't recall God

CHILDBIRTH EDUCATION

Vaccination — one of those BIG decisions

How far into the first six weeks can we as childbirth educators delve? What becomes the last frontier?

How many of us have been given topic queries such as wanting to know about solids, ages and stages of baby development, and at what point do the trainer wheels come off? Where is it all going to end?

One topic which has been more frequent in our course participants' expectation is vaccination. The debate which appears to have epidemics of its own — through the media, *Little Treasures* and other parenting/family publications, now appears to have been caught by that vulnerable group — the first time parents-to-be.

As with any major choice, being fully informed is paramount. The Health Department lists their Immunisation Schedule visibly through Plunket, doctors' rooms and various magazine articles. For the interested few there is a publication available from the Public Health Commission's health education material.[1] However, of the four to five pages of resources available free to community groups, this particular booklet does have a small charge.

Additional information is available through the Immunisation Awareness Society — an Auckland based consumer group, which in the past has been criticised as being against vaccinations. However, the members themselves repeatedly encourage informed choice over routine procedure.

Lastly, for those who wish to dig really deep under all the emotional controversy, you will find available several intriguing and challenging books and these have not been written by hereties, dreaded 'by people' or hysterical parents, but by notable paediatricians and research scientists[2]

When I recall previous course time spent discussing one injection (Vit K) and the emphasis placed on informed consent, it is no wonder many childbirth educators are reluctant to even broach the subject of vaccination, unless it comes up as a question. For me it always finds its place on the last evening class when we cover other parenting issues.

Using an activity such as "Take-a-stand", women/couples are asked to move to an area that has been labeled — totally agree/agree/unsure/disagree/totally disagree. The statement varies, but often is "Immunisation is the best protection for your baby's health."

Two year's ago the entire group would have marched off to totally agree, leaving the course leader hovering around agree or unsure: very little discussion would take place apart from me suggesting if they did want any more information it might be more appropriate and manageable this side of their due date.

These days, using the same statement, half the group goes to totally agree, a quarter hang around the unsure and some course leaders stand on disagree.

What once took two or three minutes of precious time allocation can now take up to 10 minutes -- all on one small statement. Of all the parenting issues, it is the only one which brings out fear, hostility and cries of "Oh no -- is this another one of those BIG decisions we have to make?" "Fraid so!"

Therefore, what can we as educators offer parents when they eventually make their choice?

Those deciding on the immunisation schedule need:

- to work with their primary caregiver ensuring baby is healthy beforehand.
- dates and batch numbers must be recorded.
- using Arnica, IM (4 drops 12 hours apart) before and after each injection.
- having pain relief at home (Pamol or homeopathics).
- report any concerns like fever, excessive redness or tenderness, convulsions or loss of muscle tone.

For those choosing non-vaccination, they need:

- a supportive GP and strong community network
- thorough background on signs and symptoms of common childhood diseases.
- an excellent diet and awareness of stress levels.

What women/couples eventually choose need not become a concern for the individual educator. Providing full information, encouraging discussion and supporting them in their decision is surely what we do best.

[1] Public Health Commission. Health Education Materials, 1994.
[2] Dr Mendelsohn MD, Viera Scheibner PhD.

Erin Hudson is one of the eight supervisors for the Childbirth Educators Course. She is married to Dave Hudson and they have three children -- Phoebe 3, Emma 5½, James 8. Erin has taught for Auckland East Parents Centre for three years as well as maintaining a private practice in Naturopathy and Medical Herbalism.

water births at Dr. Rosenthal's Family Birthing Center in Upland. At the Center any woman who is accepted (because she is not high risk) may choose the option of water labor or water birth. The choice is entirely hers.

The timing couldn't have been more on cue. As soon as our equipment was set up, a beautiful couple appeared. Janet was in labor with her first child and wanted a water birth. When we proposed that I film her delivery, she was delighted. She told me that they wanted pictures of the birth but were disappointed because there hadn't been time to make the arrangements. Once again, everything was perfectly synchronized.

Janet's water birth was unique and especially beautiful because she actually delivered her own baby. Dr. Rosenthal and the nurse he works with were sitting only a few feet away, both ready to help if needed. When the baby began to emerge Rosenthal encouraged Janet to just reach down and lift her little boy up and out of the water herself. It is impossible to fully describe the many layers of emotion that were written on her face as she birthed her baby. She was delighted, surprised, relieved, amazed, empowered, in love, and a little scared, all simultaneously. A couple of seconds after the baby was out, she burst into laughter. Certainly this family-centered approach was a very different experience than we are accustomed to imagining when we think of childbirth.

Dr. Rosenthal modelled his center and its philosophy on Dr. Odent's work. However, his practice of nonintervention in the birth process and his method of supporting and encouraging women to deliver their own babies represents an even greater breakthrough. Rosenthal recognizes the importance of women themselves being in control of the birth process and he uses the soothing properties of water to assist that goal. After speaking to several women who had delivered their babies at his birth center, I was impressed by their enthusiasm and delight with the birth experiences they had achieved there.

Although they all advocate the use of water birth, Michael Rosenthal, Michel Odent, and Igor Charkovsky each has his own particular focus, while holding overlapping opinions and using similar procedures. Dr. Rosenthal is mostly concerned with the empowerment of the mother during childbirth, and sees water birth as serving that end. Dr. Odent uses water birth primarily because of the comfort it provides for the mother during delivery, and Charkovsky advocates water birth for the benefits he believes are derived for the baby, particularly in the area of increased psychic abilities. Odent and Rosenthal both favor rapid emergence water birth, where the baby is brought up and out of the water during the first minute or so after birth. However, Charkovsky favors a variation called slow emergence, where the baby is left under the water for several minutes after emerging from the mother's womb. Currently, Charkovsky's slow emergence method is the most controversial aspect of water delivery. It is considered by some experts, including Rosenthal, to be unnecessary and potentially dangerous. There is very little documented information about slow emergence at this time, and it is not being used by medical personnel in the United States, to my knowledge.

The satisfaction and empowerment women can enjoy at the birth of their babies, when given the opportunity to utilize the latest innovation in the field of safe, gentle, joyous birth—water birth—should not be easily underestimated or discounted. Although it may seem strange or different to some at first, when evaluated carefully from the physical, emotional, and spiritual aspects, it is clear that water birth represents important progress in the field of humanistic childbirth practices. In view of the embarassingly poor ranking of the U.S. in maternal and infant mortality statistics (26 of 198 countries worldwide), we cannot afford to ignore any promising possibility for improvement.

As Americans, we have a unique ability to hybridize. We have always been adept at taking parts of various things and putting them together to invent our own particular vision and version that incorporates whatever is most appropriate for our needs. I hope that the health and medical communities will soon learn to apply that practice to water birth, and will add to the discoveries of those at the forefront of water birth—Igor Charkovsky, Michael Rosenthal, and Michel Odent. In that way, the benefits of this newest gentle birth method can be introduced into progressive hospitals and birth centers across the country and, thereby, will become available to a much broader group of women.

AUTHOR'S NOTE: The author offers this information for educational purposes only. Anyone wanting to use the water birth method should seek out the assistance of experienced medical professionals. An excellent and very helpful resource person is Michael Rosenthal, MD, who has delivered approximately 500 babies in water, with excellent results as of May 1989, at his Family Birthing Center, 1125 East Arrow Highway, Upland, CA 91786. Telephone is (717) 946-7001.

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1. USA Population and Vital Statistics Report. The United Nations, Series A, Vol. VIII, No. 1, January 1986.
2. Tanio C, Manley M, Wolfe SM: Unnecessary Cesarean Sections, a Rapidly Growing Epidemic. Public Citizen Health Research Group, 1987, p. 3.
3. Appropriate technology for birth. Lancet August 24, 1985.
4. Placek PJ, Tassel SM: Vaginal birth after cesarean in the 1980s. Am J Pub Health 78(5), May 1988.
5. Michael Rosenthal, MD (personal communication).

installing an electronic fetal monitor in the Garden of Eden.

If anyone knows of any charity/birth-and-pregnancy organizations that can help out with the cost of my midwife in exchange for counseling services to their clients, please contact me at the e-mail address listed above. Or, if you have any comments on my story, feel free to contact me the same way. [illegible]

Back to the Home Birth Information Page

WATER BIRTH: THE NEWEST FORM OF SAFE, GENTLE, JOYOUS BIRTH

Karil Daniels, BA

ABSTRACT

This paper underscores the serious problems facing institutionalized obstetrics in the United States (demonstrated by alarming cesarean rates) and provides information about a new, safe, gentle birth alternative that uses water during labor and delivery. Pioneered by doctors, nurses, and midwives to lower cesarean rates and increase possibilities for natural childbirth, water birth assists the mother in achieving deep relaxation during labor and thereby alleviates much of the pain and stress of birth for both mother and baby. Water birth may be a safe, helpful, and easy to implement method of improving obstetrical statistics in the U.S. and should be investigated by those health care providers concerned with promoting humanistic childbirth practices.

It is not often that a genuine breakthrough in obstetric alternatives occurs outside of the realm of medical technology. However, water birth, a decidedly nontechnological innovation, is currently exciting the imaginations of prospective parents, nurse-midwives, humanist psychologists, and progressive doctors worldwide. The reason for this enthusiasm is its great potential for widespread use and benefit to individuals and society at large. As a result, water birth is gaining international recognition as the newest form of safe, gentle, joyous childbirth.

When gentle birth is experienced as a shared miracle, it enhances the bond of love in a family. The memory of it may serve to sustain the couple through difficult times. Yet, too often, parents allow the miraculous quality of their birth experience to be taken from them as they relinquish control and place themselves in the hands of medical personnel who are concerned solely with the physical aspects of birth. When that occurs, birth often becomes something that happens to the parents, rather than a miracle in which they fully participate and from which they derive an overwhelming sense of joy, spiritual growth, and personal power.

This author has observed a recent U.S. trend towards the over-reliance on experts in every field. Consequently, many of us have abrogated our responsibility and given away much of our power. Birth is a particularly good example of this unfortunate situation. Culturally, many of us have accepted the official medical establishment position that it is impossible for any woman to safely birth a baby anywhere but in a hospital, attended by an MD. Obviously, this is not the case or the human race would not have survived into modern times; only 80 years ago, virtually everyone in America was born at home. Even today, 80% of the world's babies are delivered by nurse-midwives and lay midwives; however, this statistic primarily describes the state of childbirth outside of the United States.

It is important to understand that the U.S. is far from the safest place to have a baby. Based upon 1984 statistics, the U.S. ranks 26th out of 198 countries worldwide in infant mortality.[1] That means that there are 25 other countries where childbirth is safer than in the United States. With such a poor record, it is imperative that we finally take a closer look at our institutionalized childbirth practices and try to discover what is being done wrong, so that we can make the serious changes needed to correct the problem.

In 1986, 906,000 cesareans were performed in the U.S. and 455,000 of them have been deemed unnecessary.[2] The World Health Organization (WHO) reports that countries with some of the lowest perinatal mortality rates in the world also have cesarean section rates of less than 10%.[3] WHO further maintains that

Address correspondence to: Karil Daniels, Point of View Productions, 2477 Folsom St, San Francisco, CA 94110, (415) 821-0435.

fully accepted. She had agreed to be filmed, so I was with them in the tub room. After a while Dr. Odent suggested that we leave so the woman could be alone with her husband as he knew it would be a couple of hours before she would deliver the baby. From the next room we could hear her cry out as she has a contraction. Dr. Odent immediately put up his hand to signal silence, cocked his ear and listened carefully. When she finished moaning he said "good, very good, everything is fine." I was fascinated to learn that he was able to read the progress of her labor solely by listening to her sounds.

Dr. Odent believes that to achieve the best result women should be kept as happy as possible during pregnancy and as comfortable as possible during labor and birth. To achieve comfort in labor, in 1977 he began offering the women who came to his hospital the use of a warm bath. It was not his intention to deliver babies in water, but merely to use the water for the mother's relaxation, so that she wouldn't need drugs and a natural delivery would be possible.

However, the inevitable soon happened. A woman who felt much better in the bath refused to get out of the water at the time of delivery; and so, Dr. Odent assisted her in giving birth while she remained in the water. In this way, he discovered firsthand that water birth was another method that could be used to help the mother achieve an easier delivery. He believes water birth is particularly valuable for women experiencing long or very difficult labors, and reports that often the baby will come soon after a woman enters the bath.

After the French footage was edited an associate offered to take the work-in-progress videotape into the Soviet Union to show to Igor Charkovsky, the water birth pioneer who developed the method in the early 1960s. Odent knew of Charkovsky's work; but, their approaches were quite different. Whereas Odent was primarily concerned about the mother's comfort during labor and birth, Charkovsky focused on the baby. Charkovsky postulates that water alleviates the crush of gravity on the baby's delicate brain cells at the moment of birth and thereby enhances the baby's psychic abilities.[11] He has delivered hundreds of babies in water, and trained several midwives and doctors in the method. He is well known and greatly respected in the U.S.S.R. for his innovative "water training" work with infants and young children, which involves frequent exercising in water, beginning very soon after birth.

When Charkovsky saw the rough cut of *Water Baby* he was amazed and delighted. He sent back an invitation for us to come to Moscow and film with him so that his work could also be included in the program. Our filming with Charkovsky focused primarily on two areas: assisting pregnant women to prepare for water birth on physical, psychological, and spiritual levels, and the water training of very young babies.

Charkovsky believes that the mother's state of mind during pregnancy is of vital importance, and so he works with her intensively, to eliminate fear of birth and fear of water. To achieve these goals, he instructs pregnant women in meditation and visualization techniques. He has found that women can greatly ease the physical distress of delivery by visualizing their pelvic skeletal area as expanding and opening, so that the baby's journey through the birth canal will be less painful and less stressful. Charkovsky also suggests visualizing the fetus inside the womb surrounded by a golden light.

Charkovsky also uses support groups of women who have already delivered in water, with their children, to provide the mother-to-be with the optimum atmosphere for her birth preparations. Small groups of women, perhaps five or six, often gather to meditate and exercise together. The exercises involve many yoga postures, including full lotus positions done both in and out of water, and splits, like dancers do, which vigorously exercise the pelvic floor muscles, increasing flexibility and strength. Seeing women in the ninth month of pregnancy doing full splits as easily and gracefully as professional dancers, which I filmed in the U.S.S.R., is truly an amazing sight!

An integral part of Charkovsky's water birth method, and equally fascinating, is the water training he does with very young infants. He believes it is extremely important to their future health and development, and instructs parents in ways to vigorously exercise the babies in water. His purpose is to assist the children physically by building health, strength, balance, confidence, flexibility, and endurance. This training includes an ongoing program of frequent, preferably daily, swimming, and other water exercises in which both parents actively participate with their children. Flips, dives, tumbles, dunkings, yoga, and stretching are all part of the activities.

Charkovsky's approach is unique in that his philosophy integrates the birth preparations, the actual water birth, and the infant water training into a cohesive whole system. He has been developing this method since 1963, and has delivered hundreds of babies in water. A small, dedicated group of supporters assist him in this work, and there are several midwives and medical doctors who have adopted his practices.

Back in California, as I was completing the editing and was on the verge of finalizing the program, I met Dr. Michael Rosenthal, the first American doctor to provide facilities for women who chose to labor or deliver in water. In 1985, Dr. Rosenthal created the first water birth center in the country, located near Los Angeles. After hearing about the film, he was anxious to have his work included. Once again, we packed up the camera, crossed our fingers, hoping our luck would hold, and went to Southern California to docu-

answers the most important and most commonly asked questions, and explains the importance of expanding gentle birth options. Discussions with several water birth mothers, all of whom explain the reasons that they prefer water birth, are also featured.

Water Baby began filming with the documentation of the home birth of Merlinna Rodgers, the sixth American baby born in water, who was delivered by a lay midwife (see Figure 1). When Marilyn Rodgers called to say that she was in labor, the film crew rushed to her home. Since water birth was so new at that time, Marilyn was unable to find any doctor, hospital, or birth center that would assist her to deliver in water. Consequently, her only option was a home water birth. Marilyn felt comfortable having her baby at home because her first child, who was born in a hospital, was severly damaged at birth. As a result, Marilyn wanted the most nontechnological birth possible. Being assisted by her husband, a midwife, an RN, and a PHD psychologist, with the company and support of her family and friends, was exactly the kind of birth experience she wanted.

When Marilyn gave birth to Merlinna, at home in San Francisco,after about nine hours of mild labor, the tiny baby girl gently entered a warm and cozy world filled with loving relatives and friends. She never cried out. The first person she saw was her father, who was positioned in the tub to catch her as she emerged. The baby had a look of delight and wonder on her tiny face as she opened her eyes and looked up at him while she was still in the water. After a while Marilyn gathered the infant in her arms and brought her up out of the water. As soon as air touched her skin and cord the baby began taking tiny little breaths, gradually becoming familiar with using her lungs, while the cord remained intact for several more minutes.

This birth and the footage that resulted was amazing because it challenged the standard concept about birth and showed the gentleness and beauty that is possible, albeit rare. It made one want to explore the mystery further and it stimulated many more questions than it answered. It was obvious that the subject required a lot more information than was provided by documenting the birth of one baby in water, no matter how beautiful that birth had been.

The information needed to be put into a broader context and so an introduction that traced the development of the gentle birthing movement in the last century was written. My research showed that each birth improvement had buiilt on the innovations that came before. It quickly became clear that water birth was indeed the logical next step—an extension of Leboyer's practice of putting the baby in a warm water bath, to relax, immediately after birth.

Dr. Don Creevy, a California obstetrician with a strong commitment to gentle birth and a serious interest in water birth, was the first medical advisor to the project. He was followed by Dr. Michel Odent and Dr. Michael Rosenthal. Dr. Creevy is well known for his long standing belief that most women with previous cesareans can deliver normally. In the film, he provides practical information about the physiology of water birth and answers many commonly asked questions. Dr. Creevy sees water birth as a valuable tool for expanding gentle birth options. He recognizes the warm water's ability to assist a laboring woman to relax deeply so that her labor is likely to be shorter and easier. In November, 1987, Dr. Creevy began offering assistance to women who want to labor or deliver in water at his newly rebuilt birth center, The Birth Place, in Menlo Park, California.

After filming the initial sequence of Marilyn Rodger's water birth, word of the documentary was brought to Dr. Michel Odent of France, the first MD in the world to provide water birth in a hospital setting. Dr. Odent invited Dr. Creevy and me to visit his hospital in Pithiviers, an hour's drive south of Paris, so that his water birth work could be included in the program. What we found there was totally unique.

Dr. Odent, who worked exclusively with a team of nurse-midwives, believes in supporting women to give birth in whatever way they choose. He had created a special atmosphere in a modern hospital maternity ward that encouraged a wide range of physical possibilities while assisting each woman to find the labor and birth positions most comfortable for her. As I observed Dr. Odent during a ten-day period, one thing was very clear—this doctor was filled with the magic of birth. After many years of assisting women to deliver, the miracle was still intact for him; the excitement had not faded.

One evening, a woman came to the hospital to have her baby. He offered her the bath, which she grate-

FIGURE 1.
Marilyn Slowick Rodgers delivers her daughter Merlinna in a warm tub, assisted by a midwife and her husband. Merlinna, born in 1981, was the 6th American water baby.
Photo credit: Courtesy of Karil Daniels, Point of View Productions © 1981—All Rights Reserved. From—*Water Baby: Experiences of Water Birth.*

there is no justification for any region to have rates higher than 10% to 15% for cesareans and 10% for induced labor.[3] It is disappointing to learn that the United States has one of the highest cesarean rates of all of the developed countries, averaging 24.4%, nationally in 1987,[4] with some individual obstetrician's rates over 60%. However, a cesarean rate of 3% to 6% is typical of the Scandinavian countries, where government-supported midwifery is far more widespread, and which also have lower infant and maternal mortality figures.[5] Many U.S. hospitals have cesarean section rates of 30% to 40%,[6] with some having rates of 50%.[7] From the information available it is clear that cesarean interventions in the U.S. have reached epidemic proportions and the vast number of unnecessary surgical births can no longer be ignored.

In the U.S., institutionalized medicine has virtually taken over childbirth. It has created a plethora of procedures for the convenience and benefit of the doctors and hospital staff, rather than for the safety and comfort of the mother and baby. The result is often an aggressive approach resulting in the medical management of birth, rather than a more passive approach that allows nature to take its course, at its own pace, which is more typical of CNMs. Many critics believe this to be one of the primary reasons that cesarean births have been on the upswing in the U.S. for many years.

Karil Daniels is a film and video producer/director with a special interest in health topics, peace, wellness, empowerment issues, and subjects of special importance to women. She produced Water Baby: Experiences of Water Birth because the subject deals with several of her interest areas. She is currently distributing the program, which has received 12 film/video festival awards, on videotape. She can be reached at her company, Point of View Productions, 2477 Folsom Street, San Francisco, CA 94110. (415) 821-0435.

Too often, U.S. hospitals are insensitive to the emotional and spiritual aspects of bringing a new life into the world and tend only to the body, neglecting the heart and soul. Some hospital personnel may inadvertently treat the baby as insensitive, unseeing, and unfeeling. They may be unmindful of what humanist psychologists and psychiatrists have believed for years—that due to the breakthrough work of Frederick Leboyer[8] and others, there is much evidence to support the belief that babies are sensient not only at birth, but even before.[9,10]

For nine months, the infant develops inside the mother's body in the warm amniotic fluid. It floats in its dark, secure, cozy womb supported and protected, with all of its needs met immediately. Food and oxygen are continually supplied and wastes removed via the placenta and umbilical cord. Ideally, when mother and baby are both healthy, everything is in perfect balance and the feeling is one of security and abundance.

Since warm fluid is the element most familiar and comfortable to the fragile infant, water birth may well be the smoothest possible birth transition. It seems obvious that, because water is the only element it has yet known, the baby does not experience fear or confusion when in contact with it. Shock to the baby's eyes, which have never seen light, can be avoided if the room is semi-dark. It is considerate for the family, and respectful of the spiritual quality of birth, if soothing, soft music is played.

In a water birth, the mother-to-be is able to relax deeply during labor in the warm tub. She experiences comfort and relief because her weight is supported by the water. The warmth of the bath relaxes her tension and eases her labor pains, and the water gives her the freedom to move into whatever position is most comfortable. If the mother is able to relax deeply during labor, she is less likely to secrete excessive stress hormones which, if present, will be transferred to the fetus. The father might also be in the tub, holding or massaging the mother. The birth attendant waits patiently nearby, offering the mother encouragement and support whenever it is needed. Together they all wait for the baby to emerge.

After the infant has descended through the birth canal into the warm water, the mother takes the baby in her arms and brings it up and to her breast. Within seconds, because of the air touching the skin and cord, the baby begins to breathe without being slapped or roughly stimulated. Since the cord is not cut for several minutes, the baby's transition to air breathing is gradual and nontraumatic, and the newborn can take its time to become familiar with using its lungs.

In conventional births, it is common to cut the umbilical cord immediately after the baby is born, thereby creating a breathe or die situation which can cause a panic response in the infant. During a water delivery, the baby is not taken away from the mother immediately after birth; this is important because premature removal from the mother can result in the infant experiencing fear, confusion, abandonment, and even terror. The baby stays with the parents and is held and cuddled by them, so that he/she will feel secure and nurtured, and the important bonding process can take place.

According to Esther Zorn, President of the Cesarean Prevention Movement, hundreds of women who have sought vaginal births after cesareans (especially those who have had a cesarean for cephalopelvic disproportion or "failure to progress") have had successful subsequent vaginal births and found labor in water to be the key to releasing their babies naturally. Unfortunately, the medical literature has not yet documented this phenomenon which has been reported by practitioners.

Is it not perfectly logical to presume that a child born in water in such a gentle manner will feel com-

fort, security, love, and be predisposed to have a positive feeling about its parents and the world? It seems self-evident that a gently born individual is more likely to grow up to be secure, self-confident, and prone to nonviolent behavior than those whose birth was not gentle and who experienced fear, pain, confusion, or feelings of abandonment and even panic at birth.

In researching this newest form of gentle birth, I interviewed many women about their birth experiences. I found that a large percentage of those who had delivered in hospitals were angry, alienated, and felt cheated, for a variety of reasons. But none of those reactions were reported by any of the water birth mothers I interviewed. Because warm water is so soothing, it comforts the woman and helps her cooperate with her own body, so that she can open up more easily, both physically and spiritually, facilitating a natural birth. Michael Rosenthal, a physician who has assisted at approximately 500 water deliveries with excellent results over a four-year period, reports that more than 90% of water birth mothers use no analgesic drugs during labor and delivery. He further reports that they deliver their babies while awake, aware, and in control of the process, an empowering experience that stays with them forever.[5]

When a woman experiences intense pain or fear during labor or delivery, her body naturally tightens up and pulls inward—a self-protective response. Yet, birth requires an expansion and release. Since these two conditions are mutually exclusive, the fearful mother may be unable to progress to full dilation. In this situation, the benefit of warm water may be most valuable because the comfort of the water allows the mother to relax deeply and assists the perineum in stretching slowly and gently to accommodate the baby's emergence, usually without tearing.

In interviews with water birth mothers, virtually all have reported to this author their experiences of easier and/or quicker labors, profound relaxation, alleviation of pain, and feelings of excitement at being in total connection to the process of birth and to the baby. These women describe a strong affinity to their own female power and to the experience of motherhood. Water birth mothers often speak of joyous birth experiences in which their babies do not cry out in pain and fear. Instead, the infants enter the world in a softer, smoother transition, making immediate eye contact with the mother and father. These important aspects of water birth are acknowledged by humanist psychologists from many cultures who recognize the valuable benefits to the mother-child relationship that result from a positive emotional state during birth. Many with a special interest in birth believe that a mother who had an easy time delivering her baby will forever look into the face of her child and be reminded of an empowering birth experience rather than one of excruciating pain and fear; this, in turn, will inadvertently serve to enhance that mother-child relationship.

According to Igor Charkovsky, the pioneering Soviet researcher who developed the water birth method during the early 1960s, further benefits to the baby as a result of water birth may include an increased ability for psychic functioning.[11] Although his theories have not yet been proven, Charkovsky believes that the crush of gravity at the moment of birth may damage the infant's delicate brain cells, especially those that are associated with psychic abilities, and that birth into water softens the shock and minimizes the damage. He also maintains that a baby born in water requires far less oxygen during the first few minutes of life to sustain optimal brain functioning. These theories, which remain conjecture at this time, may point the way to future research.

Nevertheless, there is a growing awareness on the part of both professionals and lay people, about the importance of the first minutes, hours, and days of life. According to Lena Christina Taulse, a midwife and well-known European gentle childbirth advocate, some Leboyer proponents believe that many of us unknowingly spend a good deal of our lives feeling the negative psychological effects of a birth trauma that could have been avoided if those who assisted at our births were more knowledgeable and sensitive about this issue.[12]

Various researchers have reported studies which show that the birth experience is one of several causal factors in determining the kind of personality an individual manifests later in life.[12] In 1982, the San Francisco Chronicle reported that the California Commission on Crime Control and Violence Prevention spent two years studying the root causes of crime and found that gentle birth, more loving families, and less violence on television are three factors that curb violent crimes.[13] "A positive birth experience, one that is gentle, loving, and nontraumatic, increases the likelihood of healthy child development and less violent behavior," said the report.[13] Medical and psychological studies aside, it is intuitively obvious to this author that such is the case. Each of us is deeply affected on many levels by major life circumstances, which help to shape our character and personality, and birth is perhaps the most significant occurrence in our lives.

When considering water birth and its possible application to modern obstetrics, we must discuss the risks as well as the benefits. Obviously, the quality of the water is of utmost importance. If the water were contaminated for some reason, it would certainly pose a potential risk for both mother and baby. According to Dr. Michel Odent, however, normal tap water, suitable for drinking has proven to be ideal.[14] There is no need for distilled water or for salt to be added, even though each of these types of water have been used successfully.

Another risk associated with water birth is that the infant could suffer from oxygen deprivation if left under water after the cord stops providing oxygen. For this reason, Dr. Michel Odent and Dr. Michael Rosenthal both recommend that the baby be removed from the water within the first minute or so after birth. This method is known as rapid emergence water birth, and is considered to be the safest form of water delivery.

Now, imagine the opposite of a gentle birth—a situation where the baby is born under stressful or insensitive circumstances. If the mother experiences a lot of pain during labor, it's likely she will be given pain medications, even if she requests a natural delivery without drugs. These drugs will, of course, be transferred to the baby, who will likely experience the effects of them for days after the birth. These babies seem dazed and unable to focus their eyes on their mother or respond to her. Perhaps this is why so many doctors believe that babies don't see or feel at birth. Since two generations of U.S. doctors have routinely medicated mothers during labor, and thereby inadvertently medicated their babies, it is easy to understand why they concluded that babies are insensient at birth and for days afterward. They may simply have been unfamiliar with the behavior of babies who did not have drugs in their bodies at birth.

In a hospital, the mother is usually hooked up to a fetal monitor, which means that she is likely to be kept in a supine position. "Other than being hung by the feet, the lithotomy position is the worst possible way to deliver a baby," reports Dr. Roberto Caldeyro-Barcia.[15] While this position may be more convenient for the doctor and hospital staff, it can interfere with the supply of oxygen to the baby and does not make natural use of gravity, as does the squatting position. Although the mother may feel the need to move around, hospital procedures often make that difficult or impossible. Birth attendants may even attempt to administer drugs to a mother who wants to have a natural childbirth. If labor does not proceed according to the hospital's definition of normal, the woman may be given additional drugs to speed up her labor. The tendency in modern U.S. hospitals is for one intervention to be followed by another and still another, until the natural process of birth has been replaced by a complicated series of interventions often resulting in a cesarean section.

In all probability, most doctors who opt for cesareans are genuinely concerned about the safety of their patients. However, we cannot entirely discount the fact that doctors and hospitals profit far more from a surgical delivery than from a vaginal one, and that the likelihood of being sued for malpractice if something goes wrong in late labor is reduced by defensive obstetrical practices. It is true that, in some cases, lives might have been lost if it had not been for the surgical intervention of modern medicine and the technology needed to deal with emergency situations. But, we must also not forget the many lives that have been lost or damaged due to unnecessary interventions in the natural birthing process.

Hospital personnel who would like to institute water birth will find it a relatively simple situation to achieve. Doctors and nurse-midwives who would like to see cesarean rates decrease will be delighted because the deliveries often happen soon after a mother gets into the warm bath. All that is needed is a tub that is large enough for the mother to move around in, so that she can find a position that is most comfortable for her. Far more difficult is overcoming the psychological barrier to the idea, which can be explained by the fact that hospital personnel in the maternity ward are used to being in control of the deliveries. Since water birth puts more control into the hands of the mothers themselves, incorporating this method into the hospital will require a shift of attitude on the part of care providers. It calls upon them to view pregnancy and birth as a state of wellness, rather than an illness in need of medical management, and to see themselves as assisting a birthing woman in fulfilling a perfectly natural function by doing as little as possible, while being ready to provide special emergency care in the few situations that are high risk or become medically difficult. It is encouraging to note that as of March, 1989, there have been approximately 2,500 to 3,000 water babies born in the U.S. These figures are based on reports and descriptions from various practitioners, including doctors, midwives, and nurses working in the field.

This author has produced and directed an educational film entitled *Water Baby: Experiences of Water Birth* which has won 12 film and video festival awards and received international acclaim. Filming began in November 1981, and production continued for five years. *Water Baby* was filmed in the United States, France, and the Soviet Union and features the world's leading experts in the field.

In addition to a home water birth attended by a lay midwife, Dr. Michel Odent (the first doctor to bring water birth into a hospital environment) is seen assisting the delivery of two water babies in a French hospital. Dr. Michael Rosenthal, the world's most experienced medical practitioner of water birth, is seen assisting a first-time mother who delivers her own water baby in a birth center; Dr. Rosenthal's Southern California birth center is especially designed to provide water birth services.

Water Baby also includes an overview of developments in the gentle birth movement in the last century and interviews with Dr. Odent and Dr. Rosenthal. An interview with Dr. Don Creevy assesses the risks and benefits of the water birth method