

Waikato Home Birth Association Inc. Newsmagazine 1999



Maggie Banks
Te Awa Rd
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Expiry: 7/00

Disclaimer: Opinions expressed in this magazine are not necessarily those of the Waikato Home Birth Association Inc. Articles are intended for educational and informational purposes only and are not intended to be a substitute for your health care providers consultation.

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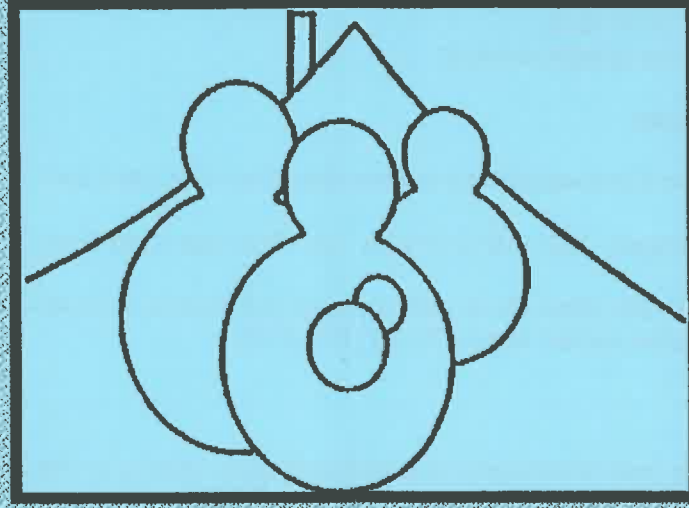
Waikato Home Birth Association Inc
P O Box 15043
Hamilton

WHBA CORE GROUP MEETING
Tuesday 17 August, 7.30pm
Flat 1, 8A Te Aroha St, Hamilton
Ph 854-9686
*** ALL WELCOME***

Waikato Home Birth
Association Inc.

Newsmagazine

August
1999



WAIKATO HOME BIRTH ASSOCIATION

P O Box 15 043, Hamilton

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Jody Christian	824 6008	Newsmagazine Co-Editor
Dianne De Estena	854 9686	Birth Preparation Classes
Clare Shallcross	855 6997	Immunisation Awareness Support Group

LIBRARY:

The WHBA Library is now located at "Parents Place" 113 Rostrevor Street, Hamilton Ph 838-2229 Please phone Joanne Ridder if you have any problems.

NEWSMAGAZINE:

We welcome your contributions but reserve the right to edit or decline at our discretion. Every effort will be made to ensure that all details are accurate but we accept no responsibility for errors or omissions.

Please send your birth stories, photos and articles to:

Sheryl Wright
"Srathcroft", 492 Great South Road, Huntly
Phone/Fax (07) 828 8226
e-mail: dew.sm.wright@xtra.co.nz

Advertising rates:

Advertising space is available in our newsmagazine. Our rates are:

\$15 (Full A5 Page), \$10 (1/2 A5 Page), \$8 (Business Card Size)

We also offer a 10% discount for pre-paid runs of 6 months or more. For more information please contact Sheryl Ph (07) 828 8226

Deadline:

Material for the next newsmagazine is accepted up to midday on the 20th of the month.

"Have you Considered a Home Birth?" Booklets

Free copies of these booklets are available for distribution by Midwives who are financial members of the WHBA. Copies are also available free to interested members. For non financial members of the WHBA there is a 50 cent charge per copy.

AHBA: A Guide to Healthy Pregnancy & Childbirth

These books are also available for purchase at \$25 per copy.

Please contact Joanne Ridder Ph 847 4987

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 "Parents Place", 113 Rostrevor Street, Hamilton, Ph 838 2229

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Waikato Home Birth Association
P O Box 15 043, Hamilton



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Something to Try for Morning Sickness Relief...



Editorial...

Well it's hard to believe that this is my sixth magazine already - time sure flies when you are having fun huh!!

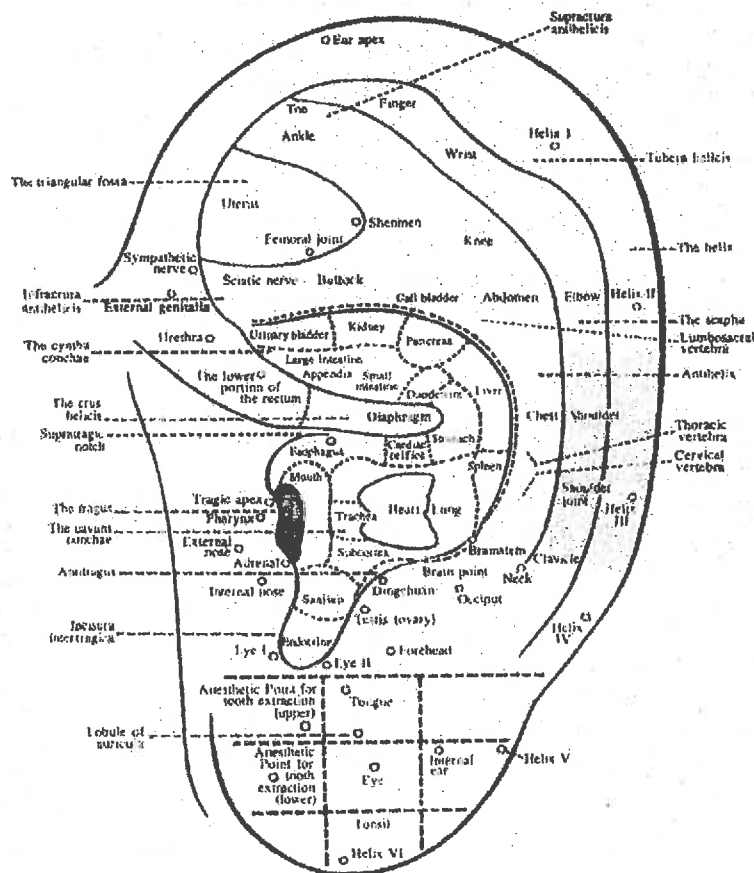
It's been a great month for the Association. Last weekend we celebrated our 20th Birthday with a great social evening. It was neat to meet lots of you and see so many homebirthers gathered together. We also had lots of great publicity in the newspapers. Did you see the great advertising spread in the Hamilton Press? A big thank you to all those who supported us with advertising. Our press release was printed in most local papers and included latest Health Funding Authority figures from 95/97 which showed that the Waikato Home Birth Rate of 7% was more than double the national average of 2.9% - way to go Waikato!!!

My contribution to our 20th Birthday celebrations was the creation of an internet web site for the association - and we are now on-line!!! I hope you will take a look - see page six for the details.

Finally a reminder that opinions expressed in articles in the magazine are not necessarily those of myself or the WHBA. Wherever possible I try to present information from both sides of an argument but often mainstream opinion is readily available so the other perspective is presented to enable members to make an informed choice. If you do not agree please do not take offence - and remember I am always happy to consider your articles for publication.

Until next month - happy homebirthing

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webpage: <http://mysite.xtra.co.nz/~wright>



Above: Ear Chart showing points for the entire body.

The shaded part is where, for some reason, I get relief from my morning sickness instantly. I needed to press really hard (pinch actually) in the pink area for about 30 seconds to 2 minutes. It worked every single time. You're supposed to switch ears but I never did, I used the same right ear every time. The best way is to feel around that pink area and where it feels 'sore' is probably the right place.

(Editors note: I thought I'd share this with you all - I copied this picture and note from my internet mailing list where many women swear that this works!! The picture is available at: <http://www.telusplanet.net/public/erin6/ear1.jpg>)



COMING EVENTS



August to September

Please note these dates on your Calendar

WHBA Core Group Meeting: Tuesday 17 August, 7.30pm Flat 1, 8A Te Aroha St, ph 854-9686. Contact Gabi Klapka ph 855-6718 for the agenda. **Please bring a plate to share for supper. ALL MEMBERS INVITED TO ATTEND.**

Immunisation Awareness Support Group: **Guest Speaker:** Date and time in September to be confirmed. If you have ideas of topics you wish to have discussed/or if you are interested in maintaining this group. Contact Clare Shallcross ph 855-6997 or Joanne Hodgson 855-7742. "For an Informed Choice" tapes – two copies are available to borrow from the WHBA Library.

Home Birthers' Coffee Morning: **Thursday 26 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. **Meeting regularly on the last Thursday of the month.**

Cambridge Home Birth Support Group: **Tuesday 7 September, 10am** bring a plate and share morning tea. Bring your babies and toddlers. Contact Tania Bullick ph 827-5165 or Vanessa McColl ph 827-4516 for details of the address. Welcome to all members. **Meeting regularly on the first Tuesday of the month.**

Te Awamutu Home Birth Support Group: **Monday 16 August, 10am** bring a plate and share morning tea. Contact Karene Clark ph 07 871-9114 for details of the address. Welcome to all members.

Preparation for Birth Classes: 5 week series begins **Thursday 19 August, 7.00 – 9pm** at "Parents Place" 113 Rostrevor St. Contact Dianne De Estena ph 854-9686
Weekend Series: Sat 16 & 23 October, 2 – 6pm

Raglan Preparation for Birth Classes: **Saturday 14 August, 10am – 3pm.**
Saturday 13 November, 10am – 3pm. Contact Adele Buckton ph 825-8942.

Pregnancy Yoga and Relaxation Classes: **Thursday evenings, 5.30pm**, at the St Andrews Church Centre, 6 Te Aroha St. Contact Paulette Whitford ph 847-7033.

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

Salt, Vinegar, and Flour: Dissolve 1 tsp salt in 1 cup white vinegar. Add enough flour to make a paste.

Lemon and Salt or Baking Soda: Make a paste of lemon juice and salt and rub with a soft cloth, rinse with water, and dry. Or use a slice of lemon sprinkled with baking soda. Rub brass with the lemon slice, rinse with water, and dry.

Vinegar and Salt: Pour vinegar over the surface. Sprinkle salt over and rub in the mixture. Rinse with warm water and polish dry.

Lemon Juice and Cream of Tartar: Make a paste of lemon juice and cream of tartar. Apply and leave on for 5 minutes and then wash in warm water. Dry with a soft cloth.

Chrome:

Baby Oil: Apply baby oil with a soft cloth and polish to remove stains from chrome trim on faucets, kitchen appliances, vehicles, etc.

Silver:

Polishing silver while wearing rubber gloves promotes tarnish. Instead, choose plastic or cotton gloves.

Baking Soda: Apply a paste of baking soda and water. Rub, rinse, and polish dry with a soft cloth. To remove tarnish from silverware, sprinkle baking soda on a damp cloth and rub it on the silverware until tarnish is gone. Rinse and dry well.

Oven Cleaner

Prevention: Put a sheet of aluminum foil on the floor of the oven, underneath but not touching the heating element. Although this may slightly affect the browning of the food, the foil can be easily disposed of when soiled. Clean up the spill as soon as it occurs.

Salt: While the oven is still warm, sprinkle salt on the spill. If the spill is completely dry, wet the spill lightly before sprinkling on salt. When the oven cools down, scrape away the spill and wash the area clean.

Baking Soda and Very Fine Steel Wool: Sprinkle water followed by a layer of baking soda. Rub gently with a very fine steel wool pad for tough spots. Wipe off scum with dry paper towels or a sponge. Rinse well and wipe dry.

Windshield Wiper Frost Free Fluid

When you have to leave your car outside overnight in the winter, mix 3 parts vinegar to 1 part water and coat the windows with this solution. This vinegar and water combination will keep windshields ice and frost-free.

Second Hand Smoking Affects Babies

Fathers who smoke while their wives are pregnant could be putting their unborn children at risk of cancer. Its well known that smoking during pregnancy can cause stillbirth, low birthweight babies, and is a risk factor in cot death. Now an American Study has found children of mothers who were exposed to passive smoking during pregnancy are more likely to be born with damaged immune systems and had a higher risk of developing cancers like leukemia. The study looked at the immune systems of 24 newborn babies and found those who were exposed to passive smoking in the womb were three times more likely to have genetic mutations like T lymphocyte cells, which hunt out and destroy cancers. Most of the women exposed to the smoking lived with husbands or partners who smoked.

(NZ Women's Weekly - 11 Jan 1999)

Ventilation: Open windows or doors in the house for at least a short period every day. This will also help to reduce toxic fumes that may be building up indoors.

Vinegar: Distribute partially filled saucers of vinegar around the room or boil 1 tablespoon of white vinegar in 1 cup of water to eliminate unpleasant cooking odours.

Baking Soda: Place a partially filled saucer of baking soda on the refrigerator shelf. Replace every two months and when you do, pour the contents down the drain to remove odors and keep the drain clean.

Floor Cleaners and Floor Polishes

Vinegar: A few drops in the cleaning water will help remove grease panicles. A dull, greasy film can be washed away with 50/50 mix of white vinegar and warm water.

For Linoleum: Damp mop using a mild detergent and water for day to day cleaning. To preserve the linoleum floor you may wish to add a capful of baby oil to the mop water.

For Wood Floors: Make a 50/50 mix of vegetable oil and vinegar into a solution and apply a thin coat. Rub in well.

For Painted Wooden Floors: Mix 1 teaspoon washing soda into 4 litres hot water and wash the floor with a mop, sponge, or soft bristled brush. This solution can also be used to remove mildew.

For Brick and Stone Floors: Mix 1 cup white vinegar into 4 litres water. Scrub the floor with a brush and the vinegar solution. Rinse with clean water.

For Ceramic Tile: Mix 1/4 cup white vinegar (more if very dirty) into 4 litres water. This solution removes most dirt without scrubbing and doesn't leave a film.

Furniture Polish

The idea behind furniture polish for wood products is to absorb oil into the wood. Many oils commonly found in our kitchen's work very well.

Vegetable Oil or Olive Oil and Lemon Juice: Mix 2 parts oil and 1 part lemon juice. Apply and polish with a soft cloth. This leaves furniture looking and smelling good.

Laundry Products

White Vinegar: Eliminate soap residue by adding 1 cup of white vinegar to the washer's final rinse. Vinegar is too mild to harm fabrics but strong enough to dissolve alkalies in soaps and detergents. Vinegar also breaks down uric acid, so adding 1 cup vinegar to the rinse water is especially good for babies' clothes. To get wool and cotton blankets soft and fluffy as new, add 2 cups white vinegar to a full tub of rinse water. DO NOT USE VINEGAR IF YOU ADD CHLORINE BLEACH TO YOUR RINSEWATER. IT WILL PRODUCE HARMFUL VAPORS.

Baking Soda: 1/4 to 1/2 cup baking soda per wash load makes clothes feel soft and smell fresh.

Vinegar: To remove smoky odour from clothes, fill your bathtub with hot water. Add 1 cup white vinegar. Hang garments above the steaming bath water.

Starch: For homemade laundry starch, dissolve 1 tablespoon cornflour in ½ litre cold water. Place in a spray bottle. Shake before using. Clearly label the contents of the spray bottle.

Lime and Mineral Deposit Remover

Vinegar and Paper Towels: Hard lime deposits around taps can be softened for easy removal by covering the deposits with vinegar-soaked paper towels. Leave the paper towels on for about one hour before cleaning. Leaves chrome clean and shiny.

For Showerheads: To remove deposits which may be clogging your showerhead, combine 50/50 white vinegar and hot water. Then completely submerge the showerhead and soak for about one hour.

Metal Cleaners and Metal Polishes

Brass:

Olive Oil: Brass will look brighter and require less polishing if rubbed with a cloth moistened with olive oil after each polishing. Olive oil retards tarnish.



BIRTH NOTICES



On	these parents:	had a:	named:	where:	Attended By:
13/5/99	Rosa & Paul Burdett	Son	Matthew	Matamata	Dad !!! & Heather
9/6/99	Kohe & Rawiri Pene	Daughter	Kiri Ataahua	Matamata	Heather
15/6/99	Pip & Kerengu Tuhakaraina	Son	Nika	Matamata	Heather/ Paulette
8/7/99	Jo & Ronnie Moore	Son	Zakariah	Hamilton	Maggie/Nicki
22/7/99	Michelle Keen & Nick O'Leary	Daughter	Holly	Hamilton	Paulette/De
28/7/99	Rachel & Steve Smith	Son	Dylan	Hamilton	Belinda/ Paulette
30/7/99	Sharon & Paul Watt	Son	Lewis	Hamilton	Hannah
30/7/99	Celeste & Duncan Shirley	Son	Awanui	Matamata	Heather/ Paulette

Microwave Choco-Banana Steamed Pudding.

(I'm told this is a great recipe for bananas that have been to school and home again!!!)

- | | |
|-------------------|--------------------------|
| 75 gm butter | ½ tsp baking soda |
| 4 tbs brown sugar | 2 tbs warm milk |
| 1 egg | ¼ cup self raising flour |
| 1 mashed banana | 3 tbs bournvita/milo |

Soften butter for 15 – 20 secs in the bowl that the dessert is to be cooked in. With a fork mix in the sugar and egg. Add banana, then soda dissolved in milk, flour and bournvita. Stir until combined. Grease top ½ of bowl. Cover with pierced gladwrap. Cook elevated at 100% for 5 minutes.

WANTED:

A volunteer to represent the WHBA on the organising committee of the Cookie Bears Picnic – you do not have to be a Core Group member. For more info phone Joanne 847 4987

Announcing the new Internet Home of the Waikato Home Birth Association

What We Offer

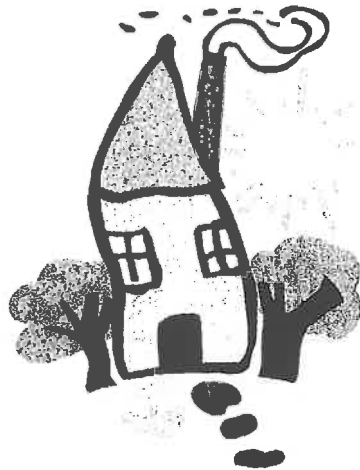
Nine Pages of Information

Our Aims & Beliefs

Why a Homebirth?

Advantages of a Homebirth

How to Arrange a Homebirth



Choosing a Midwife & What They Do

Qualities We Expect in a Midwife

A Pregnant Woman's Rights & Responsibilities

Links to Other Birth Sites

<http://whba.homepage.com>

Come and check us out !!!

HOMEMADE, NON-TOXIC HOUSEHOLD CLEANERS

by Sheryl Wright

Recent media coverage on the toxic residue being found in our bodies got me thinking about the all the cleaning products I had in my laundry cupboard. Like many people I had a different commercial product for each job. Many of them promise "no scrubbing" etc which sounds great – but it really makes you wonder what's in them doesn't it !!! It worried me but I thought what else could I use? It didn't take much investigation (I simply typed "homemade cleaners" on a search engine in the Internet) and I suddenly had all I needed to know about the "old fashioned natural" alternatives, which also have the added benefit of being much cheaper and are mostly based on "pantry" ingredients. Everyone I spoke too was interested so I thought I'd share some simple tips with you...

All-Purpose Cleaners

Vinegar and Salt: Mix together for a good surface cleaner.

Baking Soda: Dissolve 4 tablespoons baking soda in 1 litre warm water for a general cleaner. Or use baking soda on a damp sponge. Baking soda will clean and deodorise all kitchen and bathroom surfaces.

Bathroom Tub and Tile Cleaners

Baking Soda: Sprinkle baking soda like you would scouring powder. Rub with a damp sponge & rinse.

Vinegar and Baking Soda: To remove film build-up on bathtubs, apply vinegar full-strength to a sponge and wipe with vinegar first. Next, use baking soda as you would scouring powder. Rub with a damp sponge and rinse thoroughly with clean water.

Vinegar: Vinegar removes most dirt without scrubbing and doesn't leave a film. Use 1/4 cup (or more) vinegar to 4 litres water.

Baking Soda: To clean grout, put 1 cup baking soda into a medium-sized bowl and add 1/3 cup warm water. Mix into a smooth paste and scrub into grout with a sponge or old toothbrush. Rinse thoroughly and dispose of leftover paste when finished.

No-Streak Glass Cleaner

Use crumpled newspaper instead of paper towels for lint-free results. Use a 50/50 mix of white vinegar and warm water in a squirty bottle (optional extra 1 Tablespoon lemon juice) as use as normal.

Non-Toxic Toilet Bowl Cleaner

Clean and sanitise without harmful chlorine! Squirt 250ml (1 cup) of white vinegar into the bowl, sprinkle on baking soda and leave for 10-15 minutes to bubble. Scrub and flush. For no-scrub convenience, simply pour in and leave overnight.

Spotless Dishwasher Rinse

Spot-free dishes without chemical rinsing agents! Just add white vinegar to the rinse compartment of your automatic dishwasher.

Herbal Carpet Freshener

Commercial air and carpet deodorisers mask odours by deadening the nerves associated with your sense of smell. Opt instead for this easy formula: Combine 1 cup baking soda and 1/2 cup crushed lavender flowers (or a few drops of lavender oil). Sprinkle liberally on carpets. Vacuum after 30 minutes.

Air Fresheners

Most commercial air fresheners do not freshen the air at all. Instead, they mask one odor with another, coat your nasal passages with an undetectable oil film, or diminish your sense of smell with a nerve-deadening agent. For a safer alternative, you may wish to try one of the following.

Birth Positions

Experiment with a variety of different positions while in the tub. Try kneeling, squatting, sitting, or lying outstretched. Some women prefer to have their partner in the tub with them to hold them and act as an anchor, others prefer to be in the water alone.

How Long Should the Baby Stay Under Water?

Discuss this with your birth attendants ahead of time. Many people feel comfortable with the time that it takes for the mother to reach down and pick up the baby herself (called rapid emersion). Any longer than that is not necessary. Although some people prefer slow emersion, remember that the great benefits of waterbirth are achieved as soon as the infant comes into the warm water.

How Does the Baby Breathe?

The baby begins to breathe after its face comes out of the water and its skin and cord come into contact with the cooler air. Until then, the baby receives oxygen through the umbilical cord, as it has done throughout the nine months of pregnancy.

What About the Placenta?

Some mothers want to stay in the tub after the birth and bond with the baby. Because of this, they may also choose to deliver their placentas in the tub. This should be discussed with your birth attendant ahead of time, since some are not comfortable with this approach. If the placenta is slow to come, then get out of the tub!

Will Mother Get an Infection From the Water?

Dr. Michael Rosenthal reports that there have been no incidences of infection in close to 1000 births that he has attended. This may be due to the fact that in labor and delivery the action is moving down and out, not up and in. The concentration of bacteria in and around the vagina is actually diluted by the water.
(Daniels, 1986; Lichy, 1993; Harper, 1994)

(This article was taken from the Waterbirth Website: <http://www.well.com/user/karil/>)

Waikato Home Birth Association
Birth Pool for Hire

For Details Phone:
Glennis Head 846 4925
Belinda Beetham 823 2902



Birth Story

The Home Birth of Alex(andra):
Waitangi Day (6 February 1999)

I had a brilliant pregnancy, I am very lucky. I gave up work at 25 weeks then we had a last chance trip to Bali for a week. After that I over saw alterations on the house, which gave us a beautiful new bedroom and en suite. This was finished the week the baby was due. I had great antenatal care from my midwife and student midwife Paulette and Nikki. They do such lovely, long, chatty visits, which are a real treat. I had a scan and an amnio, so I knew I had a girl, my second. It all went to plan quite smoothly, with my partner, my sister, my daughter and my dog in attendance. "I love it when a plan comes together!"

At 3.30 in the morning, a Saturday morning, I am woken with strong contractions, I lie there checking the clock each time and they are 10 minutes apart. I am in no doubt, this is it..... thank goodness. Two days ago things had started, or so I thought, but these contractions that have woken me up are so much more focused, I can tell this is really it. The final straw comes around 6.30am, I know I can't have another "comfortable" one in bed, so I get up. Everyone else in the house is still asleep, it's very quiet, cool and peaceful, even the dog sleeps on, it seems a good plan to leave them there as long as possible.

I ring Paulette at about 8am, and she's just in from a walk, so everyone is nice and relaxed, she will wait for my call later in the day, after yesterday I think she was expecting my call anyway. I only wait another hour and a half to ring her to ask her to come at 9.30am. My last labour was nearly 11 years ago and was a trouble free 9 hour job, so I thought we had another 3 or 4 hours to go at most.....famous last words.

Everything is going well, contractions go to 4 minutes, then 2 minutes apart, all pretty text book stuff. I start to feel a bit overwhelmed by the strength of the contractions, so I hop in the bath and Paulette and Nikki have lunch, to give me half an hour to get used to the nudity. I have not yet achieved the "don't care who sees me" stage yet. The bath makes things a lot more bearable for a couple of hours, but then things seem to stall.

* Here's a funny thing that happened....The first time I shouted out, a sort of a loud moaning sound, as contractions got a bit tough. The dog raced outside barking, along side the bedroom, trying to work out what the noise was and where it was coming from. He hasn't heard that noise before or since!

Paulette suggests trying dry land and it does change things. I stand up and hang off Reg, poor thing, I am dragging him down full force I am starting to feel the pushing urge. At this stage I start to feel a bit scared, I'm not sure what of, just a general sort of scared feeling and I start resisting some of the urges. I don't recommend it. Paulette can see what I'm doing and talks me through a couple of these pushing times and makes me see the urge right through.

It feels more positive now, but I seem to push and push, with no result. Paulette suggests I try a few pushes on the toilet. The sense of release I feel doing this is incredible, I feel like I've been given permission to "go for it". Deep down, I have to admit, I must have been holding something back. It feels like a lift coming down. Three pushes and she's crowned. It seems so efficient here, that I don't really want to get off the toilet. Paulette prompts me with the comment "You don't want to have her in the toilet do you?", say no more! I got off.

My expectation was that we are a couple of minutes or a couple of pushes away from the arrival. I push and push and from my perspective (hands and knees with face buried in the duvet of my bed) it seems there are too many times when it feels like it should be the last push. I keep saying, "is this the last one?". Somewhere along the line the waters "pop" in the middle of a big push..."whoosh!". (for a split second there is a huge feeling of relief in my body).

* The water's breaking splash Emma who is lying on the floor, silently watching progress.....I dread to think what details will be included in morning talk on Monday.

After what seems like forever, but on rereading the notes is in fact about an hour and a half of pushing, she arrives. Big (10 pounds 4 ounces) and purple, a sight to behold. It is very quiet and she needs a bit of suction and oxygen, but within one minute takes a little gasp of air. The placenta continues to pulse, she breaths and cries loudly at 5 minutes, really crotchety annoyed sort of cries, you have to feel sorry for her, it's been a hard days work for both of us.

Within 15 minutes the placenta is born with one push, an almost a pleasant feeling. The only thing I want to do now is have a soak in the bath. Alex is wrapped in a fluffy towel and sits with her Dad in the bathroom. She just lies in the towel looking around.

* Here's another funny thing that happened.....Max, sat at the bedroom door the whole time I was pushing. He wouldn't come in. Within 2 minutes of the birth, he came in, sniffed the baby's head and left again, obviously acknowledging this new member of his pack.

After the bath I tried her at the breast and she wasn't particularly interested, she just drifted off to sleep in my arms. An hour later she was off, a real natural, and stayed there for what seemed to be about 22 out of the first 24 hours. I slept, propped up in bed with her latched on for about 2 days, until the milk came in. I must be a pretty sturdy "cow" considering the treatment they got. I remained pretty much pain free (only a bit of over use soreness). After the milk was in I ended up with a big, full sleepy baby, at last.

I had a bit of a low patch on day 2, I rang Paulette before her visit to make sure she brought something for the afterpains and all my sore parts. I was pleased to see her that day with her various "potions". Things to take, sit in and rub on...phew! Apart from that my baby is a breeze, she's happy, greedy and growing.

Modest?

Some women are not comfortable with nudity. Since they may associate being in a bath with being nude, they may not feel at ease in the tub even though they might want a waterbirth. This situation need not be a barrier to having a waterbirth, since its very easy for a modest mom to just slip into an oversized t-shirt or nightgown before she enters the tub.

The Water

The water should be clean: if it is pure enough to drink, it is pure enough to give birth in. The water temperature should be between 95-101 degrees F, depending on your preference. Adjust the temperature to what feels most comfortable to you. If the water is too cold, you will lose body heat as you try to keep warm and you may end up tense and shivering. If the water is too hot, you may feel drowsy and overheated.

The Birthing Room

The floor should be strong enough to support the weight of the tub when it's full. The room should be large enough for the midwife to set up her equipment.

When To Get Into the Tub

Wait until you have a strong desire to be in the water. It's best to wait until your contractions are strongly established. Some recommend waiting until you are at least 5 cm dilated, since you want to save the pain relieving effect for the time when you need it most - at transition. If labour slows down when you are outside the water, try getting into the tub, since that might stimulate labour. If your progress slows down while you are in the tub, get out and move around a bit, to stimulate labor. Often it is the CHANGE of environment that gets labour moving again. Once labour is on track again, you can get back into the tub if you feel like it.

What to Eat and Drink

Drink to thirst. Ask your partner to remind you to drink at least a half pint of water every couple of hours to avoid dehydration, which can result in fatigue and a poorly functioning uterus. Eating and drinking during labour has been shown to reduce the total length of labour by as much as 90 minutes. Eat light, easily digestible food.

What About Debris in the Water?

Use a fish net to remove any mucus, blood clots, feces, or vomit from the water as soon as possible. But don't spend lots of energy worrying about this. Remember "The solution to pollution is dilution."



How to Prepare for a Joyous Waterbirth

Prepare Your Mind

Examine your motivations, incentives, and expectations. Ask yourself why you have decided on a waterbirth. Is it something you are doing for yourself, or because someone else expects you to? Are you strongly drawn to the idea of labour and birth in water? Can you picture yourself in that situation, feeling comfortable and confident? It is best to remain flexible and let go of rigid expectations that you must birth your baby in any certain way. Examine how you might feel if, for whatever reason, your baby is not

born in water, and try to find a way to be comfortable with that possibility. Plan and prepare for the waterbirth you want, and also allow yourself the luxury of making your final decision, about whether or not to be in the tub, at the time of birth. That way everyone stays flexible and knows that you plan to follow your instincts and do whatever feels really right to you. Get in touch with your birth fears and work on diminishing them by gathering information and educating yourself as much as possible. Most important, develop and trust your intuition.

Tubs

The tub should be big enough to sit in comfortably and deep enough for the water to come up to armpit level, so you can get a comfortable amount of buoyancy. Make sure that your tap adapter fits the faucet you will be using. Clean the tub with a non-abrasive cleaner, and then use a 10% solution of bleach and rinse very thoroughly. Consider purchasing two hoses, of different colors, one for filling and one for emptying the water. Remember that the water rises by 1" to 2" for each person who gets into the tub and allow for this as you are filling the tub. Fill the tub to 9 inches from the top, then add more water as needed, being careful to avoid spillover. Do a test run by timing how long it takes to fill the tub, so that you already know this when your labor starts. Depending on how quickly you are progressing and how quickly the tub fills, you may want to start filling the tub when labor begins.



(Many thanks to Judy Somani for sharing with us these beautiful pictures of her son Reid's waterbirth.)

On reflection there were many differences between my last and this labour.

1988	1999
19 days over due	12 days over due
7+ pounds	10+ pounds
24 year old mother	34 year old mother
9 hours labour	14 hours in labour
worked to 38 weeks	worked to 25 weeks
GP	Midwife
hospital birth	home birth

I still can't work out where over 3 lbs difference in weight came from. I am very lucky in that I have had two good experiences, each quite different, but both resulting in healthy babies and my body intact. I would definitely choose the home birth experience. Even though I had a good hospital experience, home makes you feel you are in control of the process. It never once occurred to me that I should be in hospital. Thank you to Paulette and Nikki for helping me achieve what I wanted.



A photo of Nikki and Paulette with Alex at her 6 week check

Quote of the Month:

"No force of mind or body can drive a woman in labor; by patience only can the smooth course of nature be followed."
- Grantly Dick-Read, natural childbirth pioneer

DIOXIN IN BREASTMILK CAN BE SAFELY & EFFECTIVELY REMOVED

Dioxin is an organochlorine & it is known to be picked up in women through use of tampons & other bleached products. The danger is added when woman with dioxin showers in chlorinated water, this creates chlorine-dioxin, which is 40 times stronger, than dioxin itself.

Dioxin is the deadliest substance known to man compromising the immune system & reproductive system. The greatest threat is to the developing foetus & to children. This is not new news to NZIIM (The New Zealand Institute of Isopathic Medicine). Homoeopaths & Isopaths have known for years that dioxin as well as other toxic chemicals such as PCB's & Mercury contaminate the body & that these contaminants are passed on through breast milk. Mercury levels in breast milk are 6 times higher than in the mother's blood stream.

This publicity has come as a great relief to Deborah Murtagh, a Homoeopath & Isopath working at the Leamington Medical Centre who has been trying to get this message across to women for some time. The good news says Deborah is that these poisons can be safely removed from both mother & baby, simply & effectively.

"Stronger toxins hold lesser toxins in the body & must be removed in such an order" Deborah is referring to the Toxic Pecking Order which is a discovery made over by John Godwin of Tauranga over 17 years ago, & which took over 10 years to perfect. "The Toxic Pecking Order (TPO) is a list of how toxins sit in the body, it is impossible to fully remove dioxin from the body until certain other chemicals like PCP are removed first."

Deborah uses a Bio-test machine, which is used to test chemicals in the body. "Toxins will fall into the connective tissue in the body & out of the blood stream within 4-6 hours, so simple blood tests will not pick up chemical levels unless they are extremely high, but Theratest machines measure the energy detecting the chemicals resonance giving an accurate picture of the bodies toxicity levels. The average person contains between 300-400 different such pollutions at any given time. The danger is that these chemicals react with each other causing disease."

The best time to remove these toxins for mothers is early on in their pregnancy however any time up to 7 months gestation is safe, or after the baby is born while the mother is still feeding. It is safe to remove these chemicals from the body while breast-feeding & it is recommended to because it will also take out the dioxin from the baby.

This chemical scare should not only apply to nursing mothers but to the general public in general. A build-up of toxins will cause all diseases including cancers, psoriasis, eczema's & other immune suppressed diseases.

One of the difficulties about trying to become an informed parent is that it can be hard to find people to discuss the issues with, to talk it through with friends it can provoke defensive reactions. We have all make decisions (often based on assumed truths) and it is frightening to believe that they may not have been the best ones for the children we love so dearly. With health professionals the debate itself threatens entire belief systems about the successes of Western medicine, belief systems upon which careers and lives are built in good faith, and with a desire to help those who are sick. However I believe the debate is crucial at all levels, between parents, health professionals of all backgrounds and parents and professionals together.

Organisations to contact:

- Public Health Units (in the Crown Health Enterprises). Some employ Immunisation co-ordinators and / or health education officers who have information
- Plunket Society
- The Immunisation Awareness Society Inc, P0 Box 56 048, Dominion Rd, Auckland
- Local organisations such as Home Birth Associations and the Immunisation Awareness Group in Hamilton

Further reading/listening

This is a beginning list only. You should be able to find these by contacting the organisations listed above, particularly the Public Health Service, the Immunisation Awareness Society or the Vaccination Information Network P O Box 149, Kaeo, Northland, or they may be in your local library.

Baker, Michael & Martin, Diana. Hib Disease Rate Plummetts Following Immunisation Programme, The New Zealand Public Health Report (1995)2,2, pp 13-14.

Bedford, Helen. Immunisation: Facts and Fiction, Health Visitor (1993) 66,9, pp314-316

Chaitow, Leon. Vaccination and Immunisation: what every parent should know (1987).

For an informed choice (1994) audiotope, Immunisation Awareness Society.

Lennon, Diana & Reid, Stewart. Childhood Immunisation in New Zealand, New Zealand Medical Journal 11 May 1994.

Miller, Neil Z. Vaccines: are they really safe and effective? A parents guide to childhood shots (1992); Immunisation theory (1996); Immunisations: the people speak. Questions comments and Concerns about vaccinations (1996).

Ministry of Health (1996) Immunisation Handbook: Immunisation Choices.

Scheibner, Viera (1993) Vaccination: 100 years of research shows that vaccines "present a medical assault on the immune system".

A Baby is a small creature that gets you
down during the day and up at night!

- Money spent on Immunisation programmes would be better spent on research and programmes, which would continue to improve the health of children so that their chances of catching or suffering serious consequences of the disease were minimised.

It is suggested that parents of children where there is a family history of adverse reactions, allergies, epilepsy, convulsions, or other neurological or immune system problems take particular care in making the decision to immunise or not. Premature babies should not be immunised according to their chronological age. Children already unwell, particularly with a fever, should not be immunised at that time.

The Immunisation Awareness Society was formed:

- to provide information for parents health professionals and politicians about Immunisation issues
- to empower parents to take responsibility for their own health and family's health regarding Immunisation
- to share parents experiences of childhood diseases and health
- to campaign to maintain the freedom of choice for parents
- to acknowledge people who experience Immunisation reactions
- to debate Immunisation issues through public forums. There are similar organisations throughout the world.

Some personal reflections:

I chose to research and write this article about because finding out about immunisation was a journey I needed to take to make decisions for our family. When our daughter was born in 1991 we automatically had her immunised. When our second daughter Rose died at 15 weeks in 1993, of a relatively unexplained myocarditis (swelling of the heart muscle) we wondered if her immunisations may have been a factor in her death. It has been a difficult decision for us for our third daughter Grace. Making the journey to write this article has been painful and difficult, as I read much that makes me suspect that immunisations are not all that they would seem to be, or that I was lead to believe they are. I do not wish to say here that immunisations are a good or a bad thing. I do want to suggest that parents actively seek information from many sources, not just from health professionals recommending Immunisation. I also want to suggest that much more scientific research be done and reported, research which deals with specific illness or parts of the body, and the person as a whole over short and long times, and which deals with both health and illness. I recognise the difficulties of health research on people. The government needs to reconsider requiring Doctors to report adverse reactions to Immunisation. At the moment there is no requirement do so. Parents can choose to report reactions to The National Toxicology Group's Centre for Adverse Reactions Monitoring using Form H1574 which Doctors should have available. I also believe that social research is needed which examines our "taken-for-granted" knowledge about Immunisation and health, and the way that I knowledge is embedded in our social, political and economic structures. The debate needs to be opened up at all levels of our communities.

The Millennium Health Centre



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SOME THOUGHTS ON BIRTH AT HOME

Traditionally, birth has been a very private affair in which only the most intimate of a woman's relations would attend the laboring woman. Grandmothers, aunts and wise women of the village whom the woman most trusted were the ones to be called. In today's society, however, women have been taught to place their trust in the medical model of childbirth and in medical professionals rather than in persons with whom they are most familiar. They are taught to accept the place of birth that the medical professional chooses (because it is the medical professional's "safe place"?).

For many women this is a difficult and sometimes impossible transition, one which so impacts the sense of the familiar that patterns of labor are changed and the sensation of birth pain intensified. Outcome is made less predictable, and birth comes to be regarded as a difficult and painful ordeal, fraught with danger. Moreover if the woman is confronted with an unfamiliar and therefore "not safe place," a survival mechanism will kick in. She will protect her baby by preventing it from being born by ceasing to contract, keeping her cervix closed and in general "failing to progress."

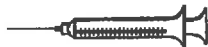
If we could ask babies where they would like to be born, I wonder how many would answer, "Oh, in a hospital, of course! I want to be sure that I will be born amidst all modern technology has to offer in the even that an emergency should occur." Or, might they answer, "I want to be born in an environment of peace, security and joy and be received into the loving arms of my mother."

-Valeria El Halta, "Not Among Strangers," *Midwifery Today* Issue 50



The Immunisation Question

By Bev Gatenby



One of the important decisions we all make, one way or another, for our children is whether or not to have them immunised. In 1995, Parents Centre developed the following position statement: "Parents Centre New Zealand believes that all parents have the right to be fully informed about the advantages and disadvantages of Immunisation which would enable them to make an informed choice on behalf of their children.

So how do we get to be informed parents? I set about contacting our local Public Health Unit where I talked to a Medical Officer, the Public Health Service in Wellington, Doctors and Nurses and Homoeopaths as I was able to, the Immunisation Awareness Society in Auckland and Hamilton, and anyone else among friends and family who was willing to talk with me about it. Many of the people I contacted willingly sent me more information: articles, books and tapes. Some had knowledge they had long ago inherited and had never questioned. I duly read and listened, as an intelligent parent wanting to make the best decision for my children. In this article I set out the main arguments for those for Immunisation and those concerned about it, as I see them. I enter the topic with some trepidation, knowing it is one which people feel very strongly about (and rightly so) and that in this short space I cannot do justice to the complexities of the debate. I hope I can stimulate others to go and find out more themselves.

The Benefits of Immunisation

At present diseases immunised against include: diphtheria, tetanus, pertussis, haemophilus, influenzae, type b (Hib), measles, mumps, rubella, hepatitis B and poliomyelitis. The arguments for these immunisations are:

- The diseases can each cause very serious illness, lifelong impairment and or death. Immunisation protects children from catching (or at least suffering severely) these diseases by providing immunity against them.
- Immunisation programmes once introduced have seriously reduced the incidence of the diseases. Immunisations (along with improved nutrition) have been responsible for a massive improvement in individual health over the last decades.
- Herd cover, that is having as many in a population immunised as possible, is necessary to control some of the diseases and may mean that some will be wiped out completely.
- Long-term side effects of Immunisation are rare, much more rare than the likelihood of serious consequences of catching any one of the diseases themselves.
- The methods of administering immunisations are well researched, tested and safe.
- Babies need to be immunised because the most serious of the consequences of the diseases tend to occur to babies.
- Immunisations do not damage the immune system.

The Government strongly advocates Immunisation. The National Immunisation Strategy "Immunisation 2000" aims to increase the proportion of children fully immunised by age two to 85% by 1997 and to 95% or more by the year 2000. The strategy includes:

- Reducing the number of Immunisation visits from 8 to 5 (ie more immunisations at each visit)
- Requiring each child born from January 1995 to have and show an Immunisation certificate to early childhood centres and primary schools
- Increasing the number of pertussis (whooping cough) immunisations
- Setting standards to improve the quality of Immunisation programmes
- Developing surveillance information on Immunisation cover
- Coordinating local Immunisation services. Regional Health Authorities can discontinue contracts with any health worker not promoting Immunisation.

Concerns about Immunisation

Here is a brief summary of the concerns about the safety and efficacy of Immunisation:

- Immunisation has not eliminated the diseases concerned. Improved nutrition and sanitation over the last century had eliminated around 90% of deaths from the diseases before Immunisation programmes began. Some diseases, such as scarlet fever, declined without any Immunisation.
- Considerable numbers of children still catch the diseases they are immunised against and in some cases still suffer the severe consequences of them. Immunisations do not provide the immunity they are claimed to.
- For some diseases the Immunisation programmes in some countries have caused epidemics of the disease or caused worse strains of it to develop.
- Immunising children damages the normal and necessary development of their immune systems. Some of the childhood diseases provide a much more effective lifelong immunity against that disease and reduce the chances of catching other serious adult diseases (such as particular cancers, rheumatoid arthritis, and others).
- The number and severity of adverse side effects to Immunisation is much greater than most people realise. Many are uncounted, because there is no requirement in some countries such as New Zealand to report reactions and because the reactions and even deaths are given other names, or not named at all. So the statistics are extremely suspect.
- Some immunisations are cultured on animal tissue and as animal viruses can travel into the genetic information of humans, diseases that researchers did not even know about can (and have) entered the human population.
- Immunisations are stabilised and preserved in chemicals including derivatives of mercury, aluminium and formaldehyde. They are injected into the body, for which there are no safe levels of these chemicals.
- In dealing with the chemicals used for immunisations the body is forced to use crucial stores of calcium taken from muscles and nerves. It cannot be replaced, and serious damage to heart, lungs and brain can be caused.
- Immunisation of babies appears to increase the infant mortality rate. (Statistics about Japan are often quoted here.)
- Immunisations are in the main administered by injection and therefore the body's natural immune response system, which uses first the bacteria on skin and mucous membranes and then the skin and mucous membranes themselves as defences against disease, is circumvented. The disease enters the bloodstream with none of the first defences against it and the body cannot develop a normal immunity.