



HOME BIRTH

July 1993

NZ Home Birth Conference Report

Thanks to the Nelson Home Birth Association who funded my trip to Invercargill to attend the 1993 Home Birth Conference.

The Auckland conference had inspired Brenda, Sue Farley and myself so much I was keen to go again, get some new ideas, enthusiasm and to meet up with old contacts.

I flew down the day before it started in order to get my three year old daughter Lucy settled in with my girlfriend Robyn. (There were also very good childcare facilities at the conference!)

The conference was held at Camp Columba, north of Gore, which to many North Islanders was totally into the back of beyond. Due to a transport hiccup I missed the Powhiri and dinner on Friday night but nevertheless was pleased to arrive later on. It poured all weekend.

Saturday morning began with reports from each branch of the Home Birth Association. It was interesting to hear what everyone else was up to. Some have problems, like us, with lack of people getting involved, and others are very active, taking over the running of entire maternity services.

Later that morning we discussed the Domiciliary Midwives standards review. We all felt some review was necessary and although the New Zealand College of Midwives are prepared to take it over the HBA felt it is too early. The concern was that the home birth perspective might get lost.

Saturday afternoon was filled with statistics. The College of Midwives will take over collating all statistics. However statistics on home births will also be kept separately by the National Home Birth Association. Tauranga branch will produce a national newsletter for which each branch will pay a sub of \$14.

I have been nominated as the new consumer representative on the College of Midwives Committee. My job is to represent the home birth perspective and philosophy, especially important in these changing times in midwifery.

On Sunday we settled in to pass remits (see pg 2) then Manawatu and Tauranga representatives gave good reports on their tendering. These two associations have done an enormous amount in organising the running of complete maternity care for all births in their areas, providing nappy service, home help, subcontracting midwives and paying their expenses. This amount of energy must do a lot towards promoting home birth.

There were several workshops available. I chose Prayer and Pregnancy. Unfortunately this was not from a broad spiritual perspective, but from a fundamentalist Christian base which I found a little difficult.

The second one I chose was Stress Management which was good. I learned a few tricks about tolerance which perhaps could have been well applied to the first workshop!

I missed the workshop on immunisation which apparently was brilliant. Bridget McNamee (address: Argyle Station, Waikaia, Southland)

has an enormous amount of information so if you need to know something I'm sure she'll help you.

I found the conference very informative and stimulating. I come back with a renewed commitment to home birth... as long as I don't have to do it alone.

Thanks to the Home Birth Association who supported me financially. I wouldn't have got there without your funding.

The next Home Birth Conference is in Tauranga around May 1994.

In this month's newsletter we've included two articles about grief. The first is a deeply moving story that had me in tears and feeling very sad for the couple involved. The second is an article I came across in "Mothering Magazine" (available from our library) about the grief process. It is part of life which is uncomfortable and devastating.

On behalf of the Home Birth Association I extend our sympathy and caring to a local couple who recently had a child still born at home.

Susan Holloway

Nelson Home Birth Association

Susan Holloway - Co-ordinator, Secretary,
Newsletter Ph 5268794

Tracy Rowen - Library Ph 5477959

Domiciliary Midwives in the Motueka/ Golden
Bay/ Nelson/ Murchison area:

Anna Bannister (03) 5440783

Jill Bonnie (03) 5224371

Marianne Duncan (03) 5450548

Gill Forrow (03) 5266877

Sandie Hickmott (03) 5451295

Shirley Lee (03) 5469893

Maggie Matthews (03) 5278080

Bronwen Pelvin - new address and phone:

69 Greenwood Street Motueka (03) 5286762

Debbie Phillips (03) 5480534

Celia Rodley (03) 5483685

Remits from the 1993 National Conference of the Home Birth Associations of Aotearoa

To the Minister of Social Welfare and Opposition Spokesperson on Social Welfare, the Minister of Health and Opposition Spokesperson on Health, the Public Health Commission and the Regional Health Authorities.

1. The Home Birth Associations of Aotearoa oppose the governments suggested proposal to withhold Family Support payments from parents who do not immunise their children.

We feel this is an invasion of parental rights. It also incorrectly assumes that all parents who do not immunise do so as a result of a lack of information or concern, when in reality this is frequently an informed choice.

To the Minister of Health and Opposition Spokesperson on Health, the Public Health Commission and the Regional Health Authorities.

2. Due to the favourable outcomes of Home Births, the Home Birth Associations of Aotearoa strongly oppose the establishment of rigid protocols or "risk lists" which would restrict the women's free choice of who her care giver/s would be and where she could give birth.

The responsibilities for these choices belong with the women, not to the medical profession.

We believe each case should be individually assessed in consultation with the midwife, GP or specialist of her choice.

3. The Home Birth Associations of Aotearoa oppose the routine use of ultrasound scanning during pregnancy.

4. The Home Birth Associations of Aotearoa demand that the Minister of Health and Public Health Commission provide funding for home help services for all women postnatally, for a minimum of 20 hours, to be used at any time chosen by the mother, over a six week period.

5. The Home Birth Associations of Aotearoa strongly urge that the cot death research programme inform all women that research supports the safety of a baby sharing a bed with parents who do not smoke.

To the Minister of Education and Opposition Spokesperson on Education, The Otago Polytech and the Auckland Technical Institute.

6. The Home Birth Associations of Aotearoa strongly recommend that the experimental status of the Direct Entry Midwifery at ATI and Otago Polytech be removed.

Policy Statements from the 1993 National Conference of the Home Birth Associations of Aotearoa

1. That each Association pay an annual fee of \$10 to the Association to which the Home Birth Associations consumer representative belongs.

This money is to be solely used to reimburse her for costs incurred that are directly associated with gathering information from other associations.

2. That the date of the National Home Birth Conference is able to be chosen by the hosting Association, in either March, April or May of each year.

The hosting Association has the responsibility of setting the date and informing all Home Birth Associations as soon as possible after the last conference.

Maggie Matthews:

Corinn & Paul Jones, Upper Moutere - girl, Sanura Nayo, 13.4.93
Oheanne Holmwood & Steward Drummond, Stoke - boy, Jessie Paunamu Higgs & Wayne Coster, Golden Bay - girl, 25.6.93
Paula Williamson & Terry Parkins, Wakefield - boy, 29.6.93
Jane & Derek Ewers, Upper Moutere - boy, Jorden 6.7.93
Gina Burge, Westport - boy, Matai, 26.5.93

Jill Bonnie:

Angela Wadsworth, Tapawera - girl, Lidia, 7.3.93
Vivian Curtis, Murchison - boy, Joel, 23.6.93

Bronwen Pelvin:

Anna Busch & Nigel Marsden, Takaka - girl, Kamala, 30.3.93
Barbara Dunn & Jeremy Wakefield, Upper Moutere - girl, Tessa, 31.3.93
Paulien Van der Laam, Richmond - boy, Jayden, 28.4.93
Ester Rings & Reinhold Jochle, Takaka - boy, Bastian, 29.4.93
Tania Marsden & Graeme Godfrey - boy, Shad, 6.6.93
Melina Martin & Nathan Gray, Collingwood - girl, Setaysha, 18.6.93

Carol Soutter:

Kathine Chamberlain & Alaistair Jarrett, Stoke - boy, Lee

Gill Farrow:

Amanda Mackay & Phillip, Riwaka - girl, Quillin Mataatua, 8.5.93
Viv & Tim Cruickshank, Upper Moutere - boy, Joshua, 15.5.93
Susan & Mike Collins, Lower Moutere - boy, Ben, 27.5.93
Patricia Moore & John Wilkenson, Upper Moutere - girl, Natasha, 1.7.93

Marianne Duncan

Zoe Buchanan & Peter Elsworthy, Cable Bay - girl, Layla, 19.6.93
Robin & Greg Pringle, Nelson - girl Bridget, 14.6.93
Katherine Molloy, Nelson - boy, Aaron, 5.6.93
Julie & Mace Smith, Nelson - girl, Eleena, 25.6.93
Pip & John Strawbridge, Richmond - girl, Ella, 11.5.93

Celia Rodley:

Sandra & David Cunliffe, Nelson - girl, Frances, 12.3.93
Jane & Chris Young, Richmond - boy, Shaun, 29.4.93
Val & Allan Maisey, Richmond - girl, Teatawhi, 24.5.93
Sue Mitchell & John Cruden, Stoke - girl, Jennifer, 18.6.93
Julia & John Overton-Daiber, Nelson - Girl, Sophie, 6.7.93

Anna Bannister:

Mary-Anne Taylor & Chris Roberts, Nelson - girl, Amy, 30.5.93

Brenda Wraight formally handed in her resignation from the Nelson H.B. Association this week

Thank you Brenda for all the hours and sheer hard work you put into Home Birth.

Brenda's children Oscar and Henry are now school age and Brenda's focus has turned to those activities.

Among other things Brenda co-ordinated the 1991 National H.B.C. which Nelson hosted, helped get the Nelson H.B. Association back on its feet after near death in 1992 and organised the DMSRC in 1992 which gave us guidelines with which to continue.

She's also done all the fundraising in the past three years and is responsible for extracting large amounts of money from all avenues.

Above all this she's co-ordinated and guided.

Thanks Brenda and Good Luck.

Arohanui.



The Forty Minute Miracle

by Pamela Lerner

sustain life on their own.

Sam stood beside me, holding my hand as we watched and learned that our child would not survive. Martha shared our shock, but she stood by as our guardian angel, making sure we kept our feet on the ground. She kept saying to me, "I'm sorry." Her skills as a midwife are very local. Martha would not have left us alone. She was going to lose this baby with us. By the end of the procedure, we were all exhausted. We would realize later that knowing about the defects in advance would be a blessing.

We were brought into the specialist's personal office. He recapped his findings and we were informed that our child might not survive to the due date, and certainly not through the stress of birth. He said that if the baby was born alive it would die within minutes, but would not likely make it that far. He recommended that we induce labor as soon as possible. He never asked what



we wanted. I felt my baby being eliminated for my "own good." I was too numb to know what to do.

The specialist assumed complete care of me and my unborn child. There would be no home birth as we had planned. I would deliver in his hospital, under his care. I had no control over what would happen next. We were defenseless and unable to protect ourselves or our beliefs. I felt very disappointed that I was going to have a hospital birth, but I accepted it.

The following day I reported to the specialist again, this time for an amniocentesis. In the parking lot of his office, I found myself so confused that I was unable to figure out how to open my own car door and how to find the entrance to the building. Sam led me into the doctor's office.

As we sat in the lobby, a woman walked around bouncing her new baby. I kept my eyes down and tried to give off the energy to be left alone. She walked up, 3 feet in front of me, and said, "When are you due?" I stumbled over my words and managed to say, "I think in December." I felt envious of her and sad for myself.

I laid on the exam table, unable to say a word. Again, Sam stood by my side, holding my hand and stroking the hair off my forehead. The specialist entered the room and greeted us. Then, one by one, the people in the room began to multiply. The specialist explained that this was necessary. He put my baby on the sonogram screen and began pointing out the defects to the other four doctors. I began sobbing so hard that I couldn't hold still like he asked. He wanted to know what was wrong! I cried, "I feel like a specimen in a petri dish!" We were a teaching tool to them. I felt like a side show. I knew these tests were necessary to understand what we were up against, so I put up with it.

Sam and I were then taken into another examination room. The specialist examined my cervix and determined it was not soft enough to induce labor. We left the appointment desperately clinging to each

I immediately called Martha and described the painful procedure and examination. I told her, "I feel like I am going crazy. My womb has been taken away from me." I had lost the beautiful sense of pregnancy. Knowing I needed her guidance, Martha helped me become clear about what I needed from the specialist and the hospital staff during labor. If we told them what we wanted, we felt there would be a better chance of getting it. My list included: who was allowed at the delivery, who was allowed to examine the baby, and how much time we wished to spend alone with our child.

I began calling my family and close friends. They were all shocked and very sad for us. Most people did all they could to help us—flowers, library books on losing a child, offering to take care of Jessica (our 2-year-old daughter). Some gave us advice that we did not ask for. Others became so uncomfortable that they tried to give us hope by saying, "At least you have Jessica."

... we can have more babies, but that doesn't fix the fact that we were going to lose this one. I grew weary as I saw other people's fear of my baby because he was diagnosed to die.

And, "You'll have more babies." We are very happy for Jessica and we can have more babies, but that doesn't fix the fact that we were going to lose this one. I grew weary as I saw other people's fear of my baby because he was diagnosed to die. People stopped touching my belly, hoping to feel movement. People stopped asking how my baby was today. My baby was treated in a past tense while he was still alive.

I found myself not caring about how I ate and skipped my vitamins. What did it matter? Sam and Martha stepped in and reminded me to take care of myself and Zachary.

I continued to work with my husband at his chiropractic office. I sat at my desk at work and for eight hours could only cry and swirl in confusion. I managed to address one envelope for Sam. At the end of the day I showed Sam my only accomplishment and he sincerely said, "That's really good, Honey." He always knew the right thing to say.

When I became overwhelmed with grief, I would call Martha. I would tell her how awful I felt and she would say, "I know. You should feel that way. You're losing your baby." Martha would ask how Zachary was. I would begin to cry, saying I hadn't felt him kick in hours. Then, somehow, Zachary would give me a big kick, letting me know he was okay. Martha cared for Zachary and this made me feel alive inside. Martha never avoided Zachary. She knew her role in his life and was willing to go through all the fear and pain of losing him to fulfill her purpose as my midwife. Zachary needed Martha and she knew it. She always validated my feelings, never trying to fix an incurable tragedy.

I began developing a defensive side to my emotions. I was angry that my child was considered a "has been." I felt my heart waking up when I found myself fighting for my son's right to live and to be acknowledged as a real person. At this point, I

... I would go to the specialist for my own. Sam and I returned to the specialist for my weekly cervical examination. I asked for the doctor's opinion regarding what I could expect from birthing a Trisomy 18 baby, compared to Jessica's birth (a normal 7-hour birth). He said this birth should be the same, and possibly easier, because the baby was smaller. He did mention that emotionally, this



would be more difficult. He also recommended taking drugs during labor to ease the emotional and physical pain.

The specialist detected the reason for my inquiries and immediately declared his protest against home births. He began reciting horror stories, which were completely unrelated to me. He felt me pulling my control back and resisted. He did not seem aware of the strength of a mother's love for her child.

I immediately made my first decision and I couldn't wait to get to the car to tell Sam. "I'm birthing Zachary at home. You can't get me to have a hospital birth. He needs to be born and die in his own home." Sam's eyes lit up as he said, "Really? Great!"

I called Martha right away and asked if she would again take over the primary position of my care. Martha agreed and was pleased to see the strength and conviction behind my decision. We hired a second midwife, Bonnie Marsh, to join us at the birth. Bonnie's extensive experience validated my decision and completed the circle. We also had the original OB/GYN supporting my home birth, should the need arise for emergency medical attention. The key to my strength came from opening my heart and trusting what I found inside. I would not let the doctors induce my labor, to "get it over with." I had five weeks left with my son and we were going to live every second of it! We were a family!

Some people asked if I was doing the right thing, carrying the pregnancy to term. They were concerned about my suffering. My son was diagnosed to die. Could I induce my labor and cut his life short, even by one day? My doctors and friends would not ask me to cut my son's life short if he was already born and had terminal cancer. Couldn't anyone see that I had life inside my womb and he was still a miracle? Nature had dictated this course. Who were we to interfere? I knew I could not live with making that decision. Zachary needed my body to survive.

I wrote the perinatal specialist and informed him of my decision. He replied immediately, writing "...Such matters are very individual, and issues go far beyond medical concerns." He gave me the sense that he had been touched by my intimacy with Zachary. The specialist has two children of his own. He understood my reasons and respected them. This was the first time I had seen him relate to me humanly. We were all learning through this experience.

I continued having prenatal visits with Bonnie and Martha. We were always tickled by how strong Zachary's defective heart sounded. My spirits were lifted every time I heard his life within me.

We take life for granted sometimes. We expect to live a full life, watching our children grow. What do we do when life gives us unexpected tragedies? The following is my story.

I was six months pregnant with my second child when Sam, my husband, and I got back from vacation in Cabo San Lucas. I am a professional classical ballet dancer and was dancing through my pregnancy. I felt great. My midwife, Martha Price, however, began having strong intuitive feelings that something was wrong with my pregnancy. My baby was not growing according to what was expected. Twice during the next month, Martha recommended a sonogram. Never imagining anything could go wrong, I refused the sonogram. I promised to eat and rest more. Now, I was 8 months pregnant and had gained more weight, but the baby hadn't. This time Martha insisted on a sonogram.

On November 5, 1991, I met Martha at my backup OB/GYN's office. Sam did not come to the appointment, convinced that everything was fine. After completing the procedure, the sonogram technician left the room, revealing nothing to me. A moment later, the OB/GYN opened the door, put one foot in the room, and robotically said, "It's not good." I inhaled so deeply that I thought I would never release my breath. "What?" I said weakly. The OB/GYN replied, "Multiple anomalies. It would be best if your baby dies." How could he say this to me with a knife for a tongue? Did he understand that what he just said was more than a mere trivial fact? Why did I suddenly feel that no one cared about my baby? I was numb and in disbelief. I was referred to a perinatal specialist for diagnostic testing on the following day.

I wasn't prepared for this. I felt I would be confirming that everything was okay. I had ignored Martha's concerns. I had seen parents leaving the office before my procedure, smiling and laughing with their sonogram souvenirs in hand. I was not one of them.

Martha asked if I wanted to call Sam. Instead, I asked Martha to follow me to Sam's office. I wanted to tell him in person, so he could see that I was not hurt. I desperately needed her help. I did not know how to construct a sentence with the words "baby" and "die" together. Sam sensed something was wrong as soon as we walked in the door. Martha gently passed the tragedy onto Sam's shoulders and he joined us in the nightmare.

The next 24 hours were spinning. We had no idea the extent of the defects. Sam and I tossed all the possibilities back and forth. Maybe there was a mistake in the test. What if our baby dies? We were tortured by our lack of knowledge.

The following morning we met Martha at the local hospital for further testing. For two hours we watched the perinatal specialist examine our child through the sonogram machine. The baby's heart, lungs, brain, diaphragm, kidneys...all unable to

lemmas and decisions. We began discussing how we were going to handle our two year old daughter, Jessica. Our views were completely opposite. Sam felt at if she saw Zachary she would have a greater loss than if she didn't see him. I felt he would have a loss anyway, just like us. I did not want Zachary to disappear to her. I explained to Sam that I did not want Jessica to fill her void with her own ideas; she needed our honesty. I believe when we get to say good-bye, there will be closure and no voids created. I didn't want Zachary to just disappear. I wanted Jessica to have answers. Sam trusted me and agreed to allow Jessica to be part of Zachary's birth/ death, with the understanding that we would allow our instincts in reading Jessica's responses as we lived the moment.

Sam and I realized that our strong marriage was the nucleus of our happy family. Jessica depended on us and so did Zachary. If our relationship stayed open and uncured, then we knew we would all get through this successfully.

I had already begun preparing Jessica for Zachary's death. Jessica would see me crying throughout the day and I wanted her to understand that I wasn't upset with her. Through a lot of thought, Martha and I decided not to use the word "sick." I was afraid Jessica might confuse a common cold with death. We decided to tell Jessica, "Zachary's body doesn't work right, like yours and mine, and he won't be able to live with us after he is born." Jessica would touch my abdomen and say she was playing with the baby.

The next few weeks were mostly devoted to preparing for Zachary's arrival. I began praying that Zachary be born alive and live for at least 30 seconds. I felt this would give me enough time to tell him, "I love you." My prayers required a miracle to be fulfilled.

Martha helped me prepare for Zachary's birth. She talked about how difficult it would be to birth a baby that was diagnosed to die. We talked about what he would look like. She helped me face this day with my eyes open. When I became strong, she would too. When I became weak, she would hold me up.

My brother, Greg, and his fiancé, Gina, lived with us during this time. They took over many responsibilities of our personal and professional life. Dinners were, literally, hot on the table when we arrived home. Jessica was taken to parks, fed and bathed at night. They shared our grief and they did everything they could to help. God must have known and sent them.

Being in public was very difficult for me. Sam did our shopping, while I hid in the car. All this changed one day when I realized that by looking at me, no one could tell Zachary was diagnosed to die. The public gave me lots of wonderful attention and was excited to see the miracle within me. They helped me feel the beautiful fruitfulness of my body. I was pregnant and the world acknowledged my son.

As Zachary's due date grew closer, I felt the anxiety of not being prepared. Time was running out. There was no way to know what to expect when he was born. I began preparing some things I felt I needed.

I stood outside a children's clothing shop looking at all the mothers entering with their babies. I knew I had to go in; Zachary needed an outfit. I described this moment to Martha as being in a black and white movie, while the rest of the world was in color. I spoke to no one. My head hung low. I never imagined having to buy an outfit for my son to wear to the mortuary. I couldn't send him naked. I did it and, again, passed another test.

I laid in bed at night sobbing while I thought of what I wanted to say to Zachary on the day he was born. This was very painful, but for some reason always felt

my pain. I always considered that birthing my babies at home was choosing a conscious birth. This time I had decided to choose a conscious birth and a conscious death.

On the morning of December 12 we called Martha, informing her of my regular contractions. The day had arrived; little did I know, I had many hurdles to cross. Martha arrived at my home and immediately realized I was only in pre-labor. She also saw my fear. She could sense that I was not welcoming the onset of true labor. True labor meant the end. Martha loved me and I trusted her. She suggested that I begin saying good-bye to Zachary then, before he died. She knew this would be important to me. Martha was my midwife, but first she is a beautiful mother herself. Martha went home in the early afternoon and was only a phone call away.

At 9 p.m. that night I realized I had made the transition into true labor. Nothing could stop it now. Martha and Bonnie arrived at 9:45 p.m. My contractions were becoming stronger, but dilation was at a 2 cm stand still, due to the excessive amniotic fluid (characteristic of Trisomy 18). Bonnie suggested breaking the amniotic sack but we all decided to wait until midnight to see if labor progressed naturally.

Throughout the entire night, I would ask Martha to listen to Zachary's heart tones. Every time, we were amazed by how strong and determined he was. By midnight, I grew very tired. My contractions were stronger but hardly any progress with dilation had taken place. Martha ruptured the amniotic sac to facilitate labor.

Sam was at my side every second. We labored in a tub of warm water, holding onto each other. We knew that only together could we survive this night. I began feeling the agony of defeat. My contractions were so taxing that I would sleep against Sam's chest in between them. Every contraction felt like a good-bye kiss. Sam lived the contractions with me, as he offered his support and love.

For the next 3 to 4 hours, Greg, Martha and Bonnie slept off and on. Gina sat up with Sam and I for an hour or so, giving moral support. Jessica was having a normal night's sleep in the next room.

A little after 5 a.m. Sam saw my frustration and exhaustion and, realizing I needed help, alerted the midwives. Bonnie suggested I get out of the tub; I decided to lay down on the bed. Bonnie asked me to not push, just to take a break and rest.

At 5:45 a.m. I began to scream, "He's coming! Oh, my God! Come on Zach! Come on Honey!" I was finally going to hold my baby boy. I knew not to expect anything more than what the perinatal specialist's opinion could give me.

At 6:30 a.m. Zachary Alfred died, still in my arms, while I showered his face with kisses. His entire life was spent in my womb and in my arms. I believe that Zachary had no idea that life is meant to last much longer. He looked so peaceful as his soul drifted away.

At 6:30 a.m. Zachary was born and was held in Martha's hands. Sam smiled and through his tears yelled, "Pamela, he's alive!" Those words were music to my ears. Martha immediately handed him to me. Zachary was beautiful. He opened his eyes, he looked into mine, and I said, "I love you Zachary. We are so happy you are here. We are so proud that you came this far to meet you"

room was filled with tears and was completely silent, except for the sound of my voice. He was an angel that had come to visit us. My heart felt stabbed as we saw him trying to take a breath. Once separation was complete, I was left consumed in a completely powerless position, left to hold my son as he died. I felt so helpless, and at the same time relieved that I was able to comfort him through his transition into death. As a mother, this was a blessing for me. He began fading and there was nothing I could do except say good-bye, "It's okay. Honey. We know you can't stay. It's just like going to sleep. Your Mommy and Daddy love you. I'm holding you, Zachary.

Your Mommy has you in her arms. I know you have to die, and it's okay I love you, Zachary."

At 6:30 a.m. Zachary Alfred died, still in my arms, while I showered his face with kisses. His entire life was spent in my womb and in my arms. I believe that Zachary had no idea that life is meant to last much longer. He looked so peaceful as his soul drifted away. Sam and I showered him with a life's worth of love in his 40 minute lifetime. We got much more than we ever expected. It was truly a miracle birth. As I held his little body I looked at Martha, feeling the joy of the moment, and said, "Today was a good day."

Sam bathed Zachary's body. I sat and watched this beautiful moment as Sam gave his son his fatherly love. While preparing his body, Sam was able to bond with Zachary, not denying himself the opportunity to experience and love his first born son. I have never seen my husband look more gentle. No sight has ever been more touching to me than to see a man holding his baby, especially cradling one that had just died. Sam dressed Zachary in the outfit I had bought and laid him beside me.

Jessica woke up around 8:30 a.m. and Greg brought her in to see us. She immediately noticed Zachary on the bed. I reassured Sam that Jessica would be alright seeing him. I knew the way I handled myself would determine how Jessica would react to the situation.

Jessica and I talked about Zachary's eyes and ears, as he lay silently before us. I reminded her that Zachary's body didn't work right and he would have to go bye-bye today. She looked at me and said, "I know Mamma. We love the baby." Jessica's innocence and inner beauty radiated that morning.

Jessica then took a little stuffed penguin that Martha had given her and made it kiss Zachary's lips. She unwrapped Zachary's blanket, set the penguin next to his face, and wrapped them back up together. We all watched in awe as Jessica gave her little brother her gift of love. She then added, "Watch Cinderella for baby?" Greg took her downstairs to watch the video. Jessica said good-bye in her own way.

Sam laid down on the other side of Zachary, placing his hand over him, and went to sleep. Before he was born, I had wished to do something normal with Zachary, like taking a nap. A few hours later, I opened my eyes and Zachary was still beside me.

I tried to fill my memory as much as possible with Zachary. We took pictures of him and made a casting of his foot prints. I sobbed as I sang "Twinkle, Twinkle, Little Star." The words to the song seemed appropriate to describe his soul. I rocked Zachary gently, as if he were alive, grasping for a "normal" moment to remember.

It was time to say "good-

bye. The man from the mortuary had arrived to pick up Zachary. No words can describe the pain I felt as I watched Sam carry Zachary out of the bedroom. I can only imagine the pain Sam felt as he handed Zachary to a stranger. He says he has never done anything more difficult. The sound of the mortuary van driving away still haunts us. My arms became very heavy and very empty. I began to deeply and intensely grieve for Zachary. My sobs were like convulsions. Part of my soul died at that moment.

Some people have seen me cry and have advised me to get on with my life. I reply, "In order to live life as I did, I never got off my life." I feel a lot of people are uncomfortable around me because they can sense my pain. Many times people have felt they had to say something to me and ended up saying something insensitive. I realize it must be difficult to find the right words, when I don't know what to say to me either.

Grieving is a difficult thing to do. Most people do not understand how long it takes. Sometimes owning up to the pain without the comforting ear of others can be a very lonely and isolating place to be. Other times, I do my best grieving alone with my pen and diary. The incredible level of pain I feel can only be comforted through grieving. There are only two people in this world that go to this level with me, Sam and Martha.

Grieving fully enables me to understand the loss of my child and experience the love I will always have for him. I have also learned not to expect my husband to grieve the same way I do. Sam did not cry every time I cried. Grieving is a very individual thing. This consideration was an important lesson for me.

We are now living one day at a time. I realized we lost more than our son; we lost our entire future with him. Every day the sun rises is another day we had planned to

be with Zachary. I don't cry constantly, like I did the final 6 weeks of my pregnancy and the 9 weeks after he was born. I carry a sweet feeling when I think of Zachary and his birth. I am thankful for my wonderful husband. My family was very supportive every step of the way. I am thankful for allowing myself to trust my mothering instincts. If I could go back, I would not change a single decision I made.

Accepting the support of my family and friends has been very helpful. I have a special friend, Ellen, who was pregnant at the same time as I. Ellen would call weekly and ask how I was. Sometimes I would talk for a half hour and she would just listen. She had the ears of a saint. When her son was born, I asked if I could come over to see him. My anticipation of seeing a newborn baby boy was very real. While we sat admiring her son, I asked if I could hold him. She smiled and said yes. As I rocked him, Ellen and I began to cry. She said I looked good holding him. Ellen shared her newborn baby boy with tremendous sensitivity for my need to smell, touch, and hold. Ellen wanted to help me by sharing what she had and what I had lost. For five minutes, my arms were not empty. Ellen is a true friend.

Every day is filled with difficulties for me now. Everywhere I turn I see parents adoring their beautiful babies. I find myself feeling anxiety when I hear babies cry. I am learning to live without Zachary. I've realized I have the right to feel my pain, as this is a reflection of my love. My love will never fade, nor will my sense of loss. This I have accepted and feel relieved about. Zachary's life ended, but he gave me my lifetime to love him.

Sam and I recently took a weekend off from work and spent it alone in a nearby mountain village. We hiked up a two mile trail to the top of a mountain to bury Zachary's frozen placenta, which Sam was carrying in his backpack. After selecting the perfect tree to nourish, Sam dug a deep hole and I read the following letter:

"Dear Zachary:

As hard as it is for us to have lost you, we have been blessed that you have chosen us as your parents. As I think back to the events of last year, I remember how good I felt with your pregnancy.

When we found out you would die, I still had hope of meeting you alive. My faith in you proved to be stronger than love.

I'm so glad you heard me. You were a beautiful miracle. Your determination to be born alive and to meet your Mommy and Daddy was the greatest gift of all. I will always treasure your sweet little face. We are very proud of you.

We will always carry a special place in our hearts that is just for you. I am very sorry you could not stay, but we understand this was not your purpose. I find comfort in that your entire life was spent either in my womb or in my arms. I did everything in my power to give your life lots of love and meaning. Thank you for coming into our lives. Thank you for looking into my eyes and answering my prayers as I told you, 'I love you.' Thank you for dying so peacefully. Thank you for being Zachary Alfred Lerner, our first live born son.

Today is the day we are saying good-bye to you by burying your placenta under a big mountain tree. We will never forget you and never stop loving you.

Whatever was your purpose, we will never be certain. We saw the strength and depth of your soul. I now believe our souls continue to exist after death. Your beauty could not end as your body did. This gives me comfort.

We bless this place we have chosen. We wish you to rest in peace. Look over us when we miss you. Come to us when you need your Mommy and Daddy. We love you, Zachary!"

The original letter was buried with his placenta

The strength of our marriage has been tested. Sam and I have been faced with many issues we never dreamed of facing. A one point, we decided that this tragedy was an opportunity for us to become closer. Sam and I now know the meaning of life. For Zachary's 40 minute lifetime, we lived life to the fullest. ■

Pamela Lerner lives with her husband, Sam, and her daughter, Jessica, in San Diego. She says, "In no way is my article intended to dictate to others how a similar situation should be handled. I merely wish to share my story for two reasons: I would like other parents to know that this has happened to other people and we are surviving. Secondly, as parents we can make choices, if we feel the need."

Book Review

PD James 'Children of Men'

Reviewed by Susan Holloway

Straying from her usual detective murder mystery novels, PD James latest work gives us a glimpse of a futuristic fantasy which is both fascinating and chilling. For me it was one of those 'have to finish in one nighters', so be prepared for burning the candle.

The year is 2021 and human infertility has spread like the plague. No babies have been born for a quarter of a century anywhere in the world. The very old are being driven to despair and suicide. The final generation of they young are beautiful but violent and cruel. The middle adged are trying to sustain normality under a dictator and warden of England. However, all hope is not lost of course.

Why is this book review in a home birth newsletter? It's a home birth in the most difficult of circumstances, albeit highly plausible, written with sensitivity to childbirth. But I won't tell you too much because although this time it's not a whodunnit, it's still a 'what's going to happen next'.

Situations Vacant

Newsletter

This is the last newsletter that will be produced in this format. Barbara Dunn has helped me get this one together. She may be interested in carrying on, on a more professional basis, I am too, but not without help from others. If you are interested in having a newsletter and are able to do any of these please let me know.

What I'm doing at the moment is organising monthly meetings at Riverside, getting the newsletter out, sending out greeting cards, being the secretary, the treasurer, sending out evaluation sheets, writing the newsletter, printing it, collecting names of new parents from the midwives....it cannot go on.... arrrrrrr

Organising Advertising for the Newsletter

Contacting businesses who supply goods or services our readers use, to see if they would be interested in taking an advertisement in the newsletter.

Publicity

Only homebirthers can publicise home birth. We need someone, preferably from Nelson, who can take advantage of publicity opportunities.

Organising Meetings

Someone to organise the meetings at Riverside Community, and someone to do the same in Nelson. Includes arranging speakers, morning tea, fire lighter and cleaning up.

Fundraisers

Someone, or several, with initiative and energy to organise fundraising schemes.

D.M.S.R.C

The Domiciliary Midwives Standards Review Committee reviewing midwives of both home and hospital births is essential. The review has to have "teeth" and power. If Nelson is going to do this properly we may have to have a paid co-ordinator. The review has to achieve sound recommendations if things are happening that are not appropriate and these recommendations must be followed through. It has to be a partly legal process. It's important to realise that you as consumers have the power and the access to a complaints process.

This story is reproduced from *Mothering* magazine

Home Birth Conference '93

As Bronwen was unwell, I represented the New Zealand College of Midwives in her absence.

My main task was to present the Colleges viewpoint on the Standards Review Process.

Each year the work of all home birth midwives is examined by a Review Committee made up of midwives, home birth GP's and home birth consumers. It is a time to identify any problems in the way a midwife is practising and arrange for strategies to address these problems.

The Review is for the protection of consumers, ensuring that midwives are meeting an adequate standard of practice.

In the past the only independent practitioners were the home birth midwives and the Standards Review has been co-ordinated by the H.B.A.

The problem now is that there are a large and growing number of independent practitioners doing both home and hospital births who are not being reviewed. The College of Midwives would like to take on the co-ordination of all reviews and introduce standardisation of this process.

This met with opposition at the H.B.A. Conference from both consumers and midwives who are concerned that the home birth perspective may be lost or compromised within this larger focus. While this point is valid the need for an effective, cohesive review system is paramount.

The outcome was that the Home Birth Association wishes to continue to run the review in areas where it is working well and would like the College to endorse the work of these committees and for the College to take responsibility for organising the review in areas where the review is not working well or does not exist.

Many people expressed dissatisfaction with the way the partnership of women and midwives is working. As the New Zealand College of Midwives is founded on this principle, this is a very serious concern and I reported it as such to the College.

Although some of the responsibility rests with consumers to be active in this partnership, the onus lies with the College to facilitate it effectively.

I would like to congratulate Susan Holloway on her appointment to the New Zealand National Committee as HBA representative. Hers is an important role in maintaining the communication link necessary to this partnership. She will need support locally and nationally in achieving this.

With time issues change and any organisation must evolve. One of my impressions of the conference was that there is some uncertainty as to the future role of the Home Birth Association. Exciting initiatives in places such as Tauranga and Waikato have seen massive growth in the Home Birth Association. The task of promoting Home Birth is changing as birth options and the public perception of them changes.

A distinction was made by some at the conference between 'birth at home', and 'home birth'. There is some confusion as to whether the Home Birth Association supports and lobbies for the rights of all child-bearing families or just 'home birthers'.

While mindful of the problem of energy and resources, I would encourage the Home Birth Association to maintain its visionary role in the universal support of 'birth' issues both to ensure the survival of the Association in this changing climate and to be effective in ensuring adequate services of all kinds are available to all birthing families.

Arohanui Kirsty Prichard

WORKING THROUGH THE GRIEF MAZE

Everyone knows
children get sick,
everyone knows
children get hurt,
everyone knows
children can die,
everyone knows,

But not really,
Not me,
Not mine,
Not now.

(Bereaved Parents Group leaflet)

Death is not something that most of us give much thought to when we embark upon the joys of parenthood.

However, as much as birth is a part of life, death is as well. And by losing parenthood we are also learning ourselves up to the possibility of tragedy and having to deal with our own or a friend's grief.

Despite the wonders of sophisticated medical technology, miscarriage, stillbirth, neonatal death, cot-death and the death of children either by illness or accident can still happen.

We're incredibly vulnerable when confronted with the reality of death. As friends of the bereaved, we become fearful of doing/saying the wrong thing, and as bereaved parents, we can never ever be prepared for it to actually happen.

It has been suggested that a conspiracy of silence surround the subject of maternal grief - a taboo

which prevents us wanting to discuss or hear about the enormous pain of maternal grief.

Throughout the centuries women have suffered the loss of their pregnancies that was terminated or their infertility and the children they have longed for, but who will never be born.

Until very recently almost everything involving a pregnancy loss was hidden and kept secret. In hospitals, staff would remove all evidence of a dead baby which was usually disposed of without even a funeral - one of the most basic steps in the ritual grieving process.

Today if it is known there will be a stillbirth the couple are not moved to theatre, but remain in the labour room, the baby is wrapped and the staff sit and talk with the parents. The parents are actively

encouraged to hold the baby, Polaroid plus other photos are taken. Grandparents and other children are phoned and encouraged to go to the hospital. It is better for children to see the reality of the situation.

Despite these advances still too little attention is paid to the dire consequences of a child's death on the health of women and families, according to a leading authority on maternal grief

Margaret Nicol has spent the past 10 years working with bereaved women, couples and families in Australia and conducted a seminar in Wellington last year.

Her studies have shown the loss of a child can have as profound impact on a woman as the loss of a husband which is recognised as one of the most stressful traumas a woman can endure.

She said that there is a lot of focus on getting money to fund the causes of child death, but not a lot is going into how to help the family.

Bereaved mothers exhibit signs of severe anxiety. Also, there is a high incidence of marital break-ups when couples lose a child.

Grief is healthy

So what is grief? Grief can be defined as living with a deep sense

of loss. Grief is a healthy way of asking for emotional support: it cannot be resolved quickly or in isolation. To be able to be happy, confident, functional people once again, each family member must travel through the maze of grief.

Dr Elizabeth Kubler-Ross has identified five stages of grief. Whether the grief is for a miscarried baby, a stillborn or an adult, one has to go through all of these phases, though it may not necessarily be in this order:

- 1 Denial and isolation "No, not me..."
- 2 Anger "Why me?"
- 3 Bargaining "If I..."
- 4 Depression and acute grief "How can I..."
- 5 Acceptance "I can... I must..."

Normal grief reactions include:

- shock
- sadness
- guilt
- anxiety
- loneliness
- disbelief
- preoccupation
- sleep disturbances
- appetite loss
- social withdrawal
- dreaming about the baby
- calling out to the baby
- treasuring baby objects
- hallucinations
- helplessness
- yearning
- freedom
- relief
- numbness
- confusion
- forgetfulness
- lethargy
- sexual dysfunction
- sighing
- crying jags
- irritability
- restlessness
- avoiding all baby things

Wellington midwife Kerry Prendergast has worked for the past 10 years as a voluntary grief counsellor in the community working with couples having trouble coping with normal grieving process.

She led a workshop at the last Parents Centre conference on grief and birth tragedies. At the workshop and in her booklet "Grief and the loss of your baby" she describes the stages of grief, the timing of which will be uniquely individual.

Acceptance of grief

Resolution and acceptance of grief is gradual and varies according to the birth tragedy.

For a stillbirth it takes women on average 14 months and fathers 6 months to reach acceptance.

For a cot death it takes women on average the age of the child plus 1 year and the father almost as long.

For miscarriage it varies depending on the couple's fertility, but usually increases after 13 weeks of pregnancy.

If a foetus is born dead before 28 weeks the parents may take the baby home or leave it at the hospital. A stillborn baby will have a funeral.

Time, in conjunction with care and support, will heal. A family can come through the maze but will never "get over" their loss. There will be many times in the future when an individual will experience a sense of loss, sadness and/or anxiety but time will diminish the numbing intensity.

For example the first day of school, the birth of a new baby, a birth or anniversary - or even when all the children have grown up or at some unexpected moment during a family gathering may again reinforce that there is one child who is not there.

The death of a baby or child results in the most complex of grief reactions.

Helping grieving parents It can be very hard to know

How to help grieving parents. Kerry Prendergast says that grieving parents comment 'I' at:

- 1 People (friends/family) don't talk about the issue (eg they'd rather talk about the weather)
- 2 People talk inappropriately (eg saying "I know how you must feel")
- 3 Avoidance of the grieving parents (ie will cross the street to avoid a meeting)

Kerry suggests saying "I'm sorry" then play a listening role if this is what is needed. If not needed then, it may be later, so you can say, "if you ever need..."

Listening is of the utmost importance in the steps towards healing ie that bereaved parents are heard, are listened to and are accepted with understanding.

Reinforce the child's identity
Always refer to the baby by his or her name; call the parents mother and father, the siblings brother and/or sister. To grieve for a loved one, that loved one needs an identity, a history, a place in the family. Without this, the grieving process will become very difficult.

Initiate contact Along with confusion over the death, many family members will suffer from lack of confidence and self-esteem. Don't wait for them to call you. If the time is not convenient for the family, try another time. Very few parents have any energy left to ask for help.

Expect to deal with anger
Sometimes you bear the brunt of a family member's anger. Don't take this personally; they may be lashing out at the world and you happened to be there at the time. Absorb the anger, realising you be deflecting it away from another family member.

Talk to siblings about the birth and death of their baby. Reassure them that although their parents are very sad, they still love their children and will play with them soon. If you have a supportive community group, organise some food for the family. Offer to take the children out for a short while.

Where to go for help

Contact your hospital social worker, community health nurse or plunket nurse for referral to a grief counsellor or contact with the Cot Death Society, stillbirth and late miscarriage and neonatal support groups or Bereaved Parents Group

in your area

References "Through the Maze: Grief Counselling During the Childbearing Cycle", Fiona Chin Yee, *International Journal of Childbirth Education*, November 1990.

Grief and the loss of your baby, Kerry Prendergast, 1982; and "Grief and birth tragedies", Gaye Philpott, *Palmerston North Parents Centre Newsletter*.

"The taboo subject of maternal grief", Margaret Nicol and Jillian McFarlane. "Child death stresses on family discussed", Jay Louissian, *Evening Post* 27 August 1990.

Bereaved Parents Group leaflet

Learning to value grief, Christian Broadcasting Association NZ Inc, Private Bag, Ellerslie

Booklist

(from the television programme "Death of a Child" screened on Reflecting on Life (TV1) May 1991)
Good Grief, Grainger Westberg, Fortress Press

The Bereaved Parent, Hannel Sattouff Shiff

Give Sorrow Words, Terry Creagh, Methuen (NZ)

A Time to Grieve, Meryn Parker, Methuen (NZ)

Death the Final Stage of Growth, Kubler-Ross

On Death and Dying, Kubler-Ross, Tavistock Pub

When Someone Dies, Edgar Jackson, Fortress Press

When Grief to Pieces Holds You Together, William Miller

Living When a Loved One Has Died, Earl Carrollmann

Don't Take My Grief Away From Me, Doug Manning

Meditations for Bereaved Parents, edited by Judy Osgood

Understanding Mourning, Dr Glen Davidson

The Hug Therapy Book, Kathleen Keating, Compere Pub

Hard Labour

Eight days past my 'due date' I was sick of being pregnant and bored with the theory of having a baby. Having read a number of books and been to ante natal sessions I was as prepared as I thought I could be. We had chosen to have the baby at home because my pregnancy had been 'normal' and we didn't see any need to go to hospital.

I woke on Monday morning and told Jeremy I had been dreaming about what contractions feel like. By the time he had a shower I had found out I hadn't been dreaming - I was having them! I potted around all day and they weren't a problem but by late afternoon I was starting to get a bit uncomfortable and contemplating calling Jeremy at work. I decided I could hang on till he finished for the day.

I was expecting to have a long labour but unfortunately what I thought a long labour was, and what it turned out to be were vastly different. I had expected around 24 hours and had mapped out in my head that 'by this time tomorrow a baby will be born'. The baby had been 'posterior' for a couple of weeks, something I had expected from the first time I read about the different ways babies present.

I ate dinner that evening and the contractions grew steadily stronger. We rang Bronwen to let her know we'd probably be disturbing her night and by about midnight we decided to ask her to come. I had been feeling a bit shaky, and nervous I guess, about what was going to happen. The contractions were about four minutes apart and when it came down to it we had no idea how long or short a time it might take for the baby to pop out.

When Bronwen arrived she sussed out the situation for a while then lay down on the couch for a rest. I remember her saying "I'm not asleep in here, I can hear everything that's going on". Shortly after that she was snoring! Jeremy soon fell asleep too so I carried on by myself which wasn't a problem. The times are all pretty hazy but around six or seven on Tuesday morning they woke ... nothing had changed. I was getting tired. Bronwen suggested I have a bath which struck me as a brilliant idea. I hadn't thought of doing anything except waiting for the next contraction which was getting pretty tedious. We were also past the time I thought the baby would be born in. I lay in the bath and Bronwen did her morning calls. By now she had another client in Takaka who was also in labour. I think she was hoping to have us finished before she had to go to them.

I wanted to have a sleep and would have liked to just stop everything for an hour and have a rest. It wasn't going to happen and I was feeling completely trapped. I knew there was no way out except to have the baby but was also beginning to think that it was never going to happen. Eventually I started feeling like a prune and was tired of the bath so got out. It was good to have a change again. By now it was about mid day or just before I think. Bronwen wanted to hurry things along as she had been called again by the woman in Takaka, so gave me some Belladonna which she said should do the trick. I was all in favour of that, or anything that might get my ordeal over with. She suggested an internal examination to see how far I had dilated which I was keen on. I was hoping to find out I was nearly there. The examination was really horrible. I lay on a bean bag on the floor and tried to get away from it, clenched my fists and my eyes and I must have yelled a lot. I was seven centimetres dilated. Bronwen said my waters were bulging down on my cervix and it might help get things going to break them. "Yes please, anything.....". I was able to relax when I felt the warm fluid gush out of me. The whole performance had really upset Jeremy so Bronwen gave him some rescue remedy. I was hoping she'd offer it to me but was somehow comforted that she didn't feel the need to. Bronwen had been listening to the baby's heart at times and it was good hearing that the baby was coping well. It was also reassuring to be told that I was fine as I really had no idea. If she had told me I was about to die I probably would have believed that. Bronwen had decided she'd have to do something about the other woman so we agreed to have her call Maggie to come and look after us while she went over the hill. I didn't feel great about the idea of a change of midwife but part of me couldn't really care less as well. Before she left Bronwen said "you'll be pushing your baby out in a couple of hours". I only had three centimetres to dilate.

I was having a lot of back pain and wanted to throw up but it didn't happen for quite a while.

We moved all over the house looking for comfort and I eventually ended up back in the bath needing a sleep. I can remember thinking 'I can't wait until I can curl up in bed', and not really believing that time would ever come. 'If

someone walks in now with drugs I'll take them. If someone offers to cut me open and haul the baby out I'm all for it.' I wasn't having any fun at all. I could hear people arriving and snippets of the "oh she hasn't had the baby yet" conversation.

I was thinking what a fool I had been to choose to have my baby at home with no possibility of pain relief. I wanted to get the baby out of my body and Maggie said I was saying I wanted to get out of my body too. Just when I was getting really caught up in feeling trapped and sorry for myself Maggie decided to do my hair. It was great because it was nothing to do with having a baby. I was trying to console myself with the thought that millions of women had done this before me but it didn't help. I was trying to remind myself to just give in and go with it.

The back pain was unbearable at times. Maggie was trying to get me to tell her where it hurt so she could gauge if the baby had moved around from her posterior position but after each contraction I couldn't remember where it hurt or what it felt like. I'd think to myself 'I'll remember to think about what it feels like next time', but every time I'd forget so Maggie was saying "what did that one feel like, where did it hurt?" and I'd reply "I don't know", or "I can't remember" (said in a whine).

About this time I threw up and almost enjoyed it. Somehow I ended up on the bed wrapped in a blanket. I asked for a hot water bottle and snuggled up with it and went to sleep. I was waking just enough to deal with each contraction and would fall back to sleep. It was an enormous effort to lift my head enough to have a sip of water after each contraction. By now I had been having strong contractions for over 24 hours. I had been drinking all along but hadn't eaten since dinner the night before.

Maggie had sent Jeremy off for a sleep. I was aware he was missing and wondered where he was but just couldn't be bothered asking. Mum was with me. It's all a bit of a blur but next thing I recall Maggie was organising mum and Jeremy to get a camera and to arrange the room for the birth. I hadn't prepared a place in the house for the birth to take place because I had no idea what I would want. It didn't matter, Maggie had spotted the ideal stool and a big mirror.

I had thought in the second stage of labour that I would be overcome by an urge to push but it wasn't like that. Maggie was trying to convince me to eat something and to drink a cup of tea. My favourite fudge cake tasted bloody awful but the cup of tea was bearable. I really didn't feel like it but they were insisting.

Maggie started encouraging me to push but it took a while to work out how to do it. I was resisting pushing really hard because I thought it would hurt. With lots of encouragement, and being told off a few times, I got the hang of it. I felt I had to push like I had been constipated for ... about nine months.

I was squatting on the floor being held up by either Jeremy or mum and we had a mirror propped up so I could see what was going on. By now other family members had turned up expecting to see a baby so they all gathered in the bedroom to help push. This is the part of the whole labour that I have a reasonably good recollection of. Up until this time I had still been falling into a deep sleep between contractions but now it was time to wake up. I wanted some more energy because I knew I had to work hard for the first time in the labour.

I drank juice and ate something and then set about pushing the baby out. When I could see part of the head start to show it all started to become real.

As the head was about to be born I was thinking 'If I push now I'll tear', and I didn't really care. I tried not to push but it just sort of happened like an explosion, the force of which, combined with my shriek, nearly cleared the room. Suddenly Jeremy found himself trying to hold me down after holding me up for hours. The baby made a noise and I wondered if she was alright, but before I had time to say anything her body slipped out. I remember looking down and thinking, 'my god there's a baby on the floor'. I looked to see if it was a girl or boy and said 'it's a girl'. I must have been in shock because Maggie said to me "pick up your baby", and I know it hadn't occurred to me to do that, instead I said "I don't know how", but somehow I got her into my arms, and there she was.

It was now eight minutes to one on Wednesday morning, my birthday, and I had just unwrapped my first birthday present, a precious daughter.

Barbara Dunn

Subscription Form

Nelson Home Birth Association
c/- S Holloway
Westbank RD1
Motueka

Name

Address

I wish to join the Nelson Home Birth Association & I enclose \$10

I wish to give a donation

Subs renewable in January each year

Subs due for 1993 ☺



Bronwen. Pelvin
65 Greenwood St
Motueka

Nelson Home Birth Association
c/- S Holloway
Westbank RD1
Motueka