

Waikato Home Birth Association Inc. Newsmagazine 2002

Maggie Banks  
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HAMILTON

Expiry: 12/02

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.

**SENDER:**

Waikato Home Birth Association Inc  
P O Box 15043  
Hamilton

**WHBA CORE GROUP MEETING**

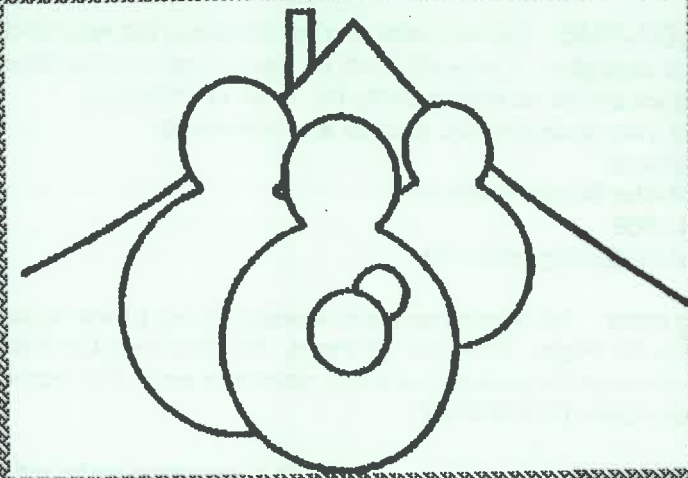
Sunday 11th August 2002 at 2 pm.  
Parents Place, Little London Lane, Hamilton  
Contact Clare on 07-8556997 for details

\* ALL WELCOME\*

Waikato Home Birth  
Association Inc.

# Newsmagazine

## AUGUST 2002





## WAIKATO HOME BIRTH ASSOCIATION

P O Box 15 043, Hamilton

<http://www.homebirth.org.nz>

### CORE GROUP CONTACTS:

Name:	Phone:	e-mail:	Position:
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Dianne De Estena	854 9686	unusual1@slingshot.co.nz	Magazine Editor
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Ruth Hungerford	855 2683	ruthh@clear.net.nz	Treasurer
Joanne Ridder	847 4987	geoff.ridder@xtra.co.nz	Mailing List Co-ordinator
Clare Shallcross	855 6997	shallcross@wave.co.nz	Co-ordinator & Immunisation Awareness Support Group
Sheryl Wright	(07) 828 8226	cyberbirth@paradise.net.nz	Web Page

**LIBRARY:** The WHBA Library is now located at "Parents Place" 4 Little London Lane, Hamilton Ph 838-2229. Parents place is open for the toy library and therefore access to our library is also available. Tuesday 9.30am - 11.30am, Thursday 6.30pm - 8.30pm & Saturday 9.30am - 11.30am 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:**

Dianne De Estena  
Unit 2/8 Te Aroha Street, Hamilton  
Phone: 854 9686  
Email: unusual1@slingshot.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 Carol Ph 829 8182

**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.

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", 4 Little London Lane, Hamilton, Ph 838 2229

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### POST TO:

Waikato Home Birth Association  
P O Box 15 043, Hamilton



Annual Subscription \$20 (2 years \$35) \$ .....

Practising Midwife Professional Sub \$50 (2 years \$85) \$ .....

Donation \$ .....

Cheque Enclosed for \$ .....

Name: .....

Address: .....

Phone: .....

## THE LAST LAUGH CORNER ....



### Should kids witness a birth?

A true story:

It was late at night and Heidi, who was expecting her second child, was home alone with her 3-year old daughter Katelyn. When Heidi started going into labor, she called "911".

Due to a power outage at the time, only one paramedic responded to the call. The house was very, very dark, so the paramedic asked Katelyn to hold a flashlight high over her mommy so he could see while he helped deliver the baby. Very diligently, Katelyn did as she was asked. Heidi pushed and pushed, and after a little while Connor was born.

The paramedic lifted him by his little feet and spanked him on his bottom. Connor began to cry. The paramedic then thanked Katelyn for her help and asked the wide-eyed 3-year old what she thought about what she had just witnessed. Katelyn quickly responded, "He shouldn't have crawled in there in the first place. Smack him again!"

*The fourth-grade teacher had to leave the room for a few minutes. When she returned, she found the children in perfect order. Everybody was sitting absolutely quiet.*

*She was shocked and stunned and said "I've never seen anything like this before. This is wonderful. But please tell me, what came over all of you? Why are you so well behaved and quiet?"*

*Finally after much urging, little Sally spoke up and said, "Well one time you said that if you ever came back and found us quiet, you would drop dead."*

A man doing market research knocked on a door and was greeted by a young woman with three small children running around at her feet. He says "I'm doing some research for Vaseline. Have you ever used the product?"

She says, "Yes. My husband and I use it all the time."

And if you don't mind me asking, "what do you use it for?"

"We use it for sex."

The researcher was a little taken aback. "Usually people lie to me and say they use it on a child's bicycle chain or to help with a gate hinge. But, in fact I know that most people use it for sex. I admire your honesty. Since you've been so frank so far, can you tell me exactly how you use it for sex?"

The woman says, "I don't mind telling you at all. My husband and I put it on the door knob and it keeps the kids out."

*A husband was trying to prove to his wife that women talk more than men.*

*He showed her a study which indicated that men use about 10,000 words per day, whereas women use 20,000 words per day.*

*His wife thought about this for a while. She then told her husband that women use twice as many words as men because they have to repeat everything they say.*

*Her husband looked stunned. He said "What?"*

# Editorial...

Hi to everyone,

Carol introduced you to Dianne De Estena last month as the new newsmagazine editor, unfortunately she has been detained in the South Island following the Homebirth Association Conference and is unable to assemble it this month. Dianne is also going to take over the mailing list and the posting of the magazine monthly.

So I thought last month was the last time I would have to do anything towards the magazine and that after approximately eleven years (my homebirth baby is nearly 13!!!) I was about to take a well earned retirement.

How wrong I was to assume this, as I ended up volunteering to compile the whole thing!! – Perhaps I was meant to depart with a bit of a hiss and a roar!

Thanks to Sheryl for her conference report, it sounds like there were some very interesting sessions attended. Thanks also to Ruth for her research articles and other contributions.

I have also included the advertisement and article that were in the Waikato Times and the Hamilton Press in July. Some members live in rural areas and are not be exposed to these papers and I think it is important that you are all aware that we are advertising the Waikato Home Birth Association and promoting homebirth as a safe option.

Ruth has also included a copy of her letter to the Editor (which has since been published) as an incentive to members to also write in and endorse homebirth to the wider community.

I hope I have done a reasonable job of producing the magazine and that you enjoy reading it. Thanks to everyone for their support. Please continue to send interesting articles and birth stories to Dianne.

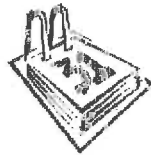
I am still involved with Homebirth as I am the contact number in the phone book as well as any advertising the Association undertakes, so I haven't severed my ties completely!!

Best Wishes

Joanne Ridder



# COMING EVENTS



Please note these dates on your Calendar

**WHBA Core Group Meeting: Sunday 11 August, 2pm, at Parents Place, 4 Little London Lane. Contact TraceyAnn May 858-3494 for agenda.**

**ALL MEMBERS INVITED TO ATTEND.**

**Immunisation Awareness Support Group: Thursday 29 August, 10am, bring a plate and share morning tea at 8 Shelley Jane Place. Contact Clare Shallcross ph 855-6997 if you have any queries. "For an Informed Choice" tapes – two copies are available to borrow from the WHBA Library.**

**Home Birthers' Coffee Mornings:**

**Monday 12 August, 10am, bring a plate and share morning tea at 6a Henry St. Contact Carla ph 856-3676.**

**Thursday 29 August, 10am, bring a plate and share morning tea at 8 Shelley Jane Place. Contact Kim Henneker ph 846-1967 or Clare Shallcross ph 855-6997. Bring your children. Welcome to all members.**

**Cambridge Home Birth Support Group: Contact Tania Bullick ph 827-5165.**

**Te Awamutu Home Birth Support Group: Small library available. Contact Karene Clark ph 07 871-9114.**

**Preparation for Birth Classes: Series begins Tuesday 13 August, 7-9pm for 6 weeks at Parents Place, 4 Little London Lane. Contact Jo Simpson ph 846-9226.**

**Pregnancy Yoga and Relaxation Classes – Monday 1.30pm or Thursday 5.30pm, at the St Andrews Church Centre, 6 Te Aroha St. Contact Hannah Mae ph 856-0221**

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

# SERVICES FOR MEMBERS ....

## BIRTH POOL FOR HIRE



Above: Picture of one of our pools filled and waiting !!

- ♦ Safe and Natural
- ♦ Lightweight Construction - tubular plastic frame with vinyl liner
- ♦ Comes in carry bag - very easy to transport
- ♦ Pool Frame easily assembled in 10 minutes
- ♦ Comes with:
  - full instructions
  - your own disposable liner
  - hoses for filling / emptying
  - electric heating elements

**For bookings or more information contact:  
Glennise Head: 846 4925**

## BABY SLING FOR HIRE

**A great way to try out a sling before deciding whether to buy one of your own. Available for Short Term Hire. \$ 5 month. For bookings or more information please contact: Glennise Head 846 4925.**



## SIBLING KITS FOR HIRE

**The ideal way to prepare your child for a new arrival! Kits include baby doll and basket, several childrens books, the video "A sister for Hugo" and a parents preparation guide. Available for Short Term Hire - \$2 fortnight. For bookings or more information please contact: Clare Shallcross 855 6997.**

# Reduction in Caesarean births urged

■ Most not justified: obstetrician

By Fiona Clarkson

Improving the care of women in labour is the simplest way to reduce the rate of Caesarean section operations, English obstetrician Dr Wendy Savage believes.

Speaking to the 450 midwives attending the New Zealand College of Midwives' national conference in Dunedin on Thursday, Dr Savage said the rate of Caesarean operations, estimated for New Zealand at between 20% and 22%, should be halved.

"Birth is not an illness," the retired obstetrician, most recently an honorary consultant at the Royal London Hospital and currently a member of the British Medical Council, said.

Yet, one in five women in the country would start or end their labour in an operating theatre. Otago's rate was 23%, a recent Ministry of Health study showed.

A 2000 New Zealand pilot study Dr Savage conducted, while not statistically sound because of the low response rate, showed that fear of litigation, "women asking" and use of a spinal epidural were listed by obstetricians and midwives nationally as the main reasons for an increase in Caesarean operations.

This was despite the provision of ACC in the country, she noted. Caesarean rates had increased

steadily internationally since 1970, as the operation started to be used to reduce the number of forceps and natural breech deliveries which had led to trauma for the child and mother.

It was among the contributors to a lower infant mortality rate.

However, studies looking at the clinical reasons for using the operation today showed only between 6% and 12% were medically justified.

Dr Savage listed for conference delegates a series of ways the Caesarean rate could be reduced.

These included educating pregnant women that a normal delivery should be expected.

"Do not induce [labour] without a good reason", was another, as was continuing with labour in a first pregnancy until there was a clear medical reason why the birth would not occur.

Dr Savage received applause from delegates for adding that electronic monitoring of the baby should not be used for healthy women in labour, and that baby distress should be confirmed before a Caesarean was elected.

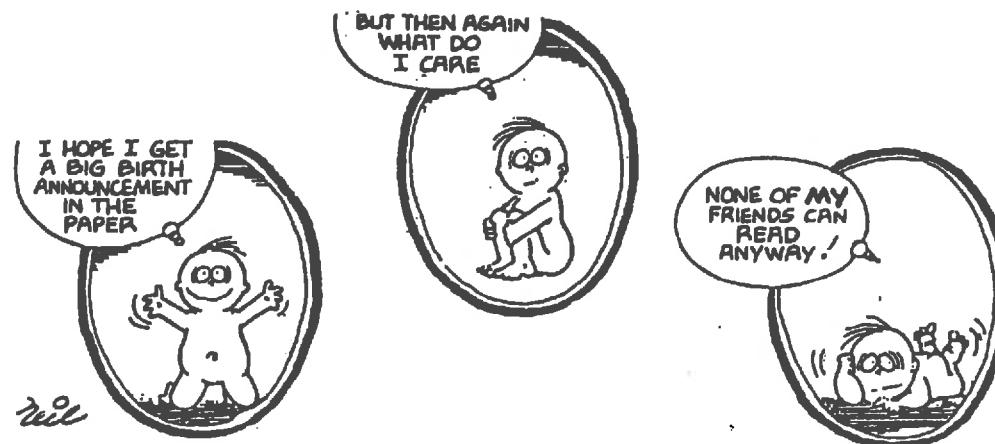
Women should also be encouraged to try a normal labour for their second and subsequent children, even after their first was delivered by operation, she said.



## BIRTH NOTICES



On	These parents	From	Had a	Named	Attended by
02/07/02	Dianne & Joe Ngapo	Kihikihi	Son	Reuben	Jenny/Maggie
02/07/02	Keryn Dunlop & Idar	Cambridge	Son	Cole	Maggie/Michelle
04/07/02	Claudia Kohi & Gavin Edwards	Hamilton	Son	Ihaia	Heather/ Rangimarie
09/07/02	Gabrielle & Mike Balemi	Hamilton	Son	Isaac	Maggie/Michelle
12/07/02	Leah Thompson & Darryl	Thames	Daughter	Kaya	Jenny/Sue
20/07/02	Rachel & Daniel Harrison	Hamilton	Daughter	Rachel	Lyn S/Koha
20/07/02	Ana Navidad & Kevin	Hamurana	Son		Maggie/Heather
23/07/02	Nilah Harnett & Phillip Goossens	Tirau	Son	Jacque	Heather/Maggie
27/07/02	Jessica Haussmann & Adrian Lee	Hamilton	Daughter	Xakiryion	Hannah
28/07/02	Rachel Erikson & David Smythe	Cambridge	Son	Luca	Hannah



# CO-ORDINATORS CORNER



Hello again to you all. Our first ever Sunday meeting turned out to be a great success with really good attendance and reassurance from members that it wasn't too much of a hassle giving up precious weekend time to attend to home birth business. Thank you to all those who made it.

One of the first issues we discussed was the upcoming meeting about the national home birth funding that has been secured by Manawatu/Canterbury Home Birth Association. The meeting for all Home Birth Associations in the country is to be based in Hamilton at Parents Place on Saturday 17 August. Time and details are awaiting confirmation but should hopefully appear in this magazine. We have brought our core group meeting forward a week next month to make sure we can feed our ideas for the best way to utilise the funding into the meeting. If you have any thoughts please let us know.

We discussed the ante natal classes with particular regard to the large size classes we often get in November which we believe is due to the large gap in ante natal classes offered by any provider over the December/January period. We will look at the possibility of offering an extra series over this period if the need arises. There was also some discussion about the possibility of running classes in Raglan as it appears there may be a good level of interest there to do this. Jo also gave feedback from the last series of classes which was really positive. Well done and thanks Jo.

We talked about Parents Place and the access issues which have always concerned us - but decided it was a good idea to find out if it really is an issue for our members. Please let me or one of the core group members know if access to the venue and particularly our library is a problem. It would be good for us to know how much of a problem this really is so that we can take the issue back to the Parents Place committee. We could also possibly address access to the venue as an association by finding out when would be the best times to ensure the place is open for our members.

A large part of the meeting was based around a marketing plan that core group member Ruth presented which looks at a high profile lead up to a variety of activities to be held over home birth week this year (end of October). We have been looking at radio advertising recently as you may remember but decided to hold off on it until we had something to promote. So all brains are being activated on

So, is this you? If so, you should be **proud**. (Being part of the cult does not require full agreement with all the questions, rather, it's if you consider yourself a "militant, cultish, breasteeder.")

<http://www.MilitantBreastfeedingCult.com/>

***Note from Ruth:** this website is worth a look. The website owner (or whatever the proper techno term is) is quite a laugh. She set up this website in response to Peggy Robin's book as she thought that it was hilarious to be considered being part of the 'militant breastfeeding cult' just because she chose to breastfeed her babies. The website has some great graphics as well as other useful information.*



# Are you a Member of the Militant Breastfeeding Cult?

I'll bet you didn't even know there was such a thing. According to Peggy Robin in her book *Bottlefeeding Without Guilt* (now renamed *When Breastfeeding is Not an Option*) there is! If you're not sure about the status of your membership, consider these questions from Rebecca Prewett's review of Robin's book:

1. Do you nurse your babies past one year of age?
2. Do you share your bed with your nursing baby?
3. Do you believe that mothers and fathers have different roles to play in raising children?
4. Do you believe that God provided women with breasts in order to feed their babies?
5. Do you associate with other women who breastfeed their children or even---gasp!---attend La Leche League meetings?
6. Do you sign your email messages with "Billy's mommy" or cutesy nicknames? This is an obvious sign that you are assuming a childlike, unquestioning, unintellectual role within the cult.
7. Do you follow the AAP guidelines of breastfeeding a baby exclusively for six months before introducing supplements or solids? (Presumably the AAP is part of the cult.)
8. Do you believe that there are not only physical differences between men and women, but psychological and emotional differences as well? Do you believe that motherhood is a noble calling and that mothers and babies belong together? Do you---gasp!---think that babies are better off if their mothers are home with them rather than pursuing careers?
9. Do you make your baby's food from wholesome, nourishing ingredients and avoid processed foods or additives?
10. Do you believe that birth should be a joyous, natural, and nonmedical event?
11. Do you use cloth diapers?
12. Do you prefer cotton clothing?
13. Do you avoid pacifiers and artificial nipples?
14. Do you have a large family or---even worse---not use artificial contraceptives?
15. Are you anti-abortion?
16. Is your son uncircumcised?
17. Do you believe that homeschooling is the preferred method of education? And, even if you don't homeschool, do you admire those who do?

Rebecca Prewett writes, "If you answered in the affirmative to any of these, let me warn you that Peggy Robin views these as characteristics of the cult lifestyle!"

this at the moment and we addressed some of it at the meeting but will be beaver away at it further at the next meeting. We are focussing firstly on getting our display boards updated and back in circulation ( they were developed a number of years ago by previous members and have been "sleeping" for a while!) leading up to and during home birth week, and we hope to have a series of presentations on home birth plus a couple of social events to offer during home birth week. I will fill you in further after our next meeting. As always, if you have any ideas or thoughts on this matter they would be most welcome.

I will close by making a request to you all for any beautiful home birth photographs you may have which we could use either in the display or to develop a possible "exhibition" of home birth photos for future use.

Until next month.

lots of love

Clare

## Wanted

### Baby slings

Do you have a baby sling that you are no longer using?

We need more baby slings to hire out to members.

(At the moment, we only have one and it is hired out most of the time)

If you would like to sell us your baby sling, please call

Glennise Head on 846 4925



## CONFERENCE REPORT 2002: SHERYL WRIGHT

Firstly I would like to thank the Waikato Home Birth Association who sponsored my journey to the conference. It was a wonderful experience and I learnt SO much! Dunedin was a great venue and very scenic but I was very pleased to have taken a hat scarf and gloves because it was cold !!!

Below is a summary of some of the sessions I attended.

### Home Birth Conference

This meeting started with two presentations.

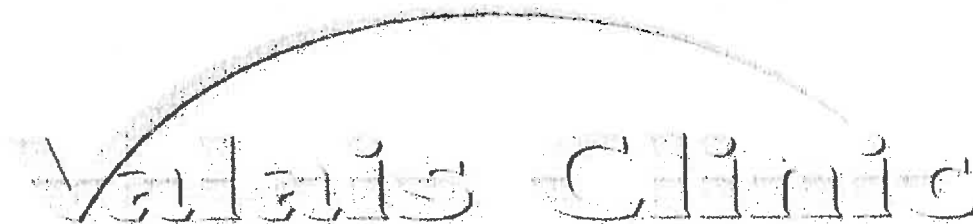
The first was by Sally Baddock who presented details of a sleep study she had undertaken as part of her master's thesis on solitary (cot) sleeping vs. bed sharing and the risk of SIDS. Her study was the first to be conducted in the participant's own home and using an infrared camera two nights of sleep were videoed. On the second night sensors were attached to the baby to record babies breathing, heart rate etc and these recordings were then related to the scenes on the camera. An interesting finding of this was that babies who were subject to high carbon dioxide levels (from re-breathing parents air when sleeping face to face or being covered by blankets) increased their breathing rate to compensate and showed no adverse effects in physiological normal infants.

The full details of her study will soon be published and will make very interesting reading!

The second presenter was Emma who is a member of the Dunedin HBA and was called upon at the last minute to make a presentation. She talked about the responsibilities of parents during the pregnancy and birth experience and discussed how so many women are now socialised to pass much if not all of the responsibility to their midwives and other health professionals. She felt this resulted in health professionals feeling the burden of this responsibility and practising in a much more cautious manner. She urged parents to seek out information and take back the responsibility!

Following a very yummy lunch the AGM was held.

The major discussions centred around the contract that had been offered by the Dept of Health to the Manawatu region of \$20,000 to set up a National homebirth co-ordination service. To give you all some background to this offer several years ago "Community Birth Services" was set up in the Manawatu and they were funded by the Ministry of Health to provide birthing services in their region. With the advent of Section 88 (the new nationwide maternity funding contract) all old non-standard Section 51 contracts have been renegotiated and as a result they lost their funding to promote homebirth. In it's place a new contract was offered to set up a nationwide service. Unfortunately it has only been in recent weeks that the other associations have become aware of the details of this offer and we had very little time before the AGM to discuss this. As several associations were unable to be



**Kerry Mitchell**

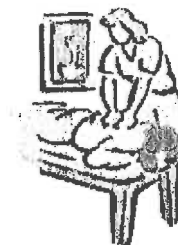
**Dip. Natural Therapies.**

**MMINZI**

## Pregnancy Massage

### The Benefits of Massage during Pregnancy.

- By promoting circulation, massage eases the load on mum's heart and helps to keep her blood pressure in check.
- Muscular discomforts, such as cramping, stiffness, tension, and knots, can all be alleviated.
- It relaxes tense muscles and tones loose muscles.
- Massage can help relieve depression or anxiety caused by hormonal changes mum is experiencing.



**15% Discount for all Home Birth Association members.**

*I am highly trained in my profession and I guarantee that you will leave feeling better than when you arrived. I use the finest organic Essential Oils and I only practise that which is safe for you and your baby.*

**Valais Clinic**

**30 Hukanui Rd**

**Chartwell**

**Hamilton**

**Ph: (07) 855 8839**



## YOGA AND RELAXATION CLASSES FOR PREGNANT WOMEN

The use and practice of Yoga in pregnancy offers many advantages to protect and nurture your pregnancy and growth into motherhood as well as providing strength and calmness towards labour and birthing. Other benefits of developing focus and concentration, increasing power and vitality, and deepening your relaxation are gained through regular Yoga practice. Come and join our group to aid in relearning openness and gain acceptance to the process your body and emotions are experiencing along with the enjoyment of a more central connection with your body and your baby.

**Classes:** Every **Monday** 1.30 to 3.00 pm (Room 1)  
Every **Thursday** 5.30 to 7.00 pm (Lounge)

**Venue:** **St Andrews Church Centre, 6 Te Aroha Street, HAMILTON**

**Cost:** \$5.00 per class or  
\$8.00 per week if attending both Monday and Thursday

**Facilitator:** Hannah Mae (Homebirth Midwife) Phone: 856 0221



"I do wish she wouldn't cross her legs!  
That's the third time today she's  
squashed my toes!"

present we requested more time and a further meeting to discuss this (and allow those associations not present a chance to be involved) but after a

few discussions and phone calls it became clear that the offer was not open to negotiation and stood only until the 7th of July. As a result it was decided to accept the offer and use part of the first years funding to pay for travel expenses for representatives to attend another meeting to work out the practical aspects of how this funding will be used to set up a national body. A tentative date was set for this meeting in Hamilton on the Saturday 17th August. On behalf of the WHBA we undertook to assist with organising accommodation for those attending. So as an association our next step is to decide just what our vision is for Homebirth on a national basis? The contract is pretty broad but is based political rather than practical promotion. There was some discussion about setting up a web site and I pointed out that our website [www.homebirth.org.nz](http://www.homebirth.org.nz) already existed! It seems likely that this new contract may provide the funding for us to maintain and hopefully even extend the scope of this venture.

### Pre-Conference Workshops:

#### Shoulder Dystocia Workshop:

This session was awesome! It was a 'sample' of what is offered in the 2 day 'ALSO' (Advanced Life Support in Obstetrics) course that has just been introduced to New Zealand. These courses are multi-disciplinary (eg a mix of Obstetricians, GP's, Nurses & Midwives) and teach a logical step-by-step first aid approach to dealing with obstetric emergencies. We started by discussing what shoulder dystocia is and then we learnt a mnemonic "HELPER" which uses letters to remind us of the steps we need to undertake when faced with this. (Note after 'H' steps can occur in any sequence)

H = Help Call for additional assistance

E = Evaluate for episiotomy Remembering that shoulder dystocia is a bony problem that cannot be resolved by soft tissue opening however may allow additional room to undertake manoeuvres - this is a personal call - no right or wrong answer!

L = Legs McRoberts Manover (move knees up to chin at same time)

P = Pressure "Rubin 1" Suprapubic manoeuvre - 30 seconds constant, then 30 seconds rocking

E = Enter the Vagina "Rubin 2" - enter posteriorly and up to anterior shoulder to attempt rotation

then:

"Woods Screw" - as above but additional hand enters posteriorly to posterior shoulder and attempts rock / screw both ways

R = Roll the Woman To hands and knees

R = Remove the posterior arm Remember to keep arm central to minimise injury.

We learnt that we had 7 minutes to undertake these manoeuvres and that each should be used for 30 seconds before moving onto the next. It was suggested that the person timing the 30 seconds should also be documenting (this is vital

and can be anyone - even the cleaner!!) . We were able to trial these manoeuvres on a mannequin and this "hands on" experience was invaluable. Like many of the other participants I came away from this session feeling 100% more confident in my ability to calmly and competently manage this should it ever arise.

### **The Caesarean Section Epidemic:**

Doctor Wendy Savage an Obstetrician from the UK talked about the global caesarean section epidemic and we were all shocked to hear that preliminary figures seem to indicate that New Zealand's rate is up to 22% !!!!!!!!!!!!!!! This is well above the World Health Organisations recommended rate of 10 - 15% and it was interesting to note that when these figures were decided the majority felt that 10% was adequate but the extension to 15% was added for the sake of the Americans who wouldn't agree to a target of 10%!

In discussing why the figures were rising she discounted the commonly held belief that it's women's choice pushing the figures up and suggested that in most cases women's choice was as a result of a previous caesarean and the lack of support for VBAC! She discussed how often a 'failure to progress' seems to lead to a diagnosis of a 'distressed' baby yet in 69% of cases this is not confirmed with fetal blood sampling before the caesarean resulting in many so-called distressed babies being born with wonderful Apgar scores!!

Other contributing factors were a reduction in the use of forceps and the demise of vaginal breech birth. She suggested that with proper training at least 2/3 of breech babies could be born safely vaginally. In her own practice she was able to keep her rate below 10% and told us that when there is no medical indication that she will only allow women to choose an elective caesarean if they agree to undertake psychiatric counselling first. It has been her experience that following this 9 out of 10 women resolve their fears / past experiences and go on to birth vaginally! She believes that to reduce the rate we need obstetricians, midwives GP's and women to join together to reduce this unnecessary surgery and embark on publicity campaign to educate young women about the beauty and hard work of normal labour and birth. She closed by stating that the best was to reduce caesareans was to encourage women to birth either at home or in primary birth units.

### **Midwifery in Holland and New Zealand: Similarities and Difference**

Beatrijs Smulders a midwife from Holland was a simply inspiring speaker! Alongside New Zealand Holland is the only other country to retain a maternity system based on midwifery. However their system is very different and provides lots of food for thought especially and their statistics (homebirth rate: 35%, epidural rate: 4%, caesarean rate: 10%, ventouse rate: 10%, induction rate: very low) leave ours in the dust!!!

## **A matched cohort study of planned home and hospital births in Western Australia 1981-1987.**

**Woodcock HC, Read AW, Bower C, Stanley FJ, Moore DJ.**

**Midwifery 1995 Jun;11(2):99**

**OBJECTIVE:** to evaluate practice comparing planned home birth with planned hospital birth

**DESIGN:** a retrospective analysis of a cohort who had planned to have a home birth compared with a matched hospital birth group

**SETTING:** Western Australia (WA)

**PARTICIPANTS:** all women (N = 976) who 'booked' to have a home birth 1981-1987 and 2928 matched women who had a planned hospital birth (singleton births only).

**MEASUREMENTS AND FINDINGS:** women in the home birth group had a longer labour, were less likely to have had labour induced or to have had any sort of operative delivery. They were less likely overall to have had complications of labour, but more likely to have had a postpartum haemorrhage and more likely to have had a retained placenta. Babies in the home birth group were heavier and more likely to be post-term. They were less likely to have had an Apgar score below 8 at 5 minutes, to have taken more than 1 minute to establish respiration or to have received resuscitation. The crude odds ratio for planned home births for perinatal mortality was 1.25 (95% CI 0.44-3.55). Postneonatal mortality was more common in the hospital group. Planned home births were generally associated with less intervention than hospital births and with less maternal and neonatal morbidity, with the exception of third stage complications. Although not significant, the increase in perinatal mortality has been observed in other Australian studies of home births and requires continuing evaluation.

**KEY CONCLUSIONS:** Planned home births in WA appear to be associated with less overall maternal and neonatal morbidity and less intervention than hospital births.

**IMPLICATIONS FOR PRACTICE:** whether these observed differences in intervention and morbidity have any relationship to the small, non-significant increase in perinatal mortality could not be determined in this study. Continuing evaluation of home birth practice and outcome is essential.

## Home birth in New Zealand 1973-93: incidence and mortality.

Gulbransen G, Hilton J, McKay L, Cox A.

N Z Med J 1997 Mar 28;110(1040):87-9

Auckland Home Birth Association.

**AIMS:** To determine for the period 1973-93, national and regional (1991 and 1992 only) incidence of home birth in New Zealand, with home birth defined as home being the intended place of birth at the onset of labour, to calculate perinatal and maternal mortality rates for home birth, and to categorise the cause of perinatal death.

**METHODS:** Data sheets for 9776 planned home births were analysed. These had been collected by the Home Birth Associations of New Zealand/Aotearoa. National perinatal data and data from National Women's Hospital, Auckland were used for comparison. Trend analysis was performed by Poisson regression allowing for overdispersion.

**RESULTS:** Planned home birth made up 2% of the total births in 1993, up from 0.04% in 1973. The home birth perinatal mortality rate for this period was 2.97 per 1000 total births, with no change over time. This was not significantly different from the rate for a selected low risk group at National Women's Hospital. Lethal anomalies caused 31% of the perinatal deaths. There was one maternal death (maternal mortality rate: 1.02 per 10,000 total births). There were significant differences in the rate of home birth in separate area health board regions for 1991 and 1992.

**CONCLUSION:** Home birth was a safe and increasingly popular: though minor, option for New Zealand women from 1973-93

### A DAY'S WORK

Today I left some dishes dirty  
The bed got made around two thirty  
The nappies soaked a little longer  
Their odour given a little stronger  
The crumbs I spilled the day before  
were staring at me from the floor  
The dirt streaks on those window panes  
will still be there next time it rains

"For shame, lazy one" you say,  
And "Just what did you do today?"

I nursed a baby while he slept  
Held a toddler while she wept  
I played a game of hide and seek  
I squeezed a toy and made it squeak  
I pushed a swing, I sang a song  
I taught a child what's right and wrong  
What did I do this whole day through?  
Not much that shows, I guess, it's true  
Unless you think that what I've done  
Might be important to someone  
With bright blue eyes and soft blonde hair  
If that is true, I've done my share.

(Source unknown)

I made so many notes that I just have to share them with you all !!!

- In Holland the system assumes that women will birth at home with hospitals reserved for those who have complications. If a women without complications wishes to birth in a hospital she must pay! The system has as its cornerstone a 'screening' programme that determines normal vs. abnormal

- Midwives provide maternity services for all women. If complications arise the women transfers to obstetric care. As the midwife does not remain involved this gives women an incentive to stay normal to keep their midwife!! As a bonus the Obstetricians have a good working relationship with midwives as they are not in competition - in fact the midwives bring them their clients!!

- The average midwife has a caseload of 200 a year! (NZ is 40 -60) In labour a specially trained nurse attend the birth along with the midwife and she can stay with the woman in early labour (allowing the midwife to carry on with her day), assists with the birth (clean up etc) and afterwards stays for 10 days to assist with mothercraft / breastfeeding.

- The culture in Holland sees birth as normal. There is no tradition of litigation and it is expected that women will take responsibility for their own body. They believe that responsibility not choice is true emancipation / feminism and that the empowerment of having given birth helps women to develop a loving image of themselves and in turn share this with other women. She used the US as an example of what happens when there is no longer a culture of normal birth - women have no role models and when birth is surrounded by fear it is hard to trust labour / birth / body.

- Pain in labour is seen as a normal and important and pain relief is only offered if pain is considered to be abnormal. Women are encouraged to accept that it is needed to 'keep birth safe' and as part of the responsibility that women have for themselves and their babies. She reminded us that labour pains are unlike other pain - they are not a warning that something is wrong rather they are a reminder to surrender to the birth process. She sees pain as a tool o 'knock our brain off' - turning off our thoughts and letting the hormones take over! She tells women they while it might feel like you are going to die you won't - pain is your friend – it will not harm you - only turn you into a mother!! She believes we must celebrate the noises of birth - when women 'roar' as midwives and supporters we must say, "yes she is doing it"!! She described normal as "beast during contractions, beauty in between".

- To remove fear both women and midwives are encouraged to be instinctive. She considers it important that we accept our fear rather than trying to ignore it and that it's OK for both woman and midwife to say "I am afraid, I am excited, It will be OK". She reminded us that gadgets and technology are simply tools that help us hide our fear and feel safer

• Beatrijs was surprised by our emphasis on 'informed choice'. She felt that it was just a myth and that when it comes to birthing the body is stronger than the mind! She felt that if we use our rational mind then our choices are likely to be based on fear and insecurity and that we should just "get on with it". She encourages

women to start labour at home and let our bodies (nature) make the decisions. She felt the biggest threat to normal labour was the lack of strong labour and that to achieve strong labour we needed to remain at home and "turn off our brain".

• In Holland the promotion of midwifery is very important. They have 4 midwives (of whom she is one) who target the media. Starting soon they have a new soap opera based on a midwifery practice - what great PR !! To promote normal birth they hold nationwide symposiums titled "Birth in the 21st Century" which focus on how to keep birth safe. She believes that in order to promote midwifery we must sell pain and promote the idea that a high number of interventions lead to reduced safety and this of course leads to homebirth as the ideal way to avoid interventions!

Beatrijs told us two really good stories that illustrate of letting the body not the mind control labour:

The first was about a US woman with a Dutch husband whose first birth in the US had resulted in a caesarean following every possible intervention. This time she wanted to "go Dutch" and asked that no matter what she said they were not to give in to any requests for pain relief. A home birth (in a hotel!) was planned. When Beatrijs was called to the labour she found the woman in agony and her husband beside himself with concern. The woman was stunned when Beatrijs sent her husband off for a walk around the park and even more stunned when after helping her into the shower Beatrijs told her she was off as well!! Afterwards the woman recounted how alone in the shower she had raged with anger and tears before finally deciding that since there was no one around to help her "I might as well be OK". A few hours later Beatrijs returned and the woman had an intervention free and wonderful homebirth!

In her second story Beatrijs told how she had booked a woman who was adamant she wanted an elective caesarean section under general anaesthetic as she didn't want anyone to see her naked. Beatrijs assumed a history of sexual abuse and agreed to an elective caesarean so long as she began her labour at home. When called to the labour she found the husband waiting in the kitchen. She asked if the woman still wanted to go to the hospital but he said his mother had birthed 8 babies at home and she would be OK. Beatrijs went in to check the woman who was in her bedroom under the duvet moaning. Beatrijs came close and asked if she could check the babies heart rate and the woman slapped her and told her to f\*\*\*\* off. Stunned and puzzled Beatrijs went back out to the husband in the kitchen wondering what could she do. There she saw a scarf and tying this around her eyes she went back in telling the woman she could no longer see her but after years of experience could help her birth the baby with her nose and her hands. After the baby was born the woman reached up and removed the scarf saying "I trust you now". The next day Beatrijs returned to find that after years of avoiding being

**CONCLUSIONS:** A longer duration of breastfeeding appears to be protective against the development of asthma and wheeze in young children. More public health efforts should be directed toward increasing the initiation and duration of breastfeeding.

### **Antibiotic use in early childhood and the development of asthma.**

**JOURNAL:** Clin Exp Allergy 1999 Jun;29(6):766-71

**AUTHORS** Wickens K, Pearce N, Crane J, Beasley R.

The Wellington Asthma Research Group, Wellington School of Medicine, Wellington South, Wellington, New Zealand.

**BACKGROUND AND OBJECTIVE:** Recent investigations have focused on the role of infections in infancy in promoting or protecting against the subsequent development of asthma. A related hypothesis concerns the possible role of medical responses to infections, including the widespread use of antibiotics. We chose children at Rudolf Steiner schools to test this latter hypothesis because a significant proportion of parents rejects the use of conventional treatments, including antibiotics.

**METHODS:** Seventy-five per cent (n = 456) of parents of children aged 5-10 years attending Rudolf Steiner schools throughout New Zealand completed questionnaires which included questions on the use of antibiotics and a history of asthma and wheeze in their children. R

**RESULTS:** After controlling for potential confounders, antibiotic use was significantly associated with having a history of asthma (OR = 2.74, 95% CI: 1.10-6.85) or wheeze (OR = 1.86, 95% CI: 1.06-3.26) but not with current wheeze (OR = 1.08, 95% CI: 0.54-2.16). The adjusted odds ratio for asthma was 4.05 (95% CI: 1.55-10.59) if antibiotics were used in the first year of life and 1.64 (95% CI: 0.60-4.46) if antibiotics had been used only after the first year of life when compared with children who had never used antibiotics. The number of courses of antibiotics during the first year of life was also associated with increased odds ratios for asthma: 2.27 (95% CI: 1.14-4.51) for one to two courses and 4.02 (95% CI: 1.57-10.31) for three or more courses when compared with no antibiotic use in the first year of life. Although not significant, the association of antibiotics and hay fever (OR = 1.99 [95% CI: 0.93-4.26]) was of a similar strength to the association of antibiotics with a history of wheeze. Antibiotics were not significantly associated with eczema (OR = 1.23 [95% CI: 0.71-2.13]).

**CONCLUSION:** Antibiotic use in infancy may be associated with an increased risk of developing asthma. Further study is required to determine the reasons for this association.



# Research

New Zealand ranks as having one of the highest rates of asthma in the world. There is lots of New Zealand research currently underway to try and determine why this might be. I found these recent studies – one in Canada which links longer breastfeeding with lower rates of asthma and the other a New Zealand one which links antibiotic use with higher rates of asthma – while searching for other medical articles.

## Breastfeeding and asthma in young children: findings from a population-based study.

**JOURNAL :** Arch Pediatr Adolesc Med 2001 Nov;155(11):1261-5

**AUTHORS:** Dell S, To T.

Division of Respiratory Medicine, The Hospital for Sick Children, 555 University Ave, Toronto, Ontario, M5G 1X8, Canada.

**OBJECTIVE:** To evaluate the association between breastfeeding and asthma in young Canadian children.

**METHODS:** Baseline data from the National Longitudinal Survey of Children and Youth (a population-based study of child health and well-being) were used. A weighted sample of 331 100 (unweighted n = 2184) children between the ages of 12 and 24 months, whose biological mother reported data on breastfeeding and asthma, were included. Outcomes included parental report of physician-diagnosed asthma and wheeze in the previous year. Breastfeeding was categorized by duration as follows: less than 2 months, 2 to 6 months, 7 to 9 months, and longer than 9 months. Logistic regression analyses were conducted with breastfeeding duration dichotomized at various cutoffs. Important potential confounders were considered in the adjusted analyses. Published statistical methods appropriate for the sampling strategy were used.

**RESULTS:** The prevalence of asthma was 6.3%; and wheeze, 23.9%. Almost half of the children (44.0%) were breastfed for less than 2 months. After adjustment for smoking, low birth weight, low maternal education, and sex, a duration of breastfeeding for 9 months or less was found to be a risk factor for asthma (odds ratio, 2.39; 99% confidence interval, 0.95-6.03) and wheeze (odds ratio, 1.54; 99% confidence interval, 1.04-2.29). A dose-response effect was observed with breastfeeding duration.

naked (even her husband had never seen her naked) she was naked and no longer afraid of her body, considering herself 'cured'.

## Elective Caesarean to reduce Pelvic Floor Damage:

As part of a panel Dunedin OB/GYN Dr Don Wilson shared some results of a study of 4000 women from Dunedin, Birmingham and Aberdeen surveyed 3 months and 6 years after birth to determine if elective caesarean could reduce pelvic floor damage resulting in urinary and anal (faecal) incontinence.

His research showed that caesarean section could provide approx 10% protective effect however when comparing women who following vaginal birth had undertaken pelvic floor exercises there was no difference in the two groups - in fact the pelvic floor exercises were more protective! His research showed that it took 3 caesareans (with of course increased level of maternal risk) to show a protective effect greater than the use of pelvic floor exercises!

## Keeping Birth Normal:

Marie O'Connor a Sociologist and Consumer Advocate from Ireland told of the battle Irish women have to regain 'normal' birth. Homebirth is virtually non-existent in Ireland with 40% of all birth happening in just 3 hospitals!

Under the guidance of Obstetricians and Obstetric Nurses active management (with the use of interventions such as ARM and oxytocin drips to control and monitor birth) is routinely practiced and very few women have a 'normal' birth - in fact they are proud of their guarantee that labour will not exceed 12hrs and their fabulous bed turn around rate in the delivery suite!!! She proposed a 10-step plan to keep birth normal.

1. No regionalisation / centralisation
2. Remove all vestiges of medial monopoly
3. Equality: Midwives deserve equal pay parity for birth. Uses (she hates the term 'consumer' as it adds to the comodification of birth) are entitled to basic human rights and equal service wherever they live (eg no closure of rural facilities)
4. Active management should be abolished
5. Forget the multi-disciplinary approach - it simply results in hierarchical control!!!
6. Develop a media and PR strategy to promote safe normal birth
7. Education - get midwives into schools teaching normal birth in life skills classes
8. Ensure antenatal education is provided by midwives - in Ireland this is provide by young 'obstetric physiotherapists' who are controlled by the Obstetricians
9. Demedicalise our birthing language - remove the medical and replace with midwifery!!
10. GOD - In Ireland the Doctor has become God - take the obstetrics out of birth and put the real god back in charge.

# home birth

## A SAFE OPTION

**Did you know that home birth has been proven to be as safe as hospital birth for healthy women and babies?**

The Waikato Home Birth Association (WHBA) supports women in their choice to birth in a familiar, loving home environment with her family and a qualified home birth midwife supporting her

**The WHBA offers its members**

- a monthly magazine
- an extensive library including videos
- free antenatal classes
- birth pool hireage
- a variety of other resources
- antenatal/postnatal coffee mornings & gatherings for support & information sharing



Call Joanne on 847 4987 for details or further information or check out our website  
[www.homebirth.org.nz](http://www.homebirth.org.nz)

## Birth pools popular

WATER will soon flow faster into birthing pools hired out by the Waikato Home Birth Association.

The association will soon have a special gas water-heating system to fill its pools with the right amount of water at the perfect temperature in record time. These pools are used by women for water births at home.

Glennise Head, pool hire organiser, said: "The pools are so popular they are rarely in

storage." Glennise plans to have her fourth baby at home — her third in a birth pool — in January. She said there was constant feedback about how successful the pools were in easing labour and birth.

For more information about hiring the birth pools, phone Glennise on 846-4925. For general inquiries about home births and midwives, see the Waikato Home Birth Association advertisement on this page.



Here's a copy of the letter I faxed to The Waikato Times in response to our advertisement and article that went into the Times. It would be great if more people wrote in and we got homebirth featuring in the media more often.

So if you're happy to have your name in print why not take five minutes (if as busy parents you can find five minutes!) and pen a quick note to the Times, thanking them for including homebirth as an option in their feature? Maybe mentioning that you had a homebirth or used a birth pool or ... whatever else comes to mind.

Ruth

The Editor  
Waikato Times  
Private Bag 3086  
Hamilton

Dear Sir

It was great to see the homebirth option in your feature on Birthing Options (Times 18 July 02).

We make a big deal about 'informed choice' in our maternity services but most women do not make a truly informed choice. Despite the facts, most people believe that homebirth is less safe and choose to birth in hospitals. The research shows that the opposite is true - in hospital, the woman's chance of having unnecessary interventions is much higher than with a planned homebirth. For example, Woodcock and others found that planned home births in Western Australia were associated with less overall maternal and neonatal death and less intervention than hospital births (1995, Midwifery, 11(2)). There are similar results for New Zealand and overseas research (e.g. see Gulbransen et al., N Z Medical Journal, 1997 & Ackermann-Liebrich et al., British Medical Journal, 1996).

If your readers want more information I recommend they read Waikato midwife Maggie Banks' excellent book Homebirth Bound: Mending the Broken Weave (available at Pennys in Chartwell or Books and More in Downtown), or check out [www.homebirth.org.nz](http://www.homebirth.org.nz) so they can make a truly informed birthing choice.

Yours sincerely

Ruth Hungerford