

Waikato Home Birth Association Inc. Newsmagazine 2003

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Expiry: 8/03



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

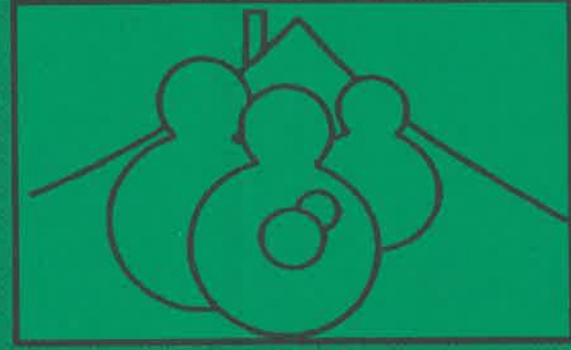
Sunday 16th March 2003 at 2pm.

Parents Place, Little London Lane, Hamilton

Contact Traceyann May on 07 858 3494 for details
or agenda items.

• *ALL WELCOME* •

Waikato Home Birth Association Inc.



Newsmagazine

MARCH 2003

Home Birth = A Safe Option

WAIKATO HOME BIRTH ASSOCIATION

P O Box 15043, Hamilton

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

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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, photo's and articles to:

Dianne De Estena
Unit 2 - B Te Aroha Street, Hamilton
Ph: 854 9686
E-mail: 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 50% discount for pre-paid runs of 6 months or more. For further information please contact Dianne ph 854 9686.

DEADLINE: Material for the next magazine is accepted up to midday on the 20th of the month. This also includes birth notices.

"Have you considered a Home Birth?" Booklets

Free copies of these booklets are available for distribution by Midwives who are financial members. For non financial members of the WHBA there is a 50¢ 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.

—X—

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P O Box 15043, Hamilton

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ARE YOU A NEW MEMBER? Yes ☐ No ☐

THE LAST LAUGH CORNER



Somehow We Survived

If you lived as a child in the 70's or the 80's, looking back, it's hard to believe that we have lived as long as we have.....

As children, we would ride in cars with no seat belts or air bags.

Our baby cots were covered with bright coloured lead-based paint.

We had no childproof lids on medicine bottles, doors, or cabinets, and when we rode our bikes, we had no helmets. (Not to mention hitchhiking to town as a young kid!)

We drank water from the garden hose and not from a bottle. Horrors.

We would spend hours building our go-carts out of scraps and then rode down the hill, only to find out we forgot the brakes. After running into the bushes a few times we learned to solve the problem.

We would leave home in the morning and play all day, as long as we were back when the street-lights came on. No one was able to reach us all day.

No mobile phones. Unthinkable.

We played dodgeball and sometimes the ball would really hurt.

We got cut and broke bones and broke teeth and there were no lawsuits from these accidents.

They were accidents. No one was to blame but us. Remember accidents?

We had fights and punched each other and got black and blue and learned to get over it.

We ate cupcakes, bread and butter, and drank sugary pop but we were never overweight.....we were always outside playing.

We shared one bottle of pop with four friends, from one bottle and no one died from this?

We did not have Playstations, Nintendo 64, X Boxes, video games and all 99 channels on Sky Digital TV, video tape movies, surround sound personal mobile phones, Personal Computers, Internet chat rooms.....we had friends. We went outside and found them.

We rode bikes or walked to a friend's home and knocked on the door, or rung the bell or just walked in and talked to them. Imagine such a thing.

Without asking a parent! By ourselves!

Out there in the cold cruel world! Without a guardian. How did we do it?

We made up games with sticks and tennis balls and ate worms and although we were told it would happen, we did not put out very many eyes, nor did the worms live inside us forever.

Our actions were our own. Consequences were expected. No one to hide behind.

The idea of a parent bailing us out if we broke a law was unheard of.

They actually sided with the law, imagine that!

This generation has produced some of the best risk-takers and problem solvers and inventors, ever.

The past 50 years has been an explosion of innovation and new ideas. We had freedom, failure, success and responsibility, and we learned how to. And you're one of them.

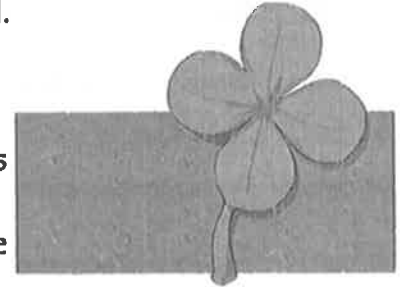
Congratulations!

Think of others that have had the luck to grow up as kids, before lawyers and government regulated our lives, for our own good?

Editorial...

Hola and a Happy St Patrick's Day to you all.

WOW My youngest was 4 on the 28th February and I can hardly believe that my baby is due sometime this month due date is 21st, my partner thinks baby will come on the 24th, as for me who knows, babies come when they come. Time sure flies though.



This month we have Ruth's birth story and thank you so much for that, so quickly too! WOW I'm really impressed, please don't expect of that of me! Please send in your BIRTH STORIES we love to read about them. AND I HAVE RUN OUT. They help us in so many ways from practical hints at what helped you in labour to just experiencing the wonderful journey that is birth. As every birth is different and precious. Think I'm going to cry I can't wait for this baby to come, I'm so looking forward to the birth.

Please remember to come to our Garage Sale this month, and if you have any items you wish to donate please ring Telisa or Ruth, their numbers are in the ad in the magazine. By supporting us we can support you.

Take care everyone and Happy homebirthing, Maybe I'll have some great news of my own next month for you!

Chao

Dianne

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Your Newly Hatched!

On	These Parents	From	Had	Named	Attended by
04/11/2002	Hiria Pierson & Rehua	Rotorua	Boy	Tahuriorangi	Heather
30/11/2002	Mereana & John Kaukau	Rotorua	Boy	Lincoln Pihama	Heather/Jenny
01/01/2003	Sharon & Lloyd Tanner	Putaturu	Girl	Anna	Maggie
06/01/2003	Joost & Nicole Arentz	Hamilton	Girl	Marleen	Sue
08/01/2003	Rachel Gregory & Kelly Taiti	Hamilton	Girl	Tayla	Maggie/Tracy
25/01/2003	Andre Foote & Antonio Te Maioha	Raglan	Boy	Amuakorurangi	Maggie/Tracy
29/01/2003	Kerry & Paul Mitchell	Hamilton	Boy	Jordan	De/Jo
30/01/2003	Liz & Rob Scovell-Lightfoot	Hamilton	Boy	Rowan	Maggie/Tracy
31/01/2003	Cookie & Clarke Koopu	Hamilton	Boy	Kaurerewa	Hannah/Kelly
02/02/2003	Ursula Hafziger & Ian Firster	Hamilton	Boy	Toby	Hannah
07/02/2003	Glennise & Murray Head	Hamilton	Boy	Loegan	Hannah/Jo/Katrina
07/02/2003	Fiona & Leroy Morgan	Cambridge	Girl	Mae Te Korowai	Heather
10/02/2003	Lindsey Turner & Andrew Thompson	Raglan	Girl		Lyn.S
13/02/2003	Tina & Nathan Paki	Paeroa	Girl	Olivia	Sue/Jenny
13/02/2003	Andrea & Eric McSweeney	Taupiri	Boy	Lachlan	Hannah/De/Katrina
17/02/2003	Roimata & Lamen Tipene	Raglan	Boy		Karena/Theresa
18/02/2003	Tania Thomason & Jeremy Daly	Hamilton	Boy	Rune	Hannah/Jo/Katrina
Sadly Tania and Jeremy's son died on the day he was born, our deepest sympathy goes out to them through this time.					
19/02/2003	Matiria Winiata & Corey Broughton	Matamata	Girl		Heather/Jenny

SERVICES FOR MEMBERS

BIRTH POOL FOR HIRE



- ♦ 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

****NOW** available Gas Caliphants to heat the water without using your water cylinder!**

**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 children's 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:

Glennise Head Ph: 846 4925

Item Description:	Price	Colour	Size	Quantity	Total
Postage & Handling:					
Total Enclosed:					

Ruth's Reviews

BOOK REVIEW BY CLARE!

Hello to the Waikato Home Birthers. Here we are all settled in Papamoa and missing you all like crazy!!

I was so impressed with a book that I have recently read titled "How to raise children who think for themselves" that I thought it deserved a review in this magazine. I found it in the Mount Maunganui Library and perhaps some of you may like to track it down in the Hamilton library.

I must say, the title of this book caught my eye on the shelves as one of the reasons I have chosen to home-school my children is so that they will be more self confident and able to think for themselves rather than just be "led" by others. However this book has taught me a whole lot about addressing the way I parent and the way I behave as an adult that is role modelling certain behaviours and practices to my children.

The author Elisa Medhus, MD writes the book in an easy to read way using much humour and real life experiences. She provides convincing evidence in the book (following many years of research) that we are teaching our children to make choices in life to gain the approval and acceptance of others and in doing so children relinquish their own power to reason. They learn to ignore their own internal dialogue which would enable them to use reason to determine the best choices in life for themselves. Parents without realising often use a variety of language and behaviours which tell children how to think, behave and feel. These are discussed in the book along with ways to change for the better.

Self directed children have high self esteem/self confidence, competence to understand and manipulate their surroundings, independence, high moral character (to "do the right thing"), and become an asset in group activity. To quote from the book *"Imagine, for a moment, a world of self directed children! We'd have people who can appreciate their own unique strengths, translate them into meaningful roles, and contribute to the pack by fulfilling those roles, people who live according to their own thoughts rather than the thoughts of others. Compare this to an externally directed world where people frantically jockey for the best positions within the pack, stepping on others and their own moral principles along the way. Go one step further and imagine that it's within our power, as parents, to decide which of these paths humankind will travel! With a few tweaks of our parenting techniques, we can create a self directed world."*

The book has seven strategies for raising self directed children which look at creating the right family environment, developing childrens internal dialogue and natural intuition, teaching empathy, methods of discipline which promote internal direction, helping children rebound from failure and helping children handle real life influences. The book also has a huge section on how to handle specific childhood issues such as tantrms, aggression, clingyness, shyness etc etc.

Anyway - I am considering buying a copy myself because I'm sure I'd like to refer to it over and over. Have a look at it for yourself - you may be as impressed as I was and for sure you will pick up a few new parenting tips for yourself.

All my love to you all

Clare

babies pulling disposables apart and putting pieces of plastic into their noses and mouth, choking on tab papers and linings, plastic melting onto the skin, and ink staining the skin. Plastic tabs can also tear skin, and disposables may contain wood splinters.

In 1987, the Sunday Democrat and Chronicle published news about the new Pampers Ultra. The new gel they used caused severe skin irritations, oozing blood from perineum and scrotal tissues, fever, vomiting, and staph infections in babies. Employees in Pampers factories suffered from tiredness, female organ problems, slow-healing wounds and weight loss. According to the Journal of Pediatrics, 54% of one-month old babies using disposable diapers had rashes, 16% had severe rashes. A survey of Procter & Gamble's own studies show that the incidence of diaper rash increases from 7.1 percent to 61 percent with the increased use of throwaway diapers, great for manufacturers of diaper rash medicines. Widespread diaper rash is a fairly new phenomenon that surfaced along with disposable diapers. Reasons for more rashes include allergies to chemicals, lack of air, higher temperatures because plastic retains body heat, and babies are probably changed less often because they feel dry when wet.

Disposables and Public Health & Landfill Concerns

About 5 million tons of untreated body excrement, which may carry over 100 intestinal viruses, is brought to landfills via disposables. This may contribute to groundwater contamination and attract insects that carry and transmit diseases. In 1990, 18 billion disposables were thrown into United States landfills. Is it wise to use 3.4 billion gallons of oil and over 250,000 trees a year to manufacture disposables that end up in our already overburdened landfills? These disposables are not readily biodegradable. The paper must be exposed to air and sun to decompose. Thirty percent of a disposable diaper is plastic and is not compostable. Even if the rest of the diaper could be composted, these plants could only handle 400 of the 10,000 tons of diapers tossed in landfills EACH DAY, assuming they didn't have to process any other compostable garbage. Biodegradable diapers have cornstarch added to the plastic to break it into tiny pieces. The pieces still end up in landfills.

Inaccurate and Misleading Information from Disposables Manufacturers

It's the late 1980's, people are becoming concerned about the environment. Disposables are on the decline. The disposables manufacturers fight back. Articles and advertisements say disposables are OK. Many mothers, glad to hear that and relieved of guilt, switch to disposables. Disposables manufacturers say energy usage is the same for cloth or disposables, but the fact is that throwaways use five times more energy than reusables.

Chemicals in Disposables

Since your baby will spend so much time in diapers, let's take a closer look at disposable diapers. On the market since the early 60's, the disposable diaper changed from a plastic diaper with a lot of paper fluff to a diaper constructed of a waterproof plastic outer layer, an absorbent pad with super absorbent chemicals, and an inner liner. The super absorbent chemical, sodium polyacrylate, absorbs and holds fluids in the diaper. This chemical has been linked to toxic shock syndrome, can cause allergic reactions, and is lethal to cats if inhaled. Death has occurred from ingestion of just 5 grams of this chemical. Pediatric journals contain reports of this chemical sticking to babies' genitals. When the baby's skin gets wet, this super absorber can pull fluids from baby's skin. Dioxin, the most toxic of all cancer-linked chemicals, according to the Environmental Protection Agency (EPA), is a byproduct of bleaching paper. Even in the smallest detectable quantities, dioxin has been known to cause liver disease, immune system suppression, and genetic damage in lab animals. Dyes found in some disposables are known to damage the central nervous system, kidneys, and liver. The Food & Drug Administration (FDA) received reports that fragrances caused headaches, dizziness, and rashes. Problems reported to the Consumer Protection Agency include chemical burns, noxious chemical and insecticide odors, reports of

YOGA & RELAXATION FOR MOTHERING

HANNAH MAE

Home Birth Midwife

Mondays 1:30pm-3:00pm

St Andrews church centre

6 Te Aroha Street,

Hamilton

Bring your baby & essentials. Cost \$5

This class provides a wonderful support unity to get together with other mothers and pregnant women. Join us with your baby for some yoga, working towards positive, fulfilling mothering and breast feeding within a supportive group of women.

YOGA & RELAXATION FOR PREGNANCY

HANNAH MAE

Home Birth Midwife

Thursdays 5:30pm-7:00pm

St Andrews church centre

6 Te Aroha Street,

Hamilton

Bring a towel & pillow. Cost \$5

Yoga is a deeply effective exercise system for the months of pregnancy, childbirth and beyond. It can provide the key to a relaxed and enjoyable pregnancy, activating the energy and the tools that empower us as women in birthing new life.

YOGA & RELAXATION FOR THE FAMILY

HANNAH MAE

Home Birth Midwife

Fridays 5:30pm-6:45pm

Parents Place

4 Little London Lane

Hamilton

Bring your family and essentials.

Gold coin donation.

This class provides an opportunity to get together with other families. Join us for some yoga, working towards positive, fulfilling living & parenting within a supportive group. We have access at Parents Place, but will be outside on the lawn for yoga. CLASS WILL BE HELD WEEKLY THROUGH THE SUMMER.

UNWANTED ITEMS NEEDED

Do you have any unwanted household items to donate to the first annual WHBA Monster Garage Sale ?

We need

Clothes

Toys

Household items

Bric a brac

Whatever you may have that is cluttering up your house or garage ...



"one person's rubbish is another person's treasure"

We are holding the garage sale on **March 29th 2003** as a way to promote home birth, promote the WHBA and raise some funds for next year's Home Birth Awareness week.

We will need some volunteers closer to the date to help with sorting stuff out and selling stuff on the day.

If you have any items to donate or would like to offer some storage space or some help on the day ...

Please call

Telisa 854 7585

Ruth 855 2683

VENUE: 18 Kitchener Street, Hamilton

Technology in Birth: First Do No Harm

By Marsden Wagner, MD

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A woman in Iowa was recently referred to a university hospital during her labor because of possible complications. There, it was decided that a cesarean section should be done. After the surgery was completed and the woman was resting post-operatively in her hospital room, she went into shock and died. An autopsy showed that during the cesarean section the surgeon had accidentally nicked the woman's aorta, the biggest artery in the body, leading to internal hemorrhage, shock and death.

Cesarean section can save the life of the mother or her baby. Cesarean section can also kill a mother or her baby. How can this be? Because every single procedure or technology used during pregnancy and birth carries risks, both for mother and baby. The decision to use technology is a judgment call—it may make things either better or worse.

We are living in the age of technology. Ever since we succeeded in going to the moon, we have believed that technology can do everything to solve all of our problems. So it should come as no surprise that doctors and hospitals are using more and more technology on pregnant and birthing women. Has it solved all the problems that can arise during birth? Hardly. Let's look at the recent track record.

Has the recent increasing use of technology during pregnancy and birth resulted in fewer damaged or dead babies? In the United States there has been no decrease in the past 30 years in the number of babies with cerebral palsy. The biggest killer of newborn babies is a birth weight that is too low, but the number of too-small babies born has not decreased the past 20 years. The number of babies who die while still in the womb has not decreased in more than a decade. While the past 10 years has seen a slight drop in the number of babies who die during their first week after birth, the scientific data suggest an increase in the number of babies who survive the first week but have permanent brain damage.

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.

Asthma and Breastfeeding

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.

CONCLUSIONS: A longer duration of breastfeeding appears to be protective against the development of asthma and wheeze in young children.

Is the increasing use of technology saving the lives of more pregnant and birthing women? In the United States the scientific data show no decrease during the past 10 years in the number of women who die around the time of birth (maternal mortality). In fact, recent data suggest a frightening increase in the number of women dying during pregnancy and birth in the United States. So it may be that the increase in the use of birth technologies is not only not saving more women's lives but it is also killing more women. This possibility has a reasonable scientific explanation: cesarean section and epidural anesthesia have both been used more and more in this country and we know that both cesarean section and epidural block can result in death.

We should not be surprised with the recent poor track record of high-tech birth. For many decades in the middle of the 20th century the number of babies dying around the time of birth was decreasing. This was due not to medical advances but mainly to such social advances as less severe poverty, better nutrition and better housing. Most important, the decrease in mortality was due to family planning, resulting in fewer women with many pregnancies and births. Medical care also was responsible for some of the decreasing mortality of babies, not because of high-tech interventions but because of basic medical advances, such as the discovery of antibiotics and the ability to give safe blood transfusions. There has never been any scientific evidence that high-tech interventions such as the routine use of electronic fetal monitoring during labor decrease the mortality rate of babies.

What this means is that putting yourself in the hands of a high-tech doctor and a high-tech hospital does not guarantee you the safest birth. You must yourself take responsibility for your own birth, including the decision to have technology used on you and your baby. Remember, technology is not good or bad. How technology is used can be good or bad. Airplanes can be used to carry you to visit your family or can be used to drop bombs on women and children. How technology is used on you during pregnancy and birth is of great importance because it can help you and your baby or harm you and your baby.

How does the Baby Breathe in a Waterbirth? -by Barbara Harper, RN

Excerpted from: *Waterbirth Basics: From Newborn Breathing to Hospital Protocols*, by Barbara Harper, RN of the Global Maternal/Child Health Association, appearing in *Midwifery Today Magazine*: Issue 54, Summer 2000.

Inhibitory factors

Several factors prevent a baby from inhaling water at the time of birth. These inhibitory factors are normally present in all newborns. The baby in utero is oxygenated through the umbilical cord via the placenta, but practices for future air breathing by moving his intercostal muscles and diaphragm in a regular and rhythmic pattern from about 10 weeks gestation on. The lung fluids that are present are produced in the lungs and similar chemically to gastric fluids. These fluids come into the mouth and are normally swallowed by the fetus. There is very little inspiration of amniotic fluid in utero.

24-48 hours before the onset of spontaneous labour, the fetus experiences a notable increase in the prostaglandin E2 levels from the placenta, which cause a slowing down or stopping of the fetal breathing movements (FBM).¹ With the work of the musculature of the diaphragm and the intercostal muscles suspended, there is more blood flow to vital organs, including the brain. You can see the decrease on FBM on a biophysical profile, as you normally see the fetus moving these muscles about 40% of the time. When the baby is born and the prostaglandin level is still high, the baby's muscles for breathing simply don't work, thus engaging the first inhibitory response.

A second inhibitory response is the fact that babies are born experiencing acute hypoxia- or lack of oxygen. It is a built-in response to the birth process. Hypoxia causes apnoea and swallowing, not breathing or gasping. If the fetus were experiencing severe and prolonged lack of oxygen, it may then gasp as soon as it was born, possibly inhaling water into the lungs.² If the baby were in trouble during the labour, there would be wide variability's noted in the fetal heart rate, usually resulting in prolonged bradycardia, which would cause the practitioner to ask the mother to leave the bath prior to the baby's birth.

Another factor which is thought by many to inhibit the newborn from initiating the breathing response while in the water is the temperature differential. The temperature of the water is so close to that of maternal temperature that it prevents any detection of change within the newborn. This is an area for reconsideration after increasing reports of births taking place in oceans, both now and in eras past. Ocean temperatures are certainly not as high as maternal body temperature, and yet these babies that are born in these environments are reported to be just fine. The lower temperatures do not stimulate the baby to breathe while immersed.

One more factor that most people do not consider, but is vital to the whole waterbirth and aspiration issue, is the fact that water is a hypotonic solution and lung fluids present in the fetus are hypertonic. Even if water were to travel in past the larynx, it could not pass into the lungs, based on the fact that hypertonic solutions are denser and prevent hypotonic solutions from merging or coming into their presence.

The last important inhibitory factor- the dive reflex- is associated with the larynx. The larynx is covered all over with chemoreceptors, or taste buds. In fact, the larynx has five times as many taste buds as the whole surface of the tongue. When a solution hits the back of the throat and crosses the larynx, the taste buds interpret what substance it is and the glottis automatically closes; the solution is then swallowed, not inhaled.³ God

to coming out. I got into a squatting position leaning back into the couch and within a few minutes the contractions were so intense I started yelling ... loudly! The baby's head was crowning and then started to come out during what felt like a long slow-motion, painful contraction. Although one part of me thought that pushing the head out slowly was a good thing because it meant I would probably stretch more and be less likely to tear, the other part of me wanted it to be over more quickly as it hurt! I could see the head coming out over my tummy which was pretty awesome then with great relief the head was out. Almost immediately I felt the baby turning and knew that I wasn't going to get a break in the contractions – the next one was on its way to birth the body. I did say “the baby's coming” as for some reason I worried that the others weren't paying attention (they were of course!) and might be expecting a break before the body was born. So then with the next contraction Samara Kathleen slid out into her Daddy's hands at 7.09pm and was handed up to me.

I was so surprised she was a girl as I had thought I was having a boy. I remember saying “are you sure it's a girl?” and checked again – definitely girl's bits! Maia looked at her and said “yes, but he has a boy's head!” (because of her short hair!). So first a birthday gift for Simon, then a Christmas gift and as I said to Simon “you shouldn't be so hard to buy for!”

The following few weeks were quite hard work as Samara and I struggled a bit with the breastfeeding which I found quite depressing as I had hoped that the second time around wouldn't be as difficult as it had been with Maia. But there you have it – just proved to me that while natural, breastfeeding is also an art that each baby and mother have to learn together. At least I knew from having breastfed one baby, that it would get easier and I just had to persevere. I then developed a breast infection and spent new year's eve in bed with a temperature and had to take antibiotics for ten days. Maia, whilst terribly excited about the whole thing (Christmas, Santa, presents and new baby), was totally wired for almost two weeks which was exhausting for everyone. She did come down to earth after a couple of weeks although she has had her moments as we all adjust to having a fourth wee person in the house.

Ruth hungerford

(Photo was to be included alas my scanner is not working - will put it in the next month's magazine. Sorry Ruth - Editor)

to the nine minutes, then five minutes and so on. By 4am I had fallen asleep and awoke at 6am with another contraction and went back to sleep until 7am when I had another contraction. So by 7am the contractions had got further apart (about ½ hourly) and were less intense. So, when Maia and Simon woke up, I told Simon I was in labour, Maia opened her stocking from Santa, I had a contraction or two and then I phoned Maggie to let her know.

Maggie popped in at 10am (after we'd finished our champagne / sparkling grape juice breakfast) to listen to the baby. I was still having mild contractions about every half hour or so. We decided to continue with our day, so packed up the presents and went round to Simon's sister Tracey's to open them and have Christmas lunch. For the rest of the morning and early afternoon I had contractions which by about 2pm were getting a bit more 'ouchy' but I managed to eat lunch, skipped dessert and just as the dishes needed to be done at about 3pm, decided that we needed to go home!

We left Maia with Tracey and said we'd call when we wanted her home for the birth and made our way home. Contractions were now closer together and getting more intense. So we got things set up inside - ie Simon got the birth mat, started to fill the birth pool and organised hot towels. I was walking around quite a bit and using the hot towels on my back and stomach. I also found that I wanted to squat and rock during contractions, neither of which I had done during my first labour. After awhile I moved into the bathroom and sat on the toilet, still using the hot towels for the contractions. At one point I got hungry and asked for barley sugars which we didn't have so Simon got me a red lollipop!

At around 5.30pm I asked Simon to call Maggie and student midwife Tracey, to attend and also get Auntie Tracey to bring Maia as I felt that the birth was fairly imminent. By 6pm everyone had arrived and that changed the dynamics of the place as Maia charged around at her usual full speed, chatting away and everyone else got themselves organised. So what had been a very quiet, just Simon and I, kind of atmosphere was now filled with four more people. It took me a while to adjust to the new atmosphere and decide where I wanted to be - which, incidentally, was still in the bathroom with the hot towels, despite a brief move back to the lounge at one point.

The hour from 6pm until 7.00 was a very intense one - I felt hot then cold, desperately thirsty and drank lots of water in between contractions, the contractions intensified and I felt like pushing which I did start to do. I did move back into the lounge when it was clear that the baby was close

built this autonomic reflex into all newborns to help them breastfeed, and it is present until about the age of six to eight months when it mysteriously disappears. The newborn is very intelligent and can detect what substance is in its throat. It can differentiate between amniotic fluid, water, cow's milk or human milk. The human infant will swallow and breathe differently when feeding on cow's milk or breast milk due to the dive reflex.

All of these factors combine to prevent a newborn who is born into water from taking a breath until he is lifted up into the air.

Baby's First Breath

What initiates breath in the newborn? As soon as the newborn senses a change from water to air, a complex chain of chemical, hormonal and physical responses initiate the baby's first breath. Water born babies are slower to initiate this response because their whole body is exposed to the air at the same time, not just the caput of head as in a dry birth. Many midwives report that water babies stay a bit bluer longer, but their tone and alertness are just fine. It has even been suggested that water born babies are given the first APGAR scoring at one minute thirty second, not at one minute, because of this adjustment.

Several things happen all at once in the baby. The shunts in the heart are closed; fetal circulation turns to newborn circulation; the lungs experience oxygen for the first time; and the umbilical cord is stretched, causing the umbilical arteries to shut down. Nursing and medical schools taught their students for years that the first breath was dependent on the pressure of the passage through the birth canal, and then a reflexive opening of the compressed chest creating a vacuum. That action has no bearing whatsoever on newborn breathing. There is no vacuum created. The newborn born into water is protected by the inhibitory mechanisms mentioned above and is suspended and waiting to be lifted out of the water and into mother's waiting arms.

All the fluids present in the lung alveoli are automatically pushed out into the vascular system from the pressure of the pulmonary circulation, thus increasing blood volume for the newborn by one fifth (or 20%). The lymphatic system absorbs the rest of the fluids through the interstitial spaces in the lung tissue. The increase in blood volume is vital for the baby's health. It takes about six hours for all the lung fluids to disappear.

When we look back at the analysis of the statistics of babies born in water it proves that these inhibitory factors are more than theories. A study conducted in England between 1994 and 1996 and published in 1999 reports in the outcomes of 4,032 births in water. Perinatal mortality was 1.2 per 1,000, but no deaths were attributed to birth in the water. Two babies were admitted to special care for possible water aspiration.⁵

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Home Birth Story

Our Christmas Gift

My husband Simon has always been difficult to buy presents for. It isn't that he is fussy or anything – he just doesn't need anything and is perfectly content with the simple things in life (probably on account of his wife being a rather complex character). Anyway, just over three years ago I birthed our first born, Maia, at home into his waiting hands, at 10.30 am on his birthday – finally getting him something he wanted for his birthday. When I got pregnant last year, with an estimated due date of 28th December I expected that the baby would arrive a week or so after that date (as Maia was born a week or so after her estimated due date). But as usual, I was completely wrong!

This second pregnancy was quite different from the first. For a start, I didn't go off coffee or tuna fish but I did go off curry (much to Simon's distress – whenever I was away he cooked up loads of curry!). I also seemed to get every flu bug and virus going around, including one that caused severe coughing fits (not much fun when one's pelvic floor muscles aren't doing a great job of containing one's bladder contents – but let's not go into too much detail about that!) Aside from those things the rest was pretty similar – have some nausea for three months, be tired a lot, get bigger and bigger and bigger and grow the baby!

By the beginning of December I was feeling rather huge and was getting a lot of Braxton Hicks (practice contractions). While I had a lot of Braxton Hicks all the way through both pregnancies, these ones in late November / early December were more frequent and more intense. So I somehow thought this baby would arrive early but the weeks went by and the baby moved lower and lower into the pelvis until by the week before Christmas, baby was very definitely engaged.

On the Sunday afternoon (22/12) before Christmas I was making a cup of tea in the kitchen when my waters broke. I had a sensation of needing to go to the toilet, which surprised me as I had just been to the toilet. But I started walking towards the bathroom and didn't make it before there was a small 'flood' of clear fluid. I was not 100% sure that this was my waters breaking as, with Maia, my waters broke during the final stages of labour when I was in the birth pool. I phoned Maggie (midwife) and discussed what had happened and it was fairly certain this was my waters breaking. Maggie explained that I would

probably go into labour within the next 48 hours, and discussed precautions about infection (e.g. having baths rather than showers) and ensuring I drank lots of water to maintain fluid around the baby.

By the next morning I hadn't gone into labour, my waters weren't leaking, and I was beginning to wonder whether I had imagined things. I was also worried about having to go to hospital if I didn't go into labour within a couple of days, worrying if the baby was okay, and really just feeling unsure. Maggie came to visit that morning to check the baby (who had a fine strong heartbeat) and talked with me. We discussed my concerns and my 'unsureness' and after talking through the options and so on I felt reassured that I wouldn't have to go to hospital just because I hadn't laboured for two days (what a relief!). Because I was feeling worried about the baby, Maggie suggested that some acupuncture might be a good idea to encourage labour.

I booked in for a session of 'the needles'. The acupuncture was great and gave me time to lie around and think about my state of mind – why was I unsure etc. I realised that I had not consciously thought about this baby's birth except to assume it would happen at some point, and that whilst I was prepared in some ways (I had sorted out the baby clothes for example) I was not *personally* prepared for it. I also realised that Simon and I had some things to talk about in relation to having baby no. 2. After the acupuncture we (Simon, Maia and I) went for a walk to the park where Maia played and Simon and I talked and generally just relaxed. By the next day (Christmas eve), my unsureness was gone and I was feeling perfectly content about the impending birth and not at all worried about when it might happen – I just knew that it would some time and I was okay about that. I decided to have another acupuncture session that evening, which again was very relaxing (I even fell asleep) and went to bed later that night (after wrapping the last of the Christmas presents), quite content and relaxed.

At 2am I woke up with regular contractions. I decided to get up so as not to wake Simon (as I figured he would be having a busy day and needed to get some sleep), made myself a hot water bottle, and went and lay on the couch. I actually felt like walking around but since it was 2am I also wanted to get some sleep! So I dozed on the couch and watched the video clock to see how often I was having contractions – it was an interesting pattern – I had a contraction, then nine minutes later had another one, then five minutes later had another one then it was back