

Waikato Home Birth Association Inc. Newsmagazine 2004

Maggie Banks
Te Awa Rd
RD 3
HAMILTON Expiry:11/04



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SENDER:

Waikato Home Birth Association Inc.

P O Box 311

Hamilton

WHBA CORE GROUP MEETING

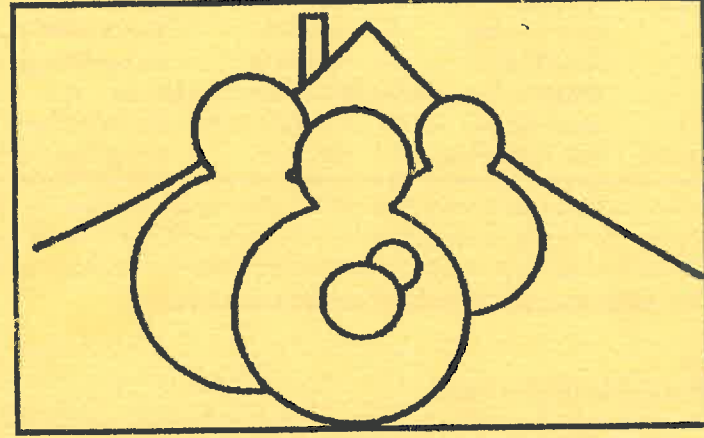
16th August 2004 at 7:00pm.

Unit 2-8 Te Aroha St, Hamilton

Contact Dianne De Estena on 07 854 9686
for details or agenda items.

** ALL WELCOME*

Waikato Home Birth
Association Inc.



Newsmagazine

AUGUST 2004

Home Birth = A Safe Option

WAIKATO HOME BIRTH ASSOCIATION

P O Box 15043, Hamilton - <http://www.homebirth.org.nz>

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LIBRARY: Our Library is now located at "Parents Place" 87 Boundary Road, Hamilton Ph: 838 2229.

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:

Kerry Mitchell

2 Rachel Pl, Hamilton

Ph: 848 1864 E-mail: pkmitchell@value.net.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 further information please contact Kerry ph 848 1864.

DEADLINE: Material for the next magazine is accepted up to midday on the 20th of the month.

Waikato Home Birth Midwives Collective Members

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Karene Clark		07 871 9114
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Sue van Dam	Cell—021 895 340	07 884 6871
<i>Independent Midwives</i>		
Fiona Hermann	pager—086 506 268	855 0985
Ruth Kowalewicz		827 3553

All midwives listed underwrite to practice according to the College of Midwives Standards for Practice. You are free to choose your own midwife and to change your caregiver at any time. Before you decide who is going to look after you, ask questions eg. her basic beliefs about (home) birth, drugs in labour, alternative methods of pain relief, what her services include, level of post natal care/breastfeeding assistance, WHBA member? her back up system (eg. second midwife, access agreement with hospital(s) in case of transfer?), her epidural rate, her caesarean rate. It is important for you to feel at ease with your midwife and be confident of her ability to care for you.

The last laugh corner...

My mother taught me CONSIDERATION FOR OTHERS....

"I just scrubbed that floor. Go outside and bleed in the entry."

My Mother taught me LOGIC...

"If you fall off that swing and break your neck, you can't go to the store with me."

My Mother taught me MEDICINE...

"If you don't stop crossing your eyes, they're going to freeze that way."

My Mother taught me TO THINK AHEAD...

"If you don't pass your spelling test, you'll never get a good job!"

My Mother taught me ESP...

"Put your sweater on; don't you think that I know when you're cold?"

My Mother taught me TO MEET A CHALLENGE...

"What were you thinking? Answer me when I talk to you...Don't talk back to me!"

My Mother taught me HUMOR...

"When that lawn mower cuts off your toes, don't come running to me."

My Mother taught me how to BECOME AN ADULT...

"If you don't eat your vegetables, you'll never grow up."

My mother taught me ABOUT SEX...

"How do you think you got here?"

My mother taught me about GENETICS...

"You are just like your father!"

My mother taught me about my ROOTS...

"Do you think you were born in a barn?"

My mother taught me about the WISDOM of AGE...

"When you get to be my age, you will understand."

My mother taught me about ANTICIPATION...

"Just wait until your father gets home."

My mother taught me about RECEIVING...

"You are going to get it when we get home."

My Mother taught me about JUSTICE...

"One day you will have kids, and I hope they turn out just like YOU...then you'll see what it's like."

"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 Telisa Ph: 854 7585

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", 87 Boundary Road, Hamilton,
 Ph: 838 2229.

✂

POST TO:

Waikato Home Birth Association
 P O Box 311, Hamilton

Annual Subscription \$20 (2 years \$35)	\$
Practising Midwife Professional Sub \$50 (2 years \$85)	\$
Donation	\$
Cheque enclosed for	\$.....

Name:

Address:

Phone: E-mail:

ARE YOU A NEW MEMBER? Yes No



Editorial

Kiaora,

Well another month has flown by again. Thank you to Dianne
 for putting together last months magazine, I had the flu for
 three weeks!

From the 30th July - 16th August at the Central Library in
 Garden Place, New Zealand College of Midwives have a Tour-
 ing Exhibition named; "Born" Women and Midwives Celebrate
 100 years.

Please notice the following vacant positions in the Core
 Group; Treasurer, Grants, Immunization Awareness. If you
 would like to fill one of these positions or would like to know
 more about what would be involved, please phone Dianne on
 854 9686.

Please also notice that the Home Birth Associations P.O.Box
 Number has been changed to P.O. Box 311 Hamilton.
 Another desperate cry for birth stories, I still have not been
 sent any!

Have a good month and happy home birthing!!

Kerry

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Birth Notices



On	These Parents	From	Had	Named	Attended
03/07/04	Salochna & Leon Takimoana	Hamilton	Boy	Hiona	Michelle and De
11/07/04	Heidi & Jonothan Lovatt	Blenheim	Girl	Aaliyah Paige	Hannah
12/07/04	Traceyann & Shaun May	Mt Maunganui	Girl	Katie	Michelle/ Heather & Madeline
15/07/04	Lauren & Joel Porter	Hamilton	Boy	Eli	De/Sue/ Rebecca

Ban sought for unvaccinated kids

01 July 2004
By SID PICKERING

Waikato children should be refused entry to schools if they have not had a meningococcal disease vaccine, a health board committee was told yesterday.

The Health Ministry aims to immunise 90 per cent of the country's newborn-to-19-year-olds against the disease, starting this year.

Waikato District Health Board's community and public health committee agreed yesterday that convincing people the vaccine was safe would be vital.

Chairman Tony Haycock said parental refusal over the vaccine was "a problem". "It's a reflection of our PC society that we allow kids to go to school without vaccination...we have to say to parents that unless you have your children immunised they can't go to school."

Member Ewan Wilson said there would be "nutters" who said it was Big Brother giving us "this awful drug".

The committee will appoint staff to co-ordinate the campaign.

Lotus Birth

Lotus birth is a very sensitive practice. It is a practice in which the umbilical cord and placenta are left intact until they fall off by themselves. A lotus birth keeps the baby in seclusion for the first few days of life. It also teaches the parents patience and trust. It lets us trust our babies that they will let go of a useless part of themselves when they know it is no longer needed and ready.

The baby and placenta are one, they come from the same one cell. A lotus birth allows a less violent transition from life in a mother's womb to life outside it and is a very spiritual thing. All the blood in the placenta is transferred to the baby. As it dries out it slowly decreases the oxygen transferred to the baby from the placenta gently letting go before it fall off.

In a lotus birth there is time for the baby to complete the transition and become fully with the family and let go when the baby is totally ready. It also gives the new family time to adjust to the new baby. When the placenta and core are left intact the baby is sensitive to touch of the cord and placenta. Even after they are a few days old touching of the cord or placenta while the child is sleeping can startle the baby. This is proof that there is some feeling in the umbilical cord.

In a lotus birth you must give some special attention to the placenta. It is important to keep the placenta level with the baby until the Whorton's jelly has solidified, symbolising no more blood transfusion is happening. Putrefaction will occur quickly if the next steps are neglected, after the transfusion has stopped thoroughly was the placenta being sure to get rid of an blood clots. Keep the placenta as dry as you can, this will help try out the cord. In a few days the cord will naturally dry out and fall off leaving the belly button exposed. Sometimes there is a natural break in the cord above the naval, but don't worry, eventually the rest of the cord will fall off. It helps if you place the placenta in a disposable diaper. Salt down the placenta on both sides. Tape the placenta in the diaper, in the first few days it drains a lot. Once a day change the diaper and re-salt, sometimes this needs to be done more than once a day, this is fine. Do not put anything around the cord stump and keep the placenta dry. The stump should fall off in three to seven days.

Alternatively, the placenta can be placed in a sieve placed in a large bowl to dry. This method allows the air to get to it aiding in the drying process.

The placenta may begin to smell. This smell is a very meaty smell and only lasts a day or two if it occurs at all. In cases where the weather is warm and dry then this does not occur at all. If the smell bothers you, you can light some incense.

The Aboriginies of Australia, a very intune people, practice lotus birth. A group of vegetarian monkeys do also. The placenta and the baby share an aura, and it can be considered an organ that is dying. You can place the placenta on the baby's abdomen, they shouldn't mind being close to it and neither should the mother. You can then wrap that baby and the placenta in a blanket to receive visitors if you should desire.

There are also some advantages of lotus birth. First, some people believe that lotus birth strengthens a baby's immune system. An advantage for the mother is should haemorrhaging occur then she should take a swift bite of the placenta for it has blood clotting abilities

*Lets celebrate the Homebirth Midwife
by Andrea Herrick*

When we have our babies at home, we don't just settle for any old midwife, we turn to the best of them all; the home birth midwife. Home birth midwives are a rare and special breed, related too yet different from the standard.

In addition to the skills of the basic midwife, the homebirth midwife has evolved in such a way as to develop a new range of behaviours perfectly suited to the home and family environment.

Homebirth midwives are fully housetrained and able to be welcomed into any home regardless of its size and condition. This removes the need for pregnant women to travel to far flung places and visits become social occasions sometimes complete with tea and baking. As homebirth midwives are also child friendly, you can be assured that any older children in your family will be quite safe and free to share your special time with you.

The homebirth midwife has excellent flexibility and is able to adapt with ease to any wish, whim, need, aversion, fancy, desire or obsession that arises before, during and after birth. No conveyor belt birthing here! Be it water birth, lotus birth, homeopathy, aromatherapy, massage, scan, no scan, cord clamp, cord ties, silence, singing, moaning or mooing, the homebirth midwife's aim is to fit into your family, and support you to have the birth you want.

Birth only happens a few times in our lives. When we choose to birth at home with our family and friends we need midwives who are confident in our ability to give birth and in their ability to give us the support we need.

In the jungle of life there are many midwives, but only a few Homebirth Midwives. Midwives day is the perfect time for us to show our gratitude to those women who support and celebrate our choice to birth at home.

 **Calendar of coming event**

WHBA Core Group Meeting

Monday 16 August 2004, at 7pm at

2-8 Te Aroha St, Hamilton. Contact Dianne 854 9686 for agenda

Immunisation Awareness Support Group: Anyone with Immunisation Inquiries are welcome to the coffee mornings, or ring Dianne De Estena Ph: 854 9686. "For an Informed Choice" tapes - two copies are available from the WHBA Library.

Home Birther's Coffee Mornings: Welcome to all members, pregnant women who are having a home birth or thinking about having one. Children are most welcome.

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

Te Awamutu Home Birth Support Group: Meets fortnightly. Contact Nicky for more details ph 07 871 5511. Small library available. Contact Karene Clark ph 07 871 9114.

North Waikato Home Birth Support Group: Information & Support. Small library available. Contact Sheryl Wright ph (07) 828 8226

Preparation for Birth Classes: The next series dates start on August 17th. To book in please contact Kelly Taylor ph 856 3396 or leave a message with Dianne on 854 9686.

Pregnancy Yoga and Relaxation Classes - Thursday 5:30pm, at the St Andrews church centre, 6 Te Aroha Street. Contact Kelly Taylor Phone: 856 3396

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

La Leche League monthly meetings - Chartwell Group: 3rd Friday, 10am, Richmond St Plunket rooms, Annemarie ph: 856 6471. Westside Group: 2nd Thursday, 9:45am, Parents Place, Little London Lane, Hamilton, Lynn ph: 846 1013. Hillcrest Group: 3rd Thursday, 7:30pm, 51a Wellington St, Hamilton, Anne ph: 849 7675. Cambridge Group: 3rd Monday, 10am, Parents Centre, Taylor St Cambridge, Tracey ph: 823 2259. Te Awamutu Group: 2nd Wednesday, 10am, Kindergarten Room, St Andrews Hall, Mutu St TA, Mandy ph: 823 6522 (Ohaupo). Morrinsville Group: 1st Wednesday, 10am, Plunket Rooms, Anderson St, Morrinsville, Anne ph: 849 7675 (Hamilton). Raglan Group: 2nd Tuesday 10am contact Dianne for venue 854 9686 (in recess).

Meningococcal Meningitis

making an informed decision about the new MeNZB vaccine

updated July 2004

The Facts

Deadly meningococcal meningitis is caused by the bacteria *Nisseria meningitides*.

Since 1991, approximately 5300 people in New Zealand have contracted meningococcal meningitis type B, a strain of which seems to be specific to New Zealand. Some 200 of those people have died and many have been left permanently disabled.

It is a frightening disease and one that kills people with alarming speed. But we need to put this into perspective. Only 0.009% of New Zealanders get meningococcal meningitis each year. Less than 4% of those people die.

According to a recent study, up to 45% of us carry the *Nisseria meningitides* in our noses and throats without it causing us any harm.

We should be asking why?

What is it about this very small number of people that makes them vulnerable to getting meningococcal meningitis?

And why should perfectly healthy people who will never get meningococcal meningitis consider having the vaccine.

INVESTIGATE BEFORE YOU VACCINATE

Find out about the risks and benefits of the vaccine, and the real risks of the disease (based on facts not the hype and fear).

Find out what you can do to protect yourself and your children from meningococcal meningitis.

Risk factors

We already know what some of the risk factors are. Overcrowding, poverty, poor diet, bad living conditions, exposure to tobacco smoke.

Okay, so you might not be able to change where you live, or afford better housing. You may still be on the poverty line. But you can still do things to protect your child!

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

Bond: \$100

Hirage of pool: \$50

Gas Caliphonts: \$25

****NOW** available Gas Caliphonts to heat the water without using your water cylinder! Instant hot water to fill the pool - is really great fills it up quick!!!!!!!!!!**

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 846 4925

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



Smoking in pregnancy doubles bowel disease risk

25 June 2004

Smoking during pregnancy almost doubles the risk of a child being born with debilitating Inflammatory Bowel Disease (IBD), a Canterbury study shows.

The study by health researchers at the Christchurch School of Medicine and Health Sciences also found that breast-feeding halved the risk of a child developing Crohn's Disease – one form of IBD.

IBD is a chronic lifelong condition which usually starts between the ages of 15 and 35. It results in diarrhoea, weight loss, abdominal pain, bleeding from the bowel and often requires multiple operations.

The incidence of IBD is increasing in developed countries, and there is still no cure.

Christchurch School of Medicine researcher Richard Gearry will present his study findings at the New Zealand IBD Symposium in Christchurch tomorrow.

"In a survey of 400 people in Canterbury with Crohn's disease – one type of IBD – our results indicate so far that if a mother smokes during pregnancy her child is at almost twice the risk of developing IBD in later life," Dr Gearry said.

"However, if a mother breast feeds, this reduces her child's chances of developing Crohn's Disease by a significant percentage; in fact 50 per cent. The longer she breast feeds the less chance her child will have of getting Crohn's disease. This may be because of the protective bacteria children get through breast feeding."

Other studies had shown a range of risk factors that could be associated with Crohn's Disease, but they had been much smaller.

"The Canterbury IBD Project has national and international health benefits as it will enable us to more clearly determine those factors linked to higher or lower incidence of IBD, and will greatly assist in the prevention, diagnosis and management of this nasty disease," Dr Gearry said.

What are some of the biggest risk factors for meningococcal meningitis?

Iron Anaemia
Pamol
Passive Smoking

Lack of Iron in the diet -

"Iron anaemia, with a low pH (6.6) increases the virulence factor of meningitis bacteria, 1,200 fold, from a 50% lethal dose of 3,600 organisms, to one of 4 organisms?"
(Microbiology Review, Volume 46, June 1982, I.W. Devoe)

In other words, an anaemic child is hundreds of times more susceptible to meningococcal meningitis than a child with a good iron level.

MAKE SURE YOU AND YOUR CHILDREN GET ENOUGH IRON IN YOUR DIET

Use of Paracetamol and Acetaminophen (e.g. Pamol)

Meningococcal Disease: "use of analgesics were associated with disease...analgesic use was defined as analgesics taken in the past 2 weeks, excluding, for cases, those taken for identified early symptoms of meningococcal disease. These analgesics were predominantly acetaminophen products (paracetamol) ...because analgesics showed a stronger relationship with meningococcal disease, the use of analgesics may be a better measure of more severe illness than reported individual symptoms... we cannot exclude the possibility that acetaminophen use itself is a risk factor for meningococcal disease"
(Ped Infec Dis, Oct 2000, Vol 19, No 10, 983-990)

Giving paracetamol increases the risk of meningococcal meningitis. Many parents spoon pamol into the babies and young children for the smallest of reasons. Fever is the body's natural response to bacterial and viral infections. It helps the body to fight off the infection. Not only does using pamol to reduce the fever just mask the symptoms, it actually stops the body doing what it is supposed to do. And it may increase the risk of meningococcal meningitis.

DO NOT GIVE PAMOL TO BABIES AND YOUNG CHILDREN. THERE ARE ALTERNATIVES.

If you need more proof that paracetamol is dangerous in children download our pdf file (temporarily on the IAS website www.ias.org.nz)

Exposure to tobacco smoke

"...the surface charge and hydrophobicity of the nasal mucosa has a bearing on bacterial adhesion and changes in charge and thus adhesion may result from exposure to tobacco smoke, which is associated with an increased risk of invasive disease.

(Vaccine 19 (2001) 1327 =96 1346)

In other words, exposure to tobacco smoke makes the meningitis bacteria more like to stick to the inside of the nose.

DON'T EXPOSURE YOUR CHILD TO TOBACCO SMOKE!

How to help protect you child from meningococcal meningitis:

Other Risk Factors

- 1.. Chronic alcoholism(1)
- 2.. Acute respiratory disease(2)
- 3.. Influenza(3)
- 4.. poverty (1)
- 5.. overcrowding,(1)
- 6.. poor general health(1)
- 7.. poor living conditions.(1)
- 8.. susceptibility of Blood Group B to meningitis(5)
- 9.. Gonorrhoea carriage makes a person susceptible to meningococcal meningitis (6)
- 10.. Abnormal immunological function i.e. antibodies made in Ig A, or a deficiency of IgG2, specific for meningo (Microbiology Review as above)

Sources:

- 1.) Rev Infect Dis, Vol 5, No 1 Jan - Feb 1983, Peltola, pgs 71 - 91
- 2) Scand J. Infect. Dis, 1971, 9: 105 - 110
- 3) MMWR, 1981, 30:113 - 115
- 4) J Clin Invest 1976, 57, 283, Am J Med 1977, 62, 661
- 5) Biomedicine and Pharmacotherapy 1985, 39:168
- 6) Wistany et al, Lancet 1983 ii, 1134

THE MeNZB VACCINE

We don't know much about the vaccine. There is not much information available. The Immunisation Awareness Society has requested from Medsafe, the regulatory arm of the Ministry of Health, a range of information on the vaccine contents, culture, clinical trials and results of the trials, particularly data on the safety and efficacy of the vaccine. We will bring you this information as soon as we have it.

Meanwhile, we are working hard to bring you more on meningococcal meningitis, the risk factors, the vaccine and how you can protect yourself and your family from this disease. Please check our website www.ias.org.nz regularly for updates

When he did not return the form the next day, he said the school telephoned him and asked him to bring it in.

The school also promised a free morning tea to the first class to return all their forms and his daughter felt she was letting the class down when he was unwilling to sign the form immediately.

But the principal of Waiuku's View Bay School Trevor Guthrie said the school had put pressure on to get the consent forms returned but they had not encouraged children or parents to consent to the vaccine.

He said he had "no issues" with parents taking more time to consider the vaccination but the school was trying to target those who might not otherwise bother to return the form. Kidz First public health nurse Elizabeth Farrell praised schools in getting the consent forms returned quickly. There was some pressure to begin vaccinations so the rest of the country's vaccines would not be delayed, she said.

RESPONSIBILITIES:

The rest of your life. Must be willing to be hated, at least temporarily, until someone needs \$5. Must be willing to bite tongue repeatedly. Also, must possess the physical stamina of a pack mule and be able to go from zero to 60 mph in three seconds flat in case, this time, the screams from the backyard are not someone just crying wolf. Must be willing to face stimulating technical challenges, such as small gadget repair, mysteriously sluggish toilets and stuck zippers. Must screen phone calls, maintain calendars and coordinate production of multiple homework projects. Must have ability to plan and organise social gatherings for clients of all ages and mental outlooks. Must be willing to be indispensable one minute, and embarrassment the next. Must handle assembly and product safety testing of a half a million cheap, plastic toys, and battery operated devices. Must always hope for the best and be prepared for the worst. Must assume final, complete accountability for the quality of the end product. Responsibilities also include floor maintenance and janitorial work throughout the facility.

POSSIBILITY FOR ADVANCEMENT & PROMOTION:

Virtually none. Your job is to remain in the same position for years, without complaining, constantly retraining and updating your skills, so that those in your charge can ultimately surpass you.

PREVIOUS EXPERIENCE:

None required unfortunately. On-the-job training offered on a continually exhausting basis.

WAGES & COMPENSATION:

Get this! You pay them! Offering frequent raises and bonuses. A balloon payment is due when they turn 18 cause of the assumption that college will help them become financially independent. When you die, you give them whatever is left. The oddest thing about this reverse-salary scheme is that you actually enjoy it and wish you could only do more.

BENEFITS:

While no health or dental insurance, no pension, no tuition reimbursement, no payed holidays, and no stock options are offered; this job supplies limitless opportunities for personal growth and free hugs for life if you play your cards right.

Sunday Star Times

Parents angry at vaccine pressure 01 August 2004

By EMILY WATT

Angry parents say their children are being terrified and bribed into having the meningococcal vaccine with what one father described as "sneaky and nasty" tactics. Some schools are giving children chocolate and morning tea as a reward for returning consent forms. One mother said her eight-year-old burst into tears saying "I don't want my limbs to fall off" when told he could not have the vaccine.

The boy told his mother two teachers had come to his Clayton Park School classroom in Manurewa, south Auckland and warned him of the threats of the disease. "They're using scare tactics on the children," the parent told the Sunday Star-Times.

Clayton Park School principal Bernard Barradell denied teachers told children they would lose their limbs and said children were probably scaring each other. "I'd be flabbergasted if one of my staff said that," he said.

But the parent said her child had been very clear the warning came from the teachers. She said such tactics frightened children and manipulated parents. "He's making me feel terrible that I'm not letting him have this 'life saving' thing."

Immunisation Awareness Society researcher Sue Claridge said the organisation had received a number of complaints from parents concerned their children were being manipulated by schools into having the vaccine.

One parent said her five-year-old was shown photos of a baby with amputated arms on her first day of school and came home afraid she was going to die.

Claridge pointed out there were also graphic images on the consent forms of children scarred with the disease and those would frighten children.

Carol Mallard, a school principal who helped develop the schools' training programme and information pack, said the resources were designed to inform children about the disease and it was up to schools to use them appropriately.

"We were mindful of the fact that the Meningococcal B can have devastating effects but we didn't want to frighten the children," she said.

Claridge said showing graphic images to young children was unprofessional and unethical as it did not help early diagnosis and children did not need to be persuaded as they were not required to consent.

Other parents reported they were being pressured into deciding whether to have their child vaccinated.

One father complained to the Sunday Star-Times his daughter's school was offering children chocolate to return their vaccine consent forms the next day.

Mum-Job description

This is hysterical. If it had been presented this way, none of us would have done it!!!!

POSITION:

Mother, Mum, Mummy, Mom, Mama, Mommy

JOB DESCRIPTION:

Long term, team players needed, for challenging permanent work in an, often chaotic environment. Candidates must possess excellent communication and organizational skills and be willing to work variable hours, which will include evenings and weekends and frequent 24 hour shifts on call. Some overnight travel required, including trips to primitive camping sites on rainy weekends and endless sports tournaments in far away cities. Travel expenses not reimbursed. Extensive courier duties are required.

The NURTURING Babysling

[Also available 'Meiday' the Chinese baby back pouch]

Carry your baby close and secure with a baby sling that benefits both you and your baby. 'Wearing your baby in a sling keeps her warm, secure and calm while leaving your hands free.'

↳ This sling can accommodate the baby in many positions, lying down, sitting up, in front, on the hip, or on the back of the parent.

↳ Washable, with a range of individual designs.

100% cotton and linen fabrics, of varying weights. Strong, wooden rings for support & adjustable size for the various carrying positions.

↳ Allows you to remain intimate with baby and discreet. Comfortable for breastfeeding and sleeping.

The NURTURING Baby sling is usable from birth to 2 years or 35 lbs, though children 30 lbs & over may put some strain on the shoulder.



Contact Hannah Mae (Nelson) OR De Cleaver (Hamilton)

Ph 03 539 4565

Ph 07 855 2081

What Is Ultrasound?: A Definition of Its Use and Practice

By Elizabeth Bruce

Issue 102, September/October 2000

Ultrasounds are commonly recommended by doctors, especially for "high-risk" mothers--a category that often includes women over 35 or under 18 years of age, diabetic mothers, women who were previously infertile, and even those who have miscarried before. In other words, virtually every pregnant woman will at some point be offered an ultrasound examination.

The two main concerns that most women will likely have about ultrasound regard its safety and accuracy--two issues about which, unfortunately, women receive little information. In reality, ultrasound is not sound at all. Sound is between 20 hertz and 20 kilohertz. Ultrasound waves travel between 2 and 4 megahertz and have been classified by the Bureau of Radiological Health as "radiation."¹

What is commonly thought of as ultrasound is, in fact, the scanner. There are three types of ultrasounds: scanning devices, doptones, and external fetal monitors (EFMs). During my first pregnancy, it was never pointed out to me that the innocuous-seeming doptone was, in fact, using ultrasound. Nor did I realize that the EFM employed ultrasound. In subsequent pregnancies, my midwives informed me about ultrasound's possible dangers, and offered to use a stethoscope or fetoscope. Obstetricians, unfortunately, all too often reassure their patients that these machines are harmless. Some concerned mothers who ask that a stethoscope be used instead are considered hysterical or at least terribly backward. Yet it is always the woman's prerogative to decide whether she and her unborn child will be exposed to potentially harmful ultrasound waves.

What Are the Current Indications for Ultrasound?

The doppler is the small, hand-held device most often used at each prenatal visit after the tenth week (LMP) to listen to the baby's heartbeat. Fortunately, the doppler's exposure time is the shortest, making it potentially the least damaging ultrasound device.

The longest exposure occurs with EFM. Every woman who has birthed in a hospital is probably familiar with EFM monitoring--a belt is strapped to the laboring woman, either intermittently for 20-minute segments out of an hour or continuously. With EFM, there does not have to be an indication per se--besides the fact that the woman is laboring in the hospital. EFM use for low-risk women skyrocketed from 47 percent in 1980 to 76 percent in 1988, while its use increased only moderately for high-risk patients (43 percent to 56 percent) during the same years, possibly because of economic reasons.² The cost of EFM, an understandably expensive procedure, is borne by insurance companies, and ultimately, US consumers.

Ultrasound scans are employed during any stage of pregnancy for a variety of reasons, including confirmation of EDCs (estimated date of confinement, or delivery), confirmation of multiple pregnancy, detection of small-for-dates babies, assessment of fetal maturity, or verification of suspected breech position. Scans are also used in relation to medical interventions such as external cephalic version (attempt to manually turn a breech baby), dystocia (slow to progress labor), late labor, cervical cerclage (suturing of a cervix that is too dilated too early in pregnancy), premature rupture of membrane (breaking the waters), or before cesarean section. Ultrasound scans are also indicated in the case of postdate pregnancy, to locate the baby's position before an amniocentesis is performed or to detect placental problems.

www.mothering.com

Publicity and advertising cost \$1585.37, most of which went towards newspaper advertisements and for which we usually provided editorial for no extra cost.

Home Birth week cost \$433.25 which was for getting our street banner put up and taken down, presents for our guests speakers, supper, and venue hire.

Our fundraising efforts cost \$809.13 although this included \$731.00 to photocopy Green Books and will be recouped as we sell the books this year.

Hiring birth pools and caliphonts and selling birth pool liners cost us \$349.90, plus insurance of \$285.26.

Overall

Overall 2003-2004 was a good year financially in that we managed 'within our means' and didn't spend more than we earned! We managed to utilise local papers for promoting home birth and had an excellent Home Birth week. In 2004-2005 we need to focus on our declining subscriptions and do what we can to address that, as well as continue with the great efforts we have made in fundraising and Home Birth week.

Ruth Hungerford

21 July 2004

Herbal Medicine For Pregnancy Birth and Babies

- ✿ This workshop is open to Midwives, student Midwives and birthing mothers
- ✿ Learn about the safe use of herbs during each stage of pregnancy
- ✿ Herbs for labour
- ✿ Herbs for post natal care and infant care
- ✿ Use herbal medicine as a wonderful addition to your pregnancy and birthing needs.

Workshop Date for 2004

Weekend workshop: Saturday 2nd October 2004 9am – 4pm

Cost

\$90 (including GST) for all tutoring, materials, course notes.

A catered lunch will be provided.

Tutor

Lindz Carmichael MNZAMH

Qualified Medical Herbalist from The Herbal Shop and the Waikato Centre for Herbal Medicine and student Childbirth Educator.

Venue

Waikato Centre for Herbal Medicine, 10a Lorne St, Hamilton. Phone 843 2313

Enrolments

Numbers are limited. Secure your place by sending payment to:

Waikato Centre for Herbal Medicine, PO Box 15064, Dinsdale, Hamilton.

Treasurer's Report June 2003 – June 2004

In the last financial year (April 2003 – March 2004) we had an income of 13,337.98 and we spent \$10,880.58 which gave us an excess of \$2457.40

Income

Our main source of funding is still from the Ministry of Health who fund us to run our antenatal classes. Income from the MOH was \$7963.03. Expenditure on the classes was \$3335.91, although this does not include the venue hire which is \$1000.00 per year, nor does it include some of the wages and other expenses for classes that were completed before 31st March 2004 for which invoices were outstanding.

Our fundraising efforts should be applauded as we managed to bring in \$1813.75 in fundraising, plus \$310 from selling Green Books. This included \$760.00 from advertisers in our 'bumper' October magazine, the credit for which needs to go entirely to Dianne De Estena who personally approached the businesses and got them interested enough to advertise in our magazine. This helped to pay the extra costs for printing the front page in colour, A4 size and enough copies to give extras away as part of our Home Birth week promotion. Other fundraising activities that brought the money in were the 'muffin' stall held in Garden Place during Home Birth week, selling merchandise during Home Birth Week talks, the bumper garage sale, and other merchandise sales.

As I mentioned in my Treasurer's Report last year, it is important that we don't spend all our effort on fundraising and have no energy left over for the work of promoting and supporting home birth. I think that we managed to find a good balance last year as we our fundraising activities had multiple purposes:

- We got newspaper coverage of our garage sale and all those that came knew it was for the Home Birth Association;
- We sold over 60 muffins and cakes to people in Garden Place and again advertised Home Birth and Home Birth week to them and all passers by;
- Our October magazine was again an excellent issue and the advertising enables us to print extra copies to give away.

The work involved in the fundraising was also not too onerous and quite a lot of fun. However it did still require work so some thank yous are in order to Dianne, Telisa, Liz, and Hannah who helped with the various activities. Thanks are also due to their husbands and partners who looked after babies and children when needed and helped set up and take down the garage sale.

Hiring birth pools and caliphonts and selling birth pool liners brought in \$1155.00. Thanks needs to go to Glen-nise for her tireless work in managing the hiring of the Birth Pools and storing them in between bookings.

Subscriptions brought in \$1571.00, down from the previous year which saw us earn \$1,795.25 in subscriptions. This continues the trend of the past few years which has seen subs dropping off and the mailing list get shorter. Financially, the subs primarily pay to print and post the newsmagazine. The bigger picture however is that the subs represent our membership which appears to be dropping and is something we need to address.

Donations were received of \$342.35.

Expenditure

Our main expenditure was on the antenatal classes. We spent \$3335.91 on the classes with still more owing in wages for some Educators and vouchers for some guest speakers. The income from the MOH gives us enough to pay the rent for the premises, the Educator wages, vouchers for guest speakers and the coordinator, supper, and photocopying of resources and leaves some money to assist with promoting and advertising the classes.

The newsletter is our next biggest expense, costing \$2898.19 in the last financial year. This cost does include printing our bumper October issue which was offset by the advertising revenue we received. However if we take the \$760.00 received from advertising into account and add that to the subs received \$1571.00, the total of \$2331.00 still leaves a shortfall of \$567.00 between income and expenditure for the newsmagazine.

Aqua Baby: Birth at Home in a Tub

Issue 103, November/December 2000

By Nicole Lundrigan

When I was 15 years old, my sister gave birth to her daughter in a hospital following a 25-hour labor confined to a bed with an IV and an ever-beeping machine. In my mind, I was a terrific labor coach--kneading her lower back, offering her ice chips, and simply being a reassuring and very excited presence during those very long hours. My sister made it clear to the on-duty nurse that I was to accompany her into the delivery room. But after painkillers were administered, my sister got very fuzzy and was no longer able to insist on her wishes. Rudely, the nurse instructed me to step outside--I wasn't needed. My niece was born a little while later, as I was sitting on a wooden chair out in the bright yellow hallway.

Ten years later I discovered that I was pregnant. One morning, after waking to light spotting, I went to my campus clinic for a blood test to ensure that I was not having a miscarriage. A few days later I got a call from a nurse, who informed me in a hushed tone that yes, indeed, I was pregnant. No, "Congratulations." Only, "When can you come in to discuss your options?"

These were my two experiences with medicalized pregnancy and birth. Naturally, I decided to look elsewhere for my prenatal care.

Following the wonderful advice of a friend, I went to visit a midwife. Her office walls were covered with a multitude of photos of babies she'd helped to deliver. I knew I had made the right choice. The visit was relaxed, the midwife showed genuine excitement for my news, and each of my long list of questions was given careful consideration. When I left that day, I was filled with thoughts of natural childbirth, potentially at home.

My plans were met with a great deal of skepticism from others. Words such as *irresponsible*, *ignorant*, and *downright crazy* were not spared. Can you have an epidural at home? You will not be able to handle the pain. What about an episiotomy? You'll surely need one of those to get the baby out. People commented that I should let the doctors handle it--they know how to deliver a baby. What could a 25 year old possibly know about that?

I had to look beyond my generation, beyond my mother's generation, and into my grandmother's generation for support. Lacking the multitude of books on pregnancy, labor, and childbirth, these women had an unwavering confidence in their own capabilities. Time restraints on the second stage of labor were not imposed on them. They were knowledgeable in labor and delivery (enough to know what was safe and when complications were arising), confident in their bodies, and able to trust their maternal instincts. They did not have to refer to a chart. Labor and delivery, even breastfeeding, weren't hidden away from children or young adults. The process was natural.

Today, it seems that a tradition of womanhood that properly belonged to women themselves has been replaced by a tradition of technology.

I confided to my grandmother that I was planning a water birth. For me, it was the logical choice to include water in the birth of my daughter. My medicine chest is practically empty; my bathtub is frequently full. For a headache I don't reach for a pain reliever, I reach for the faucets. When I'm fatigued and cannot sleep, I add a little lavender oil to the tub.

My grandmother felt that birthing in water would be very relaxing. She was confident that I could handle the pain, and ensured me that the discomfort was normal, healthy, and very exciting. She told me of her labor, and the fact that she had made raisin bread to calm herself. The standing helped her labor along, and the task at hand kept her mind off the contractions. While the bread was baking, her son was born. That seemed like a far cry from the hospital experience I had witnessed.

Now that I knew that birth did not have to be an institutional "procedure" I began to read everything that I could on natural childbirth, homebirth, and water birth. I concluded that a delivery without intervention is definitely safer--and that's more likely to happen at home.

I also learned that some doctors prefer to induce pregnant women, which can lead to complications during delivery. When a labor is not going according to a statistically defined schedule, a cesarean section may follow. When an epidural is administered, not only may the baby be affected, but labor can be prolonged, blood pressure can drop, chances of a cesarean increase, and forceps or suction are often needed. The use of water reduces pain, providing a safe alternative to an epidural, and the benefits for both mother and baby are numerous.

I became very determined that the birth of my child was going to be a gentle affair, not a hospital sideshow. It would be an exchange of love between my husband, our unborn baby, and myself. In the end, it was exactly that.

Many people had questions and concerns about water birth. (Others did not want to hear a single word about it until the entire delivery was over. I must say that I appreciated the questions much more.) One of them was, "What if the baby starts to breathe underwater?" I learned that this is extremely unlikely. Research shows that breathing is stimulated by contact with the air or exposure to an extreme change in temperature. I knew the water should be maintained at around 99° F. In part, this was to prevent my becoming overheated during labor, but it is also a temperature that comes very close to the amniotic environment. When my baby emerged, there would be no temperature shock and no exposure to air, so she would not breathe. It should be noted, however, that if a baby's head goes above water level as the mother moves during the birth, care should be taken to ensure that the head is never resubmerged.

Infection is also a common concern for people contemplating water birth. I was giving birth in my own home, where the germs were familiar and posed minimal risk. Water dilutes germs, making a water birth potentially less risky than a "land" birth. Water need not be sterilized like the instruments in a delivery room: if I could drink it, I could give birth in it. I suggested that we have a rinse pail available for people's feet if they planned on getting in and out of the tub frequently, as at several points during labor and delivery my husband was in the tub with me. The student midwife also stepped in the tub a couple of times when I was interested to learn how far I had dilated. At one point I left the water, and the "land" contraction almost flooded me. So I decided to pass altogether on leaving, and the student midwife did not mind putting on a pair of shorts and stepping in.

Although there may be less blood loss during a water birth because of reduced stress on the body, it's difficult to estimate any blood loss because the blood is diluted in the water. I worried about this and decided that I would exit the tub immediately if the water became cloudy or obviously colored with blood. As a precaution, I planned to deliver the placenta outside of the tub. That way my midwife could more definitively assess blood loss and watch for any signs of continued bleeding.

While I was aware of these concerns during my labor, I welcomed sinking into the warm water of the ocean blue birthing tub. As soon as I touched the water, I relaxed. It was as if I was given a liquid epidural. My stress level diminished immediately. I had not realized how tightly the muscles in my legs and buttocks were until I entered the water. My jaw unclenched, my contractions were smoother, and I found it much easier to concentrate on my husband's soothing words during the difficult contractions. I could change positions easily. Often my husband supported my neck and helped me to float between contractions. The water became a comforting blanket that enveloped my body and put me at ease.

W.H.B.A. FUNDRAISING MERCHANDISE

T-SHIRTS:

ADULTS: \$15

CHILDREN'S: \$12

Quality adults 190 gram t-shirts in 100% cotton. Good sizing and of longer length. These are embroidered with the WHBA logo and "Home Birth Naturally".

Sizes L, XL, XXL & XXXL White, Grey and Black

(no black available in L or XXXL)

Children's t-shirts are good quality cotton fabric and these are screen printed with the WHBA logo and "I was born at home" in large print.

Sizes 1 Orange, Red, Lilac, Lime, Aqua and Royal Blue

2 Aqua, Lemon, Sky Blue, Natural and Red

CALICO CARRY BAGS:

These are strong handmade calico bags which are screen printed on one side with the WHBA logo and "Home Birth Naturally". \$10

WHBA MERCHANDISE ORDER FORM

Please post orders to: Waikato Home Birth Association,

P O Box 311, Hamilton.

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