

SPRING 2007

Issue 95

\$7.00

BIRTHINGS

a HOMEBIRTH ACCESS SYDNEY quarterly publication



Homebirth After Caesarean

plus all our regular features
birth notices, your stories, letters, book review, cartoon,
Fire In The Belly. The Personal Is Political,
media watch & updates on our local group activities

SPRING 2007 Issue 95

The views expressed in this newsletter are those of the contributors only and are not necessarily shared by HAS or the editors.

contributions, photos, correspondence

TO: HAS, PO Box 66, Broadway, NSW 2007.

Or: Alison Leemen at aleemen@bigpond.net.au.

Photos must be emailed as scanning them and posting them back is costly and time-consuming.

deadlines for submissions

Spring 2007 No 95—15 August 2007

Summer 2007 No 96—15 November 2007

Autumn 2008 No 97—15 February 2008

faulty copies

Please post to HAS, PO Box 66, Broadway, NSW 2007 and we will replace it. Please write Faulty Copy on the cover.

back issues

Back issues of *Birthings* are like hen's teeth! But we will try to accommodate requests. Back issues cost \$5 per issue.

Postage is \$3.00 per single copy. A price for multiple copies can be arranged. The newsletters are very valuable in that they contain many birth stories and information, plus give an insight into the homebirth movement and HAS activities.

change of address

Please notify any change of address to HAS, PO Box 66, Broadway, NSW 2007 or by email to the Memberships Co-ordinator at jotilly@bigpond.com.

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membership

Homebirth Access Sydney is the only group of its kind in Sydney. It fills an extremely important function in providing a centrally organised group of caring people, gathering information and making it available to everyone who is interested in childbirth alternatives and the myriad related issues.

PLEASE SUPPORT THIS VITAL WORK BY SUBSCRIBING TO *BIRTHINGS*

- **3 year membership: \$90**
- **Renewal membership: \$40**
- **Midwives subscribing clients: \$15 per client**

Membership entitles you to receive *Birthings* four times a year and satisfaction in knowing that your money is being used to keep the group alive in order to make it easier for families to birth at home.

Please send your completed form to:
HAS, PO BOX 66, BROADWAY NSW 2007

NAME	
ADDRESS	
TELEPHONE	
EMAIL	
OCCUPATION	
CAN YOU VOLUNTEER HELP? (eg typing, fundraising, emailing, events, organising)	

Please tick:

- New member
 Renewal

Please Enclose:

- \$90 for 3 year membership
 \$40 for new membership
 \$40 for renewal membership
 \$15 for midwife client membership

Include a stamped, self-addressed envelope if receipt is required.

Enquiries: jotilly@bigpond.com

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Maggie Lecky-Thompson

Elaine Odgers Norling

Honourary Life Member

Robyn Dempsey

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BIRTHINGS

Homebirth After Caesarean

REGULARS

- ALISON LEEMAN Editorial 4
- Birth Announcements 5
- Letters 6

features

- 7 Scarred for life? JODIE DEARSLEY
- 10 Supporting women through HBAC WITH ROBYN DEMPSEY
- 12 A journey toward healing KAREN ROGERS
- 14 Comparing models of care REBECCA LAWTHOR
- 18 Birthed at home! ANNA FEORA
- 19 VBAC and HBAC ANGELA HORN
- 24 The births of Mikayla & Brenden LOUISE DIAZ
- 26 Evidenced-based care: the research on VBAC CARES SA
- 32 Going home: travelling from c-section to home birthing KIRI KOUBAROULIS
- 35 Considering ABBY HOGARTH
- 38 heart to heart: poetry & artwork AMELIA ALLAN

Book review

- SARAH O'BRIEN Thinking about birth 38
- The personal is political* 40
- Fire in the belly* 41

birth stories

Cartoon: Hathor the Cow Goddess

- 42 Ella's birth story ANNA CLARKE
- 44 Arthur's birth story HAYLEY PERO
- 45
- 46 Aasha's birth story TARA DARLINGTON
- 47 Resources on VBAC and HBAC

HAS in the Community

Media Watch

Services

Calendar

52 *Thanks for stepping up! and help needed!*



Contributors

AMELIA ALLEN is a mother of two and pre- and post-natal yoga teacher. On leave for a few months, any yoga enquiries can be sent to ameliaa@iprimus.com.au.

ANNA CLARKE is among other things, the mother of 4 beautiful children. She is fascinated and passionate about the normality of birth and breastfeeding over the course of human history.

JODIE DEARSLEY is wife of 15 years to Matt, and mother to Elicia (8), Aimee (4), Cole (2), and number 4 due Labour Day! She is a teacher and psychologist who works part time as a school counsellor. Since embarking upon her birthing journeys, she has become keenly interested in the pervasive, whole-person impact of women's birth experiences, which may eventually form the basis of her PhD. A keen home birth advocate, she has been a member of the Sutherland Shire Home Birth Support Group and Consumer Representative on the St George Hospital Home Birth Steering Committee for the last four years.

TARA DARLINGTON is a Doula and Birth Educator (and soon to be qualified Yoga Teacher). Tara and her husband, Garfield, who is a Cinematographer, made the film *The Birth of Aasha* to help increase confidence and awareness in the public that a Vaginal Birth after Caesarean Section (VBAC) is not only a very real option for women, but that a homebirth offers the space for women to gain the confidence in their body that they need so much for a successful VBAC."

ROBYN DEMPSEY is an independent midwife working in the Northern area of Sydney, attending homebirths for 13 years. Robyn has 3 children, all born at home.

LOUISE DIAZ is wife to Paul, and mother to Mikayla, 3 years old, and Brenden, 10 months old. She is currently a fulltime at home mummy, whilst also studying a Diploma in Wedding Planning via correspondence and plans to start her own small business on completion.

ANGELA HORN is the author of the website www.homebirth.org.uk, a reference site that gathers and summarises an enormous amount of invaluable research, birth stories and other resources relating to homebirth.

KIRI KOUBAROULIS lives in the lower Blue Mountains of NSW with her husband, daughter and their two pet westies. Travelling light is high on her list of priorities.

REBECCA LAWTHOR is the mother of four sons, Jakob, Joshua, Oskar and Noah. She maintains a blog about VBAC on mspace and wishes for a normal, straightforward, trauma-free birth for all women.

ALISON LEEMEN is mum to Joe, editor of *Birthings*, an active member of the Homebirth Access Sydney committee and an organiser of the Eastern Suburbs Homebirth Support Group.

HAYLEY PERO is a 43 year old mother, professional teacher, trainer and life coach, lives in Blue Mountains. Loves hanging out in the bush with her children, swimming in the local swimming holes, canyoning, rock climbing and mountain biking as well.

KAREN ROGERS is a 32 year old pharmacist who is mum to two year old Maggie with baby number 2 due in 4 weeks. She is married to Nick and lives in the Lower Blue Mountains where she is very happily occupied as a full-time mum.

EMILY WEBB is the mother of Euphrates Pixie (2 years) and Isaiah Eden (6 months). She has worked as an artist and photographer, as a piano teacher and recently trained as a Doula. She hopes to have many children and work as a Doula especially with mums who are hoping for a VBAC.

New and renewed members

We extend a hearty welcome to the following new and renewed members. We value you and thank you for your continued support.

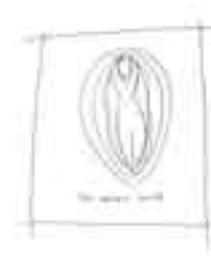
Sarah Brooks
Ibu Robyn Lim
Yvette Munro
Tonya Hayes
Sarah McLean
Neena Adams
Sally and Peter Dillon-Hines
Regina and David Powell
Maria Androutas and Fernando Parodi
Amber and Matthew Johnston
Shar and Elvio Toppazzini
Lorella and Steve Ricci-Mariotti
Felicity White and Joel Zardin
Sara Heritage
Belinda Hams
Jemma Stephens
Jodie Dearsley
Gayle Enkelmann
Sarah Geddes
Karyn Besley
Rachel Stockdale
Tamara Van Mook

Front cover



'Supported valued loved power
peace space safe home'

Back cover



'The woman inside'

Kiri Koubaroulis

Gentle Birth, Gentle Mothering



The wisdom and science of gentle choices in pregnancy, birth, and parenting

By Dr Sarah J Buckley
With foreword by Ina May Gaskin

Discover how a gentle birth gives you and your baby the best possible start to life. Learn the benefits of instinctive and gentle mothering.

This collection by Dr Sarah J Buckley includes her superb research on ecstatic birth, ultrasound, epidurals, and third stage of labour, and Sarah's own stories of birth and mothering, including raising babies without nappies, and gentle discipline.

Essential Reading For Gentle Mothers Everywhere.

"Sarah Buckley's work is unique: as a health professional AND a hands-on-mother, Sarah exquisitely demonstrates how science affirms the intuitive wisdom of motherlove as well as how gentle parenting works in practice - not just in theory."

- **Pinky McKay**, author of 'Parenting by Heart' and '100 Ways to Calm the Crying', Melbourne

Available at
www.sarahjbuckley.com
Or phone (07) 3202 9052 fax (07) 3202 5851

25th Homebirth Australia Conference



25 Years on: Paving the Way to Maternity
Reform



25 YEARS ON...
PAVING THE WAY IN MATERNITY REFORM
25TH HOMEBIRTH AUSTRALIA CONFERENCE

**November 3 & 4, 2007
Adelaide, Australia**

Homebirth midwives and the women they care for have led the way in maternity reform.

Partners and siblings being present, keeping mothers and babies together, active birth, the use of water during labour and birth.

Homebirth practices continue to keep the woman central whilst incorporating a model of support and trust. The continuity model that surrounds homebirth is the key to improving birth care Australia wide.

**Keynote speakers
confirmed**

***Sheila Kitzinger
(UK)
Gowri Motha (UK),
Gentle Birth
Method***

www.homebirthaustralia.org

editorial



ALISON LEEMAN

Bringing this issue of Birthings to print has been a monumental effort and I apologise for its lateness in your letterboxes.

The theme – homebirth after caesarean – was suggested by one of our members, Natalie Dash, who no doubt didn't expect so much of the work of preparing the issue to bounce straight back to her. Huge thanks, Natalie for all your work in helping gather content, both research articles and stories by various authors. I'd have been lost without Natalie's guidance on the topic. We're always happy to meet the requests of our members when possible, and invite other members to suggest topics that they feel deserve better coverage.

There's been plenty of healthy, constructive debate as to magazine content among the HAS members involved in preparing this issue of the magazine. As the magazine has grown rapidly this year, so have the challenges associated with selecting content – we're now in the position of having to limit the size of the magazine for technical printing reasons. So a range of worthwhile changes have come as a result of these challenges. We're expanding the staff of the magazine (see page 52), appointing a formal Editorial Board and establishing a written Editorial Policy.

We also hope this issue of the magazine will generate even more healthy, constructive debate among our members, and that you'll feed your thoughts back into the magazine, sowing a richer conversation for the next issue. (See my appeal for your comments, questions, disagreements and enthusiasms on the Letters page.)

We've had a stunning response to our call for t-shirt designs to sell, Words From The Wise on the topic of birth food and submissions to our Community Exchange pages – nobody sent in anything for any of them! So I'll try again this issue and if nobody's interested, I'll scrap the sections. Please send us your Words of Wisdom (100 words or less) on next issue's topic of Birth Mantra (see page 55). And please send us any pregnancy-, birth- or baby- related items you'd like to sell to other homebirthers (birth pools, slings, prams, etc).

The 25th annual Homebirth Conference is fast approaching (3-4 November).

Jo Hunter and Justine Caines are putting in a mammoth effort to get the conference off the ground and there are some heroes of the birthing movement (including Sheila Kitzinger) speaking, as well as the red carpet premiere of Ricki Lake's birth documentary, billed as the Inconvenient Truth of birth. Book your tickets as soon as possible at Homebirth Australia's website and dust off your glamour frocks. And if you've got any time to spare, Jo and Justine could do with a hand in the next few months (after all, they've got 10 kids between them, not to mention full-time study and a political party!). Email Jo on jophil@aapt.net.au

Lastly and most importantly, I am immensely grateful to Melinda Holme for her massive effort in bringing this issue of *Birthings* to fruition when I had all but given up, due to illness. Melinda is a self-employed designer with no connection to homebirth. Her connection to me is one that owes no obligation to help in difficult times – she is my sister-in-law's sister, which I treasure, since I have no sisters myself. Melinda took on *Birthings* at the point of my having laid out about a third of the magazine, and ran with it through to printing stage, based only on flipping through previous editions of the magazine and receiving a bunch of emailed documents and ads from me. Thank you, Melinda, for your huge generosity. You are a lifesaver.

Warm regards, and happy birthings to all,

birth announcements



Sally Dillon & Peter Hines

Banjo Douglas Dillon-Hines

Sibling – Tasman
Born at home in water
7:55am, 16 July 2007



Banjo Douglas Dillon-Hines was born in water at home on a beautiful winter's morning after a sensational, quick labour. He swam into his mother's arms and was welcomed into a room full of sunshine and smiles, watched by dad Peter, brother Tasman, girlfriends Monica and Uli, and of course our midwife Betty Vella, who has supported us through both sons' births. Ilana arrived in time for the birth-day party and completed the atmosphere of love and wonder.



Rachel & Scott Correa

Níco Oro Correa

Siblings –
Stella, Aléjandro and Miguel
Born 29th June 2007, 6:28am
9lbs 12oz



After a transformative pregnancy and a challenging labour, the Correa family welcomed Níco as he was home, water, lotus born in his caul in Napier NZ. A heartfelt thank you to all of our loved ones and to the wise women of Homebirth Aotearoa for the support and encouragement you enveloped us with. Níco your very nature has soothed my soul and I find myself wondering, joyfully, who chooses to come 3rd son and what work will your hands do? We cherish every day of your unfolding.



Anna Clarke and Tom Longworth and siblings Darcy, Ciara and Matilda, welcome their daughter and sister

Ella May Longworth

Born at home in water at
1.59pm, 25th May 2007



Welcome to our family little one. We had a wonderful birth and you have given us all such joy. It was so quiet, calm and powerful and you remain such a calm, happy baby. Thank you Jane for the special journey we had together and sharing in such an awesome birth.

Birthing Affirmations Poster

\$10 Laminated, \$2.50 postage

To order:
Send request with return address and cheque or money order to
HAS, PO Box 66, Broadway 2007
or: email annehns@hotmail.com to arrange online payment

Carol Flanagan

AUTHORISED CELEBRANT

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Letters

Jane Palmer reopens her midwifery practice...

Dear Alison, After taking time off to spend with my young children, I am now excited to announce my return to midwifery practice. I've dedicated my life to supporting families, as they move through the childbearing year. I have a passion for birth, believe in its normality and have a commitment to promoting the rights of parents. I offer a comprehensive range of midwifery services – top of the list, of course, is supporting women birthing at home. Other services include preconception care, childbirth education courses, breastfeeding counselling, postnatal visiting service and parenting support. I am located at Dundas Valley (between Carlingford, Epping and Parramatta) – which permits me to travel to many Sydney suburbs. You can find out more details about me and my services on my website under the services link. See www.pregnancy.com.au. I encourage you to contact me either via email at jane@pregnancy.com.au or by phone 9873 1750 if you'd like to find out more.

ALISON you are spectacular!!!! I have just read the best issue of *Birthings* yet. I was enthralled from cover to cover, and the new segments were very refreshing. WELL DONE. It had me sofa bound all arvo (thank goodness I had already made the soup the troops would have starved otherwise). I don't know how you do it? Lots love *Shaz* xx
P.S. How great is that picture of the membranes??? ART!!

Hello Alison, Just wanted to say what a fantastic magazine you put out! The photos were absolutely gorgeous! My favourite being the bag of waters on the back page! (Winter issue 07). A truly informative, interesting newsletter. Thank you and your team, so much, for volunteering your time and energy. I appreciate it!
Kind regards, *Robyn Dempsey*

Thank you so much for the beautiful magazine that arrived in my letter box today – what a fabulous bumper issue!!! It is looking so professional and gorgeous these days and the colour photos are wonderful! I couldn't put it down and almost forgot to pick the kids up from school -oops! ;-) I just love how willing contributors are to share deeply and honestly. What a gift it is! It is truly an inspiring community to be a part of! I am so proud of you all! Thank you, Love *mel*

Dear Alison, Just quick note to thank you for my copy of *Birthings*. I don't recall seeing a copy of it before and I have to say I am incredibly impressed with its quality of presentation and the quality of the content. It's absolutely marvellous. I really enjoyed reading 'Fire in the Belly' and the articles by other men. It's an excellent publication. Thanks for doing it! Cheers, *David Vernon*

Dear Alison, I am an avid *Birthings* reader, and feel compelled to congratulate you on your amazing efforts and achievement that is the magazine's Winter 2007 'bumper' edition. The content, features and layout are of an exemplary and professional standard, and an absolute credit to the organisation. Having read it I feel even prouder to be a member of HAS (as well as disappointed we can't pay you for all your hard work!).

I also feel compelled to contribute to such a quality publication, so have responded to your call for articles on the topic 'Homebirth After Caesarean'. Kindly find my story attached, entitled 'Scarred for Life?'. I hope it is of some benefit to your readership, and possibly provokes some debate around the question posed.

As a passionate homebirth advocate, I have often desired to be active on your committee. Geographical distance, working commitments on a Monday, and the demands of family life with three young children have precluded this.

Yet planning my third home birth, reading Jo's farewell story and seeing your need in the loss of both she and Claire from the executive, have spurred me on to surmount these obstacles. I notice meetings are now on a Friday, which I work some of, but hopefully can schedule these around meetings. Beecroft seems like the end of the earth from Cronulla, but I'm sure I'll find it!

Please count me in for your next committee meeting. Although I'm unsure as to what capacity (if any) I can be if assistance in, I know many hands make light work. Warm regards, *Jodie Dearsley*

Good on you Alison! *Birthings* looks awesome and is just getting better and better. Xx *Jo Tilly*

Hi all, I want to congratulate Alison on a superb issue of *Birthings*. It looks absolutely brilliant love, the stories are fabulous and I love all the new sections you have added – well done – I'm sure you'll get heaps of positive feedback. Cheers *Jo*

Letter from the Editor: While it's utterly lovely to be complimented so thoroughly by the charming readers of *Birthings*, I want to hear some complaining and debating, too. I'd like to turn this Letters page into an active, vibrant Discussion Page. When you finish reading this edition, if something grabbed you, impressed you, confused you or pissed you off, please tell me about it. If someone's story or pictures melted your heart, tell them here. If you read something that reminded you of another article or book you've read, share the resource here. Looking forward to hearing from all you feisty, opinionated, moved or inspired women and men soon. *Alison.*

Scarred for life?

BY JODIE DEARSLEY

Pregnant with her fourth child, Jodie Dearsley wonders when the hospital system will accept her ability to birth vaginally.

Eight and a half years ago, I had my first child – a beautiful healthy daughter – by caesarean section. Since then, I have managed to achieve a Home Birth After Caesarean (HBAC) followed by another Vaginal Birth After Caesarean (VBAC), to deliver my second daughter and a son. Now in the third trimester of my fourth pregnancy, I am planning another home birth for this baby.

Yet all these years on, and with two successful vaginal deliveries, I am still ‘branded’ by my first birth experience. Whilst the emotional scars from the operation are long healed, and the physical scar has faded, our maternity health care system has not enabled me to move beyond this experience.

My caesarean has – whilst I remain an active maternity consumer – scarred me for life.

With Elicia, my first child, I had been almost three months in hospital due to haemorrhaging from a Grade IV Placenta Praevia, and I had known a caesarean was the inevitable outcome of the pregnancy from when this condition was diagnosed at my initial bleed at 15 weeks.

I researched all I could, and had lots of great preparation for the caesarean from my childbirth educator (thankfully classes finished the week I was admitted)! As I know is not always the case, I had no grief nor concern as to the necessity of this course of action. I knew I was one of the very few medically necessitated caesarean patients, and was thankful to God for placing me at this point in both history and geography so that my baby’s life and mine could be spared by modern medicine.

I was also thankful that we made it to 38 weeks, so that the caesar could be ‘elective’ (an unfortunate and misleading term) rather than an emergency.

Emotionally, I didn’t fare so well from the experience of my prolonged ‘incarceration’. Unfortunately, I suffered Post-Traumatic Stress Disorder (PTSD) and am unable to remember the first six months of Elicia’s life. This was exacerbated by post-natal complications and serious breastfeeding problems, as well as numerous family life stresses at the time.

Thankfully, we came through this time, and my experience led me to question rather than despair. I vowed never to return to hospital, and for more than three years assumed this meant no more children. Then I discovered homebirth. Not only had I been oblivious to its existence or legality, but I had been unaware of its relative safety and benefits. These were all in line with the gradual transforming of mine and my husband’s health philosophies over a number of years.



A God-incident led me to meet an interstate midwife who told me of a homebirth midwife local to me. I phoned her and we hit it off instantly. She was happy to take me on as a HBAC client if and when I required her services. Our tenth wedding anniversary shortly thereafter provided the perfect opportunity. Our midwife was surprised to be hearing back from me within a few weeks!

My husband and I – as we had done previously – thoroughly investigated our options, always eager to make the most informed choice. This time sure we would not again use a private obstetrician, we looked at our birth centre and public hospital choices before confirming our homebirth decision. Of the services offered publicly, those who would take me on placed too many rigid and unnecessary criterion and restrictions on a ‘trial of scar’ labour. I knew I would have little chance of achieving a VBAC anywhere but home, regardless of the lack of complications or predisposing factors in this pregnancy.

These factors, plus the research statistics shown him, allayed all initial reservations Matt had had concerning birthing at home. He was a prosthelatising convert from the first meeting with our midwife!

Our relationship with our independent midwife was from the outset poles apart from that which we had been (un)able to develop with our private obstetrician; and this given I saw my ob. at least daily for many months whilst in hospital!



The midwife immediately became a member of the family, an intimate acquaintance, and we shared our lives. This cannot be compared to the eager hours waiting in cold, sterile doctor's surgeries for a 2-minute appointment in which your list of questions (if you could pluck up the courage to pull it out) was met with a roll of eyes. And where birth could not be viewed as more than a purely physical experience.

Of course the differences in outcomes were similarly stark. I transformed from a physical and emotional wreck and cripple the first time around, to a healed and empowered homebirthing woman.

So much was achieved through birthing Aimee at home, even beyond the affirmation of my strength and ability as a competent and capable birthing woman. This birth was a spiritual, physical, emotional, and social rite of passage, and an act of maturity and responsibility. A symbol of deliberate parenting and trust of my instinct and mother love. I bonded and adjusted to life as Aimee's mother in an infinitely smoother, confident and more positive way. Not to mention all the practical and social benefits of choosing your birth attendants and place of birth.

My pre and postnatal periods were not without complication, but the surmounting of these was part of the journey to empowerment and restoration.

There ends my joyous HBAC story – or does it?

The puzzling part of my H/VBAC journey has come after this. The latter legs of the journey have led me to pose the question: "Scarred for life?"

By this I mean: when is a VBAC a VBAC, and when or if does it cease to be one?

By definition, a VBAC is a vaginal birth after a caesarean, but does this mean immediately subsequent to a caesarean birth, or is it that once you've had a caesarean you're always classified by this mode of delivery? My midwife has clinically defined a VBAC as a one-off occurrence: once you've achieved one, that's it.

This has certainly not been my subsequent experience.

So, my story moves forward two years. Here I am, HBAC achieved, pregnant with baby number three. No question this time as to options, our midwife and home is the only choice for us.

Forty weeks pregnant and the organisational masterpiece which was to be this birth is in full swing – support person up from Tasmania, videographer down from Queensland, holiday time, full moon. But instead of the baby appearing, severe preeclampsia shows it head.

Despite my vows never to return, I pack my bag and go to hospital. Due to the attendance of the best renal specialist, this is the same hospital where I had my caesarean. (I had not chosen nor booked in here for either delivery, but did have the advantage this time of knowing the staff via my role as the Consumer Representative on their Home Birth Steering Committee).

Despite my relationship with senior staff, knowledge base, and experience, I was here exposed to all sorts of procedures and interventions I would never have chosen, and was asked to have a caesarean.

When I stated my desire to birth naturally, I was informed of the dangers and limitations to this course of action as a VBACer. "But I've done this before, at home, and with no intervention or problems!" were my thoughts and assertions, which carried no weight. I found it ludicrous to be having to fight for a Vaginal Birth After Vaginal Birth (lets pen an acronym – VBABV).

No one listened to my statistics about the rare occurrence of uterine rupture (0.02%; and most of these not serious), and the fact that this statistic becomes negligibly different to that for non-caesarean uterine ruptures after one successful VBAC.

To spite common sense, this birth was classified as a VBAC and subject to its restrictive, time-scheduled hospital policy. I have to have this, I can't have that. I was permitted nil by mouth for over 24 hours to be ready for the caesarean, then given four hours from the first syntocinon-induced contraction to deliver.

I fought hard to have a chance at a vaginal delivery and succeeded. Starved and thirsty, and bedridden throughout, with constant EFM and I/V syntocinon, I pushed my baby boy out without contractions as my time limit was up and the ob. registrar was at the door beckoning "caesar".

Consequently, I ruptured my pubis symphysis, and there began another long journey and extended hospitalisation.

Move forward another two and a half years. Now pregnant with baby Number 4. At 4 weeks I booked with and was accepted into the Homebirth Program at same public hospital. Thought this was the best way to advocate for the program I have been Consumer Representative on for four years. Also the safest option for transfer if necessary as I could maintain continuity of carers. And I knew and trusted the wonderful caseload midwives.

At 17 weeks, with no change in my circumstances, I was cancelled from the program. The reason I was given for this renegeing was because of my previous caesarean. This was obviously disclosed and fully known by staff at initial booking,

with VBAC after successful vaginal delivery not a preclusive factor in the Guidelines. This decision flew in the face of my high level of motivation and despite having had two successful, (quick, easy, no tearing, no pain relief etc) vaginal deliveries after my caesarean.

The disempowerment and emotional devastation of this decision were keenly felt. My birthing options were by then severely limited. My midwife and another IM friend were fully booked. I was transferred by the hospital to the High Risk Pregnancy Unit without my consent or knowledge.

Surely one is scarred for life? A little scar leaves a big legacy. Most women would be totally deprived of the opportunity to do things differently given these circumstances. Thankfully I have been able to find another Independent Midwife who is prepared to travel and take me on, and we have prioritised to find the finances.

My three births, although not all as I would have planned, have been the best births possible. If I had accepted that I was unable to birth at home because of a caesarean 8 years ago, in the absence of complications or evidence as to me being at any higher risk, then I could not have said this about my impending birth.

I will let you know the outcome of this birth (hopefully a HBAVBABAC!), but am interested in others' experiences.

For you, has it been once a caesarean always branded by its scar?

A H/VBAC is a truly healing and empowering achievement. Yet, like scaling Mount Everest, once done it is done. This is what you become known for, regardless of how many failed attempts you may have made. Having already defied the system to avoid standard repeat caesarean protocol, how many more times must a woman prove her ability to birth naturally?

Lets work to make this unjust categorisation a relic of the past...
To define VBACs in practice and in theory as once-only events...
To allow old scars to truly heal.



MY BROTHER JIMI JAZZ



My Brother Jimi Jazz is the first book of emerging writer Chrissy Butler. Chrissy writes from the perspective of a young girl about the beautiful homebirth of her brother Jimi Jazz.

A beautifully illustrated and wonderful tale for children and the whole family, that embraces:

- A natural, active homebirth
- Breastfeeding
- Co-sleeping
- Use of cloth nappies
- Baby moon
- Siblings at birth

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Supporting women through HBAC

WITH ROBYN DEMPSEY

Robyn Dempsey is an independent midwife working in the northern area of Sydney, attending homebirths for 13 years. Robyn has 3 children, all born at home. She discusses with us her approach to supporting women through homebirth after a previous caesarean.

Over the years, I've come to see the hospital system slowly erode the dignity and power women can achieve in childbirth. The system doesn't allow the woman's body to birth in it's own time, under it's own steam. Women's bodies work, they are not broken and don't need fixing!

Do you support HBACs and if so, roughly how many have you supported?

Yes, I've worked with a few women choosing to birth at home after c-section. Around 14 women have sought my care.

Can you describe in more detail your experience of supporting HBACs? How did those births 'go' compared to other homebirths?

I think preparing for birth after c-section is somewhat different to planning birth having had your bub vaginally previously. If bub came out through your vagina, then you know you can do it. Often women have issues with their bodies ability to give birth without help, if they've had a c-section. Working with these families is a real joy. I get to work with a lot of motivated women, but women with a previous c-section have a drive that is unsurpassed. Deep down they know they can do it, all I have to do is tease that knowledge to the surface!

On average, I'd say HBAC women are surprised by labour and its strength, and equally surprised by the strength they can summon from within themselves. I haven't seen any unsupportive partners or birth team members not coping.

I've had four women transfer to hospital. Of these, three women had a second c-section. (Two of the women were doing beautifully, however chose to give birth by c-section). The third woman had a very supportive team, including obstetrician, but unfortunately, the shape of her pelvis was such that bub just couldn't get through. The final woman had two previous c-sections, transferred to hospital after 48 hours of labour at home and five hours of second stage, then she pushed out a 4kg bub, no problems!

When women find the 'zone' for birthing. It doesn't matter how they birthed before. They are totally in the moment, working with their bodies and baby to move through the challenge before them.

I've seen women HBAC in the bath, birth pool, kneeling, standing, all the positions you can think of. I've had the pleasure of attending women with two previous c-sections, classical scars and women who have booked late. Women's bodies know how to birth.

Babies born at home very rarely need any form of resuscitation, and HBAC bubs are no different. I don't suggest early cutting of cords or separation of mum and bub. There is no rush to attend to tests or checks, we have all the time in the world!

Are there situations in which you would decline to support a HBAC or recommend that the woman reconsider her decision to birth at home after a caesarean section, or place limitations on the HBAC? For example, is waterbirth okay, is the type of scar relevant (eg classical scar), does it matter how many previous caesarean sections the woman has had?

There are a few 'recommendations' that I consider. It doesn't necessarily mean I won't work with the woman, but I also like to make women aware of the tactics the system will use to scare them.

For example: The three main reasons 'the system' would recommend not having a HBAC are:

- » infection in the wound after the first c-section.
- » classical incision
- » less than 2 years between babies.

These are the main reasons, however they will give you a list as long as your arm for not even attempting to birth vaginally after c-section, no matter what the location.

For me, I don't work with women who smoke, scar or not.

I will work with women no matter what has happened in the past. Nothing in birth is guaranteed, so I can't say "work with me and you'll birth at home no worries". Sometimes you need to transfer. Women who don't have a scar on the uterus transfer about 10% of the time.

At most of the HBACs I've attended, the women have chosen to birth in the water. It's the woman's birth, so unless mum or bub are showing signs of distress I don't place limitations around it.

Does the reason for the initial caesarean(s) affect whether or not you would recommend HBAC?

No, I generally find that there hasn't been a clear cut good reason.

Do you expect a woman planning HBAC to have ultrasounds to check the scar, or to consult a doctor during her pregnancy?

I don't require the woman to have ultrasound checks or see a doctor during the pregnancy, scar or not. It is completely up to her. If doing these checks puts her mind at ease, then yes, that would be good. However it doesn't affect my care.



What are the risks or complicating factors you are particularly conscious of in supporting a HBAC?

I guess uterine rupture is in the back of the care-givers mind, however the risk is very small. I monitor mum and bub regularly, as I would even without the scar. I also 'check in' with mum to see if she is experiencing any scar pain. However, the scar can rupture without warning.

I find the biggest factor is does the woman believe in herself? Does she have a good support team? What were the reasons for the first c-section? How long did she labour last time? (Women can get to that point and stop. Usually waiting cures this problem!)

Are there any particular warning-signs or indicators that you are alert to in supporting a HBAC or is it the same as in any other birth?

I think I am on alert more for potential problems, however it would be the same for someone who had a low blood iron, or diabetes, etc. It's just a variation from the norm, not necessarily a huge problem.

If the women can work with the trauma associated with the previous birth, and move through it, or to a comfortable place, then this is the one biggest hurdles.

Is there any special preparation for birth that a woman ought to undertake if she is planning a HBAC?

- >> Book a midwife early!
- >> It's never too late to change your care-giver.
- >> Start looking at websites dedicated to HBAC (supportive sites!) and read, read, read. Get all your facts together.
- >> Look within: are you angry with the last birth? Disappointed? Hurt? Violated? Happy? Okay?
- >> How do you feel about being pregnant again? Is it a scary thing? What images happen when you picture birth? (If it isn't pleasant, then picture your ideal.)
- >> Read and prepare for a birth, the one you know your body can achieve.



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A journey towards healing

BY KAREN ROGERS

In the final weeks of pregnancy before her first birth after a caesarean, Karen Rogers tracks her journey from surgery to home, thankful for her faith.

My second child is due in 6 weeks [September 2007] and I am planning to give birth to this baby at home. My daughter was born two years ago by emergency caesarean in a private hospital so my thinking has changed a lot since that time! It has been quite a journey. Coming to terms with my own sense of failure over my daughter's birth and the impact that had on my adjustment to life as a mum was not easy. In fact, the process has continued as this pregnancy has unfolded.

I have been very blessed with a supportive and understanding husband who has listened to me talk things out for hours on end. And even when he felt he didn't quite grasp how deeply it affected me, he held me and encouraged me and was always willing to look at other options. I remember the first time I said, "What would you think about having a home birth if we have another baby?" I felt like I was suggesting something very "far out" and a bit risqué but the thought was there and I wanted to talk about it. He calmly said "Why not?" He has been my rock through all the ups and downs that began when I first became pregnant. I am so looking forward to sharing labour and birth with him in a deep and intimate way we did not experience the first time.

Reading has been the key that has enabled me to unlock the confusion and sorrow that imprisoned me after my daughter's birth. I loved my parenting magazines and invariably found myself turning first to the birth stories. I would read them and feel so unsatisfied with my own experience. My sense of loss deepened and my self-confidence rapidly unravelled – a baby with severe reflux didn't help matters either! But as I ordered more books and read more widely I began to understand the problems inherent in a very medicalised model of care during pregnancy and birth. Over many months it dawned on me that it hadn't necessarily been my failure on that day and that there was another way of doing things. I regret I didn't research more before I became pregnant with my daughter. Accepting that regret and forgiving myself have been huge steps along this journey.

By the time I was pregnant again we had already decided homebirth was what we wanted next time around. I had even met up with my midwife and talked things through with her. She has been a constant source of reassurance in terms of the normality of all I am experiencing. After her visits I am relaxed and excited and encouraged – unlike leaving an appointment with my obstetrician during my first pregnancy. It has been wonderful how my little girl has been able to join in the happiness of these visits too. She has enjoyed the books my midwife has provided for her and can't wait to "Listen baby's heart" each time she comes. I cannot describe the joy I feel when I see my two-year-old's delighted face as she places the Doppler on my tummy and hears the swooshing sounds of her baby brother or sister's heart. I love being able to



email my midwife or phone her whenever I need to. I feel cared for and listened to and that she truly knows where I am coming from. She has shared a major part of this journey with me. And the biggest part is yet to come. Knowing I will have her expertise, her calmness and humour to help me through this baby's birth makes me so excited.

For me homebirth is also a faith decision. I believe that God is integrally involved in the process of conception, pregnancy and birth. The more I read about the intricate hormonal systems and how they interact in labour, birth and beyond the more amazed I am. Living a life of faith in our very pragmatic and busy world is a constant challenge. Choosing a homebirth has been a conscious way for me to slow down, to step away from the information overload and learn to listen to the body God gave me, and the baby he is giving me. This pregnancy has been so different. It has been characterised by peace instead of anxiety, by enjoyment and trust in what God is doing and where he is leading. This is true for me as an individual and also for us as a family. The logical conclusion to this process for me is allowing God's presence at our baby's birth. Allowing him to be a part of it as his word says he is – not pushing away the mystery with the 'safety' of bright lights, beeping machines, drugs, drips and scalpels.

I still grieve over my little girl's birth. I grieve that a stranger's hands took her from my body into the harsh cold light of an operating theatre. I grieve that my first sight of her was on the screen of our digital camera. I grieve that I didn't get to hold her for many hours and am ashamed that I had to be prompted to feed her even then. But I am comforted that her Daddy held her during that time and when I feel guilt creeping up on me I remember that at that stage we didn't know any better. And I rejoice in the beautiful gift of her life which is precious beyond measure and I trust I will be able to pass on to her a heritage of both knowledge

and experience that will make her own birthing experiences times of joy and freedom, power, trust and hope.

My family has found it hard to understand this decision and their fear for both my well being and the baby's has created a sense of tension between us that saddens me. Their view of birth is very medicalised. Every time I discuss anything about this pregnancy with them, my mum in particular, it is there. There is a sense of opposition and not understanding my first birth experience (or its importance) despite the times I have tried to explain. They can't accept that my caesarean was unnecessary, caused by spiralling medical interventions, or that it had any negative impact on me.



free to focus on my labour and my baby in a way I never was the first time. I want my beloved husband to have a central role. I want him to have a chance to be my rock and my source of comfort as he has been through so much else in our lives. I look forward to discovering together depths to myself that I am currently unaware of. I want to see God at work when the veil of this world is thinnest and an immortal soul makes his or her entry to life in this world. I want to be able to praise my Saviour with every fibre of my being as I gaze at my brand new child in my arms. And I want to start the next phase of my journey as a mother full of strength, confidence and joy. I believe homebirth will make this possible for me. When I focus on these aspects I can barely wait.



They just don't believe that one-on-one midwifery care is the gold standard and as medical people themselves, they find a sense of security in the hospital environment. My hope is that once this baby is born we will be able to move past that. I trust that in their love for me (which I know is what motivates their fear) they will be able to see the benefits of the informed choice we have made. I am wary of the need to try and prove something to them. I just want to be fully present to share the joy of this new life with those I love so dearly. I feel I really missed out on that the first time after the battering my body and mind had taken from the trauma we experienced.

There have been other hurdles along the way too. My midwife wisely advised me to book in to my local hospital in case I needed to transfer at any stage. My appointment with a lovely student midwife went smoothly until just at the end she felt she had to check everything with a senior midwife – who decided I really needed to discuss the home birth issue with the doctor in charge especially in light of my previous caesarean. I braced myself and, as expected, the doctor was not interested in me, or my experiences. He reeled off out-of-date statistics about the dangers of scar rupture and required me to sign a disclaimer (which he wrote on the spot) taking all responsibility for any damage to and/or death of, my baby and myself. As I left the senior midwife came back to me and said "Don't let him scare you. You're making a great decision." My own midwife was also very re-assuring after this experience but it did shake me up at the time.

As the birth gets closer I am finding my excitement growing – but also my fears. I need to keep working to remind myself of all the reasons why we made this decision. The temptation to back out lurks in my mind – but then I remind myself of the realities of a VBAC birth in my local hospital and I know I don't want that. I don't want to have to fight to avoid interventions. I want to be



Comparing models of care

BY REBECCA LAWTHER

This moment-by-moment comparison of a hospital birth and a homebirth is reprinted with kind permission from Rebecca Lawther's Myspace page. It starkly illustrates the different approaches and attitudes of her care-providers and the consequent outcomes of two of Rebecca's birth experiences.

Rebecca's first son, Jakob, was born by late-labour caesarean section, and she describes the procedures as "respectful of us, and pretty 'positive', ie. I didn't get PTSD!". Joshua, Rebecca's second, was born vaginally at 36 weeks, with Rebecca describing it as "just a birth...I didn't even know there was an acronym to define his birth, ie. a 'vbac'." With Oskar (the birth analysed on the left, below), Rebecca was planning another vaginal birth, but "ended up with an obstetrician with an agenda and developed PTSD after a late-labour butchery (ie. c-section for what I would later find out was a false diagnosis of CPD)." With her youngest son, Noah (the birth analysed on the right, below), Rebecca said she had to "fight for a homebirth after two caesareans, and wound up birthing my largest baby (largest head) at home without a stitch! So much for CPD!"

TIME	Hospital		Homebirth	
	DIL. CMS	Oskar (times start in PM) 40+1 days, 25 March 2004	DIL. CMS	Noah (times start in AM) 40+4 days, 30 June 2006
2.30	?	Labouring at home, everything tolerable, enjoying the power of the contractions, burning lavender, lit candles, listening to music, saying affirmations.	?	Labouring at home, everything tolerable, enjoying the power of the contractions, burning lavender, lit candles, listening to music, saying affirmations.
4.30	?	Decide it is time to go to hospital, contractions still tolerable, just want to have enough time between them to kiss older sons goodbye.		
4.55	7	Book in to hospital NOTES: "FHR 142 Temp 36.9 BP 140/85 P-76 Abdo palp – cephalic, 4/5 palp, ROP? –C x 7cm dilated pp-3 Bulging forewaters C+G in progress"		
5.30	?	NOTES HERE HAVE LOTS OF LANGUAGE: 'TOS' 'head still high' OB WRITES: "Plan – Continuous monitor, repeat VE 3/29 if not pushing, Req a myself if not progressing in 1 st half hour of pushing; watch for any PV blood loss and also FHR pattern"	?	Decide it is time to phone Sally, my IMW, contractions starting to feel close together and I desire her moral support and care. We run the spa bath and I hop in.
6.00	?	Got into spa bath in labour ward		
6.30	?	"Contracting 4:10 FHR 137 Commenced using gas" (note, this is after Ob came into bathroom and declared that we should prepare ourselves for the fact that I would most likely need another c/sec)	?	FROM SALLY'S NOTES: "Sally arrived at home, Rebecca in spa. Moaning through contractions" I had declined VEs as I didn't want performance anxiety Sally held my hand through a couple of contractions and told me my noises were beautiful.
6.50	?		?	"Contractions 2-4/60 lasting 70-80 secs FHR 140 reactive"
7.15	?	"Comfortable using Gas, contracting 4:10, CTG satisfactory"	?	"Out of birth pool – sitting on toilet"
7.25	?	SROM I start having hallucinations with the gas at this point.	?	FHR 140 reactive
7.30	?	Midwife changeover occurred at this time. The Midwife who had upset me after a negative antenatal visit took over.		
7.36	?		?	"Rebecca feels that the baby's head is coming lower. Some grunting at peak of contractions"
7.45	?	Out of bath	?	

		Hospital	Homebirth
7.47	?		? FHR 128 reactive
8.00	7-8	VE	
8.08	?		? "Mucous"
8.15	?		? FHR 140 reactive
8.20	?	MIDWIFE NOTES ABOUT PAST HOUR: "Taken over care of Rebecca at 19.30 hrs. In spa using Gas at that time. Contracting 3-4(?) strongly. Distressed. SROM at 19.25hrs, clear in the bath at that time. Out of bath at 19.45hrs. VE at 2000 hrs cervix 7-8cms pp-1 copious pink liquor. Dr B notified of same. CTG reactive + variable baseline 130-140 b/m at that time. At time of report variable decelerations with contractions, Rebecca pushing with contractions and advised to breathe or pant through them. Using gas. Baseline 125-135 b/m"	
8.29			? "pushing through contractions" FHR 120-130 reactive
8.40			? FHR 130-140 reactive
8.50			Fully but with lip "VE. Soft anterior lip – easy to push behind babes head and felt descent of head." FHR 130-140 reactive
8.55	8-9	MIDWIFE NOTES: "Still pushing with contractions, copious pink liquor and bowels opened. VE to assess: cervix 8-9cm thick anteriorly to the right side of cervix pp -1. Posterior fontanelle felt at 1 o'clock. Papation anterior LOA. Currently variable and reactive trace with variable decelerations. Baseline FHR 130-140 b/m. Show present on pad. Contracting 4:10 strongly. Maternal observations within normal limits as charted." I was screaming at the midwife to help me know what to do. She seemed more concerned with catching 'liquor' and faeces on that pad, and reporting to her 'superiors'.	
9.05			ROM – clear
9.08			FHR 140 reactive
9.15			FHR 130-140 reactive
9.23			"moving between standing and squatting"
9.30	9	VE	
9.39			"anal pouting" FHR 130-140 reactive
9.40		MIDWIFE NOTES: "Dr R M phoned and asked to R/V Rebecca. On VE at 21.30 hrs, cervix 9cm with 8cm thick lip still. Caput present and station -1 to spines. Unable to determine position ? fontanelle felt at 6 o'clock. Contracting 4:10 strong. Copious amounts of clear liquor present and small amount of blood-stained show. Rebecca needing encouragement not to push. Await Dr R M R/V"	
10.00	8-9	DR R M'S NOTES: "O/E vitals stable, Distressed at pains, Biggish babe!, cephalic 2/5 palpable; V/E Cervical rim around, os 8-9cms Vx at -1, Moulding + caput + ? OA, Clear liquors; CTG satisfactory trace, contractions 4 in10. Pushing since last 1 hrs, not much progressed over last 3hrs. D/W Dr K. Prep for emergency cs. Consent taken. Paeds Reg informed, Anesthetic informed." Btw, I don't remember giving 'consent', I only remember feeling coerced. I don't remember signing anything.	Fully, but with lip "VE – thick, soft anterior lip, no further descent of head. Lay on left side, breathing through contractions, PLAN: no pushing, reassess in 1 hrs."
10.26			FHR 130-140 reactive
10.50			FHR 130-140 reactive
10.55			Fully! "VE – fully dilated."
11.12			FHR 130-140 reactive
11.18			"perineal buldging"
11.23			"head"

Comparing models of care

	Hospital	Homebirth
11.25		<p><i>"babe born"</i></p> <p>Noah emerged naturally from my body.</p> <p>Weight: 4.3kg</p> <p>Head Circ: 36 cm</p> <p>Apgars: 7 at 1min, 10 at 5 mins</p>
11.28		<p><i>"Breathed lustily"</i></p>
11.30	<p>Oskar extracted from my body.</p> <p>Ob comments to me during surgery: "Judging from the size of him, he would have never fit through your pelvis".</p> <p>OB'S NOTES: "Post LSCS. 9cms and not progressing. Caput 3+, Moulding 2+, OA position. Stil (sp?) 4/5 palpable abdominally (sp?) PDX CPD In theatre findings confirmed.</p> <p>LSCS some bleeding from a?g?h? (sp?) – seared (sp?) Single layer closure, HS (sp?) on Saturday"</p> <p>I had 800 mls blood loss.</p> <p>Weight: 4.23 kg</p> <p>Head Circ: 34 cms</p> <p>Apgars: 9 at 1 min, 9 at 5 mins</p> <p>Had a few kisses on Oskars beautiful mouth as Andrew held him close to my face. Was told I couldn't have him in recovery. Andrew went with Oskar to nursery.</p>	
11.47		<p><i>"Blood loss small"</i></p>
11.50		<p><i>"Babe suckling"</i></p> <p>Perineum – grazes</p> <p>R – towards cl. (language changed for email censors – I've had trouble sending this, lol)</p> <p>R – posterior"</p>
12.25	<p>Cold, sick alone and pining for my baby in recovery. No one could tell me how he was, no one was picking up the phone in maternity, when the recovery nurse tried several times to find out for me.</p>	<p><i>"Placenta born"</i></p> <p>Josh and Oskar had come up to meet Noah before I delivered the placenta, but I cant remember what time that was. I was given a cup of tea and some jam toast.</p>
1.00		<p>Andrew holds Noah whilst I shower for about 20 mins</p>
1.30	<p>Wheeled to Maternity ward</p>	<p>My brother comes to visit to meet his new nephew, whilst we are tucked up comfy in bed.</p>
2.30	<p>NURSES NOTES: "Returned to ward on trolley with wardsmen & recovery staff at 0130 after an emergency lower segment caesarean section for CPD. S/B Dr M for review of IV fluids. Currently running 1L Hartmanns + 40 units of Synto (line A)& commenced 1L Hartmanns (Line B) over 3/24 ms (sp?) for adequate hydration. Tolerating clear fluids IDC patent and draining dark brown stained urine.</p> <p>Pain relief as charted.</p> <p>PV loss small rubra. P+ washed on return to ward. Abdominal wound intact. Nil ooze. Observations T38degrees, BP 138/70, P72, R20. Warm blankets removed.</p> <p>Baby brought to mum for breastfeed. Sucked well & mum now settled.</p> <p>1/24 Resp/sedation score continues as ordered."</p> <p>Nurses were confused that I wanted to keep Oskar with me. They commented "Shall we take him back to the nursery now" after he fell asleep at the boob. I told them he wasn't going anywhere!!</p>	<p>Enjoying beautiful babymoon, drifting in and out of sleep with my babe in my arms and at my breast.</p> <p>Sally goes home so she can jet off to her homebirth conference :-D</p>
The next day		
0615	<p>Woken up continuously to be analysed, I get nauseous and have flashbacks of hallucinations for 24 hours, and cannot go into a deep sleep, as flashbacks wake me up with a start. I vomit and am in a lot of pain.</p>	<p>Enjoying beautiful babymoon, drifting in and out of sleep with my babe in my arms and at my breast.</p>
2.25	<p>Still very sick. Still unable to sleep due to flashbacks. Family disturbed by the state I am in.</p> <p>OBS NOTES: "C/s for CPD"</p>	<p>Go over to my brother and SILs for a bit of lunch and to show off new bubs...I feel as high as a kite!</p> <p>I feel like I can take on the world!</p>

Excerpts from Rebecca's blog,
at www.myspace.com/hba2clady

My blog is like a diary. There is a lot of anger, a lot of joy, a lot of philosophising, a lot of expression...it is not a text book that you can follow to the letter to get the wonderful birth you want. The wonderful birth you want is down to you alone...I hope that you can take that away from what you read here on my blog.

...I am not an obstetrician hater, even though I may come across that way. I do wish that a lot of them would stop crying wolf and coercing women into unnecessary surgery, as it is making it difficult for women to ascertain for sure, and trust a diagnosis, when a caesarean may truly be necessary. I am also not anti-caesarean – heck, my 1st caesar was humane and it might have even been necessary.

I need an outlet for my feelings, and I'm not so good at speaking about them in person. usually they pour forth at 2am in the dark when the house is silent, and I am alone with my thoughts. I make this outlet public, for all to see, as I know I am not alone in my feelings, and I hope through my ramblings, glimmers of insight/inspiration/connection/hope might be found. If you disagree, that is fine. Start your own blog. Your feelings are valid, and they too might help/comfort women! For too long I have been told to shove my feelings under the carpet, be a good girl, shut up, and move back into the shadows. Not anymore. Intelligent women read between the lines, and make up their own minds. Take what you like, discard what you don't...but I offer this proverbial buffet of ramblings for you to interpret how you wish, and use how you see fit.

At my core, I merely wish for a normal, straightforward, trauma-free birth for all women. The secret is ownership...welcome you to come and learn how I finally learnt to own my own birth experience...and experience exhilarating empowerment as a woman for the first time in my entire life!

SIBLINGS at birth

Childbirth through children's eyes



by Jo Hunter

Mother, Childbirth Educator and doula

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To order your copy, please contact Alison Leemen on (02) 9665 1670 or aleemen@bigpond.net.au

Birthed at home!

BY ANNA FEORA

In Anna's second birth, she discovered her body's innate animal ability to birth.

I always dreamed of birthing in the bush as a wild animal might birth. When I became pregnant with my first child, the first 25 weeks were spent hiding in a room, vomiting continuously day and night and being persecuted by inner demons. Once I came through this, I worked on reclaiming my vision and found a homebirth midwife.

At 37 weeks, I was unsure whether the baby had turned. An ultra-sound confirmed baby was breech and exposed an added complication of little or no amniotic fluid. The doctor told us that the baby was to 'be taken out' within three days to avoid being still born.

I felt confused, powerless and afraid of the responsibility to not 'do as I was told'. In a matter of moments, a homebirth had been turned into an elective caesarean.

Ella Grace was born, radiant and divine, by caesarean on 9 March 2002. Though I have many regrets and deep grief over the context of her coming into the world, her 'being' defies all judgements and ideals about how things should or could have been.

When I became pregnant again 18 months later, I once again endured months of vomiting and darkness, this time witnessed by Ella who still now at five years old includes vomiting in all her dolls' dramas!

Whilst pregnant the first time, I was advised to book into the local hospital even though homebirth had been planned. On that fateful date of 11 September 2001, my then partner Mark and myself met the 'booking in' midwife, Vita. We were all in altered state of shock from the world event, which gave us that special sense of connection of our fragile human condition.

Before I became pregnant the second time after having a caesarean with Ella, I knew it was Vita who could guide me through a homebirth, even though I knew she wasn't 'officially' a homebirth midwife. I bumped into Vita one day at the local organic food co-op and put to her my vision. She beamed her very blessed smile and told me to contact her once I was pregnant. And so I did!

Vita agreed to take on my vision and journey with Mark, Ella and myself towards a homebirth. I had one friend, Emily, who had homebirthed after caesarean and she was my hope amongst the continuous fear-mongering in the mainstream.

Throughout this second pregnancy, I have to be honest and say that I did not shift the distrust I had in my physical and emotional bodies. Due to childhood abuse and neglect, this was nothing new to me and therefore did not deter me from my vision. What I did trust was that destiny already knew what I didn't and that I must surrender.

Midway through labour after having seven nights of pre-contractions and no sleep and then intense contractions for six hours and

still no dilation, I came to the 'death place' within. I now realized that I had not been in surrender but dissociation from the fact that this was my body and I had to enter it to facilitate the birth of this baby. This is the point where I knew I had chosen Vita. Intuitively, she knew what I had to do.

On all fours like two animals meeting in the bush, she looked me in the eyes and said that she had to leave and she would return in an hour. She left.

She left and I had to arrive!

One of my support friends gave me some homeopathics from her intuitive diagnosis of my state. I got onto my feet and began to stamp like a wild animal. I stamped up and down the room with the baby's father mirroring my every movement. Mirroring my existence, mirroring my strength, mirroring my power to birth. We continued like this for another four hours. By the time Vita had returned the energy had most definitely changed! Blood was now dripping onto the floor, which also gave me proof of my existence and therefore was not to be wiped up. It was to be stamped in. It was the life force of my process towards opening.

Through all this, Ella came in and out, my friends Vicki, Jill and Sarah were deep in their Presence. Mark held onto my body and Vita watched with knowing, loving eyes.

After nine hours the baby's head was showing. I was squatted in front of the sofa with Mark still holding. He did not waiver in his faith in me.

The sac had not broken. I asked Vita to break the sac to see if it would ease the pressure. I regret this as it made no difference and I would have loved the baby born sac intact. (C'est la vie.) However, meconium was present and Vita 'strongly' urged me to focus on pushing the baby out quickly. I took her very seriously and in the next push, Mali Aoife was born into this world, caught just in time by Vita.

Mali was healthy and vital and snuffled straight towards my breasts.

Vita and I had one more journey to travel. I was so fatigued that I could not push the placenta out. Vita waited as long as was safe and then did something she had not done before. I looked at her and she was white but I trusted her totally. She put her hand on my cervix, released the placenta and pulled it out. It was not until that moment that I understood that the baby and myself had survived. It was now about 11pm. Everyone except Vicki left about 1pm. Myself, Mark, Ella and newborn Mali all slept the night together in front of the fire.

The next day, Vita went to my records in the hospital where I was booked in to have a caesarean three days later and wrote across the front...- *BIRTHED AT HOME* -

RESEARCH
SUMMARY

VBAC and HBAC

BY ANGELA HORN

This information is excerpted, with the kind permission of Angela Horn, from the Homebirth Reference Site, at www.homebirth.org.uk. We don't have enough pages to share all of Angela's informative research here. For considerably more detail – including summaries of, and full references to, numerous studies into VBAC and HBAC safety, as well as footnotes and references to the text excerpted below – please visit that website.

Why consider VBAC?

Many women who have previously had a caesarean will be offered the option of an elective repeat caesarean section, rather than a 'trial of labour' (which means an attempt at vaginal birth). However, overall VBAC appears to be safer for mother and baby than elective caesarean.

A Guide to Effective Care in Pregnancy and Childbirth, a famous text for obstetricians and midwives which assesses the 'gold standard' of evidence-based care, has an expanded section on vaginal birth after caesarean in its new edition. It says:

"Overall, attempted vaginal birth for women with a single previous low transverse caesarean section is associated with a **lower risk of complications for both mother and baby** than routine repeat caesarean section."

"The morbidity (*illness*) associated with successful vaginal birth is about one-fifth that of elective caesarean. Failed trials of labour, with subsequent caesarean section, involve almost twice the morbidity of elective section, but the lower morbidity in the 80% of women who successfully give birth vaginally means that overall women who opt for a planned vaginal birth after caesarean suffer only half the morbidity of women who undergo an elective section."

Babies born by elective caesarean are at increased risk of breathing difficulties, while mothers have a longer recovery from the major abdominal surgery of a caesarean, compared to a vaginal birth. Certain complications are more likely with a caesarean – haemorrhage, for example, or emergency hysterectomy.

Hysterectomy

The risk of a mother who has one past caesarean ending up with a hysterectomy after a subsequent caesarean was 1 in 90, according to a recent study from the UK. However, for women having a vaginal birth who did not have a past caesarean, the rate was only 1 in 5,189. The rate for women having a VBAC is not given, but is likely to be between these two figures.

The risk of some complications, such as hysterectomy or placental problems rises with every past caesarean a woman has. This means that the balance of risks and benefits of elective repeat caesarean versus attempting VBAC will change, according to whether the mother hopes to have more children after her current pregnancy. It has been said that each caesarean section shifts some of the risks from that baby, on to *all* the mother's future children. If it is important to a woman that she can have more children, then VBAC should be seriously considered.

Maternal mortality

Now let's consider the risks of a mother dying during a caesarean. A study of mothers in the Netherlands between 1983 and 1992 found that the death rate from caesareans was seven times that from vaginal birth. A similar study of mothers in Sweden during the 1970s found that caesarean sections were twelve times more likely to end in death of the mother. These are the first two studies which I found on a Medline search, and are not picked for any particular reason. More references will follow in time.

For more information about the risks of caesarean sections, see the Association of Radical Midwives archives (www.radmid.demon.co.uk/csrisks.htm)

Why do people worry about VBAC?

UTERINE RUPTURE

A mother who has had a past caesarean is at higher risk of uterine rupture than a mother whose uterus has not been operated on. This means that the old caesarean scar might not stand the strain of labour, and could tear open. The risk of this happening with a standard, modern caesarean scar is around 1 in 200. There are various factors which increase your risk of uterine rupture, such as having your labour induced or augmented with drugs, or decrease your risk, such as having previously had one VBAC.

Uterine rupture can also occur before labour starts, so planning a repeat caesarean is no guarantee of safety. The sad fact is that, once you have had a caesarean, your risks are increased, whatever route your future births take.

If the uterus ruptures, the baby must be born as soon as possible by caesarean section, and any delay carries risks that the baby will be brain-damaged or will die. The mother could also lose a lot of blood.

But a mother planning VBAC is not just a walking uterus threatening rupture. There are many other complications of pregnancy and birth that are far more likely to happen to any mother, than uterine rupture is to happen to her. Around 75% of VBAC candidates do give birth vaginally, but the remaining 25% who have repeat caesareans will do so for many reasons – rarely for uterine rupture. A VBAC mother is at least five times more likely to need an *immediate* caesarean for other acute conditions (eg. antepartum haemorrhage, severe foetal distress) than she is for uterine rupture [1a]. In a typical planned hospital birth, she is around 50 times more likely to have another caesarean for any other reason, than she is for uterine rupture.

Placental problems

Two placental problems are significantly more likely when a woman has had a previous caesarean. They are placenta praevia, and placenta accreta.

PLACENTA PRAEVIA

'Placenta praevia' means that the placenta has implanted over the cervix, making vaginal birth impossible or very dangerous. Placenta praevia is easily diagnosed by ultrasound scan, and elective caesarean is the only solution for a complete praevia, where the placenta is actually over the os (the top of the cervix, which is the exit from the womb). Confusion often occurs with definitions, though – a woman whose placenta is merely close to the cervix, but not actually over it, may be told that she has placenta praevia. As the lower segment of the uterus stretches in later pregnancy, the placenta may move away from the os so that vaginal birth and home birth is still a reasonable option.

PLACENTA ACCRETA

Placenta Accreta occurs when the placenta attaches deeply to the uterine wall, and does not detach normally in the third stage of labour. It can cause severe blood loss as the uterus is unable to clamp down while the placenta remains in it. The placenta usually has to be surgically removed afterwards. The rate of placenta accreta is much higher in women with a prior caesarean, than otherwise. It is most likely to be found in combination with placenta praevia. If the placenta is not implanted over the cervix, then the rate of severe placenta accreta is very low. However, when severe placenta accreta occurs, it can be life-threatening, whether it was diagnosed beforehand or not, and whether you planned a vaginal birth or a repeat caesarean. The only advantage to having a repeat caesarean is that you are already in the operating theatre when the emergency happens.

Placenta accreta can be diagnosed by MRI (magnetic resonance imaging) scans, but this check would normally only be used when a woman has already been diagnosed as having placenta praevia. If it is confirmed that you do not have placenta praevia, then your caregiver is unlikely to be worried about the possibility of placenta accreta.

Some doctors and midwives worry that the chance of placenta accreta is increased if the placenta is implanted over the scar from a past caesarean, and the uterus was closed with a single layer of stitches rather than a double layer [3]. If the location of your placenta is checked with a scan and confirmed to be clear of the scar, then presumably you should be able to rule out this worry as well. If the scan suggests that the placenta is implanted on the front (anterior) wall of the uterus, rather than the back (posterior) wall or top (fundus), as is more common, then you might want to discuss this with your midwife. Your risk of placenta accreta is still extremely low if you do not have placenta praevia, but it is a factor you might wish to consider.

Is home birth after caesarean an option?

Some mothers believe that the way to give themselves, and their babies, the best chance of a good and safe VBAC (vaginal birth after caesarean) is to plan a home birth. Home birth need not be dismissed as an option because a woman has had a previous caesarean birth, but it does need careful consideration.

Some health professionals will not even consider attending home VBACs, rejecting it as an unacceptable risk. Yet there are others who support home VBAC as a sensible choice, or who believe that a home VBAC ('HBAC') can sometimes be safer than a hospital VBAC.

What I hope to do in this section of the Home Birth Reference Site is to help you to consider the relative risks and benefits of home VBAC for your own circumstances. I will include references to all relevant research I find, whether the conclusions are what I would like to hear or not.

Your best chance of avoiding another caesarean?

We know from research on home birth in general that a woman who tries to have her baby at home has a greatly reduced chance of ending up with a caesarean, than if she had opted for hospital birth in the first place. For example, see the National Birthday Trust study.

There is not, as far as I know, any research which looks at the success rate for home VBACs compared to hospital VBACs. However, it seems reasonable to suppose that the factors which reduce the rate of caesareans in women planning home births generally, would also apply to women planning home VBACs. Women's bodies generally labour better at home, which means that labour progresses more easily, and there is less need for pain-relieving drugs.

Women who plan home births after a prior caesarean often say that they felt they would be "set up to fail" in an attempt at a hospital VBAC. Overall we know that the vast majority of women who attempt a VBAC in hospital do in fact get one – but if your first caesarean was for slow progress, then perhaps your labour is more affected by the hospital environment than others. If this is the case, it may be that labouring at home is the best 'treatment' you could have.

One authority on vaginal birth after caesarean, Gina Lowdon, points out that women whose bodies do not labour well in hospital should recognise that their body is acting in a perfectly natural way – if you are anxious, then labour is inhibited. This is a mechanism which has evolved to help mammals prolong their labours until they can find a safe place to give birth. It works only too well for some women who plan hospital births, even if they consciously believe that hospital is the best place for them.

If your labour did not progress in hospital, **it may not be the case that your body was "no good at labouring"; perhaps it was too good at the task of trying to give birth safely.**

The National Birthday Trust's 1994 study of home births in the UK detailed the final place of birth for women planning a home birth who had a previous caesarean section. Only 53 women in the study fell into this category, and of these 38 mothers (72%) gave birth to their babies at home. The remaining 15 (28%) transferred to hospital, before or during labour, where some (but certainly not all) had repeat caesareans – no further details are given, but some of these women probably gave birth in hospital without further intervention, while others will have had treatment ranging from augmentation of labour to assisted delivery or caesarean section.

No uterine ruptures were noted, but the sample is too small to allow any conclusions to be drawn about rupture risk at home births.

Although this study only covers 53 women planning HBAC, it is still valuable. The 72% of women with a caesarean scar who gave birth at home will have done so either with no intervention at all, or with minimal intervention. It would be an achievement in most hospitals for 72% of women to give birth without significant intervention, let alone 72% of women who were supposedly 'high risk'.

How safe is home VBAC?

The simple answer is – we just don't know. There have been many studies demonstrating that VBAC leads to better outcomes generally, for mother and baby, than planned repeat caesarean. However, these studies have so far all been conducted in hospitals where continuous electronic foetal monitoring is available, and where an emergency caesarean could be performed if necessary. On the other hand, these hospitals may also have used interventions which can increase the risk of rupture, such as inducing or augmenting labour, expecting women to labour on their backs or semi-recumbent (in order to make continuous monitoring easier), and performing ventouse deliveries.

There have also been many studies demonstrating that planned home birth for low or moderate-risk mothers is as safe, or safer, than planned hospital birth. However, these studies did not usually look at mothers with past caesareans. However much we support women who want home VBACs, even the most radical childbirth activist must acknowledge that *a woman with a past caesarean is not low-risk*. She has the known additional risk factor of uterine rupture, and this makes her medium-risk or high-risk in the eyes of most medical practitioners. Her first caesarean is a medical intervention which will affect all her subsequent births – *she has already had intervention* in each birth, before she even goes into labour.

But home birth is not just an option for low-risk women; it is up to each individual to make her own decision, rather than to have others dismiss her ambitions on the basis of broad statistics.

Remember that the VBAC mother's chance of uterine rupture is less than 1 in 200. Overall, amongst mothers planning home births, 10-15% transfer to hospital for further observation or intervention not available at home. These transfers occur for slow progress, suspected foetal distress, maternal exhaustion, and so on. If the transfer rate for mothers attempting home VBAC is similar, each woman is around 30 times more likely to transfer to hospital for any other reason, than she is for a uterine rupture. But the transfer rate for VBAC mums is likely to be higher, as midwives and mothers will probably be cautious and transfer at the first signs of trouble. The National Birthday Trust study found that 28% of its small sample of mothers planning home VBACs transferred, for instance. Bear in mind that intervention levels are generally far lower for women planning home births, than for women of an equivalent risk level planning hospital births, as that study shows. So we could guess that a mother planning home VBAC is perhaps 50 times more likely to transfer for any other reason, than for uterine rupture.

Now, we know that in general (ie not looking at VBACs specifically, but at home birth overall), outcomes for planned home births are on average as good as, or better than, planned hospital births for similar women, even after including the results for those women who planned home birth but ended up in hospital. So

on average, the trade-off between the advantages of home birth and the disadvantages – the delay in getting to hospital if help is needed – seems to be worth it in safety terms.

The question is, does this apply to VBACs? We cannot say for certain one way or another. We know that the risks are higher once you have a scarred uterus, whether you plan a repeat section or a VBAC – what we do not know is how much being at home might benefit VBAC mothers and babies. All you can do is make an educated guess at which option would be, on balance, best for you and your baby.

In what ways is home VBAC less safe than hospital?

MONITORING THE BABY

Continuous electronic foetal monitoring is not usually available at home. Instead, the midwife or doctor can monitor the baby by listening to its heart with a Sonicaid or stethoscope, and she can monitor the mother by watching her carefully, and taking her pulse and blood pressure.

One of the first signs of uterine rupture is often variations in the baby's heart rate. This can happen quickly, and if the baby's heart is being monitored every 15 minutes or so with a Sonicaid, the early warning signs might be missed. If the baby's heart rate changes soon after one monitoring, it may not be noticed until the next check, 10-15 minutes later.

On the other hand, these warning signs may not be noticed for some time in a hospital, even when the baby is continuously monitored. A mother at home will have one-to-one attention from a midwife who will be looking out for other indications. She might identify potential problems earlier than hospital staff who are relying on monitors and usually a lower ratio of midwives to labouring mothers. Will a mother labouring in hospital have one midwife there, dedicated to her care, watching the monitor continuously during labour? If the monitor is only checked every 15 minutes, is there any advantage over intermittent monitoring?

EMERGENCY FACILITIES

Emergency caesareans are not performed at home. They cannot usually be performed immediately in hospitals either, of course – the mother must be transferred to an operating theatre, the staff and equipment assembled, and an anaesthetic given before the operation can start. In most hospitals the 'call to cut' time should be less than 30 minutes, although sometimes it can be longer if a key member of staff cannot be found. Sometimes it might be as short as 10-20 minutes.

If a midwife suspected a uterine rupture at a home birth then she would phone ahead and warn the hospital that the mother was coming in and a caesarean would be needed immediately. The operating theatre and surgical team should be ready when she arrived, but an anaesthetic would still need to be given before surgery could start. If the mother lived relatively near to a hospital then her transfer journey might not take long, but remember that she would still need to get out of the house and into an ambulance, then from the ambulance to the operating theatre.

There can be little doubt that a hospital is the safest place to have a uterine rupture... BUT that does not necessarily mean that it is the safest place, or the only place, for all mothers to have a VBAC.

In what ways is home VBAC *safer* than hospital?

There are two separate elements to consider regarding home birth safety. First of all, general safety and outcomes, and secondly, whether uterine rupture is more or less likely at a home birth.

HOME BIRTH SAFETY IN GENERAL

The ways in which home VBAC might be safer than hospital VBAC will be similar to the ways in which home birth generally compares well to hospital birth. For example, mother and baby's safety will be increased by reduced need for pain relieving drugs, reduced possibility of fear or anxiety slowing progress in labour, and reduced risk of infection. These and other factors are responsible for the home birth outcomes discussed in the research on home birth summarised on this site.

INDUCTION AND ACCELERATION OF LABOUR

The risk of uterine rupture may be reduced too; induction or acceleration of labour with synthetic oxytocin (Syntocinon or Pitocin), or prostaglandin gels, can increase this risk. These drugs are widely used to speed up labour in hospital, but not at home, so this risk factor is removed from the woman having a home VBAC. At home there are fewer time limits on labour, and there is far less risk of infection, so there is less rush to get the baby out.

So, which is safer on balance?

It is probably impossible to identify all of the factors which might affect the relative safety of home and hospital birth under any circumstances, whether for a VBAC or not. Most of those factors which can be identified, cannot be quantified. Our bodies react to different circumstances, interventions and drugs in different ways. This means that the safest option for one woman may not be the safest option for another.

It seems entirely possible that labour will progress better and the woman's ability to manage the labour will be best, in the place where she personally feels safest. For some mothers that place will be a hospital, but for others – and this includes some VBAC mothers – that place will be home.

Let's not forget that there are other factors to be taken into account, besides basic physical safety. The emotional wellbeing of the mother, and that of the whole family, is vitally important. If a woman finds the prospect of hospital birth terrifying, her psychological scars may have more impact on her life than the scar on her uterus.

It is up to each woman to weigh the relative risks and benefits of hospital and home VBAC in her individual circumstances, and to make her own decision. It is not up to anyone else to tell you that it is 'too risky' or, conversely, that they 'cannot see what you are worried about'; it is your job to decide which risks are appropriate for you and your baby, whether in hospital or at home.

Home birth after caesarean is an option; it is up to each mother to make an informed choice about whether it is right for her. The resources listed below may help you decide whether it is the right choice for you.



Transition into Parenthood

Childbirth and Parenting Preparation Courses
and Workshops by Julie Clarke.

9544 6441

www.julieclarke.com.au

- ✓ Suitable for couples planning a natural, active birth, including option of waterbirth, looking for positive inspirational uplifting guidance including partner's involvement & support role during labour, birth and postnatal period.
- ✓ Pre-natal classes which are concise, relaxed, fun and informative.
- ✓ Professionally presented information book.
- ✓ Fabulous resource library of books, videos, DVDs available for course participants.
- ✓ 7 week group programme or 1 day Sunday group workshop
- ✓ Calm Birth courses day evening or weekend.
- ✓ All Julie's courses cover pregnancy, labour, birth, baby care and parenting. Couples often comment on how well prepared and informed they feel on completion of the course.
- ✓ Discounts apply.

Midwives respect Julie's classes as quality education and preparation for couples.
Qualified independent childbirth and parenting educator.
Experienced homebirth mum.
Calm Birth Practitioner.
To have a leaflet posted to you, simply contact Julie on 9544 6441.

Visit the website:
www.julieclarke.com.au

coming soon!

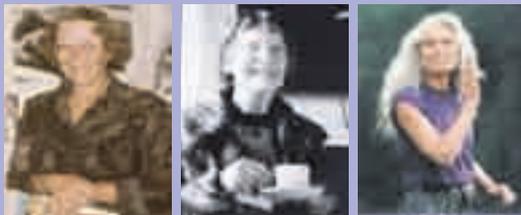
SELL YOUR BIRTH AND BABY GEAR IN OUR COMMUNITY EXCHANGE PAGES

Are you hanging up your birthing boots and keen to see another homebirth family benefit from your accumulated pile of gear? If you'd like to sell your birth pool; your slings; your strollers, cots, children's beds, etc., please send a very brief listing to: birthingsadvertising@yahoo.com.au.

We plan to start the Community Exchange page in the next issue of Birthings, if we have enough saleable items. Include a very short description of the item, the price and your phone number and/or email address. No pictures.

This service is free to current financial members of HAS, who are purely selling personal birth-, baby- or child-related items and want to see them go to the home of another homebirther. For the rest of your garage-full, you've got e-bay and the Trading Post!

3 HOMEBIRTH ICONS



HENNY LIGERMOET, JOAN DONLEY, JEANNINE PARVATI BAKER

This DVD honours the lives and work of three women who have greatly influenced homebirth practices all over the world.

The passing of these legends is a significant marker in our history. They each left behind some powerful images, ideas and timeless writings to inspire us.

These women were passionate and fearless about maintaining a stand against ignorance and oppression, especially those issues to do with childbirth and early parenting.

They were all charismatic leaders and received many honours in their lifetimes. It is hoped that this small recognition of their contributions at the occasion of the 24th National Homebirth Conference will continue to keep alive their amazing contributions to improve maternity partnerships.

We are indebted to these women's families and their many friends and colleagues who have helped to produce this tribute.

The above DVD was produced by Maggie Lecky Thompson for the recent Homebirth Conference. Included with the DVD is a booklet with written information on each of these amazing women.

If you would like to purchase a copy for \$40 please contact jo.phl@bigpond.com.au or call (02) 4751 9840. All proceeds go to HAS.

BREASTFEEDING OLDER CHILDREN SURVEY



Ann Sinnott, whose 15 year old daughter self-weaned at the age of six and a half, is writing a book about sustained breastfeeding, (breastfeeding children three years and older).

She would like long-term breastfeeding mothers, past and present, to complete a questionnaire at the link below. She would also like completed questionnaires from mothers who are breastfeeding children 18 months to two years, provided breastfeeding is open-ended [no decision to wean] or continuation to long-term is being considered.

With a background in health journalism, Sinnott's aim is to challenge the ignorance, prejudice and fear surrounding this natural and essentially healthy practice. Drawing on both scientific research findings and parental narratives, the book will appeal to parents, health professionals and all those with an interest in child development.

Questionnaires have so far been returned from: Austria, Australia, Belgium, Canada, Channel Islands, Croatia, England, France, Germany, Greece, Guatemala, Hawaii, Hong Kong, India, Ireland, Italy, Netherlands, New Zealand, Northern Ireland, Norway, Paraguay, Poland, Portugal, Scotland, South Africa, Spain, Sweden, USA and Wales.

According to Sinnot, all over the globe, in ever-increasing numbers, mothers are electing to sustain breastfeeding.

She envisions this project as an opportunity for long-term breastfeeding mothers to stand up and be counted and help create change. Sinnot believes that the greater the number of participants in this survey, the greater the potential to influence opinion, and transform attitudes.

In order to maintain accuracy of numbers, please do not participate if you have previously contacted Sinnot.

Confidentiality maintained and anonymity assured. Go to <http://homepage.ntlworld.com/ann.sinnott/index.htm> and scroll down to download the questionnaire to your computer.

HAS MISSION STATEMENT

Homebirth Access Sydney
is a viable and visible organisation
working with integrity to support mothers
and families' rights to informed and
empowered home birth.

The births of Mikayla & Brenden

BY LOUISE DIAZ

I have two beautiful children. My daughter Mikayla, who is 3 years old, and my son Brenden, now 10 months old. I will tell both birthing stories to highlight the contrast in both. One an emergency caesarean, the other a natural homebirth.



Mikayla was born on the 30th April 2004 by emergency caesarean section

On Wednesday April 28th, 2004, I saw my midwife, Myra, for a check-up at 37 weeks. Myra was examining my tummy for the baby's position, and this particular time it took a little bit longer. Myra looked at me and said, your baby is in the breech position. Myra explained everything surrounding that and was reassuring that there were a few things to try to encourage the baby to turn before she was born, seeing as I was just on 37 weeks pregnant. Appointments were made to see a chiropractor, and also to have acupuncture starting from that Friday.

On Thursday night, the 29th April, I was driving home late after helping my aister with an assignment for university. I remember feeling some sensations in my lower abdomen, but nothing I hadn't experienced before. I had had a long day working and then helping with the assignment and thought how much strength you would need to give birth after having such a long day. I got home around 11.40pm and sat on the couch and chatted to my husband Paul for a while. I then stood up and took three steps to go to the bathroom and my waters broke.

I felt stunned and confused as to what it was, as I had never experienced this before, and thought initially I had wet my pants. I was excited but apprehensive, Paul was jumping for joy as we realized that our little baby was on her way. This was just after midnight, now the 30th April.

I immediately asked Paul to contact Jane, our other midwife who was working with Myra, to get advice, seeing as we had just found out the baby was breech the day before. Jane advised us to go to the hospital we had previously been booked in to

and she would meet us there (Paul and I had made the decision to have a homebirth when I was 26 weeks pregnant). I had a shower and we left for the hospital, with no supplies, because I was determined that our baby had turned herself into the right position and I could come back home to birth there.

Jane was waiting for us at the hospital and had liaised with the staff before our arrival. We went through into an examination room and they hooked me up to external foetal monitors and performed an ultrasound to determine the position of the baby. During this time, contractions began. The ultrasound showed that our baby was in a transverse or sideways position, and because my waters had broken, I would need a caesarean section straight away. Jane explained to Paul and I what was happening, as we were both feeling overwhelmed at this stage because everything was moving so fast.

I remained strapped to the monitors, unable to move from my back. The contractions became more intense whilst we waited for the theatre staff to prepare for the caesarean section. At approximately 4.30am, my contractions were only a few minutes apart as they wheeled me down to theatres. Jane stayed with Paul and I throughout the entire caesarean section. She was explaining things to Paul as they happened, and making sure our wishes were listened to by the hospital staff.

At 5.17am, Mikayla Nenita was born. She weighed 2.82kg and was 51cm long. My eyes filled with tears when I heard her little cry. I longed to hold my little Mikayla, but I was told that I could not, and was only able to see her briefly before they took her for examination. I instructed Paul that he must stay with Mikayla at all times and to take Jane with him. About one hour later (but what really felt like a lifetime), whilst I was in recovery, Paul wheeled little Mikayla in to see me. For the first time, I held my beautiful baby girl. It was a moment I will never forget.

Paul and Jane took Mikayla up to the ward, and I met them up there once I was allowed out of recovery. I was once again holding little Mikayla, in the beautiful sunrise. What a perfect way to start a day.

A little while later, Paul and I started the family and friends phone call surprise. Being only 37 weeks pregnant, no-one was expecting the exciting phone call just yet, except my Mum and older sister who we called on the way and were waiting anxiously at home. There were tears of joy and surprise from everyone, especially my younger sister, whom I had been with that night, helping with her assignment, and who was in disbelief that I had left her house and had given birth to Mikayla, whilst she slept.



Brendens birthing experience is the complete opposite

He was born at home, in my bathroom, in a completely natural birth, in one-and-a-half hours, on Sunday 8th October 2006.

After finding out I was going to have another baby, all the questions started popping into my head about having a natural birth after a caesarean. Family and friends were of the opinion that once you have a caesarean you need to have another. So even though I was determined to have a homebirth, the confusion and doubt was still there. I began the check-ups with Myra, and she introduced Paul and I to Adrienne who was to be our doula for the birth. Both Myra and Adrienne were wonderfully supportive and reassuring in relation to having a homebirth after the caesarean.

At about 24 weeks of pregnancy, Paul and I attended a hypnobirthing workshop over a weekend. It was amazing. It taught me a lot of things about birthing, and from that weekend on, I had no doubts about birthing naturally. I practiced the meditations and exercises given to us in the hypnobirthing workshop everyday.

The pregnancy went smoothly. I saw the chiropractor weekly and also had acupuncture weekly as well, as I was suffering from lower back pain in this pregnancy. My baby's head was in position towards the end of the pregnancy, and I was prepared for a natural birth at home. Paul and I made sure that we had everything for the birth ready by 37 weeks, in case this little baby decided to arrive early as well. He didn't though.

On Saturday the 7th October, when I was about 40 weeks pregnant, Paul had to work for one of his clients, and was most anxious about our baby arriving whilst he wasn't there. Myra was also due back from being away, so I knew that with two important people not being around, my baby was not coming that day. So Mikayla and I spent the day with my Sister and Mum, shopping for plants. It was a hot day and I felt very pregnant and different to usual. I had never really experienced pregnancy at this stage with Mikayla being born at 37 weeks, so I just put it down to another part of being very pregnant.

That night, at 11:30pm, Paul and I were sitting watching television, and I felt some very mild sensations in my abdomen. I took note that they were occurring every 5 minutes which was more consistent than I had experienced before. I said nothing to Paul as he would have gotten so excited, and I didn't want to get his hopes up

until I knew for sure. I got up and walked around, the sensations passed so I went to bed.

Just after 2am I awoke and thought that the sensations I experienced before must have just been practice ones as they had definitely gone. Then I heard a 'pop' and my waters broke. I went around to Paul and tried to wake him. He was sound asleep and it took me a few minutes to wake him, but once he realized our baby was on the way, he was out of bed faster than I had ever seen him jump out of bed before. Being 2:15am, we decided to leave Mikayla sleeping, and if she awoke, she could join us for the birthing experience which we had prepared her for.

I went into the toilet and asked Paul to ring Myra to give her enough time to get to our place. The surges (hypnobirthing terminology for contractions), were coming very quickly, at least 4 minutes apart, whilst I was on the toilet. I commenced the techniques taught at hypnobirthing. Myra instructed us to contact Adrienne if we thought we needed her before she arrived. I managed to make my way into the bathroom 10 minutes later, and was hanging onto the towel rail when I said to Paul to call Adrienne because the surges were at least 2-3 minutes apart. They were certainly a lot faster than I had anticipated. Paul called Adrienne, and was then racing around trying to fill the birthing pool, but I kept asking him to stay with me during surges, so we didn't get very far with the birthing pool. I remained calm and focused and put everything I had learnt from hypnobirthing into practice.

Adrienne arrived, and by that time I was on my knees on the bathroom floor, with my arms resting up on the side of the bath. Once she realized how far along I was in the labour, she immediately called our other midwife, Robyn, who was on-call. I had no idea of what time it was, and I only knew Adrienne was there by the sound of her voice. The surges were very strong and as I breathed my way through, I felt as if I was silently observing the whole experience whilst being in it, as I had never experienced birthing in this way. I felt the baby move downwards in a big movement. Then shortly after, I told them that the baby's head was crowning and about to come out. After a few more breaths, baby Brenden was born into Paul's arms at around 3:27am on Sunday 8th October.

I felt so empowered and so happy that I had given birth naturally. Adrienne had been wonderful throughout the birth. Soft and gentle words of encouragement, and a great support to both Paul and I. Brenden was wrapped into towels and I was able to hold my baby, this time, straight away. Looking at my little baby, I felt an instant connection. Looking back, this is something that took a little longer to establish with Mikayla, being separated from her for the first 2-3 hours of her life.

Robyn arrived just after Brenden was born. I then moved into the bath to birth the placenta which took about 1 hour to occur, in which time, the proud dad, Paul, was holding his son. Myra was called to tell her that Brenden was born and she was amazed at the short labour.

Mikayla woke around 6am when everyone was in the lounge room. She looked amazed at having so many people over at her house so early in the morning, and especially seeing her little brother for the first time.



Evidenced-based care: the research on VBAC

BY CARES SA

Drawing on the research but sparing you the details, CARES (Caesarean Awareness Recovery Education Support) sets out answers to some of the questions you may ask or face in preparing for a VBAC.

The following information is excerpted from a *Birth After Caesarean Information Booklet* prepared by CARES (Caesarean Awareness Recovery Education Support) South Australia and is reproduced with permission. CARES SA Inc is a consumer support group and is aimed at consumers. It was established in 1999 to support women who have had a caesarean, inform of the safety of VBAC and provide access to information to women and their partners to aid decision making. CARES SA holds regular coffee meetings and produces a quarterly newsletter and website. The full booklet – which contains summaries of numerous studies into various aspects of VBAC risks and consumer satisfaction, as well as evidence-based answers to the questions you or your friends and family may be asking – and further information regarding the topic generally, is available through CARES SA via their website: www.cares-sa.org.au.

Best Evidence Available Concerning Risks of VBAC (Vaginal Birth After Caesarean)

Key Messages About VBAC vs Repeat Caesarean Section

Despite limitations of the best available research, the following conclusions seem clear:

SCAR GIVING WAY: The scar is more likely to give way during a VBAC labour than in a repeat c-section; for most women (exceptions noted below), the added risk of the scar giving way is about 27 in every 10,000 VBAC labours. In other words, nearly 400 women would need to experience the risks involved with repeat c-section to prevent one *uterine rupture* during a VBAC labour.

DEATH OF BABY: While the scar giving way poses a threat to the baby, the added risk that the baby will die from a problem with the scar during a VBAC labour, compared with women planning repeat c-sections, is about 1.4 in every 10,000 VBAC labours. In other words, over 7100 women would need to experience the risks involved with repeat c-sections to prevent the death of 1 baby due to *uterine rupture*.

HYSTERECTOMY IN MOTHER: If the scar gives way, some women have a *hysterectomy* (removal of the uterus). The added risk of needing a hysterectomy from this cause is about 3.4 in every 10,000 VBAC labours, when compared with women planning repeat c-sections. However, considering risk for hysterectomy from all causes, women who plan a VBAC are not more likely to experience an unplanned hysterectomy than women planning repeat c-section.

CONCERNS ABOUT SPECIFIC RISKS: The following factors *do not* increase risk of the scar giving way during labour:

- » type of uterine scar not known
- » low vertical uterine incision for prior c-section (may have been used if c-section was performed earlier in pregnancy before growth in lower part of the uterus)
- » baby estimated to be large, and to weigh more than 4,000 grams (8 pounds, 13 ounces)
- » pregnancy goes past 40 weeks.

CONCERNS ABOUT OTHER RISKS: The following factors have not been shown to increase the risk of the scar giving way, but too few cases have been studied to be confident:

- » twin pregnancy
- » use of external cephalic version: turning a baby who is positioned buttocks – or feet-first (breech) to head-first position by manipulating the woman's belly

INFECTION: Women planning c-sections are more likely to develop infections than women planning VBACs.

MULTIPLE SCARS IN UTERUS: Accumulating c-section scars increase risk for experiencing a number of serious problems relating to future pregnancies and births. These include:

- » scar rupture in a subsequent labour
- » ectopic pregnancy: the embryo develops outside the uterus
- » placenta praevia: the placenta grows over the cervix, the opening to the uterus
- » placental abruption: the placenta separates from the uterus before the baby is born
- » placenta accreta: the placenta growing abnormally into or even through the uterus.

What are some concerns about risks of c-section compared with vaginal birth?

When weighing planned VBAC versus planned c-section, the focus is often on potential problems with the uterine scar in labour or on problems associated with accumulating scars. But this results in an incomplete picture because it overlooks other risks that also differ between vaginal birth and caesarean section. Summarized here are some of the many extra risks associated with caesarean surgery as well as the few advantages. As you consider these, keep in mind that on average, 3 out of 4 women who labour after a c-section will give birth vaginally with care that encourages and supports VBAC (and fewer than 1 in 100 will experience the scar giving way). Even in cases where women scored 0 to 2 on a scale where 10 indicated greatest likelihood of vaginal birth, half gave birth vaginally.

PHYSICAL PROBLEMS FOR MOTHERS: Compared with vaginal birth, caesarean section increases a woman's risk for a number of physical problems. These range from less common but potentially life-threatening problems, including *hemorrhage* (severe bleeding), blood clots, and bowel obstruction (due to scarring and *adhesions* from the surgery), to much more common problems such as longer-lasting and more severe pain and infection. Even after recovery from surgery, scarring and *adhesion* tissue increase risk for ongoing pelvic pain and for twisted bowel.

HOSPITAL STAYS: If a woman has a c-section, she is more likely to stay in the hospital longer and to be re-hospitalized.

EMOTIONAL WELL-BEING: A woman who has a c-section may be at greater risk for poorer overall mental health and some emotional problems. She is also more likely to rate her birth experience poorer than a woman who has had a vaginal birth.

MOTHER-BABY RELATIONSHIP: A woman who has a c-section is more likely to have less early contact with her baby and initial negative feelings about her baby.

BREASTFEEDING: Recovery from surgery poses challenges for getting breastfeeding under way, and a baby who was born by c-section is less likely to be breastfed and get the benefits of breastfeeding.

IMPACT ON BABIES: Babies born by c-section are more likely to:

- » be cut during the surgery (usually minor)
- » have breathing difficulties around the time of birth
- » experience asthma in childhood and in adulthood.

IMPACT ON ANY FUTURE BABIES: A caesarean section in this pregnancy increases risk for babies in future pregnancies. Some research finds that babies who develop in a scarred uterus are more likely to:

- » be born too early (preterm)
- » weigh less than they should (low birth weight)
- » have a physical abnormality or injury to their brain or spinal cord
- » die before or shortly after the birth

What are some concerns about risks of vaginal birth compared with c-section?

C-section offers advantages in a few areas, primarily during the recovery period after birth. (Some practices used with vaginal birth, such as *episiotomy*, are associated with pelvic floor problems. It is wrong to conclude at this time that vaginal birth itself causes such problems.)

A WOMAN WHO HAS A VAGINAL BIRTH IS MORE LIKELY TO:

- » have a painful vaginal area in the weeks after birth
- » leak urine (urinary incontinence) (about 3 women per hundred still have a problem 1 year after birth)
- » leak gas, or more rarely, feces (bowel incontinence) (about 3 women per hundred still have a problem 1 year after birth)

BABIES BORN VAGINALLY HAVE BEEN SHOWN TO BE AT HIGHER RISK FOR A NERVE INJURY affecting the shoulder, arm, or hand (*brachial plexus injury*) (usually temporary).

What is the added likelihood that the scar will give way (uterine rupture) during a VBAC labour?

Best research suggests that an extra 27 women experience a *ruptured uterus* in every 10,000 VBAC labours, compared with planned c-section deliveries. Thus, nearly 400 women would need to experience surgical birth to prevent one instance of *uterine rupture* during VBAC labours. While the scar giving way usually requires an urgent caesarean, loss of the baby is much less common (see next paragraph). *Added likelihood for a woman with a known low-transverse (horizontal) scar: MODERATE for scar rupture compared with planned repeat c-section.*

What is the added likelihood that the baby will die as a result of the scar giving way (uterine rupture) during a VBAC labour?

Best research suggests that about 1.4 extra babies die due to problems with the scar in every 10,000 VBAC labours, compared with planned c-section deliveries. Thus, over 7,000 women would need to experience risks of surgical birth to prevent the death of 1 baby from scar problems during VBAC. *Added likelihood for a woman with a known low-transverse (horizontal) scar: LOW for death of the baby around the time of birth compared with repeat c-section.*

What is the added likelihood of the scar giving way (uterine rupture) with any of these factors:

- » type of uterine scar not known
- » low vertical uterine incision at prior c-section (may have been used if c-section took place earlier in pregnancy before growth in lower part of the uterus)
- » baby estimated to be large, weighing over 4,000 grams (8 lb 13 oz) or
- » pregnancy extends past 40 weeks?

Some caregivers recommend planned repeat c-section with these factors on the grounds that VBAC is riskier, but the research does not support that belief. *No added likelihood for scar rupture in a woman with unknown type of uterine scar, prior low vertical uterine incision, baby estimated to weigh more than 4,000 grams, or pregnancy extending past 40 weeks, in comparison with women planning VBAC without these factors.*

What is the added likelihood of the scar giving way (uterine rupture) with:

- » twin pregnancy or
- » use of external cephalic version (turning a baby in a buttocks- or feet-first (breech) position to a head-first position by manipulating the woman's belly)?

While studies have not found an excess incidence of scar rupture in these situations, not enough women have been studied to rule out an increase. *No currently known added likelihood for scar rupture in a woman with a twin pregnancy or a woman experiencing external version, in comparison with women planning VBAC without these factors.*

What is the added likelihood that a woman planning VBAC will require a hysterectomy compared with a woman planning repeat c-section?

Most studies find an excess of hysterectomies (surgical removal of the uterus) among women planning repeat c-section. However, this could be because those studies may have included cases where the c-section was planned for reasons that could increase the risk of complications during surgery such as the placenta overlaying the cervix (placenta praevia). A study that took care to exclude women having planned repeat caesareans for medical reasons found no difference in the percentages of women having hysterectomies. *No apparent added likelihood for hysterectomy for a woman planning VBAC compared with a woman planning repeat c-section.*

What is the added likelihood that a woman will require a hysterectomy as a result of the scar giving way (uterine rupture) during a VBAC labour?

Best research suggests that about 3.4 extra women have a scar-related hysterectomy (surgical removal of uterus) occurs in every 10,000 VBAC labours, compared with planned c-section deliveries. Thus, nearly 3,000 women would need to experience surgical birth to prevent one instance of hysterectomy due to scar problems during VBAC labours. *Added likelihood for a woman with a known low-transverse (horizontal) scar: LOW for hysterectomy as a result of uterine rupture compared with repeat caesarean.*

What is the added likelihood that a woman will develop an infection after a planned caesarean?

Surgery always introduces the risk of infection. Even though some women who plan VBAC will have repeat c-sections, most will not. This puts women planning VBAC at lower risk of having an infection than women planning repeat c-sections. *Added likelihood for a woman planning repeat caesarean: MODERATE for developing a wound or internal infection compared with planned VBAC.*

What are some concerns about effects of accumulating uterine scars on future pregnancies and births?

The likelihood of the following problems grows as the number of previous caesareans (and c-section scars) grows:

PLACENTA PRAEVIA: a woman whose uterus has a caesarean scar is more likely than a woman with an unscarred uterus to have a future placenta attach near or over the opening

to her cervix; this increases her risk for serious bleeding, shock, blood transfusion, blood clots, planned or emergency delivery, emergency removal of her uterus (*hysterectomy*), *placenta accreta* (see next), and other complications. *Added likelihood for a woman with a previous caesarean: MODERATE for placenta praevia in a future pregnancy after having one caesarean; HIGH for placenta praevia in a future pregnancy after having more than one caesarean*

PLACENTA ACCRETA: a woman whose uterus has a caesarean scar is more likely than a woman with an unscarred uterus to have a future placenta grow through the uterine lining and into or through the muscle of the uterus; this increases her risk for *uterine rupture* (see below), serious bleeding, shock, blood transfusion, emergency surgery, emergency removal of her uterus (*hysterectomy*), and other complications. *Added likelihood for a woman with at least one previous caesarean: MODERATE for placenta accreta in a future pregnancy, with increasing risk as the number of previous caesareans grows*

RUPTURE OF THE UTERUS: a woman whose uterus has a caesarean scar is more likely than a woman with an unscarred uterus to have the uterine wall give way in a future pregnancy or labour, especially at the site of the scar; this increases her risk for severe bleeding, shock, blood transfusion, blood clots, planned or emergency caesarean delivery, emergency removal of the uterus (*hysterectomy*), and other complications; whether a woman plans a repeat caesarean or a VBAC (*vaginal birth after caesarean*), she is at greater risk for a ruptured uterus than a woman with no previous caesarean. *Added likelihood for a woman with a previous caesarean: MODERATE for rupture of the uterus, with increasing risk for two or more caesareans*

Mental/Spiritual Preparation

This is often an exercise in facing fears and gaining confidence for the upcoming birth. You need to explore what happened in the first birth in order to truly heal or be at peace with that birth. We often can not change what happened in our lives, but we can come to a different level of understanding that allows us to say, "Yes, that was my experience and my baby's experience and I want to embrace it as such." Particularly when the birth has been traumatic you will need to focus on those issues that cause you distress, so that the distress is not repeated in your VBAC.

Some questions you may like to ask yourself

Am I still angry or upset about my first birth?

What aspects are you angry about?

Is it something you can change now?

Do you feel harmed by it?

Can you forgive those people who hurt you in that birth experience? As Nancy Wainer Cohen says "Remember that forgiveness never implies that an individual or an act was justified or right, but rather that you value your own physical health and peace of mind enough to let go of anger, pain, turmoil and the damage they can cause you if you hold on to them." (*Silent Knife*, Nancy Wainer Cohen. 1983) Cohen suggests that we list any of these people on paper and each act – review the list until you can honestly say you forgive them.

Can you list down all the positive things you did towards your last birth and in labour? This is a real toughy for us VBAC women. The answer having a healthy baby is obvious, consider other areas such as you exercised and kept eating well. You experienced a wonderful labour before the caesarean which massaged your baby, or perhaps the moment of looking into your partners eyes reaffirmed your love for each other whilst the caesarean was performed. It isn't about performance, birth is not a competition where you prove yourself or your womanhood. It is a transition into mothering a child and looking for the positive aspects of your mothering starts at conception. To learn to forgive ourselves is a great lesson to learn, that prepares us well for motherhood.

Do I feel 100% committed to this vbac, or is there something I am afraid of?

What are my chances of achieving a VBAC?

The current statistics are between 60-80% of women who attempt a vaginal birth after caesarean will succeed. Women with a first caesarean performed for generally non-repeating conditions such as, cephalo-pelvic disproportion, breech presentation/malpresentation, failure to progress, dystocia, fetal distress, placenta praevia should be encouraged to attempt a vaginal birth after caesarean. Certain obstetric complications may prevent a woman from being able to have a vaginal birth, these include a truly contracted pelvis, placenta praevia, malpresentation.

What are my chances if I had a caesarean for...

REASON	CHANCE OF SUCCESS
Cephalopelvic Disproportion (baby too big)/ Failure to Progress (Dystocia)	67% <i>(very conservative estimate)</i>
Breech	85%
More than 1 caesarean	75%
1 caesarean and 1 vaginal birth in the past	84%
Oxytocin or induction of VBAC	63%
Fetal Distress	78%
Twins	79%
Active Herpes	87%

CARES SA recommends that you read as much material as possible. It is so important to be informed about all your options in birth. See the Resources listing on page 47

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the birth album

Share your birth experiences with pregnant women to help promote homebirth.

Stories and images of birth are powerful ways to communicate an experience that almost defies description. For first-time pregnant women, they are an eye-opener and perhaps the first "real" insight into what birth might be like for them.

Gayle Enkelmann is compiling an album that will contain photographs, stories and newspaper clippings for people to flip through. The album will float around our community to pass on our experiences to those who can benefit from them—for example, at the HAS stall at expos or conferences. What a great way to contribute to the community and see your photos and story beautifully presented.

Gayle is a homebirth mother to eight children. She is donating her time, album materials and including her own stories. You just need to print a few favourite photographs and/or prepare a story. Gayle can travel to you to help you prepare your pages for the album.

For details, please contact Gayle on 02 9386 4928 or genkelmann@optusnet.com.au.



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committee member profile

Sarah McLean



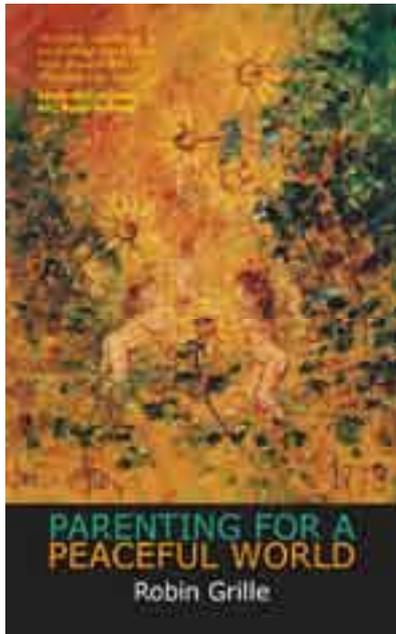
HAS – New member – Joined June 2007 and taken on role of Secretary.

Family – Mum to Jack 6yrs and Ruby 4.5yrs and wife to James

Life prior to Birthing – Worked as a Human Resources Co-ordinator for large IT companies in Australia and the UK. Spent seven years living in London after meeting my husband whilst I was travelling/working in Europe. Came back to Sydney 2 years ago and started my Bachelor of Midwifery at UTS this year after deciding HR was not for me anymore and I needed to do something I am passionate about – and that is Birth!

Life with a Family – Having my babies in London has meant that we became very creative at indoor play and that also meant climbing the walls on long wet afternoons! Love being a mum and now after spending 6 years at home I am loving have some balance and some me time with my course.

Why Birth at Home – I had Jack at a large teaching hospital in London, where I felt pretty unsupported through the simple fact the staff were so busy. This was a very stressful and upsetting time for me so when I fell pregnant the second time, I knew I needed to find something better. The community midwives I was seeing suggested a homebirth and my small team of midwives were very supportive and it was very easy to organise. I loved having Ruby at home and it was the most amazing experience for both James and I. I could not recommend it more.



Whether you are a parent, a teacher, a health professional, or just seeking to better understand yourself and your relationships so you can heal and grow, this book is for you.

\$35 + postage, with every sale profiting HAS.

“Here is the 'how to do it' path to a fairer, more egalitarian society. If you aspire to a future of happy children raised in a happy society, this is the book for you. Passionate, eloquent, scholarly yet accessible — in a word, brilliant!”

—Dr John Cunningham, Department of Psychology, Macquarie University, Australia

“I believe that the framework for change provided in Robin Grille’s book will become essential reading.”

—Victor R Evatt, President, Australian Association of Infant Mental Health, NSW branch.

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—Sandy McCutcheon, ABC Radio National

“Robin Grille does not ‘sit on fences’ — his passion is compelling and convincing. I would love anyone who cares about, or who is entrusted with the care of children to read this book, to learn from it, and to help promote the vision of healthy children in a healthy world.”

—Pinky McKay, author of: *100 ways to Calm the Crying* and *Parenting By Heart*

To order your copy, please contact Alison Leemen on (02) 9665 1670 or aleemen@bigpond.net.au

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PREGNANCY – THE INNER JOURNEY

A three day workshop for Women

Wednesday November 21, Thursday 22, Friday 23, 2007

9:30am - 5:00pm

ManaShrine, Jellkob Farm Corrie Road, Alpine

————— Southern Highlands —————

Birth is a sacred act. An experience that has far reaching consequences and effects on the newborn, the Mother and the whole family. Birth is a rite of passage and by its very nature it provides the way in for a woman to know her inner strength and inner knowing - vital ingredients for mothering.

Mothers are gifted through birth not only with their beautiful babies but with a new look at their Divine selves. Birth teaches us where we're at with the fundamentals of life such as surrender, letting go and trust. The best preparation for birth is a conscious pregnancy, spending time contemplating and updating your inner beliefs and attitudes, and connecting with your baby inside you, hearing the voices, feeling the feelings, seeing the visions all the while developing your natural mothering essence.

Women travel new territory with each pregnancy, learning from their previous pregnancies and births and about themselves as Mothers. Birth is a rite of passage each time as we become the perfect mother for our growing family.

We shall sit on cushions in a circle, pregnant women, mothers and midwives. We shall use ritual, voice and art to compliment information sharing that will help us understand why we think and act the way we do. We will look deeply at the sexuality and spirituality of pregnancy, birth and mothering. We will learn meditation, tools for labour and beautiful rituals to perform to honour pregnancy, birth and mothering. We shall explore the inner journey of pregnancy and come to know ourselves more fully through this process, preparing for our potential birth and mothering from our most in-tune and empowered centre. We will invoke the ancient Goddesses our Foremothers did, for their guidance, nurturance, protection and support. We will do what women have been doing together longer than we haven't – sit together in support of each other sharing our innate wisdom focussing on the beauty and strength of Mother.

This workshop will be presented by Midwife **Jane Hardwicke Collings** including voice facilitation with **Karen 'Ganga' Ashworth**, art journeying with **Kym Kennedy** and yoga with **Nina Eagle**.

Cost: \$300, food included.

Bookings and Inquiries: Jane Collings 0408 035 808, ManaShrine: (02) 48 895 637

Accommodation suggestion in Bowral - Berida Manor (02) 48 611 177.

Pregnancy Spa treatments by arrangement

Going home: travelling from c-section to home birth

BY KIRI KOUBAROULIS

Kiri has journeyed far from her coercive first birth experience of cascading interventions. She invites us to travel with her as she undertakes the mental and emotional work of preparing for a second pregnancy.

I am travelling at the moment. These travels are proving to be the most enlightening, rewarding and inspiring of all that I've done before. They are emotionally challenging and liberating all at once. The journey is one of healing and survival. Of newly acquired knowledge, of support, of growth and of good things to come.

Point of origin

I started this journey in an antenatal room of a leading maternity hospital in Sydney. Going in, I didn't know that the experience was to be the most violating and traumatic I would face. My experience is typical of many. Coerced into an induction for being "post-dates". I, of course, not wanting to go against hospital "policy", turned up for the appointment on-time and trying to be excited at the fact that I would be seeing my baby very soon. My gut was telling me to turn the car round all the way there. I knew it was the wrong thing to do. Every part of me knew. I spoke about not showing. About letting my baby tell me when the time was right for birth. But all I got was advice to "listen to the experts" all 'round. Advice and fear. Unfounded fear instigated and propelled by these "experts" themselves.

Once in the hospital my unborn baby and I were subjected to the infamous "cascade of interventions". Impersonal treatment, VE's, gel, bungs, offered drugs at every corner, membranes ruptured, moved around, observed and timed, monitored, interrupted, reprimanded, discouraged, threatened with surgery, scared. Violated in so many ways. I saw the whole trauma played out in front of me and felt as though I was not even partaking in the scenes. I felt detached. All through the experience I had these recurring thoughts: *This is not what it is meant to be like. These people are incompetent and incapable and not qualified to be assisting birth. This was wrong.* I could see it all spiralling out of control. When they came in, wielding papers and pen and pointing to where I needed to sign for the caesar, my husband challenged them and asked for more time. I turned to him and spoke in our mother-tongue in an attempt to steal a moment of privacy while we were being watched by faces mocking concern and I said: "This is heading towards the inevitable. They are not interested in supporting us to birth this baby and have only offered interventions so far. Let's sign now before it is a life and death emergency and save ourselves the pain of even greater trauma." I felt that I had to put an end to the violations of me and my baby and do so quickly. So we were wheeled to theatre.

Recovery was horrible. Unsupported, undermined and patronised by hospital staff. It wasn't until I got home that I was able to celebrate my daughter's birth. To enjoy her and my new motherhood as it should be enjoyed. And to start to process the recent events. It wasn't until I got home that I found clarity and strength. It wasn't until I got home. Home.

First Stop-over: Healing and Education

I allowed myself to experience all the emotions. The anger and sadness. The grief and disappointment. I channelled, eventually, these emotions into creative expression and this helped immensely. I cried rivers and let myself release it all.

My baby cried too. She cried a lot. And she cried the same cry she had done in the hospital for the better part of six months. She needed to release the trauma too.

I spoke about it to anyone who cared to listen. I retold the story in all its truth and rawness because that's the way it needed to be told. I didn't buy into the explanations I was given by the hospital. I requested my records and worked through the answers





myself. I read a lot. Great books like: *Silent Knife*, *The Caesarean*, *Transformation Through Birth* and *Primal Health*. I found support groups on-line. "Birthrites" was a life-line at times and made me feel comfort in the fact that I was truly understood but this discovery brought with it anger and sadness at the fact that my experience is so very common. Birthrites also taught me that I would have a fight on my hands to birth vaginally in hospital next time.

I learnt about "trials" of "scar" and "labour". Of "high-risk". Of uterine-rupture and how this card is played in the game of fear and coercion. Of continuous foetal monitoring and the implications upon movement and subsequently birth. Of negotiations and birth plans. Of the importance of support and environment and preparation. Of reputations and statistics. And of control and empowerment.

It was only after a couple of years of immersing myself in birth that I gave serious thought to having another baby. And when I discussed my fears with my husband, he was the first to suggest – out loud – that we have a homebirth next time. Once I actually heard those words aloud, the desire and the possibility became more solid and concrete. I wanted to learn more and so I searched on-line again and I found "Joyous Birth". A community, created by a woman who has trodden this path before me, and kept alive by women (mothers, trauma sufferers, glorious home-birthers, doulas, mid-wives and more) who are passionate about the rights of all women and in particular birthing women.

Some important truths were solidified in me through the wisdom in this community:

- 1 In a normal, healthy mum and pregnancy, home is the safest place to birth a baby. And this is backed up in research and statistics.
- 2 Birth is Birth. It is normal and extraordinary all at once. It just "happens". And labels like "VBAC", "breech", or "post-dates", are often a hindrance to women as they imply a disadvantage or a "condition" of some sort.
- 3 Sometimes in birth, choices are not really choices. And this is nowhere more evident than in the misinformation or lack of information women are often given by their care-providers.
- 4 Birthrape is real. Iatrogenic caesareans are real. PTSD brought on after birth trauma is real.
- 5 Birth is women's business. And it is her right and in her power to make all the choices and decisions related to her birth.
- 6 The subordination and disempowerment of women in society is clear and ever-present in the treatment of women in birth and pregnancy, and especially within the medical model.

I'm still travelling with the Joyous Birth community and I feel I'm in great company.

Second Stop-over: Breaking through conditioning and mythologies and understanding fears and ownership

The culmination of my pregnancy in the surgical extraction of my daughter was an awakening of sorts. It made me search deeper than comparing different models of care or looking up hospital statistics for answers. It made me look into myself and this is where my travels got harder but where the most rewards were reaped.

The trauma itself taught me many things. It taught me that I am a strong, resilient woman. But it also taught me that I held some negative mythologies and beliefs about myself as a woman and about what that implied in life. I slowly began to break through the social conditioning that was impeding my journey. One of the best pieces of advice I've ever been given was "travel light – don't take excess baggage". So this is what I'm doing. I let go of wanting acceptance and approval and of wanting to please or appease people. I challenged the family members and friends



that were opposed to home-birth and let them know how firmly I stood in my decisions. I did this armed with the ammunition of knowledge and presented them with the facts. I consciously decided to not compromise what was right for me and my family.

I made another conscious decision: to reject and rewrite the mythology surrounding birth, motherhood and womanhood in my family. Growing up I was told of the dangers and unpleasantness of birth. My mother and older sister and other significant women in my life modelled the "perfect" female figures: unquestioning of authority, pleasantly compliant and deeply desiring of approval. I have refused to be involved in this perpetuation for mine and for my daughter's sakes. I am proud to say that my stance has in a small way had a ripple effect upon some of these women. This gives added purpose to my travels.

Acknowledging fears and owning responsibility for outcomes in birth has been perhaps the most challenging part of my journeying so far. Voicing the fears and educating myself is how I am dealing with these fears now. And continuing to do so as well as choosing the right birth attendants and preparing my birth space in every way possible is how I intend to deal with the fears when the next time comes. I have owned the responsibility of the outcome of my daughter's birth. Not the blame, but the

responsibility, and this has given me the power and the control that I need to do things differently and not let it happen again. This leg of the journey has been the most enlightening and liberating by far. It has also been the hardest and the most joyous at the same time.

Final Destination

Home. Birth at home. This is one occasion where the destination is just as important as the journey. If you look at things simply, the decision is easy really. Here are the options:

OPTION 1: Attempt to "vbac" in a hospital under the care of surgeons and midwives under pressure to comply with said surgeons. If you are a good girl and agree to listen to the good doctor who will impose all sorts of arbitrary time limits and unnecessary and even harmful interventions just because it is "policy", you will then be "allowed" to have a "trial of labour". When they think you have had enough of a go they wheel you off to theatre once more. And then to recovery, with no baby in your belly nor in your arms. Note: if by some unusual stroke of luck you do birth your baby vaginally you may find yourself in recovery nonetheless. Possible reasons: blood loss due to severe damage from forceps and/or episiotomies and/or retained placenta because of a "managed" third stage and the list goes on...

OPTION 2: Go into the hospital on each antenatal visit and during the labour and birth with all your armour and ammo ready and willing to fight your way through policies, pressures and tactics. (Personally I can think of nicer things to do when pregnant and in labour.)

OPTION 3: Find and pay for the services of the most supportive birth attendants you can and take them with you to the hospital armed to the teeth so that they can do the fighting for you. (Better than option 2, but still not ideal.) And pray that the staff on duty will actually have read your birth plan and be supportive of it. And if they are, then pray that you will have birthed your baby before the change of shift.

OPTION 4: Stay Home. Safe, comfortable, familiar, supported, valued, loved, in control. Birth your baby.

So, this is my journey thus far. It's not hard to see why I will be choosing to stay home for my next child's birth. I am excited about getting to that final destination whenever that will be and I am valuing my time getting there. I wish you all well on your travels wherever they may take you.

Considering

BY ABBY HOGARTH

Abby Hogarth implores women to consider where they will be safest in birthing, especially after surgery.

While screaming “no!” and flailing about on the hospital bed, my screams were falling on deaf ears. With a nurse holding me down and a stranger, the doctor, with his hand up inside my vagina, my “nooooooo!” was going unheard. Welcome to my “birthrape”... maybe yours too.

It is not much of a surprise to hear of women screaming “no” while giving birth. In fact, I dare say, we are conditioned to accept that as part of the deal. We hear story after story of women getting angry, screaming at their partners, lashing out and screaming “noooooo!”. Again I will say it, “NOOOOOO!”. The haunting voices of many women echoes in my heart and mind. Some I have heard and some unheard. They resonate through time, through the hospital walls, through their storytelling voices, through their eyes.

Is this truly the way birth is to be? I scream a resounding, “NO!”. Bringing new life into this world is a sacred event. Not an event for strangers. Not an event for rude and overworked midwives. Not an event for strange hands in our vaginas! Not an event for power plays. Not an event for damage to our bodies and minds. Not an event for sexual abuse and rape.

No means no. Anytime. Anywhere. Anyhow. Anywho.

It would be a complete understatement to say that the “birthrape” had been a major consideration in my choice of having a home birth after my previous hospital birth and surgery. Before I even felt ready to have another baby, I had decided I would give birth to my little one in the safety of my home. I did not want another ‘birth’ experience that left me so wounded. I would not have another birthday to celebrate that was also a rapeday to mourn.

It seems that as a society we have come to a place of acceptance that rape in hospitals is fine as long as:

- a) you are pregnant
- b) you are in labour
- c) you are giving birth
- d) you have just given birth or
- e) you are trying to establish breastfeeding.

When did your cesarean start? Was it as they cut you? Was it during your pregnancy? Was it the first time a stranger told you to lay down, spread your legs and put their hand inside you. While your mind or mouth screamed, “NOOOO!”?

Considering this aspect of our births, the least spoken of, homebirth is the safe choice. If you do not want to fight. If you want to have complete autonomy. If you do not want someone trying to steal your power. The amazing power given to you as a woman, as a birthing woman.

To hold on to our power we must protect ourselves, make ourselves safe. We do this everyday in our lives. Following our instincts, not being afraid but making sure we are safe. We must consider this while choosing where to birth our babies, especially after previous surgery. We must protect ourselves from fear.

I know fear, but fear is not always reality. I hear the fears of disempowered, wounded women. I feel your fear as you are reading this, thinking of the prospect of birthing at home after surgery. Our fear surrounding giving birth is not unfounded. Our experience of birth has been fearful. Scary. Frightening. A nightmare come true. But. Was this fear real or induced? Did it come from the pure act of giving birth or from our ‘care providers’ and their ‘tricks’? I had to deal with much fear during my pregnancy, the days leading up to my daughter’s birth, my labour and her birth. My fear infiltrated the first few days after her birth as I tried to re-establish the trust within myself as a parent that had been ripped from me.

Place great importance in surrounding yourself with educated, strong, trusting support people. There are few women that want to go it totally alone. Strong in their own right are those women, but no stronger than you or I. Choose carefully your support people. They will support you through your fear and instill in you again the faith in yourself that is rightfully yours. Keep at a distance people that will bring more fear to your birth. Even if you feel a sense of loyalty to them. Trust your instincts when choosing a care provider.

We don’t know the exact statistics of birthrape because, as most victims of rape, we are afraid of reporting it. It is the silent epidemic. Happening as I write to many birthing women. We do know that this silent (or not so, when you are there) epidemic is contributing to the high caesarean rate throughout our hospitals, our country and the western world. Women are being pushed, commanded to lie down, hands, instruments, pipes, tablets and needles are being inserted into different parts of their bodies. Arms, wrists, vaginas, rectums, legs. They are being spoken down to, mistreated, roughly handled. Their vaginas are being cut open as they lay helpless, legs up, strangers watching, humiliated. They are being cut open and their babies are being taken from them. Assaulted, abused and left to clean their own wounds.

Protect yourself from this silent epidemic. Set yourself up for a successful, beautiful, empowering birth. Give to yourself the gift of opportunity, unhindered by protocol and procedure. Keep yourself safe.

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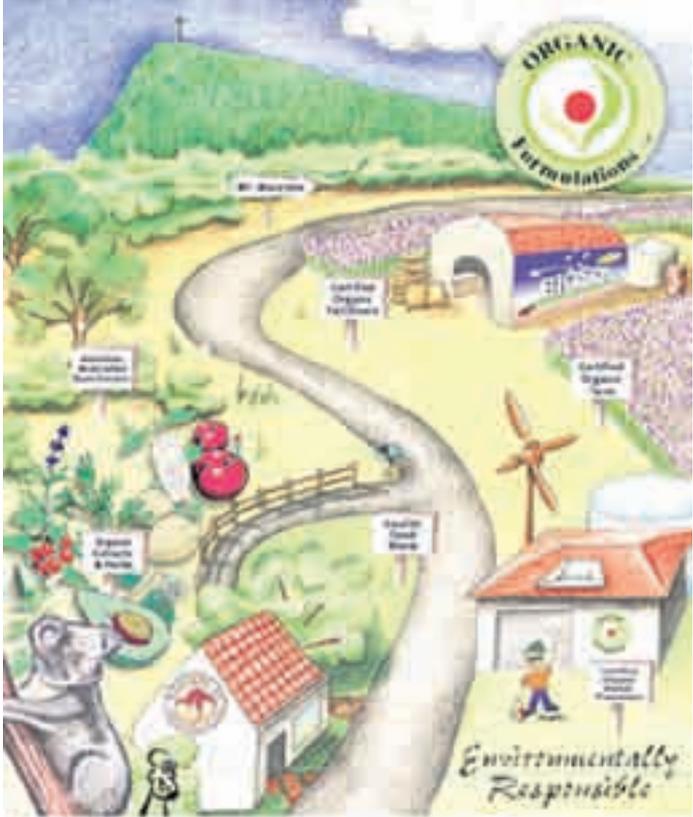
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Book review

Thinking About Birth

BY SARAH O'BRIEN

Sarah's review of the Henci Goer's classic text reveals the disconnect between current obstetric practice and evidence-based research. The book is 'The Thinking Woman's Guide to a Better Birth', The Berkeley Publishing Group, New York, 1999.

The Thinking Woman's Guide to a Better Birth

is written by a medical writer specialising in birth issues, who is also a childbirth educator and doula. The text is a blend of journalistic and academic in style, and is therefore may be less accessible than some books, but leads through a logical and clear argument to some arresting conclusions. Goer is open about her biases, stating that she believe that obstetric management fails to meet the needs of women and babies, and causes many of the problems it claims to prevent or cure. She believes that the judicious use of technology can save babies and mothers, but that the routine use of intervention is doing harm to babies and mothers.

Goer asserts that current obstetric practices do not reflect the research evidence around the use, risks and benefits of technological interventions, and in fact cause many of the problems they seek to avoid. In this book, Goer attempts to provide information in order for women to choose their birth options wisely, and to provide strategies for women to avoid unnecessary intervention.

The book is cleverly structured: the literature summaries are included in the back of the book, so that for those who find this content "dry", they are not cluttering the practical messages on the main body. The first ten chapters review the main interventions: caesarean section, management of breech birth, induction, IVs, electronic monitoring, amniotomy, active management of slow labour,

epidurals and narcotics, episiotomy and elective repeat caesarean. Each of these chapters provides an overview that critiques mainstream beliefs and practices, describes the procedure, provides "pro" and "con" arguments for each, strategies to avoid unnecessary intervention, and conclusions from the medical literature. The final chapters provide advice on using a doula, choosing a caregiver, and choosing a place of birth.

In reviewing the medical literature, Goer concludes that the data uniformly failed to support common obstetric practice for most of the topics researched. For example, for caesarean section, medical literature and WHO advice indicates a reasonable caesarean rate at a few percentage points either side of 10%, while the current rate in the US is around 20 – 25%. Studies of electronic monitoring show no demonstrable benefit to the baby, an increased risk of caesarean section and no improvement in outcomes for mother or baby over intermittent listening to heart rate, yet routine monitoring continues at a high rate in hospital births.

This book challenges mothers, and those in the birth profession to examine practices around birth. It seems that the principles of evidence-based medicine are eclipsed by the beliefs and prejudices around birthing, that the need of the medical profession to "do something" instead of letting the process run its course, is putting mothers and babies at risk. This text is essential reading for all birth support professionals.

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the personal is political

HAS lobbies Tanya Plibersek MP for midwifery funding

Danni Townsend and Alison Leemen have represented Homebirth Access Sydney's demands for federally funded homebirth and midwifery-led care to the Federal Shadow Minister for Women, and Member for Sydney, Tanya Plibersek MP. In a meeting last month, Ms Plibersek responded positively to the briefing on how to implement the maternity services section of the Labor Party's National Platform, adopted this year at its National Convention. The Platform says all the right things – now we just need to get it implemented. Ms Plibersek indicated her respect for our argument that it was a woman's choice to birth at home, and that the choice ought to be funded publicly, as is the choice to birth in hospital. She has agreed to speak with the Shadow Minister for Health, Nicola Roxon, on our behalf, and is maintaining dialogue with HAS over the policy. Ms Plibersek's staff has begun enquiries into costing the public funding of homebirth, an exercise to which HAS will supply information as appropriate.

What Woman Want fielding further candidates

The only party to prioritise the federal reform of maternity service provision in this country, What Women Want, has continued campaigning and growing its list of candidates for the upcoming Federal election.

Justine Caines is standing for the Senate in New South Wales, Anne Bousfield for the Senate in Queensland and Madeleine Love for the Senate in Victoria. Details of more potential candidates are waiting to be confirmed, including in Tasmania and South Australia. What Women Want also hopes to field lower house candidates in select high-profile seats.

The party continues to attract media interest. Among other appearances, Justine and other party members appeared on a recent Channel Nine Sunday program, *Addicted to Work*. Justine also gave a lengthy interview to ABC Local Radio presenter Monica Attard on *Sunday Profile*.

The Naked Truth

Greens Senator Bob Brown said revelations about Labor leader Kevin Rudd's night in a New York gentlemen's club should be kept in perspective. "Four years ago, Kevin Rudd got drunk and took himself into a strip club," Senator Brown said. "Four years ago, John Howard, sober, took Australia into the Iraq war. I think the electorate can judge which one did the more harm," Senator Brown told reporters in Melbourne today.

heart to heart

POEMS AND ARTWORK ABOUT PREGNANCY, BIRTH AND PARENTING

Go

Walk right off the stage
 Into the wild blue, true life
 Leave the noise of close-living, close thinking
 Walk into the space between things
 The clear, lighter-than-air 'water'
 Washes through us
 It is our every moment's breath
 We forget, we are in a play of light and dark
 But we live in the unspeakable true light
 Of the spacious heart

(two weeks before birth)

Your smile lights up my heart
 Your cry pulls me apart
 Your love arcs out like an electric flare
 You've never closed over from me
 Do you know how that feels?
 Like a deer in the light
 I'm mesmerised by your
 Wide open, always-embrace -
 Rain or shine
 By your never-before-experienced
 Inability not to forgive
 By your willingness to be vulnerable - over and over
 Your trust in me is shocking
 I am undone by you
 Never thought possible this second chance
 To allow these places to open again
 I see you deeply
 And I love you

AMELIA ALLAN

Birthings is joyfully calling for submissions from you, our readers, for this exciting new section. It's about your experience and perspectives, in words and/or artwork, in your own unique way (there is no such thing as perfection, we're looking for connection!) Contact Amelia at ameliaa@iprimus.com.au

fire in the belly



The US Chamber of Commerce bullying small sovereign nations in support of corporate interest, at risk of babies' health

Last year, faced with low and declining breast-feeding rates (20% of women exclusively breastfed for the first 4-5 months in 1998, down to 16% in 2003), the Philippine Health Department strengthened its national milk code. The object was to make it harder for formula companies to target parents of children under two with advertising. Existing regulations ban companies from promoting products for infants younger than one. The new regulations also called for stricter labelling and sanctions on companies that breached the rules.

The Pharmaceutical and Healthcare Association – a front for several US-based formula companies, including Wyeth, Mead Johnson Nutritionals and Abbott Laboratories – has now sued the Philippine Health Department, arguing only Congress (and not the Department) has the power to change regulations. The Philippine Supreme Court, after initially finding in favour of the Health Department, on appeal suspended the new regulations, in order to hear further argument.

With gob-smacking disingenuity, the companies' lawyer claimed that the lawsuit was "not about breast milk versus infant formula" – au contraire, the US companies are simply interested in the constitutional question of whether the Health Department overstepped its bounds in the Filipino politico-legal system. Hmm.

Putting the lie to that claim, the Washington-based US Chamber of Commerce shouldered on in, writing a letter to Philippine President Gloria Arroyo, urging her to re-examine the Health Department's regulations or risk the country's "reputation as a stable and viable destination for investment". Now why would that be? The Philippines is one of the most lucrative markets in South East Asia for baby formula products, with estimates varying widely on its value, from A\$230 million to A\$580

million annually. And of course, the US corporate world has never been afraid to take the fight to the babies of the third world when profits are at stake. It's called bullying.

And then there's the outright law-breaking by the pharmaceutical companies. The Undersecretary of the Ministry of Health in the Philippines was quoted as saying that "new mothers have often been given infant formula by doctors and midwives in the hospitals, on commission from the milk formula companies." Apparently, health workers receive P500 (A\$13) for every ten children they convert to use a particular brand. This directly violates Article 7 of the World Health Organization International Code of Marketing of Breastmilk Substitutes. At least one company, Wyeth, also violates prohibitions on giving health workers gifts bearing the company's logo (such gifts always being of a kind that would be on display to new mothers) to attract potential customers to the brand. Last year, multinational companies like Abbott, GlaxoSmithKline and Wyeth, along with other formula producers, spent A\$50 million in advertising, as well as promotions in hospitals and clinics.

Meanwhile, in Thailand, a UNICEF spokesperson estimated that 16,000 infant deaths could be attributable to "a lack of proper infant feeding practices". The UNICEF spokeswoman was also quoted as saying, "in a country where per capital GDP is less than \$6,000 a year, the Government would prefer to see women breastfeeding rather than paying out as much as \$60 a month for formula."

It's up to the Philippines Supreme Court to settle the dispute, and a decision isn't expected for another couple of months. What to do? One website – www.justact.org.au/actions/A11.htm – suggests boycotting and emailing, and provides a full list of companies and their products to leave out of your shopping trolley. It's not just formula (because obviously we weren't buying that anyway) – check out the website for the full list of what not to buy, and whose ear to get in about these bully-boy tactics.

HOMEBIRTH ACCESS SYDNEY NEEDS YOU

HAS is dedicated to supporting women in their right to birth how and where they choose and for providing information and a support network for those mothers seeking to birth at home.

HAS is staffed by volunteers, and we are always looking for help. So if you would like to get involved in any capacity, we would love to hear from you.

Current positions vacant include Co-ordinator and Assistant Co-ordinator, Secretary, Advertising & Classifieds, & Media Watch, but we can always use your skills in whatever area.

Please contact any member of the HAS Committee, listed on the inside front cover.

birth stories

Ella's birth story

BY ANNA CLARKE

Ella is our fourth child and the third I have birthed at home. I have had a different journey with each pregnancy and birth. A theme that emerged after my first birth was finding ways to let go more and release into labour. I have done that with each birth, all being different, and in doing so I have discovered more about myself. I think pregnancy is an ideal time to journey, delve, question, face fears, discover and grow and I thank both Jan, with my middle girls and Jane, with Ella's birth for giving me the support, the love, asking the questions and having the trust, that I as a wonderful, powerful woman can birth my babies in whatever way suited that baby and me. You have a gift beautiful women and I acknowledge your gift and thank you for journeying with me! Back to Ella.

After surrendering more with each baby I was hoping to achieve an ecstatic birth with my last. I wasn't sure if I was able to 'let go' enough to get there but that was a background aim throughout the last 6 months of my pregnancy. I have loved birthing my babies and have felt so empowered by them. I have felt that when birthing you may have ideas about how you want to birth, but until the time comes, positions and places will evolve that suit that particular birth. My main requests have been for quiet, except for me, dim, pool available, love and my kids around if they want to be there. For this birth, a wonderful option arose to birth under our big birch tree if it was warm enough. So I had two birthing places in mind, in the house or under the tree. The kids and I set up an area under the tree in case we wanted to use it.

The last few weeks of Ella being in my belly were a ride of pre-labour where I would have several hours of contractions and then all would be quiet again. Ella and I were getting ready and I loved our night-time hours of contractions, away from the bustle of the day. It was a special and magical time and similar to my last baby. For the family these last weeks were like riding in a river, sometimes going through rapids, sometimes meandering along a slow patch, at times caught in an eddy. At times the kids and therefore the household were calm, other times cranky with the expectation that the baby was coming but then it didn't.

During the last couple of weeks, I felt extremely strong and powerful yet calm. I also felt energized with what I describe as a red glow. It was a fantastic sexual energy that came from my vagina upwards and filled me with a red glow, slightly inflating me. It was and is a most wonderful feeling. I had never felt anything like it and after Jane's suggestion that it may be helpful in labour, I managed to be able to turn the feeling on and off. What a way to end a pregnancy!

Something had shifted a little on Thursday 24th May and I woke feeling even more grounded, calm and energized. I knew the baby was close. Both Tom and Jane were in Sydney that day and I mentioned to the baby that Friday or Saturday would be a better day. Well, of course, she didn't come that day. A few nights before, Tuesday, I had emptied the pool, rolled it down in front of the fire when I was having several hours of contractions. I thought labouring in front of the fire at night was a lovely spot rather than in the bedroom with a sleeping toddler. On Friday morning I woke at 4:30

and thought I should heat up the pool. I turned on the immersion heater and went back to bed. I didn't have any contractions but knew it was a good idea. The day started normally, getting everyone off to school and I had some mild contractions up in the kindy playground. Oh good, I thought, I will probably have a baby this afternoon. So my toddler, Matilda and I went off to playgroup. I continued to have mild, niggly contractions while we played and made bread. Then they intensified, where I had to move with them and concentrate on them, becoming 1-2 minutes apart. We were eating fruit at about 10:30 when I thought I would ring Jane and Tom to say labour was on. Matilda was hungrily eating bread and jam and wanted to keep eating. I suggested we needed to go but she kept eating. After a few more contractions I said we had to go as the baby was coming. Off we went back to the car, Matilda happily full.

Gee, contractions are harder to cope with when immobilized in a car seat, driving home. I gritted my teeth through three hard contractions driving home. I bolted into the house to go to the loo while Matilda protested in the car, wanting me, until I came to get her out. I needed to focus and get into a labour headspace so we used our special labour treats of a video and juice to occupy her while I stripped off and got in the warm pool. It wasn't hot enough to sit in yet so I paced. Jane rang and I spoke to her and decided that I would like her at home. She was in town and would come out



soon. I stood in the water with a hot water bottle held on my belly while I paced back and forth in the pool with each contraction as Tom was adding more hot water. I was focusing inwards, using nose breathing to ground myself, focus into the pain of each contraction and my cervix dilating. As soon as I did that I really began to enjoy labouring at home. Thank goodness I had heated the pool up in the early morning. Meanwhile, Tom rang a friend to pick up our other daughter and son from school and bring them home. He also phoned our support person but her phone wasn't working – a bit strange, but I was busy focusing so didn't dwell on it.

Darcy and Ciara arrived home very excited and wondering if the baby was really coming. Yes it was, I said, and they joined Matilda watching the video and having a juice. I was right near them, as I had moved the pool into the living room a few nights previously, so I just focused on my contractions and they were normal background family noise. Jane arrived while I was rocking and pacing in the pool and she quietly set up, listened to the baby and sat with me. We had little chats in between contractions. Tom had been going back and forth with hot water and finally the pool was hot enough for me to lower into. The warmth was fantastic. I was kneeling on all fours with my arms hanging over the edge of the pool. I have liked leaning over in all 4 of my labours. The hot water allowed me to relax and focus totally on the pain and the opening of my cervix, without having to pace or move at all to cope with the pain. I breathed and breathed. Jane sat in front of me quietly. I used my breath to breathe my energy down and open my cervix. Early on I did throat breathing in between contractions, when I felt my focus going. I was able to fully surrender and let go. When that happened the contractions seemed to come further apart, not closer together, but felt extremely efficient and I could feel what was happening.

It was a fantastic experience, breathing into the contractions with my arms dangling over the top of the pool or resting on top. I was so relaxed and focused, with very powerful contractions, intermittently chatting to Jane between contractions, or her giving me a sip of water. Tom had lit the baby's birth candle and a tray of 13 candles for each of the birth goddesses that we had lit at my blessingway a week or so before. Jane spoke with Tom and she went down the other end of the house with the kids while Tom sat with me. Jane and I had spoken about trying

to maintain a space for just me and Tom to labour in. I could hear the kids' games but I wasn't a part of it, it was just normal household noise. I needed to go to the loo so went between contractions. No luck, so back to the pool I went.

Now I went fully into myself with absolute focus. I was in a head space I had never been in before. I felt fully relaxed and I was very quiet. There was pain, but pretty mild. I was so quiet, Tom wondered what the contractions were doing because, unlike the pacing and noises I had made in previous births, I was quiet with him holding my relaxed hand. I was totally within my body but also observing it from outside and also aware of what was happening around me, but not being a part of it. I felt grounded from the earth, with my red sexual glow flowing from my vagina and clitoris upwards and grounded from above by my breath and Tom holding my hand. I felt so powerful, calm and relaxed. An absolutely incredible experience and what a space to birth from!

Tom was sitting quietly, holding my hand and being in the moment. Just a single touch, no words, just supporting me in birthing our baby. We were birthing tucked in a dim corner, warm pool, quiet and calm with the kids and Jane nearby. I had surrendered and relaxed into my contractions and felt/watched my cervix opening. I have never felt so calm in a situation that is so powerful. Jane trusted the process and allowed us the space to be together. It was a very special uniting time, our baby, our birth. I felt my cervix fully dilated and felt my waters "pop". I then felt our baby slowly move down. The urge to push was present but not uncontrollable. My breath became faster and heavier but I was still nose breathing with a grunt here or there and I started to wriggle my bum a bit. Twice I thought "keep your bum in the water" but apart from that I focused on breathing the baby down slowly. Jane and the kids had come down to join us and Jane wiped my nose a few times. She also asked me if I wanted to turn over. I heard them but I was in another space, in my body, feeling our baby moving down.

I felt she was almost out and reached down to feel her head. Her head came out. Later Jane and Tom said her eyes and mouth were open, looking around. Next contraction her body swam out. All I heard was Matilda's deep belly laugh of delight. It was like she was thinking, where is the baby?...Oh here it is! I swept my right hand around to bring her to me and Jane pushed her back towards me so I could sweep her up. It wasn't an



orgasmic release but an orgasmic power and energy that allowed Ella and I to birth so beautifully, ecstatically, powerfully and calmly, whilst being so grounded.

I flipped over and picked our baby up and brought her to my chest, closing my eyes to enjoy the feelings of power, happiness, contentment and love rush over us. Out of the corner of my eye the sun was shining through the blind. It was how I had imagined the birth, with a shaft of sunlight coming in. We were comfy in the pool with Tom supporting us from behind. The kids and Jane all snapped some photos while I relished the moment. We were in the pool for over 30 minutes and then Jane and Tom helped us out to sit in a chair. Ella was squeaking away, bubbling phlegm every now and again, nuzzled up to my chest. I wasn't interested in the placenta much and had no contractions for over an hour. Ciara and Jane cut the cord after one and a half hours and when I stood up, Jane holding the cord, out the placenta plopped. The placenta was fine, I was fine and Ella was fine. It is so beautiful that three of our children have watched their siblings being born and think of birth as a normal everyday miracle.

With Ella's birth I felt very empowered, confident and strong and trusted our ability to birth together. Ella's birth was the beautiful birth of a beautiful baby on a beautiful day into a house of beautiful people full of love and calm. What a day!

birth stories continued

Arthur's birth story

BY HAYLEY PERO

Arthur was 14 days over due... And what a 14 days it was.....After having a bit more medical advice than I did with my first daughter, I was convinced by the specialists that being overdue at 43 was not a great thing for the baby. Huh! My midwife and birth mentor, Akal Khalsa, assured me that it was all okay. Encouraging me to listen to me and the baby inside not the doctors. I felt that all was okay with baby and I was very tired of being pregnant so after many serious attempts(acupuncture 2x, cervical sweeps and lots of sex) to get the labour going my waters finally broke on the 18th January. Nothing happened at all after that. Matter of fact the Braxton-Hicks I had been getting subsided and it looked like I would be pregnant forever...NOOOOOO!...

I called Akal and she decided to come up to the mountains that evening. She arrived at about 11pm and we went through another cervical sweep to try to get things moving. About 2 hours later it was all happening. The contractions were about 2 minutes apart and mild. Ben (my partner) and Izzy (my 11 yr old daughter also born at home) were there and we decided to ring the support people we had lined up. In came my birthing angels, the beautiful Cate and Mel.

Within the hour I called for the pool to be filled. Getting into the water was like submerging myself into bliss. I loved it. the contractions were intensifying all the time and somewhere around 5 hours into the labour I remember catching the clock out of the corner of my eye and saying to myself..."Well done, girl, only a short while to go now..."

The contractions were so intense now that I have a blurred recollection of the series of events...my memory went like this: Oh... another contraction...woooooow! Out of the pool to go to the toilet...Very difficult and painful to be out of the water...back into the bliss pool, out of the pool to try to get the contraction to intensify maybe speed all this up...WOW, SO INTENSE!!!!!! Couple of contractions later back into the bliss of the water. Then standing during the contractions with the help of Ben to help bring it on. Contractions getting closer and more and more intense. Dilation check out of the pool....OUCH! 9 cm. Whoopee. Well done we are almost there little baby...

An hour later more contractions still not in birth canalæHMMM what is happening? Just want to change the sensation of the contraction. Why aren't we through this bit yet...someone trying to feed me banana – YUCK! Water or was it Gatorade? Go AWAY. Another dilation check 2 hours later... something is up. Akal found the front of my cervix on baby's head. Hallelujah...we are on to the next sensations...WOOOOO...very intense. The surges were the most amazing sensations of intensity I have ever felt.

Baby moved down canal...Oh...He's crowning they coo at me. All my birth angels cooing...he is here...there is his head...Izzy gets in the pool with Ben and I. We did a few stretching contractions...Akal coaching me the whole time to stay relaxed, breath through the intensity...okay...the head is coming out this time I can feel it...YES! It is out...how amazing. We wait for the next contraction...then out comes baby with a bit of shoulder assistance from Akal...I can't believe it...The tears just come...flowing out of my eyes...tears of absolute bliss in the bliss pool. I was completely euphoric. Out



of my body and in my body all at once. I was so rich with the experience of sharing Arthur's birth with my beautiful husband and daughter. Arthur's birth was the most empowering thing I have ever done.

I was so much more knowledgeable and in my experience than I had been with Izzy's birth. My support team was so integral to the experience for me...leading up to the birth I was massaged and nurtured. During the birth I was blessed with the coaching voices of my birthing angels, my midwife, my amazing daughter whose eyes did not leave my face for 15 hours and my husband's strong arms and heart that held me through the entire process to them all I am eternally grateful! Birthing can be a team experience.

EDITOR'S NOTE: Arthur's birth was also shared in the Pictorial of the last edition of *Birthings*, if you'd like to look at words and pictures together. Thanks, Hayley.

agenda

It's always a challenge choosing just one of the Hathor cartoons to share, but in this never-ending election year, with **What Women Want** the only political party devoting energy to maternity services – an issue that affects huge numbers of women and men – I couldn't go past this one.



REPRODUCED WITH THE KIND PERMISSION OF HEATHER CUSHMAN-DOWDEE, FROM THE WEBSITE OF HATHOR THE COWGODDESS AND THE EVOLUTION REVOLUTION.

birth notice form



**For inclusion in BIRTHINGS
the magazine of Homebirth Access Sydney**

Please complete only details you wish to be published

Parents name(s)

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Siblings name(s)

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Baby's name(s)

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Date of Birth

.....

Place of Birth

.....

Tick where appropriate

- Girl
- Boy
- Birth Centre
- Labour Ward
- Water birth
- VBAC

Additional message to be printed, eg midwife, support people, details of birth, weight, length etc

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Please return to your midwife,
forward to HAS, PO Box 66, Broadway, NSW 2007,
or email details and a photo to aleemen@bigpond.net.au

birth stories continued

Aasha's birth story

BY TARA DARLINGTON

I was 8 days overdue and feeling very impatient. As the imminent labour approached, I began to question myself. "Can I really do it again?" It was our third baby but previously I had had a caesarean section due to Placenta Praevia.



A few days before the birth, I had light contractions for a few hours, but they subsided. On the 3rd of June, contractions began late in the evening. I lay on the floor in the living room in front of the heater, just breathing through the contractions and resting with my eyes closed in between. A trainee midwife who was working with me came over and sat on the couch meditating while I was on the floor. A few hours later our midwife, Akal, arrived and settled straight into a light sleep on the couch.

I moved to the bedroom to get some rest and privacy and the contractions grew in intensity and strength. I was getting up to the en-suite sink for contractions then lying back in bed for rest. Finally I stayed at the sink as the contractions became more rhythmic.

For some reason I was expecting the labour to be shorter than it was and felt frustrated by the apparent shortness of the contractions.

After a couple of hours some feelings began to surface. Was I ever going to have another vaginal delivery? It had been 6½ years since I birthed China naturally at the Royal Birth Centre. I had had a miscarriage and a caesarean and I had supported other women through a natural birth after a caesarean. I realised that I was putting pressure on myself to 'succeed', and that the notion of 'once a caesarean always a caesarean' which I had heard so many times had infiltrated my psyche. "Can you have a natural birth after a caesarean?" everyone would ask me. "I wouldn't be confident about you having a home birth after a caesarean," said an obstetrician. However, I knew that there was no risk of placenta praevia and no reason for me not to have a natural birth.

After some time, I asked for Akal who gave me an internal examination. I was 8cm

dilated with a very thin cervix. What a relief. "I am doing it," I told myself. A few more contractions, she assured me, and the cervix will be out of the way. She gave some homeopathics (Pulsatilla) and I felt clearer in my mind and more grounded in my body.

I had a few very strong contractions and then moved to the side of the bed. I was standing up, leaning over the bed on a bean bag and Akal said, "We are just going to breathe the baby down". I breathed down with the contractions until I felt like moving to the floor. On my hands and knees, again over the bean bag, I continued breathing down. "Blow candles", said Adrienne. I panted. Then I asked, "What's happening?" "Your baby's head is out." "Is it?" I responded. The emotions bubbled up. I felt I was going to explode. I felt relieved that I'd done it, I felt grief for my past experiences, I felt like my wait to give birth again was finally over and I hadn't even felt the baby's head being born.

At this stage, we waited some time for the next contraction to birth the baby's shoulders, but it never came. I think I had exhausted myself with my expectations, my determination and my fears of not ever giving birth again. Finally Akal asked me to push hard and the baby was born into my husband's arms with my mother, daughter and son present to witness the event. I felt exhausted; I had used up every inch of emotional and physical energy to make sure this birth was a successful home birth. I could barely hold the baby, but he was perfect. We waited for the placenta, which took a bit of assistance to deliver. I was fading into a void of no energy. I had had a small haemorrhage. My blood pressure was dropping slightly. But nothing a banana and a glass of sweetened water couldn't fix. I was so proud with my family by my side. I was a mother of 3. 6.46am 4th June, 2005.

Garfield and I would like to thank Akal for her professional and caring approach. Her experience and support made us feel safe and secure. Thankfully, Akal's approach meant that all we had to do was focus on ourselves and our labour and then our baby. We knew we couldn't be in safer hands. During pregnancy, she answered all our questions and gave us a lot of confidence. During the labour and delivery she allowed us our own space and allowed us to labour in our own way. She spoke few words, but when she spoke they were always the words that we needed. After Aasha was born, she was very proactive in making sure our recovery was good, that breastfeeding was establishing well and that our family and friends understood our needs for a quick recovery. We highly recommend Akal to anyone who is blessed enough to choose a homebirth.

— Blessings, Tara & Garfield Darlington

Resources on VBAC and HBAC

Books

• *A Guide to Effective Care in Pregnancy and Childbirth*. 2nd Edition. Murray Enkin, Marc J. N.C. Keirse, M.J. Renfrew and J. Neilson. (Oxford University Press, Oxford; 1995) ISBN 0192623249 paperback

The essential guide for midwives, doctors and parents. An excellent, easy to read source of accurate up-to-date research information about all aspects of prenatal, birthing and postnatal care, including Caesareans and VBAC.

• *Silent Knife*. Nancy Wainer Cohen, Lois J Estner. (USA; 1983) Groundbreaking book. Invaluable reading for anyone planning a VBAC. Examines the causes of the increase in Caesarean Section rates, the dangers of Caesarean section and ways to avoid them. Also includes many personal VBAC and Caesarean stories.

• *Birth after Caesarean: Unlimited Possibilities*. Ed. Coralie Daniels, Kathleen Oldman, Tricia Riggs and Jenny Allan. (BACUP; Canberra, 1997) ISBN 0 646 32261 3

As the cover suggests, stories to encourage and inspire. A wonderful Australian perspective on trying to achieve a Vaginal Birth After Caesarean. A Must!

• *Birth After Caesarean: The Medical Facts*. Dr Bruce L Flamm. (Prentice Hall, New York 1990)

Statistics on the world's largest study on VBAC. Easy to read, question and answer format.

• *The VBAC Experience: Birth Stories by parents and professionals*. Lynn Baptisti Richards (Bergin & Garvey, Mass., USA; 1987)

• *Artemis Speaks: VBAC Stories and natural childbirth information*. Nan Koehler NB: Out of print

• *Caesarean Birth: A reassuring guide for Australian parents*. Zena Armstrong. (Viking O'Neil, Melbourne; 1990)

• *The Caesarean Experience*. Sarah Clement (Pandora Press London; 1995) ISBN 0 04 440935 4

A great book that looks at Caesareans both psychologically and physiologically.

• *Childbirth Choices*. A. Bennett,

W. Etherington and D. Hewson (Penguin Books, Victoria; 1993)

Factual information about the safety of Caesarean section and VBAC's and other choices to be made during the childbearing years. Easy to read format.

• *Natural Childbirth after Caesarean – A practical guide*. K Crawford and J Walters (USA; 1996)

Covers the medical facts about VBAC, offers good sound advice on choosing the best way to have a VBAC.

• *Open Season; A Survival Guide for Natural Childbirth and VBAC in the 90s*. Nancy Wainer Cohen (Bergin & Garvey, New York; 1991) ISBN 0 89789 272 0 pbk

The sequel to Silent Knife. Elaborates and reports on many issues raised in Silent Knife some 10 years earlier. Irreverent reading, with purposefully strong messages.

• *Optimal Foetal Positioning*. Jean Sutton and Pauline Scott (NZ; 1995)

Optimal foetal positioning is a simple and commonsense approach to help align the foetus in the maternal pelvis before labour begins.

• *Pregnancy as Healing Vol. 11 (Caesarean Birth: Risk and Culture)*. Gayle Peterson and Lewis Mehl. (USA; 1984)

• *Transformation through Birth*. Claudia Panuthos (USA; 1984)

Includes a chapter on the psychological and emotional aspects of Caesareans and VBAC.

• *Trust your Body! Trust your Baby! – Childbirth wisdom and Caesarean prevention*. Andrea Frank Henkart (USA; 1995)

A fresh approach to the challenges, fears and decisions involved in giving birth, including discussion on VBAC.

• *The Expectant Parent's Guide to Preventing a Caesarean Section*. Carl Jones (USA)

• *Unnecessary Caesareans: Ways to avoid them*. Diony Young and Charles Mahan (USA; 1989)

How to decrease the likelihood of a Caesarean, and suggestions on how to increase the potential for a good outcome, should a Caesarean become unavoidable.

Useful resource for educators and parents.

• *Your body, Your baby*. T Libesman and V Sripathy (Australia; 1996)

Women's legal rights from conception to birth. Challenges the myth that 'doctor knows best'. Information about consequences, risks, alternative, legal rights and responsibilities.

• *Obstetric Myths versus Research Realities*. Henci Goer (USA; 1995)

A fresh look at current trends in routine maternity care. Explores a variety of key obstetric issues with a view to making the medical literature more accessible to health professionals. Has an excellent chapter on how to read and understand research papers.

• *The Thinking Woman's Guide to Better Birth*. Henci Goer (Bergin & Garvey; USA; 1995)

• *The Caesarean*. Michel Odent (Free Association Books; UK; 2004)

• *Gentle Birth, Gentle Mothering*. Sarah J Buckley

• *Vaginal Birth After Caesarean*. Elizabeth Kaufmann

• *VBAC: Let Your Birthing Goddess Roar*. Toni Sherlock

• *Birth after Caesarean, Ultimate Possibilities*. Danette Watson

• *The VBAC companion*. Diane Korte (USA; 1997)

In the VBAC companion Diana Korte explains the risks and benefits of both VBACs and repeat Caesareans. She tells how to work on overcoming fears about labor and how to find a VBAC friendly doctor (or midwife) and hospital (or birth centre), and how to get extra support, from a labour assistant, childbirth educator, or VBAC support group.

• *Caesarean Birth in Britain: A book for Health Professionals and parents*. Colin Francome, Wendy Savage, Helen Churchill and Helen Lewison (Middlesex University Press; 1993)

This book is excellent because it considers women's feelings and experiences of surgical birth, as well as providing much sought after information.

• *Women's Bodies, Women's Wisdom*. Christine Northrup

• *Immaculate Deception 11*. Suzanne Arms

• *Making Informed Decisions About Caesarean Section*.

• *Caesarean Section; What are your options? Women's and Children's Hospital, Adelaide*. Pamphlets.

These two pamphlets should be read in conjunction with each other. Give a good basic starting point for women wanting a VBAC or repeat Caesarean section.

Websites

www.birtherites.org

www.vbac.com/uterine.html

www.ahrq.gov/downloads/pub/evidence/pdf/vbac/vbac.pdf

www.birthtalk.org/Caesarean.htm

www.canaustralia.net/

www.gentlebirth.org/archives/hbac.html

www.joyousbirth.info/

www.homebirth.org.uk/vba2c.htm

www.cares-sa.org.au

www.childbirthconnection.org

www.cfpc.ca/English/cfpc/program...efault.asp?s=1

www.ican-online.org/

www.myspace.com/hba2clady

www.onelist.com. Just search for the group called "hba2c."

Videos

The Birth Of Aasha, by Tara & Garfield Darlington, available through Birth International

Calendar

National Caesarean Awareness Day – Sept 11th

HAS in the community

BY ALISON LEMEN, CLAIRE SAXBY AND JO HUNTER



The Eastern Suburbs Meetings

One year on, the Eastern Suburbs Homebirth Support Group is still holding regular public meetings, building contacts within our community and enjoying conversations with some fabulous guest speakers. Our first public meeting was held on 19 September 2006, with midwife Betty Vella talking on Having the Birth You Want in Hospital or at Home. And on 18 September 2007, midwife Jacqui Wood will lead discussion on Waterbirth, while we celebrate our year of meetings in the east. There have been seven meetings between these two and more planned for the future. Congratulations are due to the organisers and warm thanks to our presenters and attendees for coming along.

Siblings at Birth was the topic for our evening meeting in June, with Jo Hunter leading the discussion. About fifteen people attended, including several women and couples actively preparing for a homebirth with the baby's siblings present, as well as some women who'd had siblings at their births and others who were interested in the topic for the longer-term future. Danni Townsend opened the evening with a retelling of her son Charlie's birth, with his sister Ellery present. Despite initial reluctance to have Ellery at the birth, Danni's journey

through the pregnancy, with her midwife Jan's encouragement, led her to change her mind. Danni shared delightful tales of Ellery's involvement in the birth, which brought "laughter and lightness" to the birth. The story was also shared in the last edition of Birthings.

Jo Hunter then gave a presentation on the topic, starting with the importance of children attending their sibling's birth for the child's own emotional development, as well as for the bonding of the family. Jo emphasised that it was necessary to prepare children for the birth, and showed the group a range of story books for children of different ages that could help them understand what birth might be like, and what it was about. The books ranged from picture books, to colouring books, story books; and variously covered from conception (one book taking the 'sperm meets egg' approach and another showed hilarious cartoon pictures of the many positions in which mum and dad might have fit together in order to make the baby!) up until birth itself and beyond. Jo also described the watching of videos and various conversations about birth as effective and engaging ways in which to prepare children for their sibling's arrival. At birth itself, Jo suggests that the children be given roles – in her fourth birth, her two eldest daughters each had a camera and took photos – and that the children have a support person who knows the child well and is there solely to care for the child. Whether or not to wake a child to witness the birth is a personal issue, but partially depends on the age and expressed wishes of the child. The couples preparing for birth soon asked plenty of questions and found the talk extremely useful in 'normalising' the idea of having siblings present and addressing their specific concerns, such as whether toddlers were too young to be present (they're not, but consider whether you'd wake them in the middle of the night for the event).

Jo then screened her beautiful DVD, which includes video footage of the births of her three youngest children, still images of all four of her births and lovely interviews with her children. All of Jo's births took place in water. The videos of her birthing her



daughters show her leaning back into the pool, or her husband's arms, whereas when she birthed her son, she was leaning forward on all fours, a pattern which led her son to believe until quite recently that "girls come out vaginas and boys come out bums"! Jo's video also features a song she wrote herself, 'Breathe', which was put to music and performed by a friend of hers, Anne Ridgway. Jo's wonderful DVD, which includes a booklet on Siblings At Birth and the 'Breathe' and 'Lullaby' CD, is available for purchase through HAS for those who missed this wonderful evening.

In July, we met in the daytime, with plenty of women with kids, toys and snacks everywhere. Julie Clarke managed, despite the general hive of activity, to present a calm and inspiring talk on Hypnobirthing. Julie has attended over 150 births and brings her experience to bear in preparing couples for a calm birthing experience. Her work draws on the principles developed by Grantly Dick-Reid, that to reduce fear and tension is to reduce pain.

But how do you reduce fear and tension? Although it often seems as though we are thinking lots of things at the same time, we are actually only capable of holding a single thought at any given moment. (When you seem to be thinking lots of things simultaneously, they're actually flowing in rapid succession.) Therefore, Hypnobirthing replaces fearful thoughts with positive affirmations. With practice throughout pregnancy, the imagination can be used to switch physical responses on and off.

Julie also showed a video of women in the US using Hypnobirthing techniques and we were all stunned at the quiet and calm way the women laboured and birthed, seeming calm and relaxed throughout despite often being in hospital surrounds and sometimes even birthing lying on their backs.

We are immensely grateful to Jo and Julie for their time and expertise. Our next meetings are:

- **Waterbirth**, with midwife Jacqui Wood, on Tuesday 25 September 2007, Room 2, 7-9pm, 31-33 Spring Street, Bondi Junction.
- **Homebirth Awareness Week Picnic**, near the play equipment at the Tamarama Park, Tamarama, on Tuesday 30 October 2007, 10:30am-12:30pm. Bring food to share and a picnic rug.

For further information on the Eastern Suburbs Group meetings, or to confirm details of a meeting, call Alison on 9665 1670 or Claire on 9664 1010.

The Parent Baby Child Expo

I'm pleased to say we only had one slot with one person on, which was due to a late pull-out from someone, so we had lots of people prepared to put in time. No midwives this time, but lots of people who have done it before and who enjoy their time I think.

I feel that this expo is much more positive place for us: whilst you get the odd look, generally people are okay and lots of people want to come up and talk to you. Here are the comments from the people who manned the stand.

"Great morning! Chatted with women who had had homebirth, other women from different nationalities who were interested in this as an alternative to hospital, women who had great birth experiences and thought they would have to birth at home next time or a woman who had a bad experience and wanted to consider homebirth for the next baby."

"Some very enthusiastic people expecting homebirths! Some introduced to the idea! Some very against it, and just wanted to tell you their horror stories, but very enjoyable afternoon."

"Pretty quiet morning. About half a dozen genuinely interested people who took brochures and midwife list. Some just drawn in by the video and wanting to chat about birth."

"Lots of interest in the videos. The independent midwives list has run out. Need More! Very enjoyable afternoon."

"Fabulous as always. Everyone love the gorgeous women giving birth on the DVD. Great publicity for HAS."

Also we gave out 80 midwife contact details, which is pretty good going. I will email the midwives to let them know!

Thank to all of you who volunteered on the stand, your commitment is really appreciated by me and by all the women who may have been introduced to a different sort of birth as a result of us being at that expo.

New South Wales Midwives Association Conference

The NSW Midwives Association (MA) Conference was held on 3 and 4 August 2007 at the Peppers Fairmont Resort in Leura. The MA was kind enough to give HAS a free stand at the conference, which was womaned by the tireless Jo Hunter and Sharon Dollimore. Over 200 midwives and midwifery students attended the conference, so it was great exposure for HAS.



Media Watch

“Caesareans on the increase amongst healthy women”

The Age newspaper reported on 30 May that a new report by the Victorian State Government showed that more than twenty five percent of young healthy women giving birth in private hospitals have a caesarean section.

The rate in public hospitals is 19 per cent, up slightly from 2001, when it was 17 per cent. However, the report showed some country hospitals have caesarean rates almost twice the statewide average.

There is general agreement from professionals quoted in the story that the rate is too high across the board. The paper reported the chairman of the quality and safety subcommittee of the Maternity services Advisory Committee, Euan Wallace, saying that the caesarean rate was way too high, but it was not clear what the rate should be. “It could be lowered safely,” he said. “It’s higher than most of us would like it to be.”

Victorian Health Minister, Brownyn Pike, was reported as saying that her advisory committee would work with hospitals that had higher rates to identify whether they needed extra help.

Freebirth hits the mainstream

Following on from a report by Reuters in May, the mainstream media has run a series of stories on freebirthing. According to the story by Kate Kelland from Reuters, freebirthing is becoming more popular in Britain and in the US.

Freebirthing is legal in these countries, as long as the birth is not “assisted” by someone unqualified. According to Kelland, freebirth is virtually impossible in Germany, where authorities will intervene to prevent it.

Reuters quotes Laura Shanley, an author from the US and mother of four freeborn children saying that birth is only problematic because of three main factors: poverty, intervention and fear.

The British Department of Health is quoted as saying, “Every woman needs the care of a midwife in labour and birth and those women with more complex pregnancies may need a doctor too.”

The British medical blogger, “Dr Crippen” argues that if a baby were to die during a freebirth, the mother should be prosecuted for manslaughter.

In *The Age* newspaper, Renee Switzer reports that the Australian Medical Association

and Australian College of Midwives argue that freebirthing is too risky for mother and baby.

Janet Fraser, national convenor of Joyous Birth, is quoted as saying, “There are many reasons women choose to freebirth and the foremost reason is because they want to be solely responsible for what happens in their birthing space and don’t want input from people who have fears or whose ideas may not mix with theirs.”

The story also suggests that some women may choose to freebirth due to the lack of independent midwives and the increasing caesarean rates.

Fraser is quoted as saying, “It’s about what the woman wants and not necessarily a criticism of the medical or midwifery model.”

Switzer reports that freebirth is not illegal in Australia. Dr Mukesh Haikerwal, AMA President, is quoted saying the association supports homebirth for low-risk women when attended by a midwife or doctor. Australian College of Midwives communications manager Shannon Morris said the college supported home birth but not freebirth. “We think a midwife should be at every birth,” she said.

Morris is quoted as saying that the difficulty of finding an independent midwife and the costs involved may be discouraging women from birthing at home with a midwife.

“Lotus births let cord rot away”

The Sunday Telegraph ran a

story on 17 June about the practice of lotus birthing. Independent midwife Robyn Dempsey is quoted as saying an increasing number of parents are opting for the ritual of leaving the umbilical cord attached to the placenta until it separates naturally.

Dempsey is quoted as saying it prevents the baby being over-handled in the first few days of life, and that lotus births are seen as “completing the birth, allowing the baby to slowly let go of its attachment to the mother.”

The story says the medical profession is opposed to the practice and quotes one obstetrician, Pieter Mourik, saying “The placenta is dead tissue. It’s revolting and smelly.”

Mother of three children, Ventia Napoli, is quoted talking about why she chose lotus births for her children. “In the beginning I was doing it for spiritual reasons and to complete the birth but in hindsight a very big part of it is the child’s not over-handled.”

Dempsey is quoted saying that women having home births were more likely to have lotus births.

“Caesarean risk higher when labour induced”

The Age reported on new research by LaTrobe University’s Mother and Child Health Research that shows that first-time mothers have a higher risk of needing a caesarean if labour is induced.

The study looks at 37,700 women and shows there are 9.7% who had their labour

induced without a medical indication recorded (6.1% of public patients and 14.1% of private patients). The story reports that, "Of all the first time mothers...28.5 per cent had a caesarean after being induced compared to 13.3 per cent who had a caesarean birth but were not induced. For private patients the caesarean figure rose to 31.2 per cent for those who were induced compared to 16 per cent for those who were not."

Obstetricians and the Victorian State Government were quoted in the story saying they were still reluctant to believe the link was definite.

The Australian College of Midwives's communications manager, Shannon Morris is quoted as saying women, doctors and midwives needed to be educated about the risks of induction if there was no medical reason to warrant one.

"Midwives are of the opinion that if you're induced, you're not ready to have a baby yet...you're inducing a baby that's not ready to be born in a body that's not ready to give birth to it."

"Morning sick breast assured"

The Daily Telegraph reported on US research from the University of Buffalo that associates nausea during pregnancy with a reduced incidence of breast cancer in later life.

The research looked at 3000 women and found that morning sickness was associated with a 30 per cent reduced chance of

developing the disease.

"Scientists think that the explanation may be changing hormone levels that affect breast tissue as well as trigger feelings of sickness," says the story.

"Govt urged to fund network of breast milk banks"

The House of Representatives has urged the Federal Government to set up a network of breast milk banks for mothers who are unable to breastfeed their sick or premature babies.

Funding is being requested to conduct a study based on two existing milk banks. Currently operating in Perth and on the Gold Coast the milk banks have been successfully providing breast milk to mothers who are unable to breastfeed their babies.

The ABC news website reported on 3 August that the milk bank at Perth's King Edward Memorial Hospital has provided 55 premature babies with donated breast milk in the year it has been operating.

The manager of the milk bank Dr Ben Hartmann says in the article that breast milk is better for the immature immune and digestive systems than artificial formula.

"When a mum does give birth prematurely, there can often be several reasons that she can't provide her own breast milk," he said.

"During those days we need to feed babies intravenously so if we can actually provide donor milk and get those babies onto full feeds, mum's

milk then comes in and she can take over.

"It means we can get those IV lines out and that's a potential source of infection for babies."

The article reports that more premature babies could be saved if milk banks were available in more cities around Australia.

"Mums legally allowed to breastfeed"

It is now illegal to discriminate against breastfeeding mothers in NSW as the State Government has drafted a new law allowing mothers to make a complaint to the Anti-Discrimination Board.

NSW Attorney General, John Hatzistergos, said he was concerned that some mothers, especially those returning to work, were stopping breastfeeding due to a fear of discrimination.

"Unfortunately, there are still some people who retain unsympathetic attitudes towards breastfeeding in public, including in the workplace," Mr Hatzistergos said.

Minister for Women Verity Firth said discrimination can result in mothers feeling pressured to wean babies and infants earlier than recommended.

"Schizophrenia link to flu during pregnancy"

According to a report in *The Australian* on 16 July, scientists have discovered that women who catch the flu during pregnancy are

up to seven times more likely to have a child with schizophrenia.

Paul Patterson, US neuroscientist from the California Institute of Technology, told *The Australian* that a rogue protein, interleukin 6 - which pregnant women produce when fighting a viral infection - may trigger mental illnesses such as autism and schizophrenia in the child.

He told *The Australian* that studies showed, "that 15-20 per cent of schizophrenic cases are due to viruses in the mother, which are pretty amazing numbers."

"We experimented with mice, and used antibodies to block that protein from being developed after the mice had been given the flu virus.

"We found that, if you blocked it, the mice offspring seem to be completely normal and presumably their pathology will be too."

"Pregnant women shouldn't feel that their child will definitely wind up with schizophrenia because they have been sick, but Brown's work shows they should definitely try to take as many precautions against getting sick as they can," he said.

"Catching the flu when you're pregnant is not a good thing, and does increase the risk of adverse consequences for the foetus." END

Thanks for stepping up! & more help needed!

First of all, huge thanks to the many women who responded to the plea for help in the last issue of *Birthings*. We gratefully acknowledge and warmly welcome to their new roles:

- SARAH McLEAN – *Secretary*
- HAYLEY LEWIS & JENNY CARLETON – *Advertising*
- KARYN BESLEYS – *Events*
- GILL FITZGERALD – *Media Watch*
(ably assisted this edition by Danni Townsend)

(Sorry if I've forgotten anyone.)

Thanks also to those women who have come along to the committee meetings in the last quarter with fresh energy and great ideas. The last few meetings have been bursting with this new infusion and have been a great time for all who've attended to meet other women active in their communities.

We still need more help!

The Committee has discussed ways in which to open HAS right out to member participation. One way is the sharing of roles, so don't be put off if your ideal job on the committee is taken – just ask about job-sharing. If you're not ready to take on a full committee responsibility, you might consider taking on a small role assisting a committee member in a specific role, or simply joining a list of women prepared to offer small amounts of piecemeal help as things come up, eg joining expo or festival staffing rosters, helping out at the annual conference, etc. Watch this space for more details on this level of participation in the next edition.

In the meantime, we really need women to join the *Birthings* editorial team. This has been a one-woman job for too long, and with all the rapid growth of the publication these last few issues, has become far too big and exciting an endeavour for one person to maintain.

Co-Editors to share the lead role. Alison will stay on as Co-Editor, but she desperately wants to be joined by another Co-Editor to share her responsibilities and is very open to how these responsibilities might be divided, depending on the interests and experience of the person.

Sub-editors to be responsible for certain content. We've recently been joined by Amelia Allan, who brought to a committee meeting her idea for a poetry page in *Birthings* and was subsequently named Arts Editor of *Birthings*. We're very excited to launch her new section in this magazine. We'd also love to take on a couple of extra sub-editors to work closely with the Co-Editors, each being responsible for one section of the magazine. We are open to how this would work, based on the volunteers' interests. For example, one person could be responsible for the pictorial, or for the birth stories, or for the Personal Is Political section. We'd love to hear your ideas and have your input.

Birthings is an extremely satisfying publication to be involved with. It means so much to our members, and we get so many letters every quarter thanking us for the magazine (see the Letters page). We're continually amazed and honoured by the extent to which our members share with each other in these pages, opening their hearts to tell personal stories and reveal poetry and show how they birthed their babies. We hope you'll want to share in the work that brings that tremendous offering to our members.

WARM THANKS TO

Kerryn Mason and Jan Robinson

both of whom have recently donated boxes full of archival material containing old issues of Birthings and photographs and other miscellany of Homebirth Herstory. Our story is important, and we don't currently have a complete copy of all back issues of Birthings, which we'd love to have.

— If you'd like to donate historical material to HAS or

— If you'd like to volunteer to be HAS's archivist or herstoryian,

please contact a member of the Committee (see inside front cover)

MoonSong

Helping you understand and honour
your Menstrual Cycle

There is so much more to the menstrual cycle than the biology lesson given to explain it, in the same way that there is so much more to sex and childbirth than the mechanics. The menstrual cycle is a cycle to base your life around, in fact your life is based around your menstrual cycle whether you realise it or not, whether you pay attention to it or not. Why not pay attention? So much more will make sense; you will make sense to yourself!

Each cycle provides a woman with the opportunity to understand and read the messages her body gives her for any specific healing she needs. Each cycle creates the opportunity for as much spiritual growth and personal development that she could want. There is powerful transformational magic inherent in the menstrual cycle. All a woman has to do to connect with that potential is simply to be with what is, her cycle, happening whether she's paying attention or not.

Learn to chart your cycle, become aware of the daily changing influence of the moon phases (the lunation cycle) and the effects of the Earth's season and where you are in your life seasons. Once you understand your cycle and the other cyclical influences, you will be better able to "go with the flow", working with your body and your cycle rather than ignoring it. You can make your plans to suit you, do things when you know you will have the energy, retreat when you know you will feel to, use your creative energy when you have it.

THIRTEEN MOONS is an easy to use year-long menstrual charting journal, teaching you how to chart your cycle and inviting you inward with revealing weekly questions to journal on. The **SPINNING WHEELS** is a tool to use to access the information of the changing influence of the moon phases, Earth seasons and your life season.

THIRTEEN MOONS and the **SPINNING WHEELS** can be used by women who are new to this process as well as those who are familiar with charting their cycle. Menopausal women, although they no longer menstruate, will see how their moods and energy levels are linked directly with the moon's phases.

Using **THIRTEEN MOONS** and the **SPINNING WHEELS** will help you understand and honour your menstrual cycle, one of the responsibilities and gifts of being a Woman.

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YOU ARE WELCOME TO ATTEND

Homebirth Access Sydney (HAS) Committee Meetings

10.30–12.30 on the last Friday of every month
At the home of Sharon Dollimore
60 Hannah St, Beecroft

There is an area for children to play while we meet
Bring a plate or something to nibble

Please call to confirm meeting as there
are sometimes late changes:
Sharon Dollimore 02 9481 7306
Alison Leemen 02 9665 1670

Next meetings: 29 September, 26 October 2007

PRE-NATAL SERVICES

CITY & EAST

Rebecca Armstrong
—Acupuncturist

Acupuncturist, Chinese Herbalist & Doula.
I specialise in Women's Health with a particular focus on pregnancy. During pregnancy, acupuncture can be used to turn a breech baby and help the baby arrive on time. After the birth, acupuncture supports lactation and helps with things like haemorrhoids, bleeding and tiredness.

Becks: 0416 232 573
becks.armstrong@acupuncture.net.au

Bondi Whole Health Clinic,
Bondi Junction 9389 5811

Naomi Abeshouse
—Acupuncturist

Acupuncturist, Chinese Herbalist & Doula.
B Hth Sci, TCM (UTS), Dip TCM (Guangxi, China), Post-Grad Cert Jap Ac, Post-Grad Cert Paed TCM, BA (UNSW).

Naomi offers a unique blend of Japanese and Chinese acupuncture, and Chinese herbal medicine, providing a comprehensive and gentle therapeutic approach. Specialising in Gynaecology and Obstetrics, Naomi has supported many women through conception, pregnancy, birth and post-natal issues in her busy Woollahra practice. Naomi provides home or hospital visits to women in labour, or those who cannot travel.

Naomi: 0413 690 861
61 Queen St, Woollahra
naomiabeshouse@optusnet.com.au

ANNANDALE/INNER WEST

Birthsense

Personal and creative birth education, counselling and body centred hypnosis for a positive pregnancy, birth and bonding. Weekend workshops, women's groups also.

Jackie McFarlane: 9566 1035
jackichip@optusnet.com.au

SOUTHERN HIGHLANDS

Pregnancy Workshops

Jane Collings regularly gives Pregnancy Workshops called "The Inner Journey of Pregnancy, Preparation for Natural Birth" in the Southern Highlands. And also offers holistic pregnancy counseling and post natal care using a neo-pagan shamanic buddhist framework.

Jane Hardwicke Collings:
48882002 0408035808
janeollings@bigpond.com
www.moonsong.com.au
www.placentalremedy.com

BLUE MOUNTAINS

Innate Birth

Weekend workshops provide couples with reassurance, information and techniques for natural active birth preparation. Jo and Natalie each have four children and incorporate the skills that they teach into their own births and mothering. They strive to enhance parent's confidence, inner strengths and innate knowledge of birth.

Jo: 47 51 9840
Natalie: 47 57 2080

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Julie Clarke: 02 9544 6411
www.julieclarke.com.au

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Julie Clarke: 9544 6441
www.julieclarke.com.au

HILLS DISTRICT

Tara Darlington

Birth Preparation classes that will give you the confidence and the resources to make informed choices for you and your baby. Through understanding the physiological process of labour, birth and breastfeeding, you can create a safe and supportive environment that will allow you to release your fears and use deep relaxation to birth and parent calmly and naturally. Group classes, individual sessions, counselling and VBAC preparation available.

Tara: 9614 8461 or 0405 456 617

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Powerbirth Training Program. Well-being in pregnancy and mind/body preparation for self-reliance and natural childbirth. Prenatal yoga and mind training, relaxation, education, breathing.

Westmead Private Hospital and Castle Hill
Corinne A. Doret: (02) 9654 9903
corinne@hillsyoga.net.au
www.hillsyoga.net.au

BIRTH SUPPORT SERVICES DOULAS

EASTERN SUBURBS/
CITY/INNER WEST**Birthing Rites**

Birthing Rites trains and provides Doulas trained by Marie Burrows, with 32 years experience in the field of childbirth, pregnancy and parenting education and counselling. We provide a referral service for our doulas who have undertaken Australia's longest and most comprehensive doula education course. Trainee doulas also available.

Marie Burrows 02 9387 3615
www.birthingrites.com
birthingrites@zipworld.com.au

Birth Central

Birth Central is a centre for women and their families offering certified birth and post natal doula and doula training. We can refer you to a range of doulas, with fees ranging from \$450 to \$1100.00 depending on experience. A trainee doula who is completing her course is only \$150.00. These rates include support at the birth, as well as two/three visits before and one after the birth. Some of our doulas can also provide other services, such as massage, acupuncture or childbirth and early parenting education. We look forward to being of service to you at this amazing time in your life!

1300 139 507
www.birthcentral.com.au

In honour of women, for the love of birth

Nadine Waldbaum

I am a Qualified Doula, Acupuncturist, Massage Therapist and a mum and offer ongoing care and loving support throughout your pregnancy, labour, post-partum and beyond. Whatever your birthing choices are, I will support and guide you through your amazing journey of bringing life into the world and adjusting to your new life and role as a mother. I live in the Eastern Suburbs, but could try to go further, if needed.

Nadine: 0402 521 837
lallieluv@yahoo.com

NORTH SHORE/NW SYDNEY

Michelle Carnochan

I offer doula services for pregnancy, ongoing labour and birth support and post-partum support as well as Hypnobirthing, private childbirth education sessions, and Blessingway facilitation. I am also a qualified homoeopath and herbalist and am available to offer advice for the childbearing year. I am currently working with an independent midwife serving homebirthing

families but will also offer support in hospitals and birth centres, and for VBACs, waterbirths, Lotus births, and freebirths or any type of birth you would like to experience. I am a mother of 2 boys (both home-birther) and I am passionate about helping women rediscover their own birthing and mothering power!
missmoondance@hotmail.com
0414 898 496

HILLS DISTRICT

Adrienne Abulhawa
Holistic Birth

Care and support for pregnancy, birth and baby. Homebirths, birth centre or hospital births. Also pre-natal and post-natal care, mother and baby massage, birth preparation, meditation and relaxation, birth planning and breastfeeding support.

Adrienne: 0416 511 118
adrienne@holisticbirth.com.au
www.holisticbirth.com.au

BLUE MOUNTAINS

Innate Birth

Doulas enhance the birth experience through information, encouragement and physical and emotional assistance. Jo & Natalie offer all this and more by supporting, honouring & guiding the mother & her partner through pregnancy, birth & the postpartum period in Western Sydney and the Blue Mtns.

Jo: 47 51 9840
Natalie: 47 57 2080

We want to list your services as a Doula

To list on this page, please contact the Advertising Co-ordinator at birthingsadvertising@yahoo.com.au.



BIRTHING SERVICES MIDWIVES

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Offering continuity of midwifery care during pregnancy, birth and postnatally. Birth is a natural, and empowering experience that is part of a normal life journey rather than a medical event.

Providing support for women and their families and encouragement to believe in herself and her ability to birth instinctively.

Betty Vella (Gymea) 9540 4992
bpvella@optushome.com.au

One to One Midwifery Care

If your expectations are of having a natural birth, less intervention, shared decision making and continuity of care with your own midwife in a safe environment then this service is for you! Women can choose to have their babies at home or in a natural birthing centre. A tailor-made pregnancy plan is offered together with medical liaison if required or requested.

Jan Robinson: 0418 117 560
midwife@ozemail.com.au
www.midwiferyeducation.com.au

Sydney Homebirth Practice

Akal Khalsa has been offering her individualised midwifery care to women in Sydney since 1979. She will provide experienced, comprehensive and personalised care throughout your pregnancy, birth and the postnatal period. With Akal as your midwife you will be assured of professional care and full and accurate information throughout this vital time. She is available by phone, 24 hours, 7 days a week. Akal has over 30 years experience as a midwife and childbirth educator and will help you and your partner prepare emotionally, mentally and physically so you can approach the birth of your baby with joy and confidence. She has many years experience with water births, lotus births and vaginal after caesarean births.

Akal Khalsa: (02) 9660 2127
www.ourmidwife.com.au

Birth From Within

Personal holistic midwifery care during your special time of pregnancy, birth and parenthood. My philosophy is one of nonintervention, working in partnership with you and your family. I live in the Nowra/St Georges Basin area.

Robyn Borgas: 44432509
Email: paul.borgas@bigpond.com

New Beginnings Midwifery Practice

New Beginnings Midwifery Practice offers a personalised approach to pregnancy, birth and beyond. Receive comprehensive

prenatal care with your own midwife. New Beginnings can assist you with homebirth, hospital birth or birth centre birth. Extensive postnatal visits. Access to information, resources and a large lending library. Care and support available 24 hours a day.

Robyn Dempsey: 9888 7829
(North Ryde)
www.homebirthmidwives.com.au

Homebirth Midwife

Pregnancy and birth is a normal, healthy life experience. As natural as it is to conceive your baby in a loving, safe and intimate environment, labouring and birthing at home, in your own relaxed setting, gives you the freedom to follow your body's instinctive knowledge of birthing naturally, without restrictions.

As a Midwife, I have immense passion for my career and gain great professional and personal satisfaction from it. I offer a holistic approach to midwifery care, providing care throughout your pregnancy, labour and birth (a birthing pool is available for water birth) and postnatal care up to 4 weeks after the birth of your baby. All care is provided in your home.

Jacqui Wood: 0430 109 400
midwifejac@hotmail.com

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I take a wholistic approach to pregnancy and birth, as well as to general health. I am a nutritionist and herbalist as well as a midwife, so my service can include these tools in your care. I provide full antenatal and postnatal homebirth care, as well as providing postnatal care for women who have birthed in hospital but return home soon afterwards. I practise in the Southern Highlands area.

Victoria Kleeberg:
48 615744 0404 489484
kleeberg@bigpond.net.au

Pregnancy, Birth & Beyond

Looking for special care during your pregnancy, birth and as new parents? Receive personalised, professional care by an experienced midwife. Pregnancy, Birth and Beyond supports women and their families birthing at home, birth centre or hospital. Midwifery care helps you avoid unnecessary interventions and to be recognised as the most important member of the birth team. Pregnancy, Birth and Beyond aims to assist families achieve an empowering birth experience. For full details of services please visit our website.

Jane Palmer: (02) 9873 1750
(Dundas Valley)
www.pregnancy.com.au

HOMEBIRTH SUPPORT GROUPS

SYDNEY**Eastern Suburbs Homebirth Support Group**

Alternating day-time and evening public meetings, featuring guest speakers and themes for discussion, we meet in and around Bondi Junction, usually on Tuesdays. See our report for upcoming meeting details, or call Claire on 9664 1010 or Alison on 9665 1670.

Birth Choices —Inner West Sydney

Meeting every second Friday of the month at the children's play equipment at Bicentennial Park, at the end of Glebe Point Road, Glebe. Contact Jan on 0418 117 560 or midwife@ozemail.com.au.

NEW SOUTH WALES**Illawarra Homebirth Support**

Karen Sanders (02) 4225 3727

South Coast Birth Tides

Cindy (02) 6494 0131

Mid North Coast Homebirth Support Resource & Referral

Berry Engel-Jones
(W) 6652 8111 (H)6655 0707

Clarence Valley Birth Support

Laena Jongen-Morter
(02) 6649 4271

Far North Coast Nsw

Jillian Delailie (02) 6689 1641

INTERSTATE & NATIONAL**Homebirth Australia**

Justine Caines (02) 65482248
homebirth.australia@bigpond.com

Queensland

3839 5883
email info@homebirth.org.au

Darwin Homebirth Group

8985 5871
darwin.homebirth@octa4.net.au

Homebirth in the Hills —Dandenong Ranges

Melinda Whyman 03 9754 1347
mwhyman@bigpond.net.au

Homebirth on the Mornington Peninsula

Kim (03) 5987 0657

Words from the wise**A new BIRTHINGS section, starting next issue.**

Snippets of wisdom from YOU, to share with your community.

NEXT ISSUE'S TOPIC

Your Birth Mantra

Was there a phrase, mantra or motto that you used during birth to get you through?

Please share your wisdom for other women to ponder, in 100 words or less.

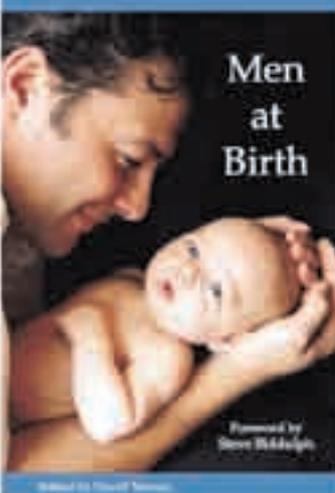
Email to aleemen@bigpond.net.au, subject line 'Words from the Wise', before Thursday 15 November.

Homebirth Access Sydney (Inc)HAS Policy Statement

- 1) To create an awareness in the community of planned attended homebirth as an accessible and attainable alternative and to be actively involved in maintaining homebirth as a choice and improvement of conditions for homebirthers. In the interest of furthering the cause of homebirth, our public relations policy will be one of assertive, non-aggressive approach.
- 2) To provide an information and referral service by way of newsletters, pamphlets, telephone contacts, a permanent mailbox, a reference library and regular public meetings.
- 3) To provide support to HAS members by holding regular public meetings and maintaining and publicising a list of contact phone numbers and addresses.
- 4) To represent HAS members on or to any regulatory or advisory body, Local, State or Federal, which is formulating policy or implementing decisions which affect homebirth.
- 5) To all with other homebirth groups and other groups concerned with birthing to further the aims of HAS.
- 6) To be involved in public gatherings that are relevant to and consistent with HAS' aim regarding homebirth.

This policy statement was written because of the need to promote unity and understanding among our homebirth members and the wider community.

- 1) Homebirth Access Sydney is an organization which was established in 1973 to provide information and support to those interested in homebirth our members include parents, birth attendants, educators and midwives.
- 2) HAS recognises that Australian families have the right to have their baby in any setting—be it their home, a clinic, a birth centre or a hospital.
- 3) The members of HAS believe that home is a safe place to give birth and that there will always be an element of risk in birth whatever the choice of birth place.
- 4) Families who choose homebirth are taking a shared responsibility in the births of their babies. They are opting for a birth outside of an institution and its model of mass health care which is restrictive and frequently denies individuals requirements.
- 5) The midwives who attend homebirths are specialists, educated to provide total care throughout pregnancy, labour and the post-natal period. They consult with other health practitioners when appropriate.
- 6) Midwives are accountable to their clients and their peers (through quality assurance and standards review) as well as the Dept. of Health, the Nurses Registration Board, the Australian College of Midwives and the various courts.
- 7) With the widespread misconceptions about the safety of homebirth, a homebirth midwife's professional status is in jeopardy whenever anything goes wrong. However skilled she may be, deregistration and loss of career is a constant insecurity in the face of social hostility to her chosen profession.
- 8) Birth is an intense, emotional, life changing experience. In the event of conflict or unresolved issues, HAS encourages mediation and conciliation between all parties whatever the birth place and whoever the birth attendants.



Men at Birth

Edited by Steve Biddulph

Foreword by Steve Biddulph

© 2006 by Steve Biddulph

Men's stories of birth, written by men, for men.
\$29.95 + postage, with every sale profiting HAS.

"The needs of expectant fathers are often overlooked, as the woman is the focus of attention during pregnancy. Men have a unique perspective that deserves and demands consideration, especially if family bonds are to remain strong. Hearing from other men and reading of their experiences is a great way to open up vital conversations between couples and care givers for everyone's benefit — this book is a great start!"
 — Andrea Robertson, childbirth education consultant, & author of *Preparing for Birth: Fathers*

"Brilliant! Having wanted to have a family for so long but not having children I wondered what reaction I would have to reading these stories ... the complete collection was intriguing, insightful, uplifting, moving. These stories are filled with a mix of practical lessons, emotional insights, and a vision of how men, their partners and children cope with the wonderful variation in birth. I want to read them all again"
 — Dr Graham Turner, father-in-waiting, Canberra

"Men at Birth is a rich anthology of men's birth experiences. It shines a light on an area that is usually considered a taboo subject among men — their emotional and intellectual reactions to the birth of their own child... This book has given me a wealth of insight into how men feel and think about birth."
 — Dr Andrew Bisits, obstetrician and Director of Obstetrics, John Hunter Hospital

"This book of men telling the stories of their children's births is a gift; an unbelievable resource with more trust, honesty and helpful information than you might find in a hundred years of conversations."
 — Steve Biddulph, best-selling author of *Manhood, Raising Boys* and *The Secrets of Happy Children*

To order your copy, please contact Alison Laemen on (02) 9665 1670 or aleemen@bigpond.net.au



calendar

Thank You

- Homebirth Access Sydney warmly thanks those midwives who continue to support HAS by kindly giving each of their clients a year's subscription to Birthings magazine
- Kimberley-Clark for printing and posting out Birthings, saving us lots of money, time and work
- our contributors for taking the time to share their wonderful birth stories, professional insights and beautiful photographs with us
- and the following websites, which provide us with community listings free of charge (visit their websites to view our listings)

Birth

www.birth.com.au

(in the Community Info section under Volunteer Support Groups, arranged alphabetically)

Natural Parenting

www.naturalparenting.com.au

(in Resources under H)

Baby Center

www.babycenter.com.au

(in A-Z Organisations under Labour and Birth, arranged alphabetically)

Essential Baby

www.ebdirectory.com.au

(In the Directors under both Pregnancy & Birth and Support Services)

Totoodles

www.totoodles.com.au

(in the Directory, search for NSW and Services & Support Groups, arranged alphabetically)

If you know of other websites where HAS should be listed, please let us know at birthingsadvertising@yahoo.com.au.

Diaries & pencils at the ready, please.
It's time to get involved!

September

Tue 11	National Caesarean Awareness Day
Tue 25	Eastern Suburbs Group Public Meeting: <i>Waterbirth</i> . An evening discussion led by midwife Jacqui Woods, who works in hospitals and at homebirths. All welcome. Please note the change of date since the last Calendar.
Fri 29	HAS Committee meeting – all welcome

October

Thu 25 – Wed 31	National Homebirth Awareness Week. Look out for events in your area.
Fri 26	HAS Committee meeting – all welcome
Tue 30	Eastern Suburbs Group Homebirth Awareness Week Picnic. All welcome.

November

Sat 3 & Sun 4	Homebirth Australia Conference Book online at www.homebirthaustralia.org.au
Sun 11	Newtown Festival, Camperdown Memorial Park. HAS is staffing a stand. Contact Karyn Besleys to get yourself on the roster, or come along to enjoy the day.
Sun 11 – Sat 17	Childbirth Education Awareness Week
Fri 15	Birthings Summer deadline for submissions: Emotional Transformations . Words for the Wise topic: Birth Mottos . Send your articles, birth stories, poetry and photos.

December

Look out for an Eastern Suburbs Group evening meeting, details to be confirmed.

2008

Look out for notice of a new annual summer picnic, and the first HAS Committee Meetings, details to be confirmed.

HAS Committee meetings: See box on page 53 for details.

Eastern Suburbs Group Meetings: Mill Hill Centre, 31-33 Spring Street, Bondi Junction NSW. We use different rooms, so look out for emails closer to the date, or crimson signs when you arrive at the building. For further details, please call Alison on 9665 1670 or email aleemen@bigpond.net.au.

HAW Picnic: Tamarama Park, by the play equipment, Tamarama NSW. Please bring food to share and a picnic rug.

MAGAZINE ADVERTISING RATES

	Single (1 Issue)	Annual (4 issues)
Service Pages		
Doula Listing	n/a	\$25
Services Listing	n/a	\$35
Colour Advertisements		
Business Card Display	\$20	\$70
Quarter Page Display	\$30	\$110
Half Page Display	\$40	\$150
Full Page Display	\$65	\$250

Coming soon: ONLINE ADVERTISING

For details, please email birthingsadvertising@yahoo.com

The topic for the next issue is

Emotional Transformations



Birth is a profoundly transformational experience in many ways.

How did you prepare for the significant emotional evolution involved in opening yourself for a baby to come through, becoming a parent,

or birthing for second or subsequent times?

How did you emotionally 'process' your birth in the days and weeks following?

How has giving birth emotionally transformed you as a person?

We would also like to publish your birth stories or photos, whether or not related to the current topic.

Letters on the previous topic also most welcome.

BIRTHINGS is your magazine. **Please submit!**

Submissions due Thursday 15 November 2007.