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birth & beyond

www.birthresourcecentre.org.uk

Open Day at the BRC
(Birth Resource Centre)

Three birth stories
(including Waterbirth)

Women and Midwives promote Waterbirth in Scotland

The Caesarean Debate

Photo: Vroni Holzmann

Editorial Team:
Lyssa Clayton
Nadine Edwards
Lee Seekings-Norman
Andrea Balzarini

Editorial

Welcome to the Spring 2006 issue of Birth and Beyond. Many of you will have accessed this issue through our website. Until funding becomes available again this is the best way we can provide the journal to as many people as possible. We hope it will also be a slightly more eco-friendly approach to our publishing!

We are having a BRC Open Day on Saturday 29th April from 10 am – 4 pm, see page 3 for more details Please do come along to meet us, see our centre, meet other families, try a class taster-session, and find out more about what we do.

Thank you to everyone who has contributed to this journal, in providing thought-provoking and challenging stories, letters and articles on many issues concerned with pregnancy, labour and birth. Some of these reflect the current increased media coverage of the debate around caesarean section, especially elective caesareans. We hope you find both the BRC and Birth and Beyond supportive places to explore your views and beliefs whatever they may be.

Eva Bofias, Amy Blake and Suzanne Jamieson have written about the births of their babies, and, as ever, show the strength and resourcefulness of women in finding the information, support and self-belief to birth their babies in healthful ways, and of the importance of supportive and skilled midwives.

The letters page explores thoughts on using deep squatting positions for labour and birth. We have been able to reprint an article about a waterbirth initiative at Montrose Community Maternity Unit, clearly illustrating what can happen when a few committed and dedicated midwives and women decide to make waterbirth a real choice for those women who wish for it.

Tamsin Grainger, who teaches the Baby Shaitsu group, has written about her class: we hope you find this informative and that you might like to try the class.

The photos on the cover page and pages 18/19, were generously donated by Vroni Holzmann. Vroni will also be running the Double Take photography workshops for women, held at the BRC see page 21.

Many thanks to Georgina Scott for letting us use the lovely photograph of her son Rudi (opposite).

There are some changes to our weekly timetable, including new informal Drop-in Sessions on Monday afternoons. Check the diary and weekly timetable for details.

The Breastfeeding Support and Information Group will also be changing next term as Caron Howden is leaving. All at the BRC would like to thank Caron for her generous and knowledgeable support of the women and babies who have attended the group. We will miss you and we wish you well in your new job. Up until the summer break, thanks to Michelle Gow and Eva Bofias, the group will continue as a self-led support session. You are most welcome to come along at the new time of Friday 10.30 am for discussion, company and tea with other women and babies. After the summer we are delighted that Clare Bartos will be facilitating the group.

Lesley Downie will be launching her new „Voice for Babies" website at the BRC on Friday May 26th, See page 17. We hope that this and other events will continue to nurture links with others working to support babies and their families.

Thank you to Jane Crewe for her many years of support into the development of the BRC. Jane ran our very first baby music classes, and has also been a Director and Treasurer for several years. We will miss her greatly.

Rebekah Satre has stepped down as our Development worker. We thank her for her enthusiasm and insights and for the funding she secured for the BRC.

Clare Bruce is leaving as baby music facilitator as her baby is due soon. Many thanks to her for her enthusiasm in running these popular sessions. We are delighted to welcome back Jackie MacDonald, who ran the music groups before taking a break for the birth of her baby.

Thank you also to everyone who works tirelessly for the BRC – your enthusiasm and energy shines through. Without their help, usually voluntary, the BRC could not be where it is or continue to run so smoothly.

Finally, we wish our two Directors, Jo and Jenny well as they approach the birth of their babies.

We hope you enjoy reading this issue, and that it might inspire you to write for the next one.

Open Day

at the Birth Resource Centre

Everyone Welcome

Saturday
29th April
10am – 4pm

Raffle
and many other fabulous prizes

Face Painting
and other child centred activities

Sample some of our classes for free, including Relaxation, Baby Music and Parent and Baby Yoga

Light refreshments available

Information on pregnancy, birth and early parenthood

Belly Painting

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Adela's Birth

Adela was born more than one year ago. I wrote this birth story few weeks after giving birth. I am happy to have written it, and I would advise people to do it, even if it is only for personal use.

I am from Catalonia, and in the beginning of my pregnancy I wasn't very comfortable with the idea of delivering my baby here because back home births and pregnancy are cared basically by obstetricians, with midwives playing a smaller role. I considered this to be a good thing. However, I ended up realizing it is better to have a more natural approach for straight forward births and leave the gynaecologist for problematic cases.

Reading stories of births in "Birth & Beyond" was during the pregnancy very important for me and this is why I decided I would also write my story. Another major source of information for me was the birth preparation workshop that Nadine runs. I attended the workshop quite early (I must have been 26 weeks pregnant). Before that I had not thought much about labour because I was too worried about possible complications. To me doing this workshop early was good because I had a lot of time to read and prepare for my daughter's birth. I borrowed from the BRC library some books Nadine recommended. I also read books form the National Library. The more I read, the more relaxed and confident I became. This is a happy story and I want to thank the BRC for its contribution to it.

On the night of the 1st of February, when I was two days overdue, I started to have regular contractions, in the beginning every 20 minutes and later every 15 minutes. After four hours some of my mucus plug was discharged. Although the contractions where very mild I was excited to feel the birth so close. By six o'clock, I had contractions every ten minutes, still quite mild. My husband woke up and we started making last minute preparations in case we had to go to hospital. But then around eight the contractions started to die out, and by half nine I just had a contraction every half an hour. My husband went to work and I did not have any more contractions. The following night the contractions started again, a bit stronger and a bit more regular, but around five o'clock stopped again as had happened the previous day.

The following night, I got more contractions, this time they were more painful. Around one o'clock I decide that these were labour contractions and I put on the TENS machine. In the beginning it seemed like a good distraction, later on it made the pain more bearable. Around 3 o'clock the contractions came every five minutes. I knew it was still early labour but I needed some reassurance that everything was fine so I woke up my husband and around 4 o'clock we went to hospital. A midwife did an examination and told me that I was 2 centimetres dilated She also told me that she did not notice water around the head. I told her that as far as I knew my waters had not been broken (for the last couple of days I had had some leaking fluid, but I forgot to mention that). They made me lay on my back and they started measuring the baby's heart beat and the strength of my contractions. After a few minutes, it was obvious that at every contraction the heart beat of the baby slowed down quite dramatically, and the midwife explained us that this was not normal, especially so early, and it could mean that there was a cord problem. She asked me to stay on the machine a bit longer. Because I found very uncomfortable to lie on my back I started to lie on my side, which made the contractions much milder. As soon as I changed positions the heart beat of my baby was fine.

Meanwhile, my contractions started to get be more separated, and I was becoming more convinced that I was not going to have my baby that day and I thought that the best thing to do would be to leave the hospital and go home. But they moved us to the labour room to do more tests. There I tried to lay my side but the midwife in charge told me that that machine did not catch my contractions unless I was on my back. I changed my position to lie on my back again and the heart beat of the baby dropped again. I tried to explain to the midwife that it was due to the position, but she did not agree with me. Then another midwife managed to take the measurements with me sitting. In that position the heart of the baby was absolutely normal, so they arrived at the conclusion that there was nothing abnormal.

Then, I had a scan to check what happened with the amniotic liquid. The scan revealed that there was not a lot of liquid around the baby (4 on a scale from 0 to 10; where less than 5 is considered too low). By then I had a contraction every 15 minutes. I went back to the labour room. I was told that since there was so little amniotic liquid I had probably broken my waters, but since I did not know when it happened, it would be better to induce me. One of the midwives proposed to break my waters in case they had not been broken. I refused it, since I was afraid that it would put pressure on my baby, and I could not see any advantage in doing it. Then, she suggested to give me oxcytocin to get the labour stabilised. I was not very keen on it because I did not want to start a chain of interventions. The midwife went to get the consultant so he could convince me to go ahead with the induction.

Meanwile I decide to try to raise my oxytocin levels naturally by doing nipple stimulation. The effect was immediate and the contractions appeared more often and were stronger. I told the consultant I was doing nipple stimulation to increase the contractions and he reacted as if it was the first time heard that, and then he said something like "You can try that thing if you want to" I agreed to be induced but I told them I need a few hours before that. I was quite sure I could be in full labour just by continuing doing what I just started. It was 11 am and we agreed that we would go home and if around four or five pm I was not in labour I would be induced. We went home and did some more nipple stimulation. The contractions became regular and strong very quickly. We had a bit of lunch and at three o'clock we where back in hospital with strong contractions every five minutes. A midwife examined me and said that I was 5 cm dilated. She also told me that she thought that my waters where still intact. I was monitored, but this time I was allowed to remain standing, in that position everything was fine (I wonder why I wasn't allowed to stay in this position the previous night). I wanted to have a water birth, but it was not an option for me because if my waters had broken there was risk of infection.

We went to the labour room an hour later. I was connected me to a wireless device so I could move freely and walk around the room but my contractions were monitored. Not long after being in the labour room the contractions started to be very painful. I felt really uncomfortable. The TENS machine did not seem enough and I was not sure how I was going to cope. I felt the need to poo but I couldn't.

The midwife brought a bean bag from an active birth room, and suggested that I kneel on the bed. My husband suggested I used the "gas and air". I first refused because I found difficult to concentrate. Later, I tried but I was breathing through my nose and the midwife said that, for it to be effective, you have to breathe through your mouth. My husband blocked my nose so I had to breathe through my mouth. It worked. It took me two or three contractions to coordinate the TENS and the gas and air. I changed to a position "half squatting, half kneeling". Then I felt the urge to push. My husband told me then that he could see the head of the baby. With a couple of contractions more Adela was

born. I felt as if I passed out, but I could feel very strong uterine contractions. The contractions were painful but the feeling I remember is not of pain.

Adela was born very peacefully, I guess partially because my waters where still intact. The midwife had to break them once the head was out. She cried for one or two seconds, then she heard my voice and stopped. The midwife put her on my tummy and I was so amazed to touch her, her skin was so soft and perfect …She was very awake and I did not have the impression that the birth had been a trauma for her. Since I had an easy delivery my recuperation was extremely quick.

Once Adela was born I expected her to latch on immediately to my breast and have some more contractions to deliver the placenta naturally, but she layed on my tummy without any intention to look for a feed. The midwife suggested that in order to have the placenta delivered I got into a squatting position. They gave Adela to my husband and I squatted. It did not feel right, I wanted to hold Adela so I asked them to give me her back and give me an injection to deliver the placenta. Once she was on me again she then showed interest in feeding.

It was definitely an amazing experience and I am glad I didn't allow them to induce me or to have my waters broken. I believe that it is important to read about childbirth during the pregnancy, so you can make informed choices. Having read a lot about birth gave me more control over the situation and it helped be to be relaxed (at some point during the labour, my husband was doing a massage to my shoulders, and he was very surprise to realize I was relaxed. I always carry tension there, but that day I was very relaxed). I believe one of the most important things is not to work against the contractions, and realize they are just tools. Contractions can be really painful, but is a pain that does not last long, but the pain goes as soon as the contraction stops.

I want to finish by thanking the midwife who helped me to give birth to Adela, she was an excellent midwife. ***Eva Bofias***

Editorial Note:
Because of Eva's dedication to informing herself she moved from a place of believing that only obstetrically managed delivery is safe, to developing the knowledge and inner strength that she could give birth to her own baby. This knowledge is now supported by a great deal of research.

For example:

- *if women adopt the positions during labour and birth that they are instinctively drawn to (often upright/kneeling positions) their babies are less likely to become distressed*
- *there is no good research to support artificial rupture of membranes (breaking the waters)*
- *if a woman feels like eating and drinking during labour, this would benefit her and her baby*
- *attempting to coerce women into following policies and protocols (that might not even benefit her and her baby) is unethical and detrimental to the hormonal progress of labour*
- *giving oxytocin under the circumstances described in Eva's story is contra indicated because of the borderline liquor volume (the amount of fluid around the baby). This could have put the baby into real distress and could then have led to a caesarean section*
- *nipple stimulation will often encourage labour, especially if a woman is in the latent (just before her cervix starts to dilate) phase of labour*
- *if the baby is held by its mother and left to nuzzle at her breast, this alone is enough to keep the oxytocin (natural hormone) levels high to facilitate a physiological third stage (as long as labour has also been physiological). Many babies will not formally feed for up to an hour after birth.*

Jane Evans
Independent Midwife

Oliver's Birth

Baby Oliver was born on January 3rd at 1.53am under water!!!. He was due on Christmas Day but chose to hang out in there for a little bit longer and started to make his way into the world on my birthday (January 2nd).

The whole experience was amazing and both Andrew (my husband) and I were shocked by how intense the whole thing was. I had really begun to panic about being induced as our due date came and went and our midwife gave us a date to be booked in at the hospital. I think I became a bit fixated on the date and was so busy looking for labour 'signs' that I probably stressed myself out and no wonder the wee man didn't want to come out! In the end, after a couple of days of moping about gorging myself with pineapples, raspberry tea and curries I decided that enough was enough and I was behaving quite ridiculously. We went out and joined in the New Year celebrations with friends and really took our minds of the thought that baby was overdue, which was great and really helped me pull myself together.

On Hogmanay at 10.30pm we had a 'show' followed by a small amount of leaking so we called Triage who asked us to go along for a quick check of the baby's heart beat – we went along and by 11.30pm we were back in the car making our way up Blackford Hill to see the New Year fireworks with friends! Baby was fine, just 'thinking' about coming out…..

The real deal began on January 2nd (my birthday) at 9am when I had quite a lot of water leak and, just as Andrew was off getting me my Birthday breakfast from Tesco's the contractions started coming every 5 minutes. We were quite shocked by how quick they started as we had been expecting a 15 min gap in between! We headed along to triage AGAIN for a check up as they wanted to check the baby due to the waters leaking and at that time we were 2cm dilated but the cervix had shortened quite a lot. The midwife gave us the option of staying at the hospital in the pre labour room OR of going home – we chose going home. We ended up staying at home connected to the tens machine and doing the breathing I had learnt at the class until 4.30pm on the 2nd when the contractions were coming every minute and half and poor Andrew could take it no longer……!

At the hospital we were admitted to the active birth room which we thought was amazing, nothing like we had expected. It was really relaxing with a sofa, big mats, birthing balls, birth pool, TV, dim lights and a bed disguised as a chair which wasn't at all intimidating. Throughout the labour, and particularly as the contractions got stronger and more intense, Andrew really helped me with my breathing and to visualise my 'safe place' which was so helpful. During the yoga classes I had never thought of myself as a particularly visual person but I was amazed by how strong I could picture myself up a mountain near Loch Tay! I really believe that the practice during the class helped make this so easy. I also have to say that for quite a lot of the time I was imagining myself at the yoga class with Nadine helping with long strong and con-

trolled breathing so thank you for that. I think that out of everything the breathing was what helped me the most so I am so grateful to you.

After a while the pain was pretty intense and a quick check showed that I was 6cm dilated so they suggested I go into the pool. I had written a birth plan before hand and had said that I would like a natural birth but was 'open to options'. I had heard a few nasty stories in the run up to our labour and I was beginning to wonder if I could really do it naturally so had had a good think about pain relief should I need it – I was still determined to try naturally though. Thankfully we had a fantastic midwife who read the birth plan and totally supported me, she suggested at about 8pm that we went for a water birth which I was surprised about. I hadn't put this in my birth plan, just that I would like to use the pool and then come out to deliver. I had been under the impression that a water birth would be discouraged so I hadn't event bothered putting it down. Sara the midwife was completely positive about the idea and before I knew it I was in the pool, leaning over the edge, deep breathing for Scotland and getting ready to deliver our wee boy under water. It was amazing. We were in the pool for 4 hours – I was a bit nervous of giving up my beloved TENS machine but once in the water and back in focus I was okay. Towards the end of the labour I have to admit that I was shouting out for pain relief but to be honest the pain passed quite quickly and gave me time to reconsider in between contractions! By then though there was no time for any pain relief as Oliver was on his way and after only 20 minutes of pushing he came out and swam to the top of the water. It was wonderful – he swam up to my chest and lay there with his wee eyes open not crying just totally chilled out and happy. The only one crying was Andrew who was overcome with emotion.

I would do it all again tomorrow – it was the best experience of my life. I really do think that the preparation at the yoga class helped me through and now, after the birth, all my bits seem to be going back to the right places and I am putting that down to the yoga and keeping fit and healthy before hand. SO – thank you thank you thank you.

Top tips

- Don't get fixed on your due date as it can make you very stressed out!
- Chill out and relax, don't get stressed
- Make lots of lunch/coffee/dinner dates with friends while off on maternity leave and don't sit about 'waiting'
- A tens machine can really help to distract from the contractions
- Control your breathing – it REALLY helps
- Visualise a safe place in your head (practice before hand) that you can easily take yourself too while breathing – it REALLY helps too
- Ask for the active birth room

I just wanted to share it with you all

Amy Blake

Editorial comment:

Like many women, Amy prepared herself for the birth of her baby by reading about pregnancy and birth, talking to others, thinking about the issues involved, practising yoga, experimenting with breath and meditation as a way of developing an inner strengh and focus. She hoped for a straight forward birth, but understood and accepted the uncertainties around how birth might unfold. What is particularly clear in her story, is how important it is to have the positive, calm support of a midwife who can make suggestions, but who does not "manage" birth or direct women. A midwife who is confident in the process of birth, is able to provide the kind of safe, peaceful environment that best supports the release of hormones that women need in order to birth their babies, feels comfortable supporting women to meet the challenge of labour using their own coping strategies, and can attend birth in or out of water, depending on how the woman feels and how her labour unfolds. Many of the women who write their birth accounts for Birth and Beyond tell us in many different ways how absolutely crucial it is to have someone with them and their partners who believes that unless a medical complication arises, they need as peaceful an environment as possible, a minimum of distractions, soft, homely and dimly lit surroundings and continual quiet encouragement. They need midwives who have the knowledge and skills to make suggestions that might help them birth babies who are in slightly awkward positions, or just need time to move through the woman's pelvis. They need midwives who are aware of the emotional and spiritual needs of women during labour, and have the skills to help them to feel emotionally and physically able to release and open enough to give birth to their babies.

Amy had a straight forward birth and we can hear her joy, her sense of achievement, her increased feeling of trust in herself and her body, and her perhaps easier transition to new motherhood. We know that sometimes babies cannot be born straight forwardly and sometimes women become ill during pregnancy or birth. Thank goodness we are fortunate enough to be in a place where medical help and technology are not only on hand if needed, but are skillfully used to help these women and their babies. However, many obstetricians, midwives, birth educators, parents and others believe that medical practices and technology are over-used in Britain.

When this happens, outcomes for mothers and babies are not improved, but women and babies are sometimes harmed, physically and emotionally by interventions that they did not need. They are also robbed of the kind of positive experience that Amy describes. There have been a number of professional and Government reports expressing concern about this, and medical practitioners and midwives have been trying to work out how they could help more women to have straight forward births.

The knowledge and skill of a sensitve midwife who the woman knows, and a conducive environment are perhaps the key ingredients to increasing the likelihood of women having normal, healthy births and babies. A birth pool is often an important aspect of this environment. Some time ago, a mainstream journal for doctors, the British Medical Journal, published the findings of research that showed birth pools to be an effective from of pain relief. They were found to be so effective, that fewer women felt they needed epidurals. But women need encouragement to use birth pools for labour, and sometimes for birth. When midwives are confident about the benefits of birth pools, many more women use them, as we can see from Avril and Phyllis' experiences in Montrose on page 12. The number of women having straight forward births increases and the number of women requiring potentially harmful interventions decreases. In terms of overall well-being this is of enormous significance. This is not about "frivolous nice" experiences, this is about the health and well-being of women and their families over many years.

Suzanne reflects on her two births

One of the biggest impacts of the different births of my two sons was coming home. Toby was born in hospital in the early hours of a Wednesday morning, and less than 24 hours later I was with him, at home in bed, watching with fascination as he began to almost literally unfurl. Oscar was born in the same hospital mid-morning on a Sunday. A week later we were both dazed and startled when we returned to the place we had abruptly left a week previously. The next few months were hard work, the steep learning curve of feeding and caring for this new person, with little sleep and a body vying for attention every time I moved as I was recovering from unexpected surgery and blood loss. Was extended shell shock and a month of painkillers the norm for a new mother?

Attending a group physiotherapy session for mothers who had lapsed stomach muscles (mostly after cesareans) was a surreal experience. A group of women in a gym in the Western General struggling to turn over onto their stomachs for the first time in about 6 months, let alone attempt leg-raising exercises. Most of us had our 4 week old babies near by, still not quite accustomed to our attention's divided focus. I recall a friend saying to me when I was pregnant, that she had been shocked by how little she knew about her body during and after labour. I certainly hadn't expected to confront so much.

By contrast, I was happily walking around with Toby in a sling at around 2 weeks after about a week of being pretty sore. The easy comparison is in this recovery period, however knowing that I had pushed a baby out naturally rather than having one cut from my belly does feel completely different, a process of natural completion.
The common factors (actors) in both births were the supportive presence of my husband, David, good midwives and my body. Having Oscar delivered by an emergency cesarean magnified the shell shock of becoming a parent. That journey home from hospital, travelling beside a new baby while feeling like a dependent invalid (I had never previously spent any length of time in hospital) is still vivid. We had planned a homebirth which was a very positive experience initially, but left home in labour in an ambulance when concerns were raised about the baby's bruised rotated head. Travelling to hospital in labour 19 months later in our car was also uncomfortable but, as the timing of the journey was our decision, felt very different.

In both pregnancies I had enjoyed learning to respond to the changes in my body through yoga sessions, conversations with mothers and reading. Nearing the end of this one, with no complications, I accepted giving birth in hospital. The medical advice was to wait and see what happened until we hit around 2 weeks over due dates, when an elective cesarean might be likely. Something I really wanted to avoid if possible. A week of tightenings at night built up to more uncomfortable ones and feeling a little nauseous on a Tuesday morning. During a lunchtime walk to the Botanics with Oscar I realised that I was having more than just twinges and phoned David to help look after Oscar while I went to a scheduled 41 week community midwife appointment. Mentioning to Alison that I felt that I might be in labour, we both left it as a low key 'well things might develop now or it could be next week'. However soon after returning home I put the tens machine on, which helped to focus on what was going on, and to observe that there was a regular pattern developing. Once I realised that I couldn't focus on Oscar, we decided to ring the grandparents who were on standby to look after him. We started timing contractions about 5pm, attempting distraction with trashy tv images and some food. By this time the contractions were fairly consistently 3-4 minutes apart and we rang Triage. I knew that I had coped with contractions before with a tens machine, gas and air and David's support, so I had some confidence about the initial stages of labour. However it was very difficult to relax and settle into comfortable positions knowing that we were to be in another location for the final stages. We decided to go to the RIE around 7pm after again phoning Triage, and thinking '15 minutes journey, that's only 5 contractions' helped the discomfort.

The strange limbo of hospital 'checking in' and initial assessment introduced the new brightly lit environment. An encouraging monitor printout and confirmation that I was already 4-5 cm dilated was reassuring, and I was transferred up to a labour room. I had been warned about being monitored, and was soon duly linked up to monitors and a drip. I warmed quickly to Beth, the midwife, encouraging and quiet, arranging a telemetry device and floor mat which meant I was freer to move around, and adapting the environment – dimmer lights to fade out the technology/ cable management dominating the room. I only noticed the clock in the room around 10pm, most focus was on using the tens machine and gas and air in tune with contractions. I didn't feel that I was relaxing into a rhythm of relaxed breathing as much as I could. However all progressed and a spectacular gush of waters hit the bed in between moving to different positions. I was generally gripping the side of the bed or on all fours, aware that I was keeping my head tucked in to try to focus. Gentle steering from Beth and David to try to stop me moving backwards towards the door! Swearing from time to time and being grumpy with David, I was almost afraid to articulate that thought 'can I really do this? why isn't there an easier option?'

The bearing down second stage seemed to begin without much evident transition – just more intense back pain and different sounds which brought Beth and another midwife back into the room. My first experience of the urge to push and second stage was intense and continuing now with less gas and air (a distraction) I was pulling hard on David's shoulders to bear down, pleased that the midwives were so calm, clear and encouraging, and talking to us about seeing the baby's head, and lots of dark hair! The pushing seemed to go on for a long time, it was about an hour. Finally a push through and a sudden 'pant/blow' while they checked the cord position and an overwhelming sense of release when Toby came out at 1.30am – very low, as I was almost squatting at this point! Once I saw this raven haired pink chubby baby (a boy!) lifted up I was truly relieved. I was unaware that soon after there had been a moment when they were not sure if he was breathing and other staff had been buzzed into the room. That was a momentary anxiety, and my next memory is of me lying down with my little baby on my body, time I wanted to savour. I had hardly been able to turn my head to see Oscar placed next to me when he was born. Toby (who must have been exhausted too) lay quietly while the placenta was delivered, I was cleaned up and a small tear stitched – possibly the most painful and abrupt part of the past 24 hours. It was a revelation though to be able to get up and shower myself soon afterwards. After being moved and settled into the recovery ward, I quickly succumbed to lying down and resting - a sort of promised land at the end of the labour journey.

Leaving hospital the next afternoon, we brought home the new little boy who had only a few hours previously been growing and living inside me, a little amazed, but pleased that we really had done it. Back to a changed reality, introducing Toby to his brother and adapting to life as a family of four. I would have loved to have had a home birth, knowing that would have avoided the unsettling timing decisions, stressful journey and change of environment, and Oscar would have had a more immediate introduction to his brother. However I am sure that the relationship built up with the midwives (and their continuous presence) during labour was critical to my ability to cope and progress. Oscar (now nearly 2) and Toby (nearly 5 months) are beginning to enjoy interacting and we are enjoying them very much as they grow.

Suzanne Jamieson

Letters Page

In the April 2005 issue of Birth and Beyond Gwyneth Little wrote, “Using Yoga in Pregnancy“. From this article has developed an interesting correspondence between Gwyneth, Jane Evans (an independent midwife) and Nadine. We are publishing these letters, with their kind permission, as they shed much light, information and food for thought on the subject of using squatting postures during pregnancy, labour and birth and also on the effect of monitoring on posture and mobility during labour.

Dear Gwyneth,
The thinking behind avoiding deep squats in late pregnancy is not only to minimise the risk of Symphysis Pubis Dysfunction, haemorrhoids and vulval varicosities but also because many women start to dilate their cervix before labour starts. This is very common if it is not the first pregnancy. If the cervix is slightly dilated and the woman adopts a deep sqatting position some of the membranes and the amniotic fluid could be forced through the cervical opening (the Os) and would therefore run the risk of rupturing the forewaters well before active labour commences. This could cause premature labour or the need for all sorts of unnecessary decisions about induction, infection etc. to be made. It therefore seems sensible to avoid any exercise or position that may cause these problems. I hope you were able to hear Jean Sutton speak and heard her opinions of deep squats. I feel that, as with most things, squatting has its uses in labour but as we, in our society, sit on chairs for most of our lives and do not squat in our everyday lives it may not be the optimal position for us to give birth.
Hope this clarifies some of your queries.
yours
Jane Evans

Dear Jane,
Thanks very much for the explanation. None of this seems to be very well-known in the world at large – my most recent copy of Sheila Kitzinger's "New Pregnancy & Childbirth", published last year, recommends it as a pre-natal exercise without any reservations. As for the world of yoga, all the yoga books I have consulted (about a dozen) specifically recommend squatting as a pose for pregnancy and, while most do say to avoid it in the case of haemorrhoids and vulval varicosities, one book by a very high authority (Geetal yengar) actually describes it as beneficial for bleeding piles! I am sounding out the yoga community about it at the moment to see if anyone has any knowledge/experience of this and will let you know if anything interesting emerges from this source.

On a personal level, I have to admit that I myself have never felt inclined to squat during labour or birth, so perhaps my body instinctively knows that it is not the right position for me. Or maybe it's just that my legs get too wobbly in that position ...

Anyway, thanks very much for the reply. I'm afraid I did not get the chance to hear Jean speak in Edinburgh but have in the meantime read quite a lot of her views on the Web. The Fetal Positioning aspect is especially interesting. However, while I think her opinions should be made more widely known, I have a slight fear that they might at some point be abused or misinterpreted by the powers-that-be as an excuse to force labouring women onto their backs again! Hope not.

Kind regards,
Gwyneth Little

Gwyneth
How do you think 'they' will use Jean’s work to force women onto their backs? I'm puzzled
yours
Jane

Jane,
Obviously I'm more cynical than you. By "they" I mean hospital staff, who in my experience nearly always prefer to have mums on their backs during labour, for the midwives' convenience, and might be happy to use any excuse to keep them there. If they get hold of the idea that squatting may not be an optimal birthing position for most Western women because it locks the pelvis in an unfavourable position and stops the woman responding to the fetal ejection reflex, they just might go further and misinterpret (or choose to misinterpret) that as meaning that it is not a suitable position at all for any woman.

In my experience, staff who are set in their ways will make strange claims to justify their routine practices – during my second labour the midwife tried to enlist my husband's support in persuading me to abandon the birthing position I had chosen (on hands and knees) because it was "inconvenient and unhygienic"! On several occasions in hospital I have been told that I had to lie flat on my back while the belt monitor was attached as this was "the only way to get a reliable reading". On each occasion that I actually submitted to this I always had to let them know that I wanted to get up and about again, otherwise they would just have let me lie there for the duration.

So I suppose my thinking was, if a big question mark was raised over squatting as a birthing position, it might just be the death knell for it, which would reduce options for labouring women (particularly if attended by the type of midwife I mentioned above).

These days the particular sometimes does get extended to the general. For instance, the fact that certain women (those with symphysis pubis dysfunction) should not practise wide-leg yoga poses now seems increasingly to be taken to mean that these poses are risky for all pregnant women, and I have even heard it suggested that such poses might cause the condition. This is odd because in yoga circles such poses are specifically recommended, almost reserved, for pregnancy. And, for whatever reason, I personally suffered no SPD in my last pregnancy (doing wide-leg poses and squatting daily) whereas I had experienced it in my second, and most particularly in my third, pregnancy.

Anyway, sorry to have baffled you. I'm sure my scenario is very far-fetched and could only occur to a pregnant woman with previous bad experiences of hospital midwifery.

Best wishes,
Gwyneth

Dear Gwyneth,
I think it will be VERY important to qualify that the natural upright position which most women in western society will adopt in labour will be kneeling forwards at the same time as warning about possible disadvantages of squatting.

Keep up the good work challenging these things. Have you been on www.onemotheronemidwife.org.uk to look at proposals of a possible way of practicing ?
yours
Jane

Dear Nadine,
I'm quite happy for you to use my comments. In the interim, I have had more correspondence with Jane on the matter and can give the gist of that below. I have also spoken at length about it with my yoga teacher, who is one of the most senior Iyengar yoga teachers in Scotland.

First, I expressed my concern to Jane that because Jean Sutton had found that squatting was not the optimal birthing position for most Western women, what might happen was that more women might find

themselves flat on their backs again during labour since this is the position that most hospital staff seem to prefer and might use any excuse to impose. I quoted my own experience of staff who are rather set in their ways making strange claims to justify their routine practices – during my second labour the midwife tried (in vain) to enlist my husband's support in persuading me to abandon the birthing position I had instinctively chosen (on hands and knees) because it was "inconvenient and unhygienic"! I also recall that on several occasions in hospital I was told that I had to lie flat on my back while the belt monitor was attached as this was "the only way to get a reliable reading". On each occasion that I actually submitted to this I always had to let them know that I wanted to get up and about again, otherwise they would just have let me lie there for the duration.

Jane agreed that it would be "VERY important to qualify that the natural upright position which most women in western society will adopt in labour will be kneeling forwards at the same time as warning about possible disadvantages of squatting." I can have no dispute with that since, on a personal level, this is the birthing position I have chosen instinctively on the three occasions when I was left to my own devices (I had no choice with the first delivery, which was forceps).

However, again on a personal level, I know several women who have squatted throughout pregnancy and for delivery, and for them it was the most natural thing in the world. So I don't think it would be helpful for us to be too prescriptive about this.

Surely we should be encouraging women to listen to and get to know their own bodies and follow their own instincts, whatever they are. This is of course one of the main points of yoga, not just in pregnancy.

My initial interest in squatting stemmed from the fact that I am fairly small (5'2") and slightly built, and have a history of fairly large babies (No. 3 was 10lbs). As a result, I am naturally interested in maximising the opening of the pelvis during labour, to make life easier for myself and baby. Knowledge dates quickly, I know, but all my research during my last pregnancy suggested that the squatting position might be helpful in labour as it opened the pelvis the most. I therefore felt that I might HAVE to use it, so thought it sensible to practise it in advance. As you know, I found the recommendation in books by Janet Balaskas, who appeared to have based her advice on the work of Michel Odent (who recommended squatting in particular for breech births). So now, in this pregnancy, I face a dilemma, as I really don't know why my waters broke 6 weeks early in my last pregnancy and of course cannot rule out that the situation Jane describes is what happened to me…

From the yoga point of view, every single yoga teacher, yoga book, video and DVD I have consulted recommends the pose for both pregnancy and labour, often describing it as "ideal" in fact. Perhaps the effect of squatting depends on how it is practised - whether in isolation or as part of a wider programme – and whether it is practised correctly, preferably with the guidance of a teacher. On a related issue, I had a long discussion with my yoga teacher about the fact that I had not suffered from symphysis pubis dysfunction during my last pregnancy, despite practising wide-leg poses daily, whereas I had suffered from it during my two previous pregnancies, particularly with my 3rd child. My teacher said that a lot of the poses we practised in the general yoga class had the effect of strengthening the pelvic floor and stabilising the pelvis, even if this was not their primary aim. It may be that a general yoga programme that works on the whole body, strengthening the legs and stabilising the whole skeletal structure, also helps against SPD.

Returning to squatting, I think we may also have to be quite precise about what constitutes "deep squatting" – presumably only the more extreme, forced, pose used as a pre-natal exercise or in yoga (although in fact no yoga pose should ever be forced but kept within the comfort zone). Again on a personal level, I have now become aware of how often I actually squat in everyday life, and it is quite frequently – for example, whenever wanting to make eye-to-eye contact with my knee-high toddler or when picking things up off the floor (a very frequent occurrence with a toddler in the house!). I can only imagine this becoming more frequent and/or essential as my bump gets bigger, and I don't think we want to make pregnant mums unnecessarily anxious about making such everyday movements.

Kind regards,
Gwyneth

Dear Gwyneth

Thank you so much for taking the time and trouble to follow this up. I couldn't agree more that what the woman instinctively feels like doing should override anything we think – I say this many times in my yoga for pregnancy groups and really encourage women to listen to their own bodies and not to me. All you say makes for a fascinating and helpful discussion doesn't it. The one other thing I would put in the pot, is that the small NCT study done some years ago found that women who had least tears and damage to their perineums, were those women who gave birth on all fours, or leaning forwards and those who had most tears were those who gave birth semi-reclining and in deep squats. There may of course be different reasons for this and the study undoubtedly included women who were unused to squatting in every day life. On at least two or three occasions when I have been with women in labour, a woman has needed to squat low down during labour in order to help her baby move down - but these women actually gave birth in forward kneeling positions. So much we don't know – so much to be humble about. Many, many thanks again.

Very warm wishes
Nadine

"Community Birth Services Celebrating pregnancy, birth and babies"

While attending conferences, giving talks, meeting birth educators and midwives, and giving a workshop in New Zealand and Australia last summer, Nadine and Lee met fellow childbirth educator and activists, Aileen, Therese and Ginette. Aileen is employed as a childbirth educator at Community Birth Services (CBS) near Wellington in New Zealand. CBS is a Government funded project for women and families, which Aileen describes below. Therese, is a birth activist and Trustee of CBS, and Ginette, is also a birth activist and Trustee of CBS. Nadine and Lee were very impressed to hear about CBS and all its work with parents and babies around the childbearing period. We therefore asked Aileen if we could publish a piece about CBS, telling us about what it provides and how it runs. We thought our readers would find this both interesting and inspiring as it is the sort of thing that the BRC aspires to. We have maintained links with Aileen, Therese and Ginette and if you are ever in the fortunate position of being anywhere near Wellington, we are sure that they would be delighted to meet with you.

From left to right: Therese, Ginette, Lee, Nadine and Aileen

Community Birth Services

Come to the bright, blue house on Church Street where pregnancy, birth and babies are celebrated. It's a welcoming, friendly place to bring your questions and if we don't have the answer we do our best to find out for you.

Our goal is to promote birth as a normal part of life by giving sound information, so that people using the maternity services can feel confident and informed about the options they choose. As part of promoting birth as normal, we encourage families to celebrate this special time. Nurturing a baby begins with nurturing a mother and we offer some different and fun ideas for doing this. For instance, we can show you how to make a belly cast as a lasting memory of pregnancy, you can be pampered with a massage or consult a homoeopath at our special Saturday sessions – and we have more planned!

For first-time parents, negotiating the health system is a new experience and so Community Birth Services is there to help. We answer lots of questions such as: What will my midwife do? Is home birth safe?

How does waterbirth work? Can you help me find a midwife? We can give an overview of the maternity system from pregnancy testing through to the first few weeks with a new baby. We hold free antenatal classes and we have a weekly gathering for those still pregnant and those with new babies. These are both great ways to make new friendships, share practical information and emotional support and to celebrate parenthood.

Community Birth Services also runs Home Birth Aotearoa, a national network of home birth organizations throughout New Zealand. See our Home Birth Aotearoa website, www.homebirth.org.nz.

If you ever happen to be in Palmerston North, you can call into the bright blue house at 496 Church Street, Palmerston North, phone 06 354 6455 or 0800 000 350, or email us on cbirths@clear.net.nz.

"It's hospital policy . . ."

The language of birth can be very disempowering for women, perhaps no more so, argues **Alice Charlwood**, than when a practitioner utters this devastating phrase

After 15 years as an Active Birth teacher, I have heard countless times that a mother was told "It's hospital policy" to explain some birth intervention or postnatal treatment. Yet, I can't think of any other branch of medicine where this remark might be made to a patient.

I know the general public still takes the doctor's word as mostly gospel, but I doubt that patients who ask questions and want more information are brushed off with a curt "it's hospital policy". So where do midwives and obstetricians get off effectively shutting up women who have perfectly legitimate questions or concerns, or want to discuss their options?

So what's going on when those three little words come out? The women get the message: "You have no choice". No wonder that's what so many of them believe. That's where the insecurity and anxiety comes from when they ask: "Do I have to come into hospital if my waters break? Am I allowed to eat in labour? Do I have to be induced? Must my breech baby be born by caesarean? Am I allowed to have my baby at home?"

When questions like these meet with nothing more than an abrupt "It's hospital policy", the woman learns nothing except that she has apparently lost all control over her body and her baby. I know it's difficult to press a point or take issue with an expert, especially one in a white coat, but it still amazes me how meekly most women receive this response. They wouldn't dream of coming back with a "Why?". They hate the idea of 'making a fuss' or being thought 'difficult'. Going against hospital policy is breaking the rules, and with wrong-doing comes the spectre of 'getting into trouble' and other dire consequences.

On giving birth to her second daughter at our local hospital, a woman was given antibiotics in labour but, afterwards, she was told her baby also had to take them for three days because she had been born too quickly. The registrar said that the antibiotics must be given because it was hospital policy. So they were. No one consulted the mother or asked her permission to treat her baby. It was hospital policy, so there!

So I wish to make a plea, especially to midwives. Please stop telling pregnant women and new mothers what they can and cannot do because "it's hospital policy". Hospital policy has been the direct cause of some of the worst developments in medicalised childbirth over the past 100 years, and is still a critical factor in the appallingly low numbers of natural births in hospital.[1] As Wendy Savage once said to me, "What on earth are we doing to women in hospital that so few of them manage to have their babies without complications and intervention?"

Hospital policy sounds synonymous with greater safety but, despite decades of risk-scoring and more hospital-sponsored ultrasound, inductions, augmentations, drugs and birth by extraction of one sort or another, the rates of mortality and of conditions like cerebral palsy remain virtually static.[2]

I know midwives are constantly struggling with staff shortages, but please resist the temptation to fob women off with this "hospital policy" stuff because failure to listen or to take the time to communicate more openly and honestly makes a mockery of woman-centred care, reducing your midwifery to 'Groupthink'. This term, coined in 1972 by Yale psychologist Irving Janis,[3] describes "a mode of thinking that people engage in when they are deeply involved in a cohesive in-group, when the members' strivings for unanimity override their motivation to realistically appraise alternative courses of action." Catastrophes like the Vietnam war and the bombing of Hiroshima are examples of Groupthink, but it can also be seen in the family, workplace or committee—wherever loyalty to a team, organisation or system leads to tunnel vision and a lot of pressure to conform, making concurrence seem more important than the merit of what is being proposed.

> ***'Failure to listen, or take the time to communicate more openly and honestly makes a mockery of woman-centred care and simply reduces your 'midwifery' to Groupthink'***

Although not all bad decisions are down to Groupthink, and not all cases of it end badly, for women who give birth in hospitals, there needs to be more communication, more questioning, more freedom to dissent from 'hospital policy'. We need midwives who can facilitate more, and impose solutions less.

Trust the women—they'll ask all the right questions if you let them. Empower them with information, encouragement and self-confidence, and these qualities will probably start to feed back to you—so there will be fewer demoralised, frustrated and unhappy midwives leaving the profession because they feel so badly compromised in the way they work.

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Editor's note: *Women are often told they must do something because it is hospital policy when, in fact, it isn't. Any woman who is told this should insist on seeing a written copy of the policy immediately—and if you get one, please send a copy to AIMS.*

More on Vitamin K

You may remember that in our last issue there was some debate about Vitamin K. After much research and deliberation, my partner and I decided against the administration of vitamin K to our third child. I told my community midwives and it was entered in my notes. Toward the end of my pregnancy, I was asked if I would be prepared to receive a phone call from a paediatrician to talk over my decision. I was assured that I would not be pressurised and that it would be to answer any queries I might have, and was just routine, etc, etc… Although I was sceptical, I agreed and re-read the AIMS publication, "Vitamin K and the Newborn" to ensure I was fully prepared.

I am sure the paediatrician I spoke to was a perfectly nice person, but I felt upset and angry after our conversation. Initially, I was informed that it was Lothian Health Board's policy that all newborns receive vitamin K. I replied that although I understood this, it was not my policy and not my choice. I was then subjected to a lengthy description of HDN (haemorrhagic disease of the newborn – the condition which the routine administration of vitamin K is aimed at preventing), how the paediatrician had seen cases of it and how dreadful it was. He told me that I was taking an unnecessary risk, and I used this as an opportunity to speak about risk and responsibility from a parental point of view, which eventually brought the call to an end.

I was aware that I sounded calm and confident while on the phone, however afterwards I was upset, angry and questioning the decision my husband and I had made. Fortunately, at this point my community midwife phoned and quickly learned how I was feeling. She encouraged me to stick with our decision, saying it was well thought out and a "good" choice. She helped me see that the paediatrician was looking at vitamin K purely from a medical perspective and not from a social one.

This settled the matter and all was well until Gabriel was born. Although born at home without drugs or intervention, he got stuck during second stage of my labour and did not breathe for a while after he was born. We transferred into hospital where he was judged to be well, but we then realised that it was assumed we would be staying inovernight. Unfortunately, I had received little care or consideration since arriving in hospital and became very distressed at the idea of remaining without the support of my family and friends. We asked to see a paediatrician, saying that we intended to leave hospital, and again we were given the vitamin K "talk". In hindsight we should have said we would speak to our community midwives the following day, but I was distressed and exhausted, so we gave in and Gabriel received the vitamin K injection.

Interestingly, at an antenatal check-up I said I had a couple of breastfeeding questions to ask, and was told I needed to be quick as they (the midwives) didn't have much time. I was quite surprised at this given the amount of time devoted to the vitamin K issue. Surely the short and long term benefits of breastfeeding far outweigh the short term risks of HDN. It seems to me that someone, somewhere has got their priorities all wrong!

Jane Crewe, September 2005

Reprinted from the AIMS Journal

Water birth
Changing Attitudes

Avril Nicoll, Kirstin Hoggins and Phyllis Winters reflect on the process of change undergone by the midwives at Montrose community maternity unit where waterbirth is now more than a choice.

On Tuesday 14th September 2004 a workshop part-funded by Edinburgh AIMS was the last part of the journey to waterbirth at Montrose maternity unit.

And what an effect it had! The pool passed final checks on 28th September and only two days later little Cara Davie became the first baby to arrive in it. Midwives from the team of 9.8 whole time equivalents were even offering to come in on days off if there was the prospect of being at a waterbirth. Speaking about these early waterbirths the midwives were noticeably moved, and the word "beautiful" continues to be used more than any other when describing them. The pool has proved so popular that, in 2005 at this standalone community maternity unit, 57% of the 156 women had a waterbirth – 45% of them first time mothers - and 111 women used the pool during labour. No woman has ever been asked to leave the pool because the midwife was not confident.

It is sometimes difficult to remember that, when the idea of a birthing pool was first suggested to the midwives during the Keep MUM (a maternity unit in Montrose) campaign of 2000-01, this was greeted with everything from a wry smile to reassurances that women might want it for labour but certainly not for birth. But in citing data from the Edgware Birth Centre (Saunders et al., 2000) which showed such good outcomes - including very low episiotomy rates with no increase in perineal tears – the campaign began the 'drip, drip' that the midwives would ultimately turn into a flood.

Following a disastrous year in 2002 when only 21% of local women gave birth in the unit, Montrose midwives bit the bullet and in 2003 raised this to an unprecedented 49%. The changes they had made included better antenatal preparation for understanding and coping with pain in labour, a more proactive approach to getting 'low risk' women to choose Montrose and providing an environment where active birth was encouraged and supported. As the date for a proposed shift to a new building moved ever further away, it seemed that other units in Tayside would get birthing pools before Montrose. With typical determination, the then lead midwife secured primary care trust funding for a birthing pool and the team fundraised for the substantial costs of a structural engineer and installing a raised, reinforced floor.

Being familiar with disappointing levels of use elsewhere (see for example Campbell-Smith, 2002), user representatives on the Angus Maternity Services Liaison Committee were determined

that this birthing pool was going to be used for birth right from the start. This meant we needed to have a study day that most of Montrose midwives could attend and that would be presented by midwives who are present at waterbirths day in, day out. There are plenty of books and articles on waterbirths (see for example Balaskas, 2004). We wanted to use the opportunity of a study day to hear directly from midwives who would inspire with their clinical experience and confidence in the process.

Through the Birth Centre Network UK, Avril had seen contributions from Jayne Shepherd, a midwife at the Jubilee Birth Centre in Cottingham near Hull. They were having 300 births a year, 150 of them waterbirths. Avril was also interested to see their very impressive data on physiological third stages as this just didn't happen at Montrose; there was "no demand for it". Jayne and her colleague Karen Bradbury agreed to come and speak. The brief was for a very practical session with lots of case examples that included descriptions of physiological third stages and set waterbirth within the context of a midwife-led, woman-centred service.

Jayne and Karen exuded confidence around waterbirth. Both are great storytellers, and we felt as if we were present at many births, with our understanding of 'normality' extended. They perfectly captured the itch of midwives to be hands on and doing - and said that, in getting used to waterbirth, it can help to sit on your hands. They got across the strangeness of seeing a healthily blue baby with its eyes wide open. Circulation appears to be slower to establish following a waterbirth and babies commonly take longer to 'pink up' despite being in perfect health. Their bluish colour may be a cause for concern in birth out of water but, for waterbirth, Jayne and Karen got across the normality of seeing a healthy baby with a bluish tinge, fully alert, looking around the room. They also conveyed the peace and beauty of waterbirth, where women instinctively shift into positions that would be impossible on dry land, and where they or their partners raise the baby gently to the surface. During a powerpoint presentation of stills from a waterbirth, you could have heard a pin drop.

The happy scene after Cara's waterbirth in Montrose.

The Montrose venue was free, and speaker fees and costs were covered by generous donations from AIMS Edinburgh and from Dundee University School of Nursing and Midwifery which received 10 places on the course. We put out a flyer to other areas and met remaining costs through a small charge for those midwives and health visitors who responded. The Professional Development Midwife for Tayside took overall responsibility, and midwives and user representatives participated in the planning.

Those attending were asked to put their feelings about waterbirth on a Post-it® note and stick it on the wall. Most were "curious" and "excited", but some betrayed real fear. Avril started off, as a representative of AIMS, by explaining the background to the study day, outlining what we hoped to achieve, and introducing Jayne and Karen. Then and throughout the day, it was clear that some of those attending were surprised by the level of strategic user involvement in what happens at Montrose.

In amongst this Jayne and Karen also touched on the process of change they had gone through at their unit, which used to be consultant-led. They stressed the need for good data collection, audit and reflection, and for forwarding statistics to research midwife Ethel Burns for inclusion in her International Collaboration (see www.sheilakitzinger.com/WaterBirth_Collab. htm, accessed 10 January, 2006). With the focus squarely on the practical, they talked us through decision making in cases such as an undiagnosed breech where the woman continued her labour and gave birth at the Jubilee while the protocol is for intrapartum transfer to a consultant unit. They also gave examples of different physiological third stages, as they have found routine active management of the third stage particularly jars with the flow of a waterbirth. These scenarios are far removed from the daily practice of many midwives, so it is not surprising that they made some of the delegates uncomfortable.

Afternoon workshops were around care and cleaning of the pool, guidelines for labour and birth, dealing with emergencies,

and antenatal preparation. As with the earlier Post-it® notes, some of those attending betrayed real fear of waterbirth through a concentration on "risks". For them we have to hope their choosing to come means that deep down they are advocates for normality – and that it started the drip feed of positive stories that will eventually enable them to be advocates for waterbirth.

Around the time of the study day, midwives and user representatives from across Tayside also developed guidelines for waterbirth and a leaflet based around the questions women were asking. Like the feedback from the study day this process was overwhelmingly positive but also exposed the fears and need for control that some midwives have to confront in the transition to woman-centred care and its associated improved outcomes.

With well over half of births now waterbirths, a third of women having physiological third stages and an episiotomy rate of 2%, Montrose midwives provide a startling example of how this can be achieved in a relatively short space of time, within the NHS, and at a standalone community maternity unit 30-45 miles from the nearest consultant units. Their turnaround has been recognised locally with very few 'low risk' women choosing to go to a consultant unit for birth and nationally with the presentation of the 2005 Royal College of Midwives' 'Promotion of Normality' award.

The waterbirth study day stands out in our minds for the way it confirmed the Montrose midwives on their chosen path, but Avril also remembers that day because she saw the band Rush on their 30th anniversary tour. It is doubtful that lyricist Neil Peart had waterbirth on his mind when he penned these lyrics, but they seem fitting:

"When the waters rose
In the darkness
In the wake of the endless flood
It flowed into our memory
It flowed into our blood –

When something broke the surface
Just to see the starry dome –
We still feel that relation
When the water takes us home"
(From 'High Water' by Neil Peart, 1987)

Avril Nicoll is a former user representative on the Angus Maternity Services Liaison Committee, and Kirstin Hoggins is its lay chair. Phyllis Winters is midwifery team leader at Montrose Community Maternity Unit. Angus has two community maternity units, one in Montrose and one in Arbroath (www.birthinangus.org.uk). Arbroath is fundraising for a birthing pool and installation costs. The Jubilee Birth Centre, Cottingham near Hull, has a website at: www.hey.nhs.uk/jbc.

Acknowledgements
Nadine Edwards and AIMS Edinburgh for moral and financial support, Dundee University School of Nursing and Midwifery, Jayne Shepherd and Karen Bradbury for their inspiration, and the fantastic midwives at Montrose for making waterbirth more than a choice.

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Elective Caesarean sections: an ongoing debate

On 5/3/06 The Observer published a report by Jo Revill arguing that elective caesarean operations should be an encouraged choice for all pregnant women, regardless of medical or other indications that one might be necessary or not. The following letters, one prompted by the Observer article and the other by that response, show how complex this issue is. The seeming certainties of the original article are in fact a very personal opinion formed in the context of the writer's life and experience, as all opinions are, including the two printed below. No matter how seductive an argument might appear we must remind ourselves that birth choices are personal choices.

Lesley has explored these issues from the baby's point of view, as she has worked with babies for many years, and has done a great deal to increase awareness of babies' experiences of early life. Helen has worked as a midwife for many years and has experience of both the unnecessary and necessary use of caesarean section. She reminds us to remember those women and babies who were unable to avoid a caesarean section. We hope that the following articles may promote further debate, and we would be pleased to hear your views.

Letter to the Observer

A VOICE FOR BABIES
ELECTIVE CAESAREANS
Response to a special report the Observer 05.03.06 entitled „Why Mothers Should Be Offered Caesareans"

In the article "Why Mothers Should be Offered Caesareans" 05.03.06, Jo Revill did not consider the crucial functions of birth as nature has designed it, nor did she mention the baby's experience. Birth is much more than a mechanical process for getting the baby out. It is important to look at the baby's experience.

I have worked for many years, with issues arising from birth, in babies, children and adults. Babies born by elective C section are usually docile, unresponsive and quiet . Their eyes are often glazed and their whole system can be flat, having not had the natural 'jump start' that labour is designed to give. These babies seem to have not really 'arrived' in the world.
For the baby born by elective C Section an important step in development has been missed. This can affect the child's physical, mental and emotional health. Without treatment, it can set a pattern for life.

ELECTIVE CAESAREAN SECTION
the baby's experience

PHYSICAL EFFECT
– The experience is one of rapid decompression, sudden extraction and shock. (It takes just 38 seconds for a baby to be brought from the womb in this way)
– The baby does not experience the natural contractions of labour to trigger the healthy functioning of the respiratory system, the digestive system, the circulatory system and the craniosacral system.

– Without the squeezing and stretching of labour, the baby may lack muscle tone and have a flat and under-reactive system
– Elective caesarean babies can show an abnormally low response to stress and may have a low pain response

Recent research suggests that when these babies grow older, they may be more susceptible to ME. and Post Traumatic Stress.

EFFECT ON BONDING AND LOVE
– deprived of the whole body stimulation of labour, the baby may not be fully present and can have poor eye contact
– C Section babies can suffer from anaesthesia which affects the baby's attachment and rooting responses, making bonding and feeding difficult
– Separation from the mother during and immediately after birth disturbs bonding, affecting attachment patterns
– with no natural release of love hormones to support bonding, the roots of loving and relating can be disturbed

PSYCHOLOGICAL EFFECT
– The baby is not yet ready to be born as an elective C Section takes place before the due date.
– The experience of a vaginal delivery is an important step in development. This natural sequence is interrupted and incomplete for a caesarean baby.
– The baby has not experienced struggle and achievement, the empowerment of birth

Typical behavioural patterns which may emerge later, can include interrupting, feeling interrupted, letting others take over a sense of powerlessness and low self esteem lack of clear boundaries, difficulty protecting own boundaries not being able to complete things without help relying on others to rescue or solve problems

THE PHYSIOLOGY OF BIRTH
Birth is not social, it is not medical, Birth is designed by nature to be a private process, a woman's process.
When we study the physiology of birth, it is clear that labour is meant to be a private experience.
The recent fashion of contriving to make birth into a social event often inhibits the natural process of labour, by blocking the action of oxytocin, the hormone that stimulates contractions, and by stimulating the mother's neocortex.

What helps the natural process?
For labour to progress easily, the birthing mother needs to reduce the activity of her neocortex. This means she needs to feel safe, secure and warm, to be in natural or dim light, not to talk and above all, not to feel observed.
The hormone Oxytocin which stimulates contractions, is inhibited by Adrenalin which is the hormone of the flight and fight response. Not only must the woman in labour be protected from feeling fearful, she must not be in the presence of others who are releasing adrenalin.
The anxious husband, trying to support his wife by being present for the birth, is actually doing her no favour. His adrenalin inhibits the birth. This is why in many traditional cultures the labouring woman has only the calm, quiet, presence of an experienced mother.

WHY NATURE HAS IT RIGHT
A natural healthy labour has many subtle and important functions, that prepare the baby for life, physically, mentally, emotionally and spiritually.

PHYSICAL- labour stimulates the whole of the body structure, toning the muscles, stimulating the skin and priming all the body systems for life in air.

MENTAL- labour is an opportunity for mother and baby to cooperate and work together. The struggle and achievement of birth empowers the baby, setting a positive pattern for how the child will cope with major changes and challenges in life.

EMOTIONAL and SPIRITUAL- the contractions of labour are designed to bring the baby into body and to stimulate a heightened awareness. Through eye contact, skin contact, and the release of a cocktail of love hormones, a bond of love and trust is established between mother and baby. This primary relationship sets the foundation for all future relationships.

For babies and for the future of humanity, let us support the natural physiology of birth and keep Caesarean sections for emergencies and medical reasons only.

yours sincerely
Lesley Downie BSc. DCST

In response to Lesley
Over the years I have worked consistently to support women in their decision-making regarding choice of place and type of birth. I have seen the caesarean section rate rise incrementally each year. It would seem we are powerless to stop this tidal wave of institutionalised, interventionist birth practices. Midwives themselves are losing the skills [and sometimes the will] to be with women, as the pressures on throughput in ever-larger labour wards necessitate a seemingly business-like, detached approach to caring for women in labour.
I did not read the article in the Observer but can well imagine the content - in that women must have the right to choose what is after all said to be, a routine, safe and convenient way to have a baby. My question is, however – is it?

In my career I must have witnessed hundreds if not more caesarean sections. Earlier in my career I used to be scrub midwife in theatre, passing the instruments to the doctor if a woman required a caesarean. If we didn't scrub in, then we 'took' the baby, checked it over then passed her/him to the mother, once reassured that baby was fit and well. This used to be a routine part of our role. Despite my drive and conviction to support and facilitate normal birth, I recognised my need to be trained and skilled to help assist when women did go on to need an emergency caesarean section for whatever reason. Women said they found this reassuring as the midwife attending in labour accompanied her to theatre and, despite the scary mask and gown, could still hear her comforting and supportive voice. For my part, I felt we were in this together and we both had to see it through, making it as positive an experience as possible under what were often fraught circumstances.

These days theatre staff (wo)man the theatre and less midwives scrub in. During an elective (chosen) caesarean the woman is more likely to be met by total strangers once she enters the theatre and is likely to be operated on not by her consultant or the doctor with whom she made the decision but by whoever the surgeon is, who is on for theatre that day.

Later in my career I learned to assist at caesarean section as part of a developing role as an 'advanced midwife practitioner (AMP). By this time I was ever more vociferous about women's choice and decision making and made no secret of my commit-

ment towards supporting and promoting normal birth. Nevertheless I have to confess to a sense of satisfaction and pride when I was able to help women in theatre to feel less scared and was able to follow through by seeing them after the operation. With my comprehensive knowledge around women, birth and anatomy my role as first assistant made me a reliable help, unlike the often anxious junior doctor in training, who was far less likely to engage with women in the way that I could.

Where I was less comfortable was when I found myself assisting at an elective caesarean section where there was no other indication than convenience. The mother and her husband were to my right and shielded from the open abdomen by the green drape. They didn't see what I saw as the doctor struggled to get the baby's head free from the pelvis. As her hands delved ever deeper into the mother's abdomen, beads of sweat appeared on her brow. I applied pressure to the top of the uterus and I could feel my heart pounding. The baby must come out and soon. Blood trickled steadily and secretively over the drapes and down into my boots. I felt very scared and knew at that moment how the mother and baby's lives were quite literally hanging in the balance. The baby was finally freed. We had quietly summoned the paediatrician, and mercifully baby showed all the signs of being a healthy and robust little boy. The doctor proceeded to repair the uterus and the crisis passed.

I then felt very angry as the husband innocently told his wife that they must do this again as it was all so easy and convenient. They did not see what we saw. He did not know that for a brief moment, a split second, he could have lost his partner and his unborn child.

This account is not the first and almost certainly won't be the last time I see what can occur in theatre during a "routine operative delivery". Routine does not equal safe. It is true that most times women recover well, and remarkably are often home again after just a short hospital stay. But women and their partners should never lose sight of the risks women do undergo when they consent to birthing 'under the knife'.

Then we all know there are those women who have no choice but to have caesarean section sometimes either for herself or her baby. Any midwife whether NHS or independent will tell you how grateful she is when she is able to assist a women to the theatre when a baby is showing clear signs of being distressed and the birth is not imminent, or where the placenta is lying over the cervical opening for example and the woman has started to bleed painlessly and uncontrollably.

I wouldn't want Lesley's observations of babies born by Caesarean section to undermine these women even further.

Lesley's observations of the problems babies have are interesting and thought provoking, but can we know at present if these are solely as a direct result of being caesarean born, or if they result from a multitude of other possibilities relating to the unique circumstances of that particular baby in the context of his/her unique family unit? I am concerned that women who have made the decision to have a caesarean for whatever reason should not then be led in to believing that their baby may forever be damaged. I cannot subscribe to this as I have too many experiences over 20 years of seeing well and healthy children flourish even after a shaky and not always normal straightforward entry onto the world.

I do not believe caesarean birth is either easy or ultimately safer for a baby, but at times it may be necessary, when the risks of not performing caesarean section are outweighed by the risks of doing nothing. But what we are discussing here is the elective, chosen caesarean section. I would urge all women to consider the risks so carefully when considering an elective operative birth. It is not the easy option despite the routine-ness of it. Don't be fooled by those who might make you believe otherwise. Remember, the obstetrician who makes light of elective caesarean birth is most likely the one who has very little experience of normal birth and will not have experienced the wonder and beauty of a woman who finds her power, and births her baby with minimal intervention and maximum support.

Helen Shallow
Consultant Midwife

Editor's note:
You may be interested in a very relevant chapter called Should Doctors Perform Caesarean for 'Informed Choice' Alone?; by S. Bewley & J. Cockburn in "Informed Choice in Maternity Care" Mavis Kirkham (editor) Palgrave Macmillan ISBN 033399843x

The updated "Caesarean Birth in Britain", first published in 1993, has just been updated and published.
Caesarean Birth in Britain: Helen Churchill, Wendy Savage and Colin Francome Middlesex University Press 2006
There are several articles referring to this book, including an interview with obstetrician Wendy Savage, on the Guardian website. Search "Wendy Savage" at www.SocietyGuardian/health

If you would like to read the Observer article mentioned at the beginning of this piece see:
www.observer.guardian.co.uk/uk_news/story/O,,1723773,00.html

Editor Needed

We are looking for a new editor for Birth and Beyond as Lyssa is stepping down from her role as main editor.
We would like a person with enthusiasm, good literary and communication skills and some knowledge of birth issues to take on this voluntary role.
The journal is produced three times each year to coincide with each term, usually April, August and January.
The editorial team (Lee, Lyssa, Andrea and Nadine) will continue to support the main editor.

Do contact us on 0131 229 3667 if you are interested.

CO - ORDINATOR VACANCY

We are looking for an enthusiastic and reliable person to be our new BRC co-ordinator. The co-ordinator is central to the running of the BRC and the job involves working closely with the Directors, dealing with enquiries, liaising with class facilitators and taking bookings. A commitment to the aims and philosophy of the BRC is essential, and you will need access to a PC and a telephone.

Please contact us on 0131 229 3667 for a more information, full job description, application form and a copy of the BRC principles.

We look forward to hearing from you

Fundraising thanks

Several fund raising activites have helped the Centre over the last few months. Thank you to Clare Bruce for organising the successful sponsored sing, and thank you again to Felicitas MacFie for enabling us to raise funds and also for the use of her home for a social evening.

The Women's Fund, part of the Scottish Community Fund has enabled us to buy a much needed computer.

The Bruce Trust has made a generous and welcome donation to us.

Finally, thank you to **everyone** who has made donations of money, books, equipment and other items to the BRC.

Thank you.

Be Happy with Real Nappies

Parents living in Edinburgh are being offered a free trial pack of reusable nappies worth £40 or £30 cashback incentive.

This incentive is towards either their first purchase of reusable nappies or the use of a laundry service. By using real nappies, you are helping to reduce the eight million disposable nappies used every day in the UK, most of which go to landfill.

For more information or an application form contact LEEP on 0131 5385381 or email : realnappies@leep.org.uk

ANOTHER EVENT AT THE BRC

A new website for the Baby Project will be launched on Friday 26th May at 7.30pm at BRC championing the baby's experience, offering information and inspiration for parents, mid-wives, ante-natal teachers, health practitioners, world workers. (Phone BRC to check for details)

www.avoiceforbabies.co.uk

By helping babies to heal we can help to heal the world

love and respect can transform the culture of fear when we nourish the roots of love at the beginning of life, bring reverence for life back into birth, welcome and listen to babies, remember our connected-ness, celebrate our differences, and honour the sacred in all life.

THE ROOTS OF LOVE The foundation of peace and sustainability is the capacity to love ourselves, each other and the world. To transform the culture of fear and violence, we need to nourish the roots of love from the very beginning of life.

By honouring the natural processes of conception, gestation and birth, and nurturing the bond between mother and baby, we support the first relationship as a basis for all future relationships.

By offering babies the support they need to resolve trauma and early difficulties, and to complete or repat-tern their birth, we give them the opportunity to heal and to reach their full potential.

By letting babies know they are welcome and accepted just as they are, with all of their feelings, we help them to be loving and true to themselves as they grow and relate in the world.

By acknowledging and owning our own feelings and transforming our own primal patterns, we can change how we relate to ourselves, to the world and to our children.

By watching, listening and learning from babies, we can rediscover who we really are, and remember our connectedness to all that is.

Baby-Shiatsu

When I ask people why they choose to come to baby-shiatsu classes, I get a wide range of responses: some say they want to meet other parents with young babies; some want support in handling, soothing and bonding with their infant through touch; some are looking for complementary, non-invasive ways of looking after their child; and others have tried baby massage with their first, and now want to try the Oriental shiatsu approach.

Tamsin leads a Baby-shiatsu class at the Birth Resource Centre.

Tamsin explains a shiatsu technique.

Shiatsu is a form of Japanese body work, often called acupressure massage, and likened to acupuncture without the needles! Actually it is more than that, incorporating stretches and pressure points into a whole body massage that is given to adults on top of clothing. Shiatsu practitioners believe that our energy *(ki)* can be accessed through the meridian channels that run all over the body, via acupressure points. We aim to balance this energy system, believing that physical and emotional symptoms are manifestations of imbalances that can be highlighted through touch, and potentially alleviated as the receiver grows in awareness of the relevant areas.

What happens in the baby-shiatsu courses? At the first class I introduce myself, Shiatsu, and give participants a chance to talk about their baby, the birth, and what they are hoping to get out of the sessions. We start to learn a basic routine, stroking with oil directly onto the skin around the abdominal area (*hara* in Shiatsu terms), up the *yin* meridians and down the *yang* ones. As the weeks go by I introduce more and more of the routine and points, adding both active and quieter techniques, for stimulating or relaxing the babies, and covering hands, feet, face and head as well as front and back. Although we like to use the gentle and safe sweet almond oil to moisturise the skin and ensure smooth strokes, baby-shiatsu can be performed on top of clothing if that is preferred.

Babies of different ages have come along to the class, right from tiny new-borns to those who are starting to roll and sit-up unaided. Giving shiatsu to mobile babies is covered in a separate course so that parents can either continue developing what they have learned in baby-shiatsu, or start when the baby is older.

Like shiatsu for adults, baby-shiatsu is useful for promoting well-being and preventing ill-health. However, babies with their hips in plaster, babies who are under-weight, babies with digestive and sleep issues, and lethargic babies have all benefited from classes over the years. All babies are welcome. Immunisations are commonly performed at this age and baby-shiatsu is helpful in soothing. By contacting the energy in your baby's body through massage you can often get a clearer picture of how they are, as well as helping them with issues that may arise. We look at how to deal with basic ailments (ear infections, colic, constipation etc.) using the therapeutic shiatsu techniques, and at dealing with crises which inevitably happen at some time during the early months.

During classes, attention is paid to the comfort of the parent while they are massaging. We always start with a few deep and centring breaths. We experiment with different positions to massage the baby in, how to manage with a caesarean scar, and how to protect and strengthen your back at the same time as treating the baby.

In the past, mums, dads, aunties and carers have come along with babies to the class. Everyone is welcome. Some people practice the routine daily and others when they have the time. It can be useful after a bath to aid sleep, it can be good before a feed as massage stimulates the appetite, and it can be a lovely way to play together through movement and touch.

In the longer term, infant massage has been shown to improve brain development, healthy relationships, and can pave the way for a life-long enjoyment of the body. The stretches encourage healthy joints and muscles, the points can be used for first aid and overall vitality, and the strokes can help with bi-lateral rolling and cross-patterning.

The idea that prevention is better than cure, and that the immune system is strengthened by non-invasive methods of dealing with illness, are gaining in popularity. So, for example, pressure points taught in baby-shiatsu classes are effective for teething instead of chemical gels and drops, and abdominal massage and stretches can deal very well with constipation instead of laxatives. There are acupressure points that bring down temperatures, and ones that calm stomach acid. These are some of the ways that baby-shiatsu differs from baby massage.

Tamsin Grainger Member of the Register of The Shiatsu Society (MRSS) and recognised teacher (T)

www.shiatsu.ryoho.co.uk

Louise Blinstone went along to the class with her baby Elliot. She writes: I was keen to do something fun and physical with my baby boy and enrolled in the Birth Resource Centre's Baby Shiatsu class in May 2005. My son Elliot was about 3 months old when we started and both he and I really enjoyed our sessions with Tamsin Grainger. At our first class, she outlined the 5 week programme and provided useful notes so that we could practice what we would be learning at home. In a very relaxed, cozy and happy atmosphere we then learned various Shiatsu massage techniques starting with the tummy, then working up the legs, arms, back and head. It was amazing how responsive all the babies were to the techniques. Grumpy babies would soon be soothed and relaxed and the more they became accustomed to the routine, the more they liked it and relaxed almost from the first touch. I remember that Elliot was not sleeping terribly well at night at the time and Tamsin very kindly gave me some tips for helping this and she was also very sensitive to the moods and needs of the mums in the group. The connection between mother and new born is virtually palpable so helping one, helps the other. All in all it was a most enjoyable experience and Elliot and I enjoyed many Shiatsu sessions at home when the class had finished. I would definitely want to do the course again if we were fortunate enough to have another baby.

Baby Shiatsu Classes are run in pre-paid blocks of 5 weekly classes costing £30 (£15 concession) and are on Thursdays 1.15 - 2.30 pm. To book a place please phone Jenny on 0131 229 3667

You can read an informative interview with Tamsin on line at: www.healthandgoodness.com/babieschildren/babyshiatsu.htm Further information can be found at www.shiatsu.ryoho.co.uk.

Yoga for pregnancy and postnatal Yoga for parents and babies at the Birth Resource Centre. Photos by Vroni Holzmann.

Children from 5 years old
(though younger siblings are welcome to come along too)

Parent and Child Yoga

with Andrea St Clair MYogaScot, MSTAT, MBirthlight

Mondays
April 24, May 8, 15, 29, June 5, 12, 19, 26
4 – 4.45 pm

Special Introductory Cost: £30
for 1 parent and their children, for full series of 8 classes.
Booking Essential
Continuity is helpful so do come along even if you are running late.
Venue: St. Peter's Church Hall, Lutton Place, Edinburgh
More Information and Bookings
Andrea St.Clair, Tel. 0131 229 9035
Andrea@Alexandertech.freeserve.co.uk

Book Review

Having a Great Birth in Australia

edited by David Vernon.
2005 Australian College of Midwives

This books tells us loud and clear that birth is about a having a healthy women, healthy baby and healthy family and that focusing on the baby alone is misguided at best and dangerous at worst. 'A great experience has profound effect on all those touched by birth. It gives immense confidence in all aspects of life, can reduce psychological wounds (such as caused by childhood sexual abuse), and sets up the mother and father to navigate successfully the challenges of parenthood. Conversely, a bad birth experience often causes women to lose self-confidence, makes them more vulnerable to depression and can make parenting a new baby a tremendous chore. It may cause physical and psychological injury that may persist for years, and in some cases may never heal' (page 15).

While a straightforward birth without interventions is safest for most women and babies and is most likely to result in a 'great birth' experience, a 'great birth' can be experienced even when interventions become necessary if the right level of intervention was used at the right time, and the woman feels that she was enabled to give birth her best shot before interventions were suggested, and was supported by a known and trusted midwife.

The twenty birth stories in this book are varied, complex, joyful, tragic, humorous and sad. The strong vital threads that link them together are the honesty, clarity and reflexivity of the women narrating them, the power and long-lasting impact of pregnancy, birth and early parenting on women and their families, the potential for the deeply empowering and healing experiences of a 'great birth' and the deeply disempowering and damaging impact of a traumatic birth, the immensely positive impact of a known and trusted midwife, and the high level of physiological and emotional skills needed by midwives to facilitate 'great births', especially where physiological or emotional barriers threaten to complicate birth.

These stories make it clear that having a 'great birth' depends on knowing that this is a possibility through a close friend or relative. But for most women a positive birth experience occurs serendipitously or not at all. This book seeks to make sure that more women know that birth can be a positive experience. It does not claim that all women can or should have intervention free births, but it does show us that having a known and trusted midwife, who practices holistically can facilitate and help create a safe space in which woman can give birth more easily. It tells us that the impact of an empowering birth is profound, long-lasting and life-enhancing for the woman and her family. But these women also tell us that lack of confidence and autonomy are prevalent and do not melt away during pregnancy. Confidence and a sense of autonomy develop slowly and usually only when nurtured by a skilled midwife who has developed her own confidence and autonomy. 'Slowly I realised that from Jane, there would be no instruction, no birth plan and no memorised exercises. She was just helping to prepare me for my own experience, and it was my own responsibility…. I didn't expect to find the confidence in myself and in my own body that I now know. Perhaps in my heart and my body, I always knew how to have a baby, I just didn't know I knew. So our midwife didn't direct me how, she just showed me that I knew how' (p 62 and 64).

Unusually, there are few examples of questionable practices. The main one is the prevalence of "directed" or "managed" pushing during the baby's birth. This has been accepted practice for so long that it appears to be taking some time for the impressive body of research on the benefits of physiological birthing to filter into mainstream practice.

While this book is about birth in Australia, the same kind of mainstream services that exist there exist in Britain too. They are not meeting families' social needs during pregnancy, birth and early parenthood. The services (Birth Centres, Independent Midwifery Services, 'one-to-one' schemes and home births) that are most likely to meet these needs are too few and far between.

Nadine Edwards

Specialist Recorder Teacher

Also Piano & Clarinet

Playing an instrument is a great way to relax.
The recorder is a beautiful and misunderstood instrument.
It has a purity of sound and sensitivity of expression that I believe is unprecedented. It is perfect for just you, for your child or for learning together with your child.

Rebecca Mackay
For more information
call 0131 229 8323

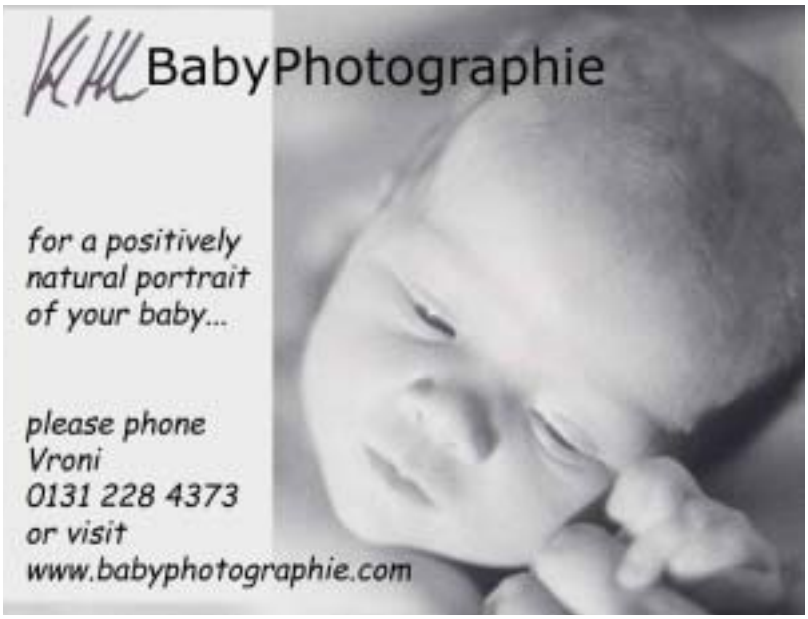
NEW SUPPORT GROUP at the BRC

HOME BIRTH AND BIRTH CHOICES

Lothians Home Birth and Birth Choices Support Group. This new support group will meet on the first Sunday of every month, from 11am -1pm, beginning on 2nd July.

If you have any questions, can't make it along or just want some more information please don't hesitate to contact us.

Kim Bradie
0131 5546620, kimbradie@yahoo.com
Nicola Goodall
0131 4780533,
nicolagoodall@postmaster.co.uk



Notice Board

Waiting Lists / Class Cancellations
When classes are full we keep a waiting list and will contact you when a place becomes available. Please could you let us know if you move house or change phone number so our records are up to date and we can let you know when a place is available. Also very rarely a class might be cancelled due to illness, again we'd like to be sure we can contact you and let you know in good time.

Breastfeeding Support Group
Caron Howden is leaving us as facilitator of the Breastfeeding Support Group. We would like to thank her for her generous and knowledgeable support to women coming along to the group over these last months, and we wish her well in her new job.
The group will continue as an informal self led support group until the summer. In the Autumn term we are delighted that Clare Bartos will be able to run the group as a breastfeeding counsellor/facilitator.

Book Reviews
If you come across an interesting book, journal or other publication let us know the details and we can contact the publisher for a review copy – this is a great way to spread information and we put the books in the library after review.
If you would like to review a particular book for Birth and Beyond please do get in touch with Lyssa 0131 447 3248.

Birth Resource Centre
Volunteers Wanted! If you are interested in becoming involved, contact Jo on **volunteers@birthresourcecentre.org.uk**

Birth Pools
Our birth pool hiring system is being over-hauled and streamlined with new information and literature. We hope to have these available for hire from May. If you are interested in hiring a pool, please phone us for further details.

Balls
The BRC always carries a small stock of the large green birthing balls. Women find these comfortable to sit on in pregnancy, kneel over in labour, and sit and rock their babies on post-natally. We like to make these available at a reasonable cost and therefore only provide a local service. This means that the balls can be sold to BRC users for £18 and others for £20, (cheaper than other sources). Please contact our co-ordinator or any of our group facilitators for details.

Letters Page
Has anything in this issue sparked your interest, raised issues or questions you would like to comment on or discuss. We have a letters page as a place for your thoughts and as a forum for discussion. Letters can be sent to BRC, 40 Leamington Terrace, Edinburgh EH10 4JL marked FAO Birth and Beyond or by email to nadine.e@blueyonder.co.uk.

Useful Contacts

La Leche League (LLL)
LLL provides support and information on all aspects of breastfeeding.
Local contacts for information and breastfeeding support: Caron Howden 01506 414010 (or email:caron@cbahowden.icuklive.co.uk)
Ingrid 01383 731644 (or email: lll_fife@yahoo.co.uk)

24 hour Helpline: connects you through a local advisor 0845 120 2918.

Breastfeeding Support Group (Babies)
2nd Thursday of each month 10:30am –12:30 at the Square Centre, Nicholson Sq.

Birth Resource Center (BRC)
Classes / mail / meetings;
18 St Peter's Place, Edinburgh. EH3 9PH
(Reg Office ; 40 Leamington Terrace, Edinburgh EH10 4JL)
Tel: 0131 229 3667, **www.birthresourcecentre.org.uk**

Sara Wickam Midwife
www.withwoman.co.uk

Post-natal Depression Project
Provides advice, counselling and information on post-natal depression.
Phone: 0131 538 7288 for further details. Drop-in centres;
8A Palmerston Place, West End, Tel: 0131 220 3547
Brunstane Road North, Joppa, Tel: 0131 657 9844

Natural Nurturing Network (NNN)
Bi-monthly newsletter, summer camps and
contact network 0116 288 0844.
NNN, PO Box 5622, Wigston, Leicester, LE 18 2ZA
www.naturalnurturing.org.uk

Birth Pool Hire
AIMS and BRC have birth pools for hire for home or hospital use.
They are simple to assemble, fill and empty. Bookable 2 weeks either side of due date. Phone 229 3667 for further details.

Association for Improvements in Maternity Services (AIMS)
The Association for Improvements in the Maternity Services (AIMS) provides a range of informative, readable booklets on the second and third stages of labour, home birth, water birth, VBAC, induction, breech birth and other topics as well as a lively Quarterly Journal.
For a free Publications List please phone 0131 229 6259.

National Childbirth Trust (NCT)
Breastfeeding Support Line: 0870 444 8708.
General enquiry Line: 0870 444 8707.
For information on local activities, phone the NCT Edinburgh Centre on 0131 668 3257 or visit the website www.nct-edinburgh.freeserve.co.uk
NCT Centre, University Health Service, 5th Floor, 6 Bristo Square, EH8 9AL.

Bumps & Babies Group meets Wednesdays 10.15am-11.45am
at Blackhall Library, Hillhouse Road (on Queensferry Road)
Buses Lothian 41 & 32, SMT 43.
For expectant parents and babies up to 6 months.

Hire of Valley Cushions
(to ease post-birth discomfort when sitting), Liz Goudie 339 3454.

Egnell Breast Pump Hire
Laura Joffe 0131 476 9228, Barbara Smith 0131 449 5734.

Library Books Please

There are a lot of books missing from the Library. We don't have funds to replace them and would really appreciate books being returned when you've finished with them. We are particularly keen for the return of the following books:

Birthing From Within by Pam England –
Ina May's Guide to Childbirth –
Birth Stories by Carolyn Noble –
Pain in Labour by Nicky Wesson –

Please return any books borrowed to 18 St Peter's Place or to 40 Leamington Terrace, by hand, by post or, if transport is difficult and you are busy with your new baby, please phone us and we will happily arrange forsomeone to pick the book up.

!

We also welcome donations of any books and journals you no longer need.

Timetable of BRC Classes April – July 2006

	Monday	Tuesday		Wednesday	Thursday	Friday	Saturday	Sunday
am	**10.00 – 11.15** Baby Music **11.30 – 12.45** Music - up to walking **JACKIE**	**10 – 12** Yoga for Pregnancy **NADINE**	**10 – 11.30** Writing Workshop **YVONNE**	**10.30 – 12.00** Parent Baby Yoga **ANDREA**		**10.30 – 12.00** Breastfeeding Support Group *every Friday* *Toddler group last Friday of each month*	**10.00 – 4.00** Birth Preparation Workshops *20th May* *17th June* **NADINE**	**11.30 – 1.30** Home Birth and Birth Choices Support Group *from July 2nd*
pm	**2.30 – 4 pm** Drop In Sessions	**1.00 – 2.15** Baby Massage **LINDA**		**12.30 – 2.00** Parent Baby yoga **ANDREA**	**1.15 – 2.30 pm** Baby Shiatsu **TAMSIN**			
	7.15 – 9.15 Yoga for Pregnancy **LEE**	**6.30 – 8.30** Yoga for Pregnancy **NADINE**			**6.30 – 8.30** Yoga for Pregnancy **SANDRA**			

OPEN DAY – Raffle Prizes

We would like to express our grateful thanks and appreciation to the many local businesses who have generously donated prizes to the raffle for our Open Day. We hope you will beinspired to attend on 29th April to try and win one of these fabulous gifts – only £1 for a strip oftickets!

Our thanks to: Nippers at Bruntsfield
Napiers at Stockbridge
Luca's at Holy Corner
La Partenope on Dalry Road
Edinburgh Floatarium at Stockbridge
Dominion Cinema at Morningside
Coco at Bruntsfield
Camera Obscura on the Royal Mile
See Saw on Broughton Street

We appreciate your support for the Birth Resource Centre.

Birth Resource Centre

Activity Listings April – July 2006

What	When	Description	Facilitator & Cost
Yoga for Pregnancy with discussion and relaxation	Mondays: 7.15 – 9.15pm Tuesdays: 10.00am – 12.00noon 6.30pm – 8.30pm Thursdays: 6.30 – 8.30pm	A time to 'be' with yourself and your baby, to stretch, release and relax with gentle yoga, followed by an informal discussion of pregnancy and birth related issues.	Led by Nadine Edwards. Lee Seekings-Norman or Sandra Farmer. £40 (£20 concession) for 5 week blocks
Birth Preparation Workshops for women and their birth partners	Saturdays: 10.00am – 4.00pm 20th May 17th June	One day workshops which focus on support during labour, positions, massage and natural birth aids. Please inquire about additional dates.	Led by Nadine Edwards or Lee Seekings-Norman. £60 (£30 concession) for each pair, £80 (£40 concession) for woman and two birth partners.
Parent and Baby Yoga	Wednesdays: 10.30am – 12.00noon & 12.30pm – 2.00pm	Fun, flexibility, ease and calm for both parent & baby! Suitable for babies from newborn to crawling.	Led by Andrea St Clair. £35 (£17.50 concession) for a 5 week block
Baby Massage	Tuesdays : 1.00pm – 2.15pm	Nurture your baby by learning the strokes for baby massage. Please book ahead of time, as these are popular.	Led by Linda Bendle or Julie Owenson. £30 (£15) per 5 week course.
Baby Shiatsu	Thursdays: 1.15pm – 2.30 pm	Applying some Shiatsu principles to working with babies, using oil to gently stroke the meridian channels. Techniques and acupressure points for dealing with colic etc will also be taught.	Led by Tamsin Grainger £30 (£15) per 5 week course.
Baby Music	Mondays: 10.00am– 11.15am (Baby) 11.30am – 12.45pm (up to walking)	Songs, music and fun for babies. These classes are very popular, so please phone before booking.	Led by Jackie Macdonald £25 (£12.50 concession) for 5 week blocks
Writing for Women who don't have Time	Tuesdays: 10.00am – 11.30am	Writing is scary, but it is also a wonderful, liberating tool for self-development that you can use even if you only have 15 minutes to spare.	Led by Yvonne Spence £30 (£15) per 5 week course.
Open Drop in Sessions	Mondays 2.30pm – 4.00pm	See website for more information. **www.birthresourcecentre.org.uk**	Meet other women and babies, browse the library. Have a cup of tea and a chat.
Breastfeeding Support and Information	Every Friday 10.30 – 12.30 Toddler group – last Friday of each month	A self-led drop in group for information, discussion and support, meet other women and babies. **See our website as above.**	Michelle Gow and Eva Bofias will be co-ordinating this group.
Home Birth and Birth Choices Support Group	First Sunday of every month 11.00am – 1.00pm starts on 2nd July	A new group for women and/or partners thinking about or planning home birth.	Run by Kim Bradie and Nicola Goodall

PLEASE contact Jenny by phone 0131 229 3667 or email before attending a class – details may change and some classes may be fully booked.

We offer concessionary rates on all classes.