

birth & beyond

www.birthresourcecentre.org.uk

Post Natal Depression and Post Traumatic Stress

women's experiences

Breastfeeding

what sort of support
do women need?

Babywearing

The advantages
for parents and babies

Support at the BRC



Photo taken by Beverley Beech
at the Doula Conference in Paris, May, 2006

Editorial

If time flies for you, as it does for us, you may not have noticed that there has not been an issue of Birth and Beyond for some time. This is because Birth and Beyond is planned, collected, edited, proofread, and produced on an entirely voluntary basis. But, it is of great importance to us that it continues to be produced on a regular basis. We receive excellent feedback that it is a source of valuable knowledge and contains a range of views and experiences that deepens our understandings about pregnancy, birth and parenting. It provides feedback to health practitioners and commissioners of maternity services about what local women and families find supportive and unhelpful during childbearing.

Our editorial team has had to focus on other aspects of the Birth Resource Centre, but we have been joined by Kim, Vroni, Daisy and Molly, and thank them for their help in finally getting this issue to press. Sadly for us, Molly left for her home country soon after her daughter's birth, but we wish her well. We are sure she will enjoy and appreciate the support of her family and friends back home in the States.

We continue to be appreciative and honoured that women and their families make time to continue to support the BRC in so many different ways. The Birth Resource Centre could not function as it does without the practical support and goodwill that it enjoys (see page 25).

And equally, we appreciate and feel honoured that women continue to contribute to Birth and Beyond, sharing their stories, suggesting resources, and writing so passionately, honestly and articulately. Thank you. Even when stories are a joy to write, we know how busy your lives are. When stories are distressing it takes courage to retell them.

As ever, we receive your birth stories with delight. Many women tell us how helpful it is to hear reflective stories which contain within them the many ways that women meet the challenges of their labours. As Raquel and Yifat tell us, preparing in ways that make sense to you can dispel fear, inspire confidence, increase inner strength and provide prac-

tical support for journeying through labour and birth: that movement, mantras, focusing, breathing and having trusted companions who know your hopes and concerns, can all be invaluable. We thank you for your deeply moving and insightful accounts and agree that Ina May's Guide to Childbirth (reviewed in a previous Issue) is particularly inspiring.

This issue of Birth and Beyond focuses on two themes: depression and trauma, and breastfeeding. It is of course by no means exhaustive or definitive about these. But we hope that the information will be helpful and that the insightful personal experiences will provide support and reassurance. As Fiona Armstrong suggests in both her personal article and her book review, hearing others' stories and knowing that we are not alone are crucial in beginning to heal, when what we experience is not what we expect, and can be deeply undermining and frightening. As Fiona's, Alison's, Sophia's, Jane's and our anonymous writer's stories tell us, finding someone who listens, someone who does not judge, or someone who has been there before is invaluable, no matter what we are experiencing. This may be an NHS practitioner, a friend, a counsellor, someone at the BRC: the list is potentially endless, but finding that supportive, listening person, with the knowledge and skills to help sensitively is, for many of us, crucial to begin healing and crucial to achieving our ideals. And sometimes, as our other anonymous writer tells us, time is a healer.

One of the issues we hope to shed light on is that antenatal and postnatal depression, and postnatal trauma may arise for different reasons, may feel different, and will need different kinds of support. Michelle's short article may help with this. Depression and trauma are very difficult issues, but we hope you will agree that talking about them may help both those who experience them and those who might be in a position to help. They are also very complex, which Benig addresses when she suggests that experiences of birth may awaken and collide with previous life experiences. At the BRC we are very concerned about how



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both previous distressing life events, and/or feelings of powerlessness during birth can create misery and ongoing struggles for women and their families. We have therefore set up a new counselling service, run by Jenny Newland (see page 8). One of our Directors, Vroni Holzmann also continues to run a project for women who are finding that being a mother can be challenging in many different ways (see page 15). But we also acknowledge that, as Debbie says in her article, 'treating birth trauma only helps you to live with that trauma, it does not take it away'. While we have great potential to heal, the BRC recognises that the medicalisation of childbirth can cause physical, emotional and spiritual harm which may arise for the first time, following a traumatic birth, or may compound any life difficulties we bring to childbearing. Sheila Kitzinger's book *Birth Crisis* reviewed by Jenny has many shocking and distressing examples of this. But there are no easy answers, and none that suit all, but some of the following articles, along with some of the books reviewed provide some suggestions.

The BRC also endeavours to provide information which women can use to make decisions, as well as providing physical, emotional and spiritual support, on the basis that it is only when we acknowledge the whole person, as a complex, sentient being, that we can reduce the harm that can befall women during the childbearing years (if you have any suggestions about how we could do better, please tell us). Sometimes medical and technological help are needed during childbearing and thank goodness it is easily and expertly available when this is the case, but David Vernon's, observation in 'Having a Great Birth in Australia' (reviewed in Issue 26, available at www.birthresourcecentre.org.uk) is echoed throughout this issue:

'A great experience has a profound affect 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.'

If health care and health practices continue to focus on physical health, they cannot promote well-being (which includes physical health, but also includes emotional health). It is the importance of well-being that this issue talks about again and again.

How we nurture our babies is very much part of the ongoing relationship we have with our children. Feeding our babies is part of this ongoing relationship, and food not only provides physical sustenance for their growth, but loving support for their emotional growth and development. Many women want to breast-feed their babies, and find that it is not always as easy as they expect. Ruth's and Clare's book reviews suggest that some of these difficulties may be set up before birth, and need skilled help to recover from: help that is not always forthcoming because of the pressure on midwives. Alison's account suggests that skilled help may indeed be needed, and that with the right help, the most difficult problems can usually be overcome. We are therefore immensely delighted that Karla Napier and other women at the BRC have restarted the La Leche League groups on Friday mornings, and know that women will receive excellent information and support. We are also very pleased that some of the women involved are part of a tutorial group, and will be able to facilitate breastfeeding groups themselves.

Gillian's article suggests that 'baby wearing' may be another way of nurturing our babies and may also be a practical way of providing the closeness needed by babies as they get used to life outside their mothers' wombs. Gillian suggests that this age old practice has benefits for mothers, fathers and babies.

The striking message from all of the pieces included is that women are complex, powerful, able to heal but easily hurt: that they need respect and quiet support for what they instinctively know is best for themselves and their babies. They do not need others to tell them what to do, though they might need and appreciate sound information and guidance when they are unsure what to do, or a problem arises.

We hope you enjoy reading this issue and will send us any responses you have. Please continue to send us your birth stories and anything of interest to you and the people you know.

Nadine Edwards

Alba's birth

It was 1.30am. It was still three weeks before my due date. Andy and I had been out for a big dinner in our favourite Italian restaurant, Vittoria's, and we were both very stuffed and tired. I woke up with a wet patch, and I said to Andy, "Look, do you think this could be the waters?". "Oh, no!" said Andy, "you must have peed yourself, you know, baby pressing on your bladder". So I convinced myself baby wasn't coming yet!

Well, after that I couldn't go back to sleep. I had a bit of a sore tummy and thought it was a combination of indigestion and the excitement of the next day as it would be my last day at work! So, I just went to the living room, had some tea, read my Spanish novel, dozed on and off...

Then at 6:30 in the morning I had a show and the contractions started. I still didn't quite believe I was in labour as I had lately had lots of 'Braxton Hicks' and the first contractions were very mild. When I finally woke Andy up he believed me this time, and after cuddling in for a while he encouraged me to phone the hospital for advice. I phoned my Mum and Dad first and described the pain, and discovered that both I and my brother were born around 20 days before the due date!

My mum told me that she had gone with mild contractions through the whole day and so I should try to move around and live a normal day. At this point I was still convinced I would manage to go to work for my "surprise" leaving party!

Then I phoned the hospital and they asked me how far apart the contractions were. I just said every seven minutes without really knowing! They told me to phone again when I had them every three to five minutes.

At this point Andy started faffing around wanting to find a stop watch, then wanting to plot a chart to monitor the contractions, then wanting to record a tape of thumb piano music for me to relax in the labour ward... meanwhile I was throwing up with pain, dancing, pacing up and down, staring at a candle, crouching on all fours... and so on.

Anyway, it went very quickly and by 9:45am we thought we should leave as the traffic was now calmer; then it dawned on me that I had to sit in the car for 45 min! Oh, no! I couldn't face it! So at this point Andy was very helpful and sweet: he reassured me a lot, put big cushions on the back seat and gave me my eye mask to help me be in darkness and focus. He also reminded me to concentrate on slow breathing. So I travelled on all-fours in the back seat, hugging the big cushions! During the journey I started to feel the urge to push! Imagine! "Only 20 more minutes to go!" said Andy.

During the car journey I felt I wasn't there; I was totally immersed inside myself. It was at this point that I really felt so much in touch with my baby and my own body.

When we finally arrived at St. Johns Hospital, they did the rou-

tine check up to monitor the heartbeat of the baby and so on... only they couldn't find the heartbeat! They asked, "Has the baby been moving?"

A comment like that would have put me off in early labour, but at this point I knew the baby was arriving and it was all fine, except that the midwives hadn't realised this yet.

They said they had to put something on the baby's head to hear the heart, meanwhile I was having massive contractions and the urge to push. They then saw that the head was coming! A



Little Alba, happy to be in the world at 3 days old.

head of hair!

So, we quickly went to the labour room and that was it! Before encouraging me to push, the midwives had to go through the procedure of asking if I wanted an injection for expelling the placenta. I said that I'd rather do it naturally. They replied by saying that it can take up to two hours of more pushing... Then I looked at Andy as I was in too much pain to take decisions and he asked: "Is it necessary?", "No" they said, "but it is faster". So Andy said "well, it is not race, we would rather not have it!" I was happy we had talked a lot about the birth and

Andy knew exactly what my feelings were.

They didn't have time to run the water pool for the birth as I had wished, but it was beautiful anyway as I didn't need any pain relief drugs and I was able to choose the position I wanted for the pushing stage. When I was pushing, what really helped me was Andy massaging my face with a wet cloth and also my Mum's comment which I used as a mantra, "One of these pushes is going to be the last, and baby will be here!"

I arrived at the hospital at 10:30am and Alba was born at 11:40am. It was amazing to be totally there, mind, body and spirit, pushing my baby out into the world, as we say in Spanish "Dar a luz" - "Giving the Light".

I had skin-to-skin contact for a long time, as I was waiting to expel the placenta naturally. Alba started to feed from my breast there and then 10 minutes after been born - it was very beautiful. It really made me feel at one with Nature!

After a while of cuddling Alba, I suggested that I changed position to go on all fours to see if gravity would help me push the placenta out, but the midwife seemed to think that this wouldn't help. Then after one hour the midwife went to check with the doctor and came back to say that if I didn't mind he was going to put in a catheter. "Why, and what's that?" I asked. She explained that it was a little tube to go into my bladder as the doctor thought maybe my bladder was full and that was the reason why the placenta wouldn't come out. I said I would like to try one more time, and I asked her to hold Alba whilst I went on all fours. So as the doctor was coming down the corridor with the "little tube" I had the placenta out in one push. It was much easier than the pushes to get the baby out. "How did the doctor know what I needed if he hadn't even seen me?" I thought.

Anyway, I was so thrilled to have Alba I felt I could do anything.

The midwife was very nice and let us have lots of time on our own to bond with Alba. So Andy took out his thumb-piano (a small instrument from Uganda) and composed a tune for Alba there and then. We added words in Spanish and in English and Alba loves to have it sung to her. Every time we sing it we remember that very first special creative moment we had with Alba.

I consider myself very lucky as it was a quick labour. It was a very empowering experience. I felt in control of the situation, and I think all my preparation really helped;

- I am grateful I am a dancer as I know my body really well, and so I felt confident that I would manage. People talk about the pain during birth but it is such a different kind of pain, and it is to serve such a beautiful purpose that I didn't think it was that bad!
- Yoga classes helped me to concentrate on breathing and the positions I learned helped me to manage the contractions, especially during the first stage of labour when I was at home.
- Yoga classes also gave me the opportunity to meet other mothers, who helped me to be well informed about labour issues in hospital, e.g. knowing about all the pain relief drugs you get offered...
- The preparation for birth weekend workshop at the BRC helped both of us to be more confident and relaxed.

- Practicing meditation helped me to be really focused especially when I was in the car having massive contractions and feeling the urge to push.
- Talking about the labour with Andy, about my fears and hopes.
- Visiting the hospital beforehand. We decided to go to St. John's Hospital, because I was planning to have a water birth (there are more opportunities to get access to a pool) and also because I had heard they offered very nice service. And I agree; the midwives were lovely and the whole atmosphere was quite relaxed. As a result I was more relaxed and more in control!

My advice to all women expecting is not to panic - you will hear lots of horror stories, but everyone is different! Also choose the books you read about birth carefully - lots of them just concentrate on problems you can have during pregnancy and labour. I particularly enjoyed reading Ina May's books as they are positive and have lots of information but also practical advice.

And just enjoy getting ready for it, not just packing your bag, which is something I never prepared, but mentally and spiritually. How?

First of all start connecting with your baby during pregnancy, get informed, relax, and plan with an open mind! I also really recommend yoga classes and the weekend preparation workshop at the BRC.

Raquel Ribes Miro

Ela's birth

This story is a bit long but I thought it would be worth including the details for those who are interested - thanks for bearing with me. From the 4th month of the pregnancy we started thinking about a home birth. (Since we live in Scotland, this was always an option - the National Health Service here has a duty to support home births and send midwives to those who choose to give birth at home - although home birth is the exception rather than the rule here). The plan to give birth at home always remains precisely that - a plan. Birth is such a huge and mysterious event that I can't compare it to anything else. All our lives we try to control events, but during the pregnancy I learned that this would not be possible in this case. I knew it would be my job to let go and let things happen as they were meant to; to do everything I could in preparation, but ultimately go with the flow.

According to our own calculation, our baby's due date was the 22nd of August. However, an early ultrasound showed two days earlier, and the "dating scan" (a routine ultrasound scan that gets done at week 12 in the UK) put the due date at 16th of August. That's the date that the midwives and doctors used from that point onwards.

During the pregnancy it was very important to me to find a better connection between my mind and body. Thanks to an incredible yoga teacher, I was able to do that. I was surprised - it was like getting to know myself all over again. Towards the end of the pregnancy, I felt that all those dates were not really relevant. I had been on the pill for ten years and stopped taking it 5 months before I became pregnant. My period was irregular for the first 3 or 4 months after that and only returned to the regular 28 days one month before the pregnancy. However I still didn't know exactly when I ovulated. I asked to get the due date changed from 16th to 20th of August in my files. The midwife wrote it down, but as soon as 16th of August came the entire NHS system seemed to change its attitude, with everyone talking

about "overdue" and the "need" for induction. At first that didn't bother me much as I knew that everything was okay. About ten days after the due date they said they would need to examine me every two days. At the first check-up, everything showed up fine just as I knew it would, but that did not seem to satisfy them. All they wanted to talk about was induction, and that stressed me out to the point where I lost any feeling for my body. Some days I didn't even feel pregnant anymore and went into a kind of denial. It was horrible. I didn't manage to find the calm that I needed to come back to myself. We negotiated to reduce the number of checkups, and agreed that Eric would deal with the "consultations" where the doctors press for induction, so that I wouldn't have to listen to the scare stories.

On Thursday, six days before the birth, I was at a check-up with a midwife who wanted to see whether my cervix had opened up enough to do a membrane sweep. I was there even though I knew that there would not be any opening, as there was no sign that the birth was approaching - no show, no contractions, no waters breaking. In the event, the midwife could only reach the edge of the cervix as it was still quite high up. We ended up making an appointment with consultant at the hospital for the inevitable talk about induction. It felt like an hourglass had been turned around and the sand was slowly but surely running out... I was very scared of that appointment. Even more than that, I was scared that I would not be able to relax enough to let the birth start by itself.

The Friday before the birth, I had an acupuncture treatment designed to help kick-start labour. I also took some homoeopathic remedies on the Saturday. Sunday and Monday I had a bit of a "show" and was very relieved. Once again I could connect with my body. Then on Monday, at yet another check-up, my cervix had come down far enough for the midwife to do a membrane sweep. I talked to my baby and told her I was sorry and that I'd

love to leave her be as long as she wanted to stay inside, but it was really getting dangerous for both of us because of the pressure on us. If we wanted to have an amazing birth together, it would be worth for her to start making a move.

That was the introduction, now for the story itself...

Tuesday evening the contractions started. I only felt them in my lower back. We went for a walk, I had a rest, communicated with my baby, told her how I was feeling and how proud I was of her dealing so bravely with the situation and doing her part in our shared "project". A few hours later the contractions became more regular – about every 10 minutes. One or two hours later again I had diarrhoea and the time between contractions came down to about 4 to 6 minutes. Excitement kicked in, but I wanted to save my strength for the birth. The back pain never stopped. I could not sit or lie down, only stand up. I stood in the shower and during each contraction Eric pressed on my pelvis. Knowing that the contractions would be harder to deal with later on, I wanted Eric at least to get some sleep. I managed alone for 3 or 4 hours, then woke him up as the contractions got stronger. We decided it was time to call our two birth companions. They arrived at ours and straight away the world looked much rosier. I felt all wrapped up in love – maternal, feminine and masculine. Those three were just incredible. I felt like the most beautiful, beloved and sanctified woman in the world. I should probably mention our birth companions had a lot of first-hand home birth experience. One is a friend with knowledge about using homoeopathy during pregnancy, labour and post-natally

and the other my yoga teacher and a big supporter of women's right to give birth as they choose. Both went out of their way to support me during the pregnancy and birth, after I asked them. For me they are angels and I will always be thankful to them.

Dealing with the contractions was much easier than I thought. The only difficulty was the back pain, which remained throughout and made it impossible for me to relax between contractions, even for a second. I could not sit or lie down. I wanted to be on all fours in the birth pool, but also wanted to hold off until I was dilated enough to prevent any risk of the pool slowing things down. My waters broke and there was some meconium staining, as we had been told there probably would be. However, this was light staining from old meconium (the community midwives later confirmed this), so we did not worry about it. Soon after that Eric called the community midwives. Two midwives arrived. They checked the baby's pulse, which was fine. Everything looked fine, except that it was getting harder to deal with my back pain and exhaustion as I could not get even the shortest of breaks. Later the contractions got very close together. The midwives examined me and told me I was fully dilated, so I got into the pool.

My birth companions and Eric took turns pressing on my pelvis; I could not stand any interruption of this, even for a second. While one person was pressing on my pelvis, the second would be in the kitchen talking to the midwives and the third in front of me, encouraging me, breathing with me and giving me to drink. The fact that they took turns was good because it helped me keep a sense of time, and because I could get a different kind of support and attention each time. During the contractions I didn't think about anything, I just let things happen and went with the flow. I felt close to myself and to my baby. I never thought "when will it stop" or "how far dilated am I" – I just enjoyed the support, breathed and roared like an animal. Nadine's suggestion to say "ooooopen" over and over again in a low voice really helped me (Eric says: low voice – hmmm – sounded more like screaming the house down to me J). I felt myself opening – a feeling of sanctity, of being close to God, to a higher force. I am all woman, nothing else. I was born, and now I am giving birth.

At some point I felt my body starting to push the baby out. For

a while I pushed hard, then my yoga teacher asked me if I felt something coming down and going back up. I didn't, even though I pushed as hard as I could, without fighting it and without worrying about releasing any "solids" into the pool in front of the others. I felt that something was wrong. One of the midwives checked me again and told me that the baby's head was tilted backwards and that's what caused the back pain. She also said I was only 9cm dilated after all, and that the cervix was swollen around the baby's head. I had to hold back until I was fully dilated. I got into the knees-chest position to fight the urge to push, relieving the pressure of the baby's head until I was ready. After a while I couldn't hold back and be in that position anymore. That was the only thing I could not manage. Throughout the labour I was able to remain in tune with myself and with all of creation, to listen to my body and do as it told me to, but now suddenly I had to do the exact opposite! I just couldn't do it. This was my weak point.

The baby's pulse was still fine, but the midwives talked more and more about transferring to hospital. (Eric says: I had a talk with the midwives in the kitchen. They told me a part of the cervix was still there, swelling and getting stretched out but not moving out of the way. They said it was possible to move it out of the way, but that they could not do this at home as the risk of serious haemorrhage was too high. I asked what would happen if we stayed put with no medical intervention, and they answered that Yifat would probably get totally exhausted, or in the worst case, end up with a ruptured uterus. That's when I said fine, let's go back into the room and talk about transferring.) They lost their confidence and could no longer give me what I most needed – optimism. I was able to suppress 6 or 7 out of every 10 contractions, but the others got through. I became scared of hurting myself or my baby. The midwives said that an epidural would relieve the urge to push. They called an ambulance and we went into hospital. Arriving there was horrible. Suddenly I was the guest, and they could decide who could be with me and who couldn't. Everyone talked about me being overdue, which annoyed me and made it harder to fight the urge to push. I tried to ignore everything around me and visualise my baby. Eric seemed very worried and helpless. He held my hand and tried to encourage me. They did not let our birth companions come into the hospital room for about an hour. An interminable half hour later (or one hour after the decision to go to hospital) the anaesthetist arrived. After a lot of talk and jabbing around for veins in both my hands to insert a drip, I got the epidural. An obstetrician checked and confirmed that I was fully dilated and pushed my baby's head back. They put the monitor belts on and each time a contraction came they told me (I could not feel the contractions after the epidural) and I pushed as I had learned to before. After a few times my baby's pulse started dipping and some amniotic fluid came out, stained with thick fresh meconium. At that point they gave up on the idea of a natural delivery and insisted on using the forceps. They also stopped telling me when I had contractions.

We went to the operating theatre. Only Eric was allowed to come in with me. On the way to the theatre, Lyssa suggested that I talk to my baby and explain to her what was going on. That helped me a lot. I did not feel the actual delivery at all and that was quite sad for me.

When the baby was born, they held her up for me to see for a second and then took her off to resuscitation straight away. Eric went with her, and the hospital staff agreed that Lyssa could come into the theatre now to be with me. That was absolutely essential as I cannot possibly imagine staying behind alone in such a situation. I had a feeling that everything was going to be alright, but I could hardly wait to hold my baby. Lyssa gave me the warmth and protection that I needed. After a while Eric

returned with the baby on his arm, tears in his eyes and a big smile. He laid her down on me and was very excited each time she gave a cry. She looked around with curiosity. We went in to another room and within a few minutes she started to feed – a great joy for both of us to be re-united.

Although it did not go exactly as we had wished, I now know that I can deal with labour without any drugs, and even enjoy it, given the right kind of environment and support. I know I did it despite not getting even a second's rest for twenty hours. I know the different kinds of contractions and I know that next time around I will be able to experience what I imagine to be the most amazing part of all: pushing my baby out into this world. This experience has strengthened me a lot and gave me more confidence and pride in myself, my baby and my husband. I am planning to have my next baby at home (and make sure that the midwives in attendance will be more skilled). Eric says: Other dads probably say the same but you really can't imagine how proud I am of Yifat and our little baby daughter for having mastered this difficult situation so well. No really, you can't. I've always known that Yifat has a lot of strength in her



Ela soothing herself.

but in the event it still surprised me when it came out to the surface – especially once we got to the hospital and it became clear that things were not going to go quite as we had hoped for. I also cannot thank Lyssa and Nadine enough for all the support they gave us – that was just as important for me as for Yifat.

More than a week past the NHS due date, I felt that Yifat was getting upset from the pressure to induce, so I decided to work from home until the birth. All that stress just because of some number on a piece of paper! We saw a number of different community midwives, two of which were much more supportive and understanding than the rest. Let's give credit where credit is due: Alison McWalter and Patricia Bell. You two are brilliant, thanks for everything.

At the weekend we went to watch the fireworks that mark the end of the Festival, hoping that our baby would not be able to resist such a spectacular welcome – but she clearly had other plans. When Yifat's contractions did start it felt like something very delicate, to be shielded and protected. We had unplugged our phone and switched off our mobiles the day before and kept it that way, except for calling Lyssa and Nadine, and (deliberately much later) the community midwives. The entire time we were at home was very comfortable and felt like a kind of celebration. Yifat was very alert. When she was in the pool, after standing up for many hours and not having got much sleep, the midwives were holding a mirror into the water to check if they could see a head coming out. They did not tell Yifat what they were doing, thinking she would not know what was going on behind her. What a mistake! "What do you see? Tell me!", she said.

Hospital was a different world. First we lost Lyssa and Nadine for more than an hour. That meant it was no longer possible to take turns pressing on her back – the hospital midwives did not see this as part of their job. Then there was the long wait for the epidural that was supposedly "ready for us" and going to solve our problems straight away. Ela's heartbeat was fine throughout,

but once the epidural was in, she became distressed and our hopes for a "nearly natural" birth faded quickly. It was a series of setbacks. At the end all we wanted was just to avoid a caesarean. Yifat stopped being scared and became calm and collected as she pushed Ela out, while the obstetrician turned her head around with the forceps.

When they carried Ela off to resuscitation, her body wasn't blue, but her limbs were completely limp and she was not breathing at all. They put an oxygen mask on her and suctioned her airways. Some of the mucus was difficult to get out because it was so gooey. Once I was allowed to touch her, I put my hand her stomach and started talking to her to encourage her. I think I was bawling and blabbering away like crazy. I have no idea how long we were in there for and how much danger she was actually in, but it seemed a long time until she started breathing, and even she still needed extra oxygen for quite a while. Every little noise and movement she made was a huge relief. Whenever she cries now, I'm happy beyond words that she can scream so nice and strong! In case someone up there is listening: it would be nice if I did not have to go through anything like that again in my life. Having said that, being there was still much better than being outside, not knowing what's going on. Once Ela

had started breathing, I asked one of the hospital midwives to let Yifat know, and she told me she had already done it. That's one of the most thoughtful and considerate things any NHS person did for us. I don't remember this midwife's name but she is very, very nice and I would like to thank her.

After Ela had had her first feed they wanted to keep her in the neo-natal unit for observation. After some lengthy conversations, and with Ela looking increasingly healthy, we were able to keep her with us. However, soon after that they wanted to transfer Yifat to a shared room with three other mums where dads are not allowed overnight. Yifat threatened to go home, with her catheter still attached and all, unless they found a way for me to stay with her. We got some spiel about how there was a shortage of one-woman rooms, which was sadly lacking in truth – I went for a walk along the corridor and saw lots of empty rooms. In the end, someone probably bent some hospital rules and we got a room to ourselves. Lyssa and Nadine left us to get some well-deserved rest. Yifat was exhausted but she noticed straight away that they had taken away the blue folder with our case notes, which had been with us throughout the pregnancy and birth. We found out that the hospital keeps these and we'd have to go through a whole complicated process just to get a copy. Why do people put up with this? As I write this, we still haven't received it and as a result there are a few details of the birth that we're still not quite sure about.

The night turned out to be a sleepless one for me as I kept checking that Ela was breathing (and probably annoying her quite a bit in the process). Next day was one long struggle to get the catheter taken out early, get all the checkups over with, get Ela to feed, and generally get out of the hospital as soon as possible. I think we got home around 7 pm. What a relief!

Ela is now nine weeks old and I still haven't written down everything I wanted to say about her birth, so I guess I better leave it here.

Yifat

Post Natal Depression

4 women's experiences: Jane's story

The following is an excerpt from Sara Wickham's 2006 book, *Midwifery: Best Practice, Volume 4* published by Elsevier. The Best Practice series brings together some of the best published articles from midwives and others from the midwifery journal, *Practising Midwife*, along with some original work, including a chapter written by some of the women who run and who have used the centre entitled *The Birth Resource Centre: a Community of Women*. Sara Wickham's site can be viewed at www.withwoman.co.uk.

For many years I suffered from severe mental illness. I was suicidal and would regularly self-harm. I was offered beds in psychiatric wards in three different health authorities as we travelled about the country; offers we never accepted.

We wanted a child, so, contrary to advice from the medical profession, we accepted the so-called risks and decided to start trying. I was approaching 35 years old and we felt we had wasted too much time simply waiting for me to get better. I continued to take medication for my illness, although we knew it was potentially dangerous, but I think neither my husband nor I believed I would ever become pregnant.

It happened surprisingly quickly. I immediately stopped taking the tablets, and wanted to know if taking medication for the first 3 weeks of my pregnancy could have caused any problems. Nobody seemed to know (or care).

As I entered the second trimester, my mood began to sink lower and lower. Severe antenatal depression set in. I was seeing a succession of different people for my antenatal appointments and care was based around the physical aspects of pregnancy. How could I begin to unpack my mental health history to a complete stranger?

Things became so bad that the GP and psychiatrist recommended that I go back on the medication. They believed my mental state was more threatening to myself and the baby than the risks of abnormality from the drugs. With support from my husband, I refused, although every day felt like a lifetime and I just wanted to escape from my own mind.

During this time I began attending NHS parenting classes. I will never forget the

tone of the first class. It went like this: birth hurts, really hurts, this is what we can do about it ... drugs leaflet handed round. Someone asked about natural childbirth and was informed that only hardy, stalwart individuals did that. At the end of the session I spoke to one of the midwives and explained a little of my situation. She suggested I opt for a nice easy birth with an epidural, as traumatic birth has been shown to increase the risk of postnatal depression. This made sense to me and I decided to take the advice.

I did discover at these sessions that health visitors were available to support women antenatally. No one had offered me anything other than drugs before. This was to be my turning point. My health visitor had previously worked as a midwife and gave me a whole afternoon of her time every two weeks. When I was 26 weeks pregnant, she brought me a flyer for the Birth Resource Centre. "I think you should

do some classes here," she said. "The yoga would be good for you, I think it would help."

Nervously, I called the number and began to attend class every Wednesday morning. At each class we began by introducing ourselves, then we performed gentle yoga-based exercises and relaxation, as our facilitator gently told us to listen to our bodies, do what felt right, and tune in to our babies. After this, we had tea and talk. Someone in the class usually had a question, an issue to discuss or a parenting book they had read, and we learned from each other while the facilitator skilfully and imperceptibly deepened knowledge or dispelled myths. Women who had given birth returned to show off their babies and tell their stories. They were eagerly questioned and their experiences added to our knowledge.

Gradually I realised that I was relaxed and happy during these classes. I was

Parenting? Pregnant?

In the everyday course of events, we get on with life without needing professional assistance, however, things come up which can de-spirit or disorientate us, resulting in feelings of helplessness or hopelessness and we can "get stuck" or feel trapped.

Sometimes the changes women experience around the time of pregnancy or while parenting can be unexpected and/or frightening. From my experience as a mother, midwife and counsellor I have found that talking to someone who understands can help.

I have been meeting women at the centre since January last year. My approach is based on Personal Construct Psychology (PCP), a practical and optimistic psychology which involves finding out how people make sense of their personal world. I work to build up a picture of each person and how life is from where they are standing. From there we can work together to see how things might be improved.

I welcome anyone who is experiencing distress of any kind at this time. Those who come to see me may have as many or as few sessions as seems appropriate, there is no need to commit to coming for a fixed number of sessions.

For more information,
please call Jo or Jenny on 229 36 67
or Jenny can be contacted by email to
counselling@birthresourcecentre.org.uk

beginning to trust my body and my baby, and it was then that I realised that an epidural as first resort would not be right for me. I had learned of the risks associated with epidurals: how could I spend months trying to protect my baby to then expose him to unnecessary intervention?

With this revelation came the need to birth in an environment where natural birth was supported and valued. Our maternity hospital had a normal delivery unit staffed only by midwives. I spoke to my GP and said I wanted to be booked there. I was informed I was too old and I could have a normal delivery on the main labour ward. With my newfound confidence I phoned

the normal delivery unit myself. I spoke to a midwife who said she would be delighted to book me there. With my husband's full support and belief in my ability to birth my baby, I began to feel calmer and, as forty weeks approached, I felt serene, powerful and whole.

My labour was calm and beautiful. I couldn't stop smiling as I welcomed each contraction. We were really going to have a baby. We drove to the hospital and, in the normal delivery unit, with soft lights and a single midwife, I travelled to my innermost being and birthed our first baby in consciousness and strength.

And the power of this glorious birth has

achieved what no doctor could. I now have three beautiful children and have never since taken any medication for mental illness.

The BRC was crucial, in that I would not have had that birth without the BRC, and without it it's impossible to predict what would have happened. I feel that I've got my whole family to thank the BRC for. The support I had from the BRC compared to the support I had from the system was huge. It helped my relationship with my baby, with my husband, with my whole life. This community of women has always been there for me, validating me and valuing me.

Jane Crewe

Leslie's story (not her real name)

My second child was born onto my bedroom floor in her bag of waters. We stared in disbelief for a few precious moments - below the silvery skin of the amniotic sac a little face smiled serenely, buddha like. The midwife pierced the membranes and passed me my baby - a daughter. Suddenly the calm vanished as our little one roared her first roar and my sister entered the room, jaw dropping in complete shock that a baby had arrived and dropping an armful of equipment - that was never needed - to the floor with a clatter.

After such a swift and easy labour and peaceful birth who could have predicted what followed? The days following the birth were as any new mum would experience; highs and lows, although looking back I see some subtle differences to my first postpartum experience. The day after the night she was born I spent resting, but after that I refused to stay in bed and I remember feeling irritated to the point of distraction by the clutter and mess that built up around me. I was furious at those around me for not seeing the dust and dirt. I was angry and dismissive towards those who suggested I might forget about the housework as I had just given birth. I had expected a boy and although I was thrilled to have a little girl I cried bitterly for the boy I felt I had somehow lost. I didn't want any visitors, and I resented the presence of anyone who had "just popped in" or any arrangements that were made to have people in.

Breastfeeding was the first really big low. I had breastfed my first child for 10 months but I had experienced incredibly sore, cracked and bleeding nipples for the first 8 weeks..... it gradually became apparent that this time would be no different. My anger engulfed me. I had been so sure that feeding would go smoothly this time and I just couldn't understand it. I searched the faces of those I knew loved me and begged the midwives for answers but nobody could tell me what was going wrong. I ploughed on, and felt as if I was wrestling some terrible beast to be able to bond with my child. Love flowed easily when I held and cuddled her and the connection was deep when I looked into her eyes but every time she cried for a feed my body tensed up, I cried in anticipation of the pain and I had to resist a mild feeling of resentment.

Whilst feeding became established and I accepted the difficulties would go in time, at about 3 weeks postpartum I realised that my anxiety levels were shooting through the roof and that I was increasingly feeling more sensitive about certain issues. My eldest was reacting badly to the arrival of a sibling and I was convinced

that this was my fault. I hadn't prepared my child for this; I was a bad mother. I wasn't handling the situation well; I was a bad mother. I resented my eldest child for making it difficult to have space and time with my baby and I resented my baby for changing my relationship with my firstborn forever; I was a bad mother.

For around six months I hid my terrible thoughts from those around me, and I became very insular. It was a dark grey place. I lost touch with friends and acquaintances and stopped going out. I was less anxious about life if I felt I was in my own environment and so it became unusual for me to venture very far. So we all but hibernated; myself, my toddler and my baby. Everyday my heart sank as my partner left for work and I knew I another day lay ahead of trying to keep a lid on my feelings of anxiety and depression. I was plagued by tension headaches.

Then one day, it was like I saw myself from the outside, and I cried all day at what I saw. I realised how low I had become and I hated myself for it, the final layer of anxiety was an over-riding feeling of guilt at the damage I might be doing to my children.

I recognised many of the symptoms of depression, but I was initially unable to admit that what I was suffering had anything to do with the postnatal period. I visited my GP with my own diagnosis - a thyroid condition. She agreed to test my thyroid levels but gently floated the idea that I might have postnatal depression. When the results came back they were borderline, she asked me to return in 6 months for another test but said nothing more on any other subject. One month later I went to my health visitor to tell her I wasn't sure I was coping and might be depressed. She reassured me that I was a great mum and I was doing fine. She didn't listen. She offered me fortnightly visits which I declined as I couldn't see how that would help.

Around this time I began to have very vivid dreams and day-dreams which were so real, almost like hallucinations. I saw myself being hurt and dying and one particular image which stays with me to this day was me swinging from the ceiling. I didn't really want to hurt myself or die but on some subconscious level these dreams and images existed and were terrifying. I began to search for help.

It was in an issue of Birth and Beyond that I found the number for the Postnatal Depression Project, I had no idea what to expect but I rang up and asked for some information. What came in the post was a breakthrough - a leaflet listing the symptoms for PND. I was astounded, relieved and pretty horrified to be ticking every

box on that list. I called the number for my nearest centre (they have 3) the next day and made an arrangement to come along and chat to someone.

9 months after the birth of my daughter I was finally able to talk to somebody who understood my feelings and experiences. It was like the floodgates had opened and I cried with relief and gratitude - some of the feelings of loneliness and isolation and much of my paranoia began to unfold and recede almost immediately when I realised that 1 in 10 women struggle with PND. After an initial assessment it was suggested I have one to one counselling once a week, my children would be cared for by the creche

provided by the project. One of the most important things I want to get across is that you can self refer to the project as I did. No health professional offered me details of the fact that this resource existed and I can't help but wonder why and feel slightly aggrieved. How many women are ignored, offered antidepressants or become seriously ill without being given the information or help that could change their lives?

It took a long time for me to feel completely better, almost a year, but I will be forever deeply grateful to the wonderful woman who listened and helped me work through my illness. The Postnatal Depression Project saved my life. **Leslie**

A personal view

Of late I've noticed these drug advertisements that pop up on Yahoo. There's a picture of a woman looking sadly off into the distance, silhouetted against a dark background. Who suffers from depression? I think the ad asks, and as you read this, her children giving her a worried look fade into the background. That's me, lost in a circle of worries, sadnesses, until my older child brings me round with a start, repeating the question he's asked and looking at me with that particular look of worry that I don't want to settle on his shoulders.

It's funny, friends every now and then, when I've confided I am going to art therapy sessions, sidle into the conversation their curiosity. In one way or another they want to know what the symptoms are. How do you I qualify to be postnatally depressed? I wish it were as tangible as purple spots. That way I could definitely chart my progress. Instead of definitely feeling better, definitely feeling my bounce back, telling friends confidently so, finding the coincidence of a few stressful factors brings that confidence crashing down around my ears. It's worrying, the implausibility, the unbelievability of this fragility.

I'm filling out job applications now and wonder if I'm lying when I fail to acknowledge the status of my mental health problem.

I don't know how, but oddly it is getting better. The one year anniversary of B's birth and I did feel a mile marker, like I had more of my brain back, was more solidly knitted together. Watching him stand at a distance from me, having walked there by himself, some of me I've been straining to give him recedes back into myself, rests, becomes part of my reserves again. I guess the one metaphor I have is that of a flower. When you give birth you open up like the flowers of a petal. But flowers don't have to pull themselves back into buds. It's as if all the extended petals didn't fold back in properly, some got bent out the wrong way and were left exposed, the others crumpled badly and don't stand together properly.

When I'm sad, it's not purely about this. All the past wounds and hurts, they are what I dwell on, what I wear day in day out, what I can't see beyond, what I can't believe myself beyond.

But it is getting better. I've painted and scratched and scribbled some anger, some hurt, some opening out and closing in, drawing concentric circles until they seem real, seem like they will hold. And spring has happened. I've taken some risks and been rewarded, done some work and been acknowledged, watched my children playing together, playing tag round and round and round me sitting in the middle smiling, glad to be able just to watch.

I would never want my children to read this and know I'd written it. How different than most of the birth stories I've read in these newsletters! But there may be someone else out there who will read this disjointedness and recognise it, feel recognised within. If it helps lift just one layer of a shadow, lessens the feeling of being alone by one degree, then it's worth it.

When I told my health visitor how deflated I'd felt by some of the mum and baby groups I'd been to - how better kitted out and able to cope all the other mums seemed to be, she told me, but they'll be feeling just the same inside. I wonder

Anon

Fiona's story: A personal account and what helped

I suffered from postnatal depression (PND) after the birth of my first child in 2000. She was a much wanted child, and my pregnancy was the most exciting and special time of my life, yet soon after her birth, I began to experience a whole raft of unpleasant feelings. I often felt low and exhausted, I felt I was a bad mother as my baby cried a lot, I desperately wanted to run away and I found it hard to be alone with her. It worsened at 6 months as I stopped breastfeeding, when insomnia kicked in and I found myself increasingly unable to cope. I was put on Prozac, and while

it helped with my sleeping, it made me worse in many ways, as my anxiety levels soared and my mind wheeled from one terrible scenario to the next.

While my GP was good in many ways, I found her unhelpful in her impatience at my difficulty in coming to terms with the label of mental illness and my slow road out of denial about it. It had taken a huge amount of courage to start taking antidepressants and I needed more understanding as I struggled to cope with what it meant for me. Looking back, she also failed to realise that while

the medication helped with my most difficult symptom, inability to sleep, it had heightened my anxieties, and overall my mental state was not really improving.

I have no doubt that this is a problem with the system rather than the individual doctor, as my depression was being dealt with in a 10 minute appointment once a month in the middle of a busy surgery. This time constraint means that the pressure is to simply write a prescription for the most likely looking drug, and there is no time to explore the issues or to go deeper with someone who is putting a brave face on things.

I reached crisis point one lunchtime when my daughter was two, when I considered methods of suicide and had reached a point of near collapse. Amongst it all, my mind was functioning on two separate levels. While it seemed that my mind was fragmenting, there was a core of clear thinking which made me pick up the phone, and call for help. My husband came home, a different GP came out to see me at home and at last the mechanisms for real help were activated.

I was put on a different drug, Venlafaxine. Use of this is now restricted as there is a concern about heart disease, but I think it saved my life. I was given a community psychiatric nurse (CPN), given sources to find counselling, and referred for cognitive behaviour therapy. At this time my daughter started a part-time nursery place, and this gave me space for myself which I had not had in 2 years, and also gave me the time to go to counselling, which I did every week for a year.

Life changed its course at this point. I had had the unerring support of my husband and of friends. The constant help and support of one close friend in particular I will never forget; she helped me through the darkest days when I was exhausted beyond belief and could not be alone. However, I was at a point where I needed professional help, and this at last I received.

My health visitor came round several times, and though she was a kind lady and tried to help, she was much better at talking than listening, and overall I found her visits exhausting.

My CPN, on the other hand, was a great help. He visited me every week to begin with, then fortnightly, and seemed happy to listen to whatever I wanted to talk about, as well as making me feel that what was happening to me was really very ordinary. This

matter-of-factness, compared to the hushed, concerned tones of some other people, helped me to feel normal, and his sense of humour was a relief.

My counsellor, at Wellspring in Leith, was wonderful, giving me a weekly space to cry, to rail at the world, to talk. She helped me explore all the issues that were seething below the surface for me, utterly non-judgemental and sensitive, but once I had made progress, firm in her refusal to let me slip backwards again. I knew it was time to stop when I simply ran out of things I wanted to talk to her about.

This counselling is not available on the NHS, and cost £35 per week, though Wellspring is a charity and offers reduced rates for those needing them. I needed therapy then, and not 6 months later, which is when my NHS referral for cognitive behaviour therapy came through. I decided not to have it then as I had a good ongoing relationship with my counsellor, but have had some at a later date. It was helpful in dealing with specific issues, but what I needed back in 2002 was some in-depth counselling, and that is what Wellspring offered me.

Antidepressants are a very useful part of the overall picture, but there is a tendency to use them in isolation for so many women with PND, as resources are so stretched, and drugs are easy and cheap compared to hours of talking therapy. However, it strikes me as sad that it is necessary for a crisis to be reached before there is even a mention that there is more help possible than just taking the tablets. PND is part of a health visitor's remit, but how good they are seems so variable, and I wonder just how much training they receive in this sensitive area. There is no substitute for skilled psychiatric specialists and counsellors, and there is a real need for these to be more widely available.

Fiona Armstrong

Both Wellspring and the Birth Resource Centre offer affordable counselling. Wellspring can be contacted on **0131 553 6660** or <http://www.wellspring-scotland.co.uk/>
Contact Jo or Jenny at the **Birth Resource Centre 0131 229 3667**
or if you would prefer to contact Jenny directly, you can e mail her at counselling@birthresourcecentre.org.uk.



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Aftershocks

Debbie Chippington Derrick, who had a HWBA3C (home water birth after 3 caesareans), shares the emotions that hit her after the birth of her niece. This article first appeared in AIMS Journal Volume 19 No 1 2007.

Yesterday my brother's partner gave birth to their daughter in their own home, and my brother texted me from his bed lying next to his sleeping daughter. I should have been able to receive this news with pure joy, but I am finding it impossible to access that joy through the tears and anguish that I have been left with from my own births.

I cycled to school with my beautiful HWBA3C son, his long hair streaming behind him on this beautiful windy morning, but my view of this was hazy as the tears streamed down my face, not the tears of joy for the new baby that has arrived in our family, but my tears of sorrow, my own self pity; self pity that I truly resent.

It is nearly 21 years ago that my daughter, my first baby, was born; what should have been a purely joyous event, but has been permanently marred by the inept and over medical mess that is our maternity service. My two eldest son's births were hideous, when they could have been beautiful. Even my triumph of a HWBA3C, over 11 years ago, a really good birth, certainly in comparison to most births, was not what it should have been because of the impact of medicine on birth. I want to scream out for what

should have been.

This morning I have been brought back to wanting to go and see every person that was involved with causing me this trauma; the midwife that would not support the home birth I wanted with my daughter all those years ago; those that lied to me and told me I could not have a homebirth after a section; that I would have a better chance of a VBAC if I was induced when I went more than 10 days past 40 weeks; and the stream of people who physically interfered with me in the name of medicine. I want these people and others to know the impact of what they do to women during pregnancy and birth, these effects last a lifetime, they are not something that I will get over, this is something that will continue to come back to haunt me.

I am left to think what a mess I would be now if I had not given birth to my third son, my fourth baby, if I had been conned into further totally unnecessary surgery. I struggle to contemplate how I would have coped with never having given birth, never having pushed a baby from my body, the way I should have done all four times.

There is a lot of talk about treating birth trauma, but that only helps you to live with that trauma, for it not to dominate your

life; it does not take it away. The wrongs that have been done to me can't be put right. Yes, helping those who have suffered birth trauma is crucial, so that people like me can put their lives back together, perhaps not the way that they should have been, but in a way that they are happy with most of the time. However, the only way to fully address birth trauma is to stop it happening in the first place.

Postscript: I am lucky that I have learned how to defuse these emotions when they hit me. I know that writing about what I felt was therapeutic and I am privileged to have the support of many other women that understand what I have been through; sadly many of them understand because they have experienced the same trauma. I am also fortunate to have family that have taken the time to understand, which has not been easy for them either. I was able to access support and pour out my emotions, this allowed me to pull myself out of this emotional pit within hours, something that I know I could not have done alone.

Debbie's account of her three caesareans and her HWBA3C, Perseverance Pays, was published in the AIMS JOURNAL, VOL 8, NO 1, SPRING 1996.

Benig Mauger discusses healing and loss of soul in childbirth Wounded Mothers

'The contractions suddenly came non-stop and I had no chance to catch up and adjust to the excruciating waves of pain. I panicked and just could not stop screaming, and then when the baby got stuck I heard them say, "Get the forceps, cut her!" It felt like an attack. Afterwards, there was blood everywhere as if a murder had taken place.'

Having a baby can be experienced as a deep trauma as the words of this mother testify. She felt violated, demeaned and disempowered. It wasn't that giving birth was the problem; it was rather that she felt traumatised by how she was treated during her childbirth experience. My book *Songs from the Womb* tells many women's birth stories; they make harrowing reading. Following such a birth, Emma had flash-

backs and nightmares. When no one listened, she gradually withdrew into a world of her own. She gained a child, but she suffered a devastating soul wound.

A difficult birth often results in emotional wounding in both mother and baby. Such 'soul' wounds are often overlooked.

A difficult birth often results in emotional wounding in both mother and baby. Such 'soul' wounds are often overlooked because we have been taught that having a baby is a potentially hazardous physical experience to be managed by medical professionals. If we emerge from the experience, relatively physically intact, with a healthy baby, then we have no cause to complain. But

many of us do. Soul wounds can take years to heal. In our modern birthing practice, preoccupation with the physical aspects of childbirth can mean overlooking the emotional, particularly the

negative psychological effects of highly medicalised births. The inevitable focus is on making sure that a healthy baby is delivered of a healthy mother. The medicalised management of childbirth and our technological advances are designed to make our lives easier, but is there a cost?

I believe there is. Technology, last time I looked, has no soul. Neither does the medical institution, which is based on the division of mind and body and has turned birth from a natural event into a technological feat. And since, as human beings, we are made up of body and soul, mind and matter, and so much more, how can technology or medicine ever even come near to understanding the mystery of modern life?

Soul wounds are part of life and can propel us into healing painful experiences necessary to our spiritual growth. Indeed this is often what happens when a birth wound is activated. The experience of childbirth in this way can be a catalyst for healing. However, in an age where the same technological advances have shown us that the unborn baby is a conscious, feeling being, an understanding of this does not lessen each person's responsibility in ensuring the incoming soul of a warm, loving welcome. The psychological impact not only of birth but also prenatal life is well documented by now. From research and studies in ante and perinatal psychology we know that not only what happens in the womb and at birth, but also at conception, is grafted into the psyche of the child, creating patterns that are carried into later life (1).

And if the mother feels wounded, so does her child. No doubt being catapulted into life at 32 weeks in a traumatic way had some part to play in leading me to study psychology and write my first book *Songs from the womb*. This experience informed me so that as a mother, antenatal teacher and later as a therapist, I was acutely aware of women's disillusionment with the medical management of childbirth. Knowing the unborn and newborn baby's exquisite sensitivity meant questioning some of the practices that have become the norm in hospitals.

People ask me, "Why is it so vital that women experience a good birth?" The answer is simple. Birth is a child's initiation into life and giving birth is every woman's birthright. The desire to have a good birth experience is so basic as to be archetypal, which means it is in our nature. So that when this doesn't happen, it can have devastating consequences, with both the mother and her baby bearing long lasting psychological scars.

At the same time that I was involved in childbirth, I discovered the work of Swiss psychologist Carl Jung. He talked about 'loss of soul' and described it as a spiritual malaise afflicting modern man. He believed that in many ways we have become alienated from our archetypal natures. Archetypal patterns possess a numinous energy that exercises a strong influence on our lives. Denial of the archetypal dimension puts us off -kilter. Giving birth and being born are archetypal experiences of great spiritual and emotional significance. However, modern medicine strips nature of its spiritual dimension, dismissing soul and wounding mothers and babies. When a birth is experienced in this way, it can propel women into trying again in an effort to 'get it right this time'.

Birth is a soul experience that for many of us is potentially profoundly healing and transformative. Most women want to experience the birth of their child as a fulfilling, joyous and creative act. Again, this is archetypal and universal. All too often this is denied them, since the psychological and spiritual dimensions of the birth process are largely unacknowledged.

In my therapy room I see bruised, depressed and traumatised women, battling to come to terms with an experience that falls far short of what birthing their babies should have been. These women are wounded mothers. Often the hurt they experience during the birth of their child touches on other hurts from the past, which formerly lay hidden in their unconscious, or in the darkest corners of their hearts. They are wounded because instead of

experiencing joy in the birth of new life, they feel pain. Depressed, they may find it hard to feel love for their child or others close to them. Or they may feel love, but it will be tinged with pain.

Healing birth wounds is essential to recover a sense of inner wholeness and most particularly to create fulfilling and empowering birth experiences in the future.

How can we heal birth wounds?

We should remember that there is a collective as well as a personal dimension to human experience so that in healing the personal we also heal the collective. We should also remember that each person's experience is unique to them and that each healing process is different. In the personal section (below), I have outlined my therapeutic approach, which most women have found effective in helping them heal from such birth wounds.

On the collective level:

We must empower pregnant women and return birth to parents where it belongs. Pregnant women, taught that birth is a technological feat to be managed by professionals, are often disempowered and alienated from their innate, instinctive ability to give birth.

We must restore full choices in childbirth so that women can give birth according to the dictates of their bodies. We need to free the instinctive feminine.

Healing the collective mother wound means reclaiming the feminine in our culture so that childbirth is perceived and managed differently. It means reinstating the neglected and wounded mother archetype.

On a personal level:

Healing means listening to the lost voice of your soul. Be prepared to listen to your soul needs. Working therapeutically means giving voice and form to the unconscious by writing, recording of dreams, painting, movement, telling your story to others, and having it heard (therapy).

Take responsibility for your healing process. Take your health and well-being into your own hands. Although anger towards those who you consider to be the perpetrators is appropriate, remaining a victim to it will imprison you.

Remember that what you don't feel you can't heal. Your willingness to suffer and endure the wound will bring you, in time, to healing. Try and clear a previous birth wound before giving birth again. If pregnant, dialogue with your baby; remember and hold to your heart the amazing resilience of the human spirit in the face of adversity. Keep your heart open and trust that your soul knows the way.

When you come to give birth again, trust your inner wisdom and choose your place of birth carefully.

When we understand our birthing challenges as spiritual tasks of empowerment, it both heals and frees us. Healing will happen when there is an awareness of the emotional and spiritual significance of the birth experience. When birth attendants realise and honour both the exquisite sensitivity of the unborn and the sacred dimension of giving birth, and combine technology with soul, we will have a new model of birth, empowered yet vulnerable.

This Article first appeared in AIMS Journal Vol.19 No.1, 2007

Reference

1. Raphael-Leff, Psychological Processes of Childbearing in Mauger, B., Healing the Wounded Mother P.70.

Benig Mauger is a Jungian Psychotherapist, writer, lecturer and pioneer in ante and perinatal psychology. She has a private practice, teaches and runs workshops internationally. Benig is also author of *Songs from the Womb – Healing the Wounded Mother and Reclaiming Father – The Search for Wholeness in Men, Women and Children*. For more information, please view: www.soul-connections.com

My Experience of Post Traumatic Stress Disorder (PTSD) after Childbirth

Michelle Barnes

Post Traumatic Stress (PTS) is a set of normal reactions to a traumatic experience. Reactions such as dizziness, feeling faint, elevated blood pressure, feeling numb or dreamlike, fear, denial, irritability, anxiety, intense anger with self or others, poor decision making, panic attacks, intrusive thoughts, flashbacks, tearfulness/emotional outbursts, sleep problems, and reluctance to talk about the event or wanting to talk about it all the time etc.

Sometimes stress reactions appear immediately after the event, sometimes days, months or even years later. Only if these symptoms persist for more than a month is it referred to as a disorder and called PTSD. The Birth Trauma Association (www.birthtraumaassociation.org.uk) provides support and advice to women with PTSD after child birth. With understanding and support stress reactions have been found to pass more quickly.

After the birth of my son in September 2003 at times it felt like I was going mad. I have since discovered that PTSD is a psychological phenomenon, and an emotional condition, from which it is possible to make a full and complete recovery. I was not going mad but I did require specialised help.

Unfortunately, giving birth turned into an event that shattered my deeply held beliefs about hospitals being safe and benevolent. The months that followed were the worst of my life when they should have been the best.

Following a traumatic, potentially life threatening event the body is in chaos. It takes some time for the brain to accept that the danger has passed. It took months for me to accept that my son wasn't going to die and over 2 years to discover that he was never in danger in the first place. It was like a dark cloud was hanging over me and I was worried and anxious about everything. I heard fireworks outside and it filled me with dread, I couldn't even watch television and had to keep turning the sound down. I was obsessed with good hygiene and became tense and on

edge if visitors came and wanted to hold him. Even though I wanted to protect him I was unable to bond with him because my emotions were numb. I lost my appetite and people even comment now on how quickly I lost weight. Everyday it felt like I was taking one step forward and two steps back, the smallest task was a struggle.

By the time the Health Visitors came I was too scared to say anything because I felt that bad I truly believed I might have to go back into hospital, or that they might try to take my baby away from me.

Luckily and not uncommonly the severe symptoms spontaneously subsided after a couple of months. I have since cherished every moment with my precious little boy and the bond we have is truly amazing. Luckily I found AIMS and through them the Vaginal Birth after Caesarean E-Group <http://health.groups.yahoo.com/group/ukvbachbac/>. Both have given me the much needed information, emotional support and encouragement to have another baby.

I am currently working with a local Maternity Forum Group and Sheffield Maternity Services Liaison Committee. I and another lady who suffered PTSD are lobbying to get the Trust to provide PTSD psychological support. We hope that if the Trust is made to pay to repair the damage they've caused they might start to look at trauma prevention as a more cost effective solution. I am also in the process of writing a book about PTSD after child birth. I am hoping to raise awareness of this serious condition of anxiety, and ensure women get the immediate help they so desperately need after a traumatic birth. For further information or to make a contribution please email: mmmbarnes@blueyonder.co.uk

For further information, support and self-help in surviving trauma visit www.traumatic-stress.freeseve.co.uk.

AIMS Journals available from www.aims.org.uk



Journal Vol 19, No 1 - Birth Trauma

In this Journal - Guest Editors Michelle Barnes and Sarah Stenson introduce this issue, Jean Robinson asks 'Where do we go from here?', Michelle talks about her PTSD after childbirth and her emotionally healing second birth, and Sarah tells us why 'disappointment' trivialises the impact of traumatic birth whilst Mavis Kirkham in 'Traumatised Midwives' discusses why mothers are not the only casualties of the system

£3.00



Journal Vol 18, No 2 - Breastfeeding

In this Journal - Beverley Beech reviews the uphill battle to breastfeed in a modern society, we report on Nestlé exit from the Perrier Award for Comedy, and their involvement with Body shop and Jean Walker questions whether our society undermines women's ability to breastfeed by promoting early weaning, additional feeding with artificial milk and over emphasises weight.

£3.00

Vroni Holzmann

Double Take

The Double Take programme enables mothers to meet other new mums and share their problems, as well as the chance to receive a professional portrait of their baby. There is also the opportunity to learn about photography and by the end of the sessions the participants will skillfully take photographs of their own children.

"What is my future?", an exhibition shown at the Ocean Terminal in Leith, featured photographs by Edinburgh-based artist Vroni Holzmann, as well as statements about motherhood from the participants themselves. Vroni is a photographer, musician and mum of one, and specialises in baby and child portraiture.

Double Take has been short-listed for a Social Enterprise Development Award from Scotland Unltd. The photography for

this exhibition took place at the Birth Resource Centre.

Vroni is keen to repeat the success of the Double Take project, and would like to hear from women with babies or small children who feel vulnerable for any reason. Participants may be in circumstantial difficulties e.g. very young mothers, single mothers, housed in deprived areas, medical difficulties or mothers who struggle for personal reasons. Please call or email Vroni to note your interest if you would like to take part, or if you would like to sponsor a place in the project.

Contact details:

e-mail: doubletake@babyphotographie.com
or call 0131 228 4373



I am in an extremely difficult situation

I am struggling most with the stress of coping with a newborn baby on my own in a foreign country with no family. The day after we brought our daughter home from the hospital, I was a victim of domestic abuse.

I suffer from the separation from my daughter's father, and not having a home of my own.



I am a single mum from another country

I struggle with the lack of free time, exhaustion and homesickness...

What's my future? Being from far away and now single I have the dilemma between wanting my daughter to know her dad and going back home. Maybe the fact that my daughter is nearly 2 and I'm still a fulltime mum makes some people think: why is she not working, she could put her child into nursery. But I personally think it's healthier for them not to go to nursery or school too early.

Breastfeeding

Breastfeeding for me felt like it started when I was pregnant. After an antenatal class I had a vivid dream where I was breastfeeding a cat (perhaps this was a sign of things to come)! When I woke up I had made some sort of connection and knew I wanted to breastfeed my baby.

After a very long and difficult labour my baby was born by emergency caesarean section. I did not get to hold him straight away. We had skin-to-skin contact in the recovery room but I was exhausted and emotionally detached. Soon after we were taken to the post natal ward. It was upsetting and frustrating to hear him cry but have to wait on someone responding to a buzzer before I could touch him. The midwifery staff told me it was important to change his nappy before I fed him. Although I asked them not to do this, it was what they did, and so Luke was distressed by the time I got him in my arms. I fed him lying down and a bond began to form between us, it was such a warm feeling to watch my newborn relax at my breast. I knew little about breastfeeding but instinctively felt we were doing okay and were learning together.

Two days postpartum, and having only just begun being able to move on the bed myself, a member of staff came up to me and told me I was "doing it wrong". She told me to sit up properly and then demonstrated how to hold my baby. My disability did not allow me to hold Luke the way she proposed and so she said it could not work and someone would have to latch him on for me. Having no experience or confidence and struggling to cope with the birth, I did not question this. I let her position my baby on me and from that point on asked the nurses or my husband to position Luke whenever he was hungry. Very quickly I began to feel sore and each feed became a distressing and painful experience for both of us. My nipples cracked and I cried as he tried to suckle. I felt useless and humiliated. Not only had I 'failed' the birth but I wasn't even able to feed this baby myself. By 6 days postpartum, feeding felt like torture and one of the midwives called the infant feeding specialist. Karla came to watch us feed and was very encouraging. She showed my husband how to position Luke better but it was still agony. She left me her number but I didn't think I'd call her.

Two days later the women in the ward who had arrived after me had all gone home and the midwives started to ask if I thought I was ready. I didn't but realised that this was not working, and even if they did not believe me capable, I had to try to feed Luke myself. I was able to walk about now and so next time he looked for the breast I lay down like I had done in the beginning. It was sore, as every feed now was, but was no worse than when the midwives positioned him on me. Each time after that we practiced together and late that afternoon we were discharged from the hospital.

Back home things didn't improve, Luke was feeding often, the pain remained acute, my nipples didn't get any chance to heal ... and then I started feeling unwell. I had developed mastitis (which I'd never heard of). The number I thought I'd never use, I called often. Karla was very supportive and began to try to work with me to find ways that I could manage feeding on my own. She offered advice on how to deal with the problems that were ongoing. She lent me a pump and, with that and medication, my nipples began to heal and the mastitis cleared. However blocked ducts and mastitis was something that I seemed to have a tendency toward and although the pain lessened it did not go away completely. I started to look on the Internet and read the books she lent me. One day the pain became much worse again, so crying I got back on the phone to say that it was useless, that the pain was worse and as much as I wanted to breastfeed Luke it

just seemed it wasn't to be. I went to the breastfeeding clinic at the hospital and when Karla saw Luke and me she said she thought this new problem was thrush. We were both prescribed medication but the pain did not improve. I spent time on the phone to Karla, and, increasingly time on the Internet looking for advice. While my GP believed thrush could exist in a baby's mouth she did not believe that this could cause them problems feeding and she said there was no evidence to prove nipple thrush even existed. Fortunately between Karla's advice and a couple of informative websites I trusted that this could improve. My GP prescribed All Purpose Nipple Ointment (the ingredients for this I found in one of Jack Newman's online handouts) and Fluconazole for both Luke and I on the request of my consultant. After weeks of pain, this medication started to work and things began to improve.

Luke was 8 weeks old before we felt we were really getting the hang of breastfeeding and managing to control the pain. During the first 6 months I had repeat occurrences of blocked ducts and one more occurrence of both mastitis and thrush. The frequency of my contact with Karla reduced but I continued to use the Internet and seek advice from a breastfeeding peer support group. After 6 months there were many 'stages' to get through (distracted baby, introducing solids, biting etc) but on the whole it has been an enjoyable and rewarding experience. It has given Luke and me an attachment I don't believe we would have found any other way, and provided an important connection during my post natal depression. It also proved invaluable when he ended up very ill in hospital. It also got us through me returning to work, and many other situations.

The next main challenge to our breastfeeding relationship happened when I became pregnant when he was 17 months old. I was ill with hyperemesis gravidarum and was worried about continuing to feed my toddler while pregnant. I went back to the Internet sites I'd found useful before and found a couple of new ones. I also called Karla again for the first time in many months and was reassured. My new baby is due soon and my toddler only feeds once a day now. I have no idea what will happen to our breastfeeding relationship when the baby comes, nor what the new one between my new baby & me will be like. This time though I will trust my instincts more and will look for help from the places I trust as soon as any problems arise. I have no doubt that persevering with that initial bad advice caused many of the problems that then took weeks to resolve.

Being part of a breastfeeding support group has helped at all stages of breastfeeding. Initially for 'technical' advice then for emotional support for choosing to continue feeding my baby when others had stopped (around 4 to 6 months among mothers I know). More recently being able to support other women through their own experiences has been incredibly rewarding. I have also spent a lot of time reading and looking at various websites. Unfortunately I found it impossible to find a support group for disabled mothers choosing to breastfeed, this would have been most useful in the early days. The resources I found most useful and have returned to are.

Alison McDonald

Websites:

www.breastfeedingonline.com/newman.shtml, www.la lecheleague.org
www.askdrsears.com, www.kellymom.com

Books:

Womanly Art of Breastfeeding, La Leche League International
Ultimate Breastfeeding Book of Answers, Jack Newman Md.
Mothering Your Nursing Toddler, Norma Jane Bumgarner
Adventures in Tandem Nursing, Hilary Flower

Breastfeeding Support at the Birth Resource Centre

The Birth Resource Centre and La Leche League are working together to offer information and support to breastfeeding mothers by hosting regular support group meetings. A trained breastfeeding counsellor facilitates meetings on the second and fourth Friday of each month.

On the second Friday, mothers meet from 1030 – 1230 for discussions on a range of topics like how breastfeeding helps mothers to meet their baby's needs, how to overcome challenges, and starting solids. Mothers with all ages of breastfeeding babies are welcome. Come and bring your questions!

Mothers with older breastfeeding babies often have different questions – for instance what benefit does breastfeeding give my baby now that she's older? Or, how do I deal with criticism from others? On the fourth Friday each month, mothers with older breastfeeding babies meet from 1030 – 1230 to discuss their particular questions and concerns.

And if it's a fourth Friday and you need help feeding your brand new baby, come along – you'll be in the company of a host of experienced mothers who will be happy to help!

Karla Napier

Feeding Twins

"How are you feeling?" she asked as I went into the scan room. "Pretty tired this time," I replied, "but I suspect that's because this time I'm running around after a 14 month old toddler".

Little did I know. Five minutes later and she turned to me again with "well we can see now why you're quite so tired – you're carrying twins".

With that my world completely changed realising that life would never be the same, three children under 2, would the pregnancy and birth be over-medicalised? How was I supposed to care for three children in nappies? What about the practical things – new car, double buggies the list was endless.

And since I was still feeding Phoebe at the time, how did you manage to breast-feed twins?

Thankfully nowadays you have six months from that scan to get used to the idea of twins and to read as much as you can – while coping with an extraordinarily heavy and tiring pregnancy. And so at nearly 39 weeks, I gave birth to Rhona and Freya at 9lbs and 8lbs 1oz! Rhona's birth was swift and wonderful, Freya got stuck and I needed a section. Three days later I was home, very anaemic, weak from the section, with a 21 month old who didn't know what had hit her and two very demanding, but thankfully healthily large babies.

Having fed Phoebe to 16 months, I was determined to make a good stab at feeding. The midwives in the hospital were wonderful at encouraging me, trying to teach me how to do both at once, but also doing all they could to help me express and therefore increase my supply swiftly.



Rhona and Freya enjoying Mum's milk.

Rhona was plethoric (had too many red blood cells) so we had to get a lot of milk down her very quickly, and despite the predictions of the junior doctor I was determined she was going to get through the first week with no formula. So right from the start we were expressing like mad and feeding with a syringe. It was hard work and the first night out of hospital I nearly gave up (to the point that I sent my husband out to get some cartons of formula the next day – we've thrown two away cos they're now past their sell-by date and the others are still on the shelf!).

Teaching two babies to breastfeed is difficult – you don't spend nearly as much time with them, cuddled up, relaxing and

getting to know each other. Your time is spent simply surviving. The sheer exhaustion of the operation after the heavy pregnancy, the demands of the toddler and the feeding demands of two took everything out of me and I spent most of the time on the sofa feeding one and then the other throughout the day. Each day was a bonus, and each day I thought I'd be giving up before too long. If I hadn't fed Phoebe I would have given up, the pain, the exhaustion, the feeling of being completely tied to the babies – but I knew it would get better. The first six weeks passed with many tears, many frustrations and many dark times, but then I began to get the hang of feeding both at once (and

eating for Scotland – you need a phenomenal amount of food for feeding twins), although when I was very tired, which was most of the time, feeding two at once was uncomfortable on my legs – you’re much more fixed with two attached at once. You feed them, they fall asleep and you’re trapped on the sofa cos you’ve got this cushion attached around you, and if you try to move one, you’re going to drop the other! You don’t get time for the relaxing feeds – as soon as you’ve finished one, you have to put them down and deal with the other (and then work out what to do with your toddler!)

How did I get through it? I gave myself short targets – at first I wanted to get through to six weeks, then I thought three months would be good, and then by then I had been in contact with an old university friend who was still feeding her twins at 12 months (with two other children) – that inspired me, it could clearly be done ... if she could do it, I could! That’s what I needed to keep me going.

Soon after three months, I realised I had

got to the point of dreading the introduction of bottles, everyone assumed we’d go onto formula at some point, as did I, but now the idea of sterilising, mixing and working out what you did with formula filled me with panic – there’s enough to do in the day of a mother of twins without adding to it. And so it was easier to continue feeding. The horrendous times, with two going through growth spurts at the same time, or both screaming hungry but refusing to feed, faded in my memory. Now nearly seven months, Rhona and Freya have still not had formula, they are now getting too distracted to feed at the same time, but have worked out how to feed swiftly and efficiently. We haven’t had so many of those wonderful times you have with one baby when she feeds until she falls asleep in your arms, but looking down and seeing four identical eyes looking up at you as they feed is an amazing experience.

And we’ve carried on expressing throughout. My compromise to the twins was to give them expressed milk at night

– I hoped that this way they wouldn’t associate comfort with night feeds, but primarily it meant that my husband could feed one and I could feed the other – it was a sociable way of doing the night feeds and it meant that no-one fell asleep till the end – feeding twins is very soporific! The constant expressing has meant that my supply always outstripped demand which has been a great comfort especially through growth spurts.

Breastfeeding twins is possible, it requires even more food, drink and sleep than breastfeeding one, it requires a firm commitment and a lot of support from people around you – I would not have continued if my husband hadn’t been so prepared to do everything to help, and friends who told me I could do it. But in the long run it is easier and nicer, and of course, so much better for babies and mother. Twins have so little mother-time compared to their single counterparts, that I felt this was a good way to ensure that they at least had some time to bond properly with me.

Sophia Marriage

Gillian Baxendine Babywearing

I sometimes think that what a new mother expects of her baby is driven by the objects she is encouraged to buy him: a cot for sleeping in; a bouncy chair for sitting in; a pram and a car seat for travelling in. It can be frustrating when she finds out that her baby hasn’t read the same brochure; when she discovers just how much of the time her new baby wants to spend in her bed or in her arms. She may wonder how on earth she can get anything done. Part of the answer for me was to learn the age-old practice of babywearing (the other part was to learn to get less done, but that’s a different article!).

I have heard many descriptions of this intense in-arms phase. Some people talk about the “fourth trimester”, others of “nine months in, nine months out”. In Bali, babies were carried exclusively for the first six months of life and their six-month birthday marked with a “ground touching” ceremony. In Yucatan, Mexico, carrying was so much part of baby care that there was a special ceremony to mark the transition from cradle carry to a hip carry when the infant can sit by himself. What is beyond doubt is that, until a baby is crawling and freer to choose for himself where he goes, most babies will try to insist on being with

their mothers or another beloved carer as much as possible. Few of us have the luxury - or patience - to spend more than a few days sitting in chairs with our babies while others maintain our homes and fetch us food and drink. But getting things done can be very hard and the immediate reaction may be to train baby to sleep and play alone as much as possible. There is a compromise to be struck between what baby wants and what you want, but

Some people talk about the “fourth trimester”, others of “nine months in, nine months out”

focussing too hard on freeing your arms from your baby may backfire later on. A baby who leaves your arms in his own time may well be more independent and secure as a toddler than one who was pushed out ahead of his own schedule.

Think of the baby’s behaviour in the context of his experience. Inside his mother sounds from outside are muted, heard against the reassuring background of her heartbeat, breath and digestion. There is

little or no variation in temperature, light, smells or tastes and he need not worry about eating or breathing – all that is taken care of. There is plenty of movement though, as his mother sits, stands, rolls over, swims, dances. Even when she is sleeping, he can still feel the rise and fall of her diaphragm (perhaps this is why so many newborns love to sleep lying on a parent’s chest).

Then he is born and suddenly the world is full of bright and dark, loud or strange noises, hot and cold, new smells and tastes. He has to learn to breathe, to eat, to see, to move his hands and a hundred other new things. Above all, suddenly, his mother can go places without him and he can experience being uncomfortable, hungry and lonely. In time, he will learn that he can have an influence on his experience; that his calls, smiles and movements will get results but especially in the early months, he needs a lot of reassurance that the world out here is a manageable place.

So what does a sling offer this new baby? Something as close to the womb as he can get. He is warm and secure, initially with his vulnerable chest and stomach turned in to his mother. The sounds and sights of the world reach him through the

safe surroundings of his mother's smell, breath, voice and movement. When it gets too much, he can fall easily and peacefully asleep, knowing that he will not wake up alone. As he gets older, he can begin to explore the world outside from the same safe place – and more or less from his mother's point of view so that he is intimately involved in her activities and conversations.

There are less obvious benefits too. Dr Sears reports research which suggests that:

- Close mother-baby attachment stimulates the baby's adrenal hormones, which promote night sleeping and day waking;
- Close contact with mother's voice regulates baby's limb movements, teaching him to move more purposefully as he synchronises limb movements with the inflections of her voice;
- Babywearing helps to develop the baby's sense of balance (the "vestibular system") by constantly stimulating him with forward/back, up/down and side to side movement.

In short, babies seem to have been born expecting this kind of close contact and to develop optimally when they get it.

And what does the sling offer to baby's parents – apart from a happy, secure baby, a significant benefit in itself? First of all, it virtually eliminates the frustrating and time wasting effort of getting reluctant babies to take naps – and it can be used to get a restless or fussy baby to go to sleep at night as well. You can take a nap yourself with a sleeping baby snuggled in a sling on your chest. A baby in a sling will drift off while you are clearing up the kitchen, going shopping, or just taking a relaxing walk in the sunshine (or even the rain!). Once they are asleep, you can usually carry on with a sitting activity for some time before they stir (this article is being written with a sleeping baby slung on my front). The chances are they will sleep longer than in a basket, rather than coming wide awake the first time they stir. With practice, it is surprising just how much you can get done while carrying a baby, although I continue to insist to my partner that washing up is just too difficult... And at the risk of appearing superficial, carrying a 4 or 5 kilo weight for a few hours every day can help significantly with post-pregnancy weight loss and deliver a very well-toned pair of legs!

For fathers in particular it can be difficult to find their role with a new baby, especial-

ly a breastfed baby. Mother appears to have all the advantages – baby is already familiar with the pace of her walk and her breathing and quickly identifies her as the source of food and comfort. It is not unusual for babies to cry, apparently inconsolably, whenever they are passed away from mother. However, most fathers find that a fed and changed baby will settle quickly and happily in a sling for an hour or two. While a pram or car seat may also keep a baby calm, the advantage of a sling is that the baby is getting used to the feel and smell of his father and beginning to associate his body with an alternative source of comfort; and the father is getting a much more intimate grounding in the baby's patterns of napping and chattering. The same advantages apply to other carers – grandparents or babysitters may all find that a sling is a wonderful solution for a sad or tired baby.



Happy Mum and Baby with a Sling.

As I know from my own experience, in the first weeks particularly, baby wearing can seem like very hard work - especially if you are used to a fairly sedentary life. You have to be realistic about what you can achieve, or expect a fair few aches and pains. Ideally, you would share the carrying with other people although that is not always easy in our rather isolated social set-ups. More likely, you will share the load between a sling and a pram. Many mothers take both on an outing, with the sling as an infallible safety net if baby gets fed up of the pram. Jean Liedloff suggests taking a sling to carry the baby and a pram for the groceries!

The good news is that a baby does not need to be carried all the time to benefit. In a 1986 study in Montreal, researchers found that babies who were carried for at least three hours a day, and who were carried as a matter of course and not just in response to their fussing, cried significantly less (43% less to be precise) than a less-carried control group. Dr Sears suggests

**As he gets older,
he can begin to explore
the world outside.**

that this happens because the motion of being carried reminds the baby of the womb: "The familiar overcomes the unfamiliar to which he is now exposed" and his anxiety reduces; he can relax.

Let's say you are now persuaded of the benefits of babywearing: which carrier to use? There is quite a range, and different people adore different ones. The simplest to use – and also the easiest to buy in stores – are front carriers with lots of clips and straps. These have the advantage of feeling very secure and being easy to learn but they are the least flexible: for example, they cannot be used to carry a toddler on your hip, to cradle a breastfeeding baby or to carry an older baby on your back. The most flexible carriers – in effect, a long strong scarf which you wrap round you – have the steepest learning curve and can be hard to use with confidence unless you see someone else using them first. And there are a myriad of rings, wraps and pouches in between.

Gillian Baxendine

Because this can all be rather confusing, we have set up a "sling library" at the Birth Resource Centre, where you can try out different carriers before you decide what to buy for yourself – with help and demonstrations from other mothers who are more experienced babywearers. A range of slings will be available to try at the centre on Friday mornings at the same time as the breastfeeding group meets. You don't need to be breastfeeding your baby to come along and try slings – all mothers, including those with toddlers, are welcome. And if anyone has a sling they would like to loan or donate to the library, it would be very welcome too.

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our upcoming sling days at the BRC.**

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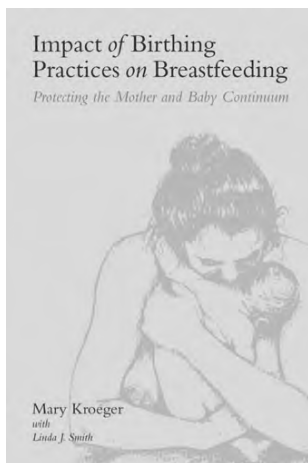
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Book Review

Impact of Birthing Practices on Breastfeeding: Protecting the Mother and Baby Continuum

By Mary Kroeger with Linda Smith
Published by Jones and Bartlett
Publishers, 2004
Price: £25.99
ISBN: 0-7637-2481-5
Ruth Bowman (reviewer)



On reading this book, I had to ask myself what was new. Does it simply confirm what many of us have suspected for years – that after a complicated birth it is harder to establish breastfeeding? There is of course much more to it than that. Mary Kroeger and her co-author Linda Smith, respectively an experienced midwife and a lactation consultant, suggest a clear link between the difficulties so many new mothers encounter in establishing breastfeeding and the inappropriate use of interventions during labour, birth and the period immediately afterwards. In particular, they highlight the effect many of those

interventions have on the baby's behaviour for several weeks after the birth, and they criticise the lack of 'joined up thinking' of certain contemporary health care policies which fail to support the vital mother-child dyad by not acknowledging the effect of birth interventions on both parties.

This book sets childbirth and breastfeeding in a historical and cultural context, discussing the range between birth accompanied by supportive family and birth in large impersonal hospitals, and highlights what we in the technology-dominated West can learn from birthing practices in different cultures.

The authors argue the need for solid scientific evidence to support a return to practices that encourage straightforward birth. They examine the evidence base for many current childbirth practices and acknowledge where there is a research gap.

Chapter by chapter, there is detailed examination of the evidence associated with childbirth practices, including emotional and practical support in labour, maternal position, eating and drinking, pain medication, surgical interventions in birth, and immediate skin-to-skin contact between mother and baby. The effect of those practices in either hindering or fostering the mother-child dyad which is essential to a happy and confident breastfeeding relationship is discussed. For example, they detail the growing evidence that an infant whose mother has used epidural pain relief in labour will be less alert and his motor behaviour significantly altered for several days after birth, and that this effect can continue for up to a month, the period during which mother and baby are learning to breastfeed.

In a chapter entitled 'Physics, Forces and Mechanical Effects of Birth on

Breastfeeding' Linda Smith examines the effect of birth interventions on the baby's physiology. She describes in detail how 'disorganized feeding' can result from a caesarean or instrumental birth because the nerves and muscles involved in sucking, swallowing and breathing have been interfered with.

If women and babies are to overcome the additional obstacles to establishing breastfeeding after a complicated birth, then their caregivers need to be aware of these issues too, and to take these problems very seriously. The authors challenge health care practitioners to empathise more with both mothers and infants, and to spend time imagining how it must feel to be on the receiving end of so many invasive procedures.

The authors are to be commended for drawing attention to an issue which has been too long overlooked. While this book should be essential reading for all professionals involved in caring for women and their newborn infants, it would also be an informative read for any interested lay person.

Breastfeeding in Hospital: Mothers, Midwives and the Production Line

By Fiona Dykes
Published by Routledge, 2006
Price: £20.99
ISBN: 0415395763
Reviewed by Clare Bartos
First published in AIMS Quarterly
Journal, Vol 18 No 2 2006
available from www.aims.org.uk.

This research-based book tackles the theory and practice of both mother's and midwife's experiences of breastfeeding in hos-



We are a network of doulas who work independently to support women before, during and after birth.

Our role is to provide emotional and practical support, and to facilitate an environment in which women and their partners can have healthy, safe and empowering experiences as they begin their journey into parenthood.

For more information please visit our website at www.scottishdoulanetwork.co.uk

POSTNATAL DOULA SUPPORT



Helping a mother to have the space, time and confidence to more fully enjoy early motherhood.

For more information please go to www.mothersmother.co.uk or call Clare on 0131 445 4445

pital. Fiona Dykes starts by taking the reader through a lot of academic theory in order to create an understanding in the reader of why the parallel experiences of mothers and midwives are as they are. She then relates these theories to the evidence gained during her research and in doing so conveys to the reader the reality of breastfeeding in a post-natal ward in 2006. The picture is a sad one. Despite the promotion of 'breast is best', mothers and midwives struggle in a climate where 'productivity' is paramount, time is scarce and seen as the enemy and caring for another is perceived as plainly demanding. The result is overworked, stressed midwives who operate in a 'factory-like' environment and unsupported, confused mothers who often experience motherhood in a detached way. Her final chapter considers the possibilities for the provision



Breastfeeding in Hospital: Mothers, Midwives and the Production Line.
Price: £20.99
ISBN: 0415395763

of post-natal care in a supportive, caring culture where relationships matter more than productivity. This is important as she suggests that the relationships between midwives and mothers are reflected in the relationship between mother and baby. Possibilities suggested include moving the focus from promotion to support of breastfeeding, more community-based post-natal care, and within the hospital setting in particular, more peer and voluntary breastfeeding support. Fiona comments on the contrast in peer and voluntary breastfeeding supporters' approaches and attitudes to those of midwives and suggests that midwives have much to learn from the voluntary organisations.

Although a fairly demanding academic and theoretical read, this book will appeal to many who have an interest in midwifery, women and child health, social and political policy and of course breastfeeding! The reference to research is refreshing amidst the background theory and clearly reveals the need for change in the provision of post-natal care. The importance of post-natal care and breastfeeding support

has been rhetoric for too long. The publication of this book will hopefully open up the much needed debate on these matters. What could be more important?

Clare Bartos (reviewer) qualified as a midwife in 1997 but following time at home with her children now works as a post-natal doula and is training to be a breastfeeding supporter.

Birth Crisis

By Sheila Kitzinger

Published by Routledge, 2006

Price: £65

ISBN: 0415372658

Reviewer: Jenny Newland

Journal, Vol 18 No 2 2006 available

from www.aims.org.uk.

"I will never have any more children, I will not subject myself to that again . . . I remember exactly what was done and said and by whom. I have the relentless torture of re-living this experience daily, especially at night . . . The videotape is always going on in my head." Sheila Kitzinger's most recent book explores the crisis of emotional suffering which can occur following childbirth when women feel out of control, not listened to and not respected during birth.

Topics include:

- increasing intervention in pregnancy
- the change in emphasis from relationships to technology in childbirth
- how family, friends and professional caregivers can respond to the needs of traumatized mothers
- why those working in the maternity system should promote change

Using quotes from women throughout, she provides a clear, comprehensive and easy to read exploration of all aspects of disempowerment, how it comes about and the emotional trauma that can be experienced as a result.



Birth Crisis
Price: £65
ISBN: 0415372658

In a way, I think this is probably a book that won't be read by those who should read it. By that, I mean that it is one of those books

that everyone should read, but probably most of those who will are women who are already more than familiar with the issues raised. For those women who have had a bad experience with maternity services in the past, there is plenty of validation for those experiences as well as information about how they might approach and plan differently in the future.

I think many pregnant women will not be drawn to this book because there is a very understandable wish to trust that the services are good and that 'they will be OK', and some of this book could be experienced as rather frightening. This reminds me that it can be a very difficult line to draw between giving information that could be frightening and information that is useful. Culturally, I think that the bad experiences that many women have are hidden from women who are pregnant for the first time in order not to frighten them, and as a midwife, I have heard women report back in different ways about this – "the information I was given was frightening and actually, I don't know what all the fuss was about", and "if only I had been told, I could have been prepared". Personally I fall in to the second category, but I know that not everyone does.

Eyes Without Sparkle – a journey through postnatal illness

By Elaine A. Hanzak

Published by Radcliffe 2005

Price: 185775655X

ISBN: £16.99

Reviewed by: Fiona Armstrong

Elaine Hanzak suffered severe postnatal depression (PND), including an acute episode of puerperal psychosis, the illness's most serious form, following the birth of her son in 1996. Eyes Without Sparkle is her first hand account of her experiences and recovery.

Following a rather difficult birth (reading between the lines, at least part of the problem seems to be that she was required to push her baby out by hospital staff long before she was ready or feeling any urge to push), Elaine brought her much wanted first baby home from hospital, and very soon began to slide slowly into depression. Feelings of exhaustion and inadequacy were followed by self harm, suicidal feelings, and a breakdown requiring months of in-patient care in a psychiatric hospital. The book then charts her recovery, rebuilding of her relationship with her son and eventual return to work as a teacher.

This book is aimed at least in part at health professionals, and she tries to draw out in her story the impact upon her of

the approach of the various professionals she came into contact with antenatally, during the birth and during her depressive illness. She partially succeeds in this, but there are a number of areas where there



Eyes Without Sparkle – a journey through postnatal illness
Price:
ISBN:

could have been a much clearer understanding and discussion of this vital topic.

I found her writing style initially difficult, as she uses clichés constantly and peppers her prose with exclamation marks, but in some ways this flaw represents one of the book's strengths as it is a personal account written in her own words. The book gets very bogged down in the first 60 or so pages with endless details of shopping trips, gifts received, and other things which could only be of interest to her friends and family. Similarly the account of her recovery seems to deal largely with visits to Ikea and Marks & Spencer. It would have been better to choose one or two of these as examples of how she was doing at any given period, rather than writing at such length about matters which give us little insight into what postnatal depression really feels like.

The book is not without its merits. There is some mention of the triggers of PND, suggesting the complex interaction between hormones, the physical and emotional changes of pregnancy and having a baby, exhaustion, and social pressures and expectations, as well as self-imposed pressures to fit an ideal of new baby bliss. She illustrates well what kinds of emotional support and empathy can be most helpful, as well as the reverse. She describes "competitive mothering" at mother and baby groups, where it seems she is the only one who has found new motherhood hard. The strain on her worsens as she wonders why everyone else appears to have babies who sleep all night and can effortlessly juggle motherhood with all of life's other tasks – and these are groups of women whose babies are only a matter of weeks old. She writes poignantly of how it would have helped her to hear of other women's difficulties too.

The profound problem with this book is, I feel, its writer's lack of insight. There is a lot to be learned about PND in this book, but readers must largely find it out for themselves as Elaine Hanzak does not always seem to have realised it herself. She never questions the raft of assumptions she has about what parenthood is about, nor her ideas about "perfect mothers and good babies" which seem at the root of some of what went wrong for her. I do not by this mean to imply that there is any element of fault, but what I do mean is that depression and the recovery from it can be a tool for self-discovery and a greater understanding of what we feel and think and why, and this is singularly absent from this book. It may be that she did not receive the counselling or therapy which would have helped her to understand more about what happened to her and why, as she does not go into any detail about what she talked about to her doctor or psychiatric nurse. Somehow a lot of this book seems very superficial, which I find astonishing as it deals with such a profound mental illness. I am reminded of one of the best books on depression I have read, called "Sunbathing in the Rain" by Gwyneth Lewis, which says that if you do not learn the lessons your depression is trying to teach you, it will come back and hit you again until you do.

This book might interest a mother experiencing PND who may find reassurance in recognising similarities between her own symptoms and those of Elaine Hanzak, and it also contains some points of use to a health professional wishing to understand better the experience from the patient's viewpoint. However, for a much more insightful, moving and better written account of PND, I would recommend Brooke Shields' 2005 account "Down Came the Rain" over this.

The Mother to Mother Postpartum Depression Support Book - Real Stories from Women who Lived Through It and Recovered

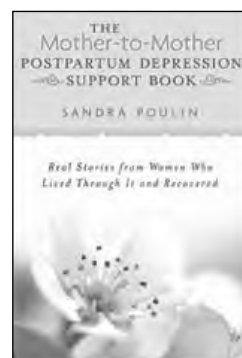
By Sandra Poulin
Published by Berkley, 2006
Price: £6.99
ISBN: 0425208087
Reviewed by: Fiona Armstrong

The aim of this book is to provide support to women experiencing postnatal depression by offering a collection of personal accounts from women who have gone through it and come out the other side. The message is that whatever you are feeling you are not alone. There is a wide range of stories grouped into

chapters with common themes. Topics covered include women who have had difficult births or breastfeeding problems, mothers with various symptoms like insomnia or anxiety, single mothers, women with twins or more and women who have experienced postnatal psychosis. There is an interesting chapter on fantasies and expectations of motherhood and the relationship between this and depression, looking at the "mother myth" and expectations upon oneself and from others about "perfection".

The way the stories are grouped allows the reader to home in on the stories which may be closest to her own situation while allowing each individual mother's story to be heard. There is no editorial comment except in the introduction and conclusion, which is good as it leaves each experience to speak for itself. All accounts are quite short which is helpful as the book can be dipped into easily, and a reader can find something relevant even if she has little time available.

Most of the accounts are from the USA, though there are some from Britain, Australia and New Zealand. The style is quite American, with lots of talk about "mommies" etc, and there is a slightly cheerleading feeling about recovery: each account ends with



The Mother to Mother Postpartum Depression Support Book - Real Stories from Women who Lived Through It and Recovered

Price: £6.99
ISBN: 0425208087

a section called "Now that I've recovered" or "Thoughts for a better day". While overall the positive message of the book is excellent, I wonder whether in the depths of depression, someone might find all this actually made them feel worse by comparison. Also, there are frequent references to God, and quotations from the bible in little boxes on the page, which might be off-putting to some people.

This book is quite unique in that it is women's own voices talking about how they feel. There are a few personal experience books around about postnatal depression, but they tend to be of one woman's own experience, where this one is a collection of many different perspectives and is all the richer for that. Even a mother who isn't necessarily suffering depression but is finding some aspects of new motherhood challenging, or is feeling isolated in any way, would find a lot of comfort and recognition amongst these pages.

Home Birth Support Group

The focus of the group is to offer support and information to anyone who might be interested in the many choices surrounding place of birth, to provide a meeting point for those who may be considering (or those who have previously chosen) a home birth, and reassurance that home birth is a realistic, reasonable, and most importantly, safe option for mother, baby and midwife.

**1st Sun of each month
11am – 1pm**

www.homebirthsupport.org.uk

INTRODUCTION TO HOMOEOPATHY

Come and join an afternoon workshop on this fascinating subject. Learn about the principles of homoeopathic philosophy, basic information and some home self-help ideas.

**29th March 2008, 10.30am - 1pm
at the Birth Resource Centre**

Please call or e-mail for further information
(£15 incl. refreshments, concessions available)

THANK YOU Volunteers

Thanks to everyone who contributed to our fantastic fundraiser event on November 3rd. It was a very successful event, we had a great time and we are planning the next one.

THANK YOU TO YOU ALL.

GIFT VOUCHERS...

...are now available to buy from the Birth Resource Centre.

A thoughtful and original present to buy your friend or relative which will be much appreciated. Buy a block of classes, or part of a block, to celebrate a birthday, Christmas or the birth of a baby.

Hand-made vouchers make this a special gift and classes include Yoga for Pregnancy, Baby Shiatsu or massage, Parent and Baby Yoga or baby music.

**For further information, please call or write to Jo
or Jenny at the Birth Resource Centre.**

From us to you...

Thanks

and acknowledgements



Photo: Vroni Holzmann

Thank you from the BRC Directors

Volunteers

We would like to extend our heartfelt thanks to all those who do so much to support the BRC. No task is too small or unappreciated. We have many volunteers who generously help us by offering time, skills or both. Fiona Armstrong, particularly, continues to provide us with much needed background support of all kinds. Thank you Fiona for your continued involvement. We very much appreciate knowing that you are there. Thank you to all.

Co-ordinators

We would particularly like to acknowledge the huge contributions that Jenny Newland has made over a number of years to the BRC, as our previous main co-ordinator. We would not be where we are now without her. We welcome her back as our counsellor, administrative co-ordinator and co-ordinator of our perinatal mental health group.

We were sorry to lose Jo Harknett as one of our very active Directors, and thank her for all she did during that time, but we are delighted to welcome her as our current co-ordinator.

We thank Rivka Owen for stepping in like a breath of fresh air, to assist Jo last term. She was a pleasure to work with, and we wish her well on her journey to become a midwife.

Our co-ordinators are a crucial part of the organisation, and manage to juggle the many different tasks expertly and with exceptionally good humour and ability.

Previous facilitators

Many women support our classes, as facilitators.

We were sorry that Lee Seekings Norman was unable to continue facilitating one of our yoga for pregnancy classes. Lee has been very involved with the Centre over many years, she is still a Director, and we look forward to welcoming her back soon.

We were sad to lose Sandra Farmer, who led some of the yoga for pregnancy sessions and the birth preparation workshops, coming all the way from Glasgow each week, to do this. We very much appreciate your commitment to the Centre and wish you well with your classes in Glasgow.

Michelle Gow and Eva Bofias have been instrumental in keeping the breastfeeding support groups going for many months, after our previous La Leche League leader left us to take up full time work. We so appreciate your reliable, support on a completely voluntary basis. The groups could not have continued without you. Claire Bruce ran our popular baby music groups before leaving to have her second baby, and was a great support to the Centre. We thank you, and hope you might come back some day Claire, and meantime wish you well looking after your girls.

Yifat Haber started our wonderful International Group last year and Anna Neubert has been co-ordinating it over the last months. We would like to say thank you to all those women who have made this group such a success and have offered your support to other women who have recently arrived in Scotland, or who are far away from their countries and families.

New facilitators

We welcome Julie Mason. We are delighted that Julie has come back to facilitate the Thursday evening yoga for pregnancy sessions and is now running many of the birth preparation days.

We are delighted that Jackie was able to come back from her maternity leave to lead our baby music classes, as Claire was leaving. Welcome back Jackie, and thank you for putting on extra classes to try and meet the demand..

We also welcome Daisy Dinwoodie and Karen Haggis. They are our new Directors. Both Daisy and Karen have already contributed a huge amount to the Centre, working among other things on Birth and Beyond (Daisy) and on our fundraising day and evening in November (both) and co-ordinating our Directors meetings (Karen).

Finally we welcome Karla Napier. We are delighted that Karla has recently started facilitating our La Leche League Group twice a month. It is much needed and we know that it will grow from strength to strength. (see page 17)

Timetable of BRC Classes

Week-at-a-glance

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	09.45 – 11.00 Baby Music <hr/> 11.15 – 12.30 Toddler Music JACKIE	10 – 12 Yoga for Pregnancy NADINE	10.30 – 12.00 Parent Baby Yoga ANDREA	10.00 – 11.15 Toddler Music <hr/> 11.30 – 12.45 Baby Music JACKIE	10.30 – 12.00 LLL Group Breastfeeding support <i>2nd and 4th Friday each month</i> KARLA NAPIER	10.00 – 4.00 Birth Preparation Workshops <i>17th February 16th March 20th April 17th May 15th June</i>	11.00 – 1.00 Home Birth Support Group <i>1st Sunday of each month</i>
pm	1.00pm – 2.15 Baby Music <hr/> 2.30pm– 4.00 drop in session free and open to all	1.00pm – 2.15 Baby Massage LINDA	12.30pm – 2.00 Post Natal Parent and Baby yoga ANDREA	1.15pm – 2.30 Baby Shiatsu TAMSIN	2.30pm – 4.30 1st and 3rd Friday of the month International group support group for international parents and children	NADINE, JULIE OR KIM	
eve.	7.15pm – 9.15 Yoga for Pregnancy NADINE	6.30pm – 8.30 Yoga for Pregnancy NADINE		7.00pm – 9.00 Yoga for Pregnancy JULIE			



KnotStressed

PARENT & CHILD MASSAGE COURSES

Baby Massage:
Learn how to give a rewarding massage to your baby with songs, storytelling and rhymes. Baby massage helps stimulate sensory development, improve sleep patterns, relieve gas and colic, promote bonding and is great fun!

Courses are held at:
Yoga Stable, 3a Montgomery Street Lane, Edinburgh EH7 5JT

Massage for your 1–6 year old:
Toddlers and older children love massage too! Join us to learn how to adapt massage to your growing child with stories, songs and massage routines from the Massage in Schools and International Association of Infant Massage Programmes.

For course dates and more information:
Please call Iona on: 07717 783 230,
email: iona@knotstressed.com or visit:
www.knotstressed.com

KnotStressed also offer Pregnancy and Postnatal, Swedish, Indian Head & Deep Tissue Massage as well as couple workshops for birth preparation, therapeutic partner massage and massage during pregnancy. We also offer on-site massage in the workplace and work with schools and youth groups to deliver the Massage in Schools Programme for 4–12 year olds.

FIRST AID AND LIFE-SAVING SKILLS

Are you interested in learning some basic first aid and life-saving skills with a focus on children and babies?

The Birth Resource Centre offers brief classes to parents and parents-to-be covering many aspects of first aid including choking, seizures, burns, broken bones and fever.

The half-day session is facilitated by a doctor who works in paediatrics and who is a mother of two small children. Please call the Birth Resource Centre for availability and prices.

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

We are delighted that Karla Napier is facilitating La Leche League Support groups for breastfeeding on the 2nd and 4th Friday of each month. You can read more about this information on page 17.



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 Daisy 0131 333 07 88.

Birth Resource Centre

Volunteers Wanted! As you probably know we are a charity and are always looking for volunteers or people to do fundraising. If you are interested in becoming involved, please contact Jo on volunteers@birthresourcecentre.org.uk

Birth Pool Hire

The BRC has three pools for hire (two oval and one octagonal) for use at home or in hospital. The pools are strong, easy to set up, hired for a month and very affordable. If you are interested in hiring a pool, please phone the BRC or e-mail: izilove@gmail.com for availability and more information.

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@nadineedwards.org.uk.

Homeopathy

There is an Introduction to a homeopathy event on 9th March at the BRC. See page 24 for more information.

First Aid

Have you wanted to know more about First Aid so that you can deal with accidents or emergencies? You are lucky. We have courses coming up. Call us for more information.

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.

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

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.freemove.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.

Birth Resource Centre

Activity Listings 2008

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: 7.00pm – 9.00pm	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 or Julie Mason. £40 (£20 concession) for a 5 week block
Birth Preparation Workshops for women and their birth partners	Saturdays: 10.00am – 4.00pm Next workshop dates: Please phone or email. Extra workshops are run on demand. Please contact us if you would like to come but cannot make the above date	One day workshops which focus on support during labour, positions, massage and natural birth aids. Please enquire about additional dates.	Led by Nadine Edwards or Julie Mason. £70 (£35 concession) for each couple; £85 (£42 concession) for woman and two birth partners.
Parent and Baby Yoga	Wednesdays: 10.30am – 12.00noon (4 mths to crawling) 12.30pm – 2.00pm (under 4 mths)	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.	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: 9.45am – 11.00am (Babies) 11.15am – 12.30pm (Toddler) 1.00pm – 2.15pm (Babies) Thursday: 10.00am – 11.15am (older Babies) 11.30am – 12.45pm (Babies)	Songs, music and fun for babies. These classes are very popular, so please phone before booking.	Led by Jackie Macdonald £30 (£15 concession) for a 5 week block
Homebirth Support Group	1st Sunday of each month 11.00 am – 1.00pm	An Informal meeting place for expectant parents considering homebirth to get together. Also an opportunity to ask any questions you may have and meet some other parents who have had a homebirth.	Led by Nicola Goodall and Kim Bradie Donation £2/£1 for tea and biscuits
Breastfeeding Support and Information	10.30am – 12.30pm 2nd Friday La Leche League baby group 4th Friday of the month La Leche League older baby and toddler	An informal get together for mums and a chance to get to know others and share breastfeeding successes and challenges.	Led by Karla Napier Donation £2/£1 for tea and biscuits
International get together	1st and 3rd Friday of the month 2.30pm-4.30pm	Are you pregnant or a mother and far from home? We aim to provide emotional support, an opportunity to meet other women and make friends, exchange information about birth, pregnancy and local maternity services.	Donation £2/£1 for tea and biscuits

PLEASE contact Jenny or Jo 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.