

Bloom Classes for your heart and mind.



Prenatal Class Handbook

Introduction

We are pleased to offer this unique handout packet in support of your learning. These resources include a unique blend of information and reflection, seeking to capture the spirit of the experience of birth & new parenthood.

We hope you find it to be a helpful resource over the months to come.

~ Bloom Team

We are ...

Seasoned Birth Professionals

Building Community

Supporting you through the Unknown

Nurturing your Growing Family

We Love our Work

As a family-centred business, we feel it is essential to bring values that honour the earth into our practice.

As part of our commitment to sustainable business, we have taken simple steps such as:

- pdf style handout packet
- all print handouts on 100% post-consumer waste unbleached recycled paper • marketing materials are all on 100% recycled cardstock
- emphasis on bikes and bus for travel needs
- emphasis on local, seasonal and organic produce served as snacks
- support natural & locally made baby products



How to Use the Packet?

The packet is divided into sections: Pregnancy & Birth, Pain-Coping & Labour Support, Birth Challenges, Baby Care, and the Postpartum Experience. Feel free to print any handouts you would like to keep.

1. Enjoy the range of articles included on themes related to birth and new parenthood.
2. Be sure to visit the coupon page with special deals for local businesses.
3. Please let us know at hello@birthbybloom.com if there are additional resources you would like to see included.

You will find a wide range of articles to complement our prenatal classes. You will notice that they tend to focus more on experience than information. There are many great books & online resources with quality information. We wanted to offer you some unique resources that are harder to find and offer unique preparation for birth and parenthood. We hope you find this to be a valuable resource as you prepare for birth and transition into parenthood.

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Staying Local Coupons for Bloom Clients

All of the coupons below have been graciously offered to our clients by the small businesses below. Each business is locally owned by families who are committed to supporting our community of new parents. They have been handpicked by us as businesses that represent the values of community, responsible business, quality products and environmental responsibility.

Safe Beginnings CPR

Infant and Child CPR Classes. Clients can use the coupon code "*Dancingstar*" to get two for one registration in a live infant/child CPR webinar.

<https://safebeginnings.ca/infant-child-cpr-webinar>

New Spirit Arrivals

New Spirit Arrivals is the Lower Mainland's premiere birth rental company offering both Birth Pool and TENS unit rentals. We're proud to provide complete birth pool rental kits that include everything you need to use the pool, including a new liner and hose with every rental. TENS unit rentals include a new set of professional electrodes. In addition to rentals, we also offer Placenta Encapsulation services by a Certified Placenta Encapsulation Specialist. Book your service through <http://www.newspiritarrivals.ca> using the promo code '*DancingStar*' to receive 10% off rentals and encapsulation services.

Natural Pod

Receive 20% off your first purchase of natural toys and baby products from Natural Pod. Enter the code *dancingstar20* with your purchase.

New and Green Baby Cloth Diapers

Receive 10% off your first purchase of cloth diapers and accessories from New and Green Baby up to a maximum of \$10 savings. Enter the code *dancinstarten10* with your purchase.

Postpartum Meal Services

Bloom clients receive 5% off any order by using the discount code DANCING5. At Feeding Mama, we honour ancient wisdom and create food using local, organic, and seasonal ingredients in a modern way. We provide ready-to-eat products designed to help birthing parents recover from pregnancy, childbirth and the early postpartum phase. You can contact us at <https://www.feedingmama.ca/> or mona@feedingmama.ca.

Bloom Doula's

Our doulas come with a range of skills and experiences. Read about who they are and what they offer on our site www.birthbybloom.com/doulas. You can sign up for a free consultation to figure out more about the amazing services they offer in supporting families through their birth journeys and beyond.

Music Classes for Babies

Each week in Music Together® Mixed-Age Family Classes at West Side Music Together, babies, toddlers, preschoolers, and the grownups who love them gather for 45 minutes of fun-filled family music time. Your teacher will guide you and the other families in music activities ranging from lullabies to full-on instrument jams along with lots of movement, dancing, and connecting with each other through song. It's so much fun you won't realise how much learning is taking place! Free trial classes to all families and anyone from your community would be welcome to book one here:

<https://www.westsidemusicitogether.ca/demo-request.html>. 'Music Together at St. James in Kits or Zoom' coupon code: WSMTBirth www.westsidemusicitogether.ca

Finding Your Question by Pam England

A journalism student once asked me, “If there is one thing a woman should know before going into labour, what would you say it would be?”

I mulled this question over for a while. In the past, women knew what had to be done, and with a mixture of fear, power and surrender—they did it. Giving birth was part of their normal lives. Only now are women drawn off course by exotic (yet peripheral) choices: which books to read ... and what to believe; which tests to accept or decline; where to give birth and ... with whom; to flee from pain ... or not; and finally, which interventions, if any, would be right for them.

After contemplating the journalist’s question, I finally responded, “For each woman, the most important thing she needs to know will be different. I would encourage a mother to ask herself, ‘What is it I need to know to give birth?’ Her answer must be found within, not given to her by an expert. Each mother needs to find her personal, heartfelt question.”

The journalist wasn’t sure she understood what I meant, so I asked her, “When you were expecting, what was it you needed to know to give birth?”

She thought for a moment, and smiled as she remembered, “My question was ‘Am I strong enough to give birth?’ That’s what I worried about, that’s what I had to look into before I felt ready to give birth ... and I did use that question to help me prepare mentally.”

Mothers wonder things like:

- “What kind of mother will I be?”
- “Can I ask for help if I need it?”
- “Can I trust my body and my judgement?”
- “What will people think of me if ...?”
- “Who gives birth?”

Knowing your personal question is central to birth preparation. Whatever your question is, leave no stone unturned: ask your question often and look at it from every angle until your conscious mind is exhausted, and your heart is receptive to answer.

Don't limit yourself to a superficial question—you're not going deep enough. The answer will not come through intellectual pursuit; nor will you find it in a book (books can tell you about birth, but not about you).

Sometimes true understanding comes in a dream, when you're gazing into a fire, writing in your journal, after a good cry, or when you finally give up! Be patient: sometimes the answer doesn't surface until the throes of labour!

Pain In Labour: Your Hormones Are Your Helpers

by Dr. Sarah J. Buckley

Imagine this. Your cat is pregnant, due to give birth around the same time as you are. You have your bags packed for the hospital and are awaiting the first signs of labour with excitement and a little nervousness.

Meanwhile, your cat has been hunting for an out-of-the-way place -- your socks drawer or laundry basket -- where she is unlikely to be disturbed. When you notice, you open the wardrobe door, but she moves again. Intrigued, you notice that your observation, even your presence, seems to disturb the whole process. And, wish you might get a glimpse into the mysteries of birth before it is your turn, you wake up the next morning to find her washing her four newborn kittens in the linen cupboard.

Why does birth seem so easy to our animal friends when it is so difficult for us? One obvious difference is the altered shape of the pelvis and birth outlet that is caused by our upright stance; our babies need to twist and turn to navigate these unique bends. Even our nearest cousins, the great apes, have a nearstraight birth canal.

However, in every other way, human birth is like that of other mammals -- those animals that suckle their young -- and involve the same hormones: the body's chemical messengers. These hormones, which originate in the deepest and oldest parts of our brain, cause the physical processes of labour and birth, as well as exerting a powerful influence on our emotions and behaviour.

Researchers such as French surgeon and natural birth pioneer Michel Odent believe that if we can be more respectful of our mammalian roots, and the hormones that we share, we can have more chance of a straightforward birth ourselves.

Labour and birth involve peak levels of the hormones oxytocin, sometimes called the hormone of love, and prolactin- the mothering hormone. These two hormones are perhaps best known for their role in breastfeeding. As well as these, beta-endorphin, the body's natural pain-killer, and the fight-or-flight hormones adrenaline and noradrenaline (epinephrine and norepinephrine) play an important part in the birth process. There are many more hormonal influences on birth that are not well understood.

All mammals seek a safe place to give birth. This “nesting” instinct may be due to an increase in levels of prolactin, which is sometimes referred to as the nesting hormone. At this stage, as you may have observed with your cat, interference with the nest -- or more importantly with the feeling of safety -- will stall the beginning of labour.

Even after labour has started, there are certain conditions that will slow, or even stop the process. If the fight-or-flight hormones are activated by feelings of fear or danger, contractions will slow down. Our mammalian bodies are designed to give birth in the wilds, where it is an advantage to postpone labour when there is danger, and to seek safety.

Many women have had the experience of their labour stopping when they entered the unfamiliar surroundings of a hospital, and some women can be as sensitive as a cat to the presence of an observer. Giving birth away from our natural environment can cause the sorts of difficulties for humans that captive animals experience when giving birth in a zoo.

Michel Odent cautions that even hunger, which also causes the body to release fight-or-flight hormones, can stop labour from progressing. He advises women to eat- if they are hungry- in the earliest stages of labour; many hospitals, though, have a policy that prevents labouring women from eating once they are admitted.

Oxytocin is the hormone that causes the uterus to contract during labour. Levels of oxytocin gradually increase throughout labour, and are highest around the time of birth, when it contributes to the euphoria and receptiveness to her baby that a mother usually feels after an unmedicated birth. This peak, which is triggered by sensations of stretching of the birth canal as the baby is born, does not occur when an epidural is in place. Administration of an epidural has been found to interfere with bonding between ewes and their newborn lambs.

Synthetic oxytocin is often given by drip- that is, directly into the bloodstream- when labour contractions are inefficient. Oxytocin given in this way does not enter the brain, and so does not contribute to the post-birth “high”, and in fact can lead to desensitisation to the mother’s own oxytocin production. Nipple stimulation is sometimes used to stimulate contractions because, like breastfeeding, this causes oxytocin levels to increase.

Oxytocin has another crucial role to play after the birth. Oxytocin causes the contractions that lead to separation of the placenta from the uterus, and its release as the “after-birth”. When oxytocin levels are high, strong contractions occur that reduce the chance of bleeding, or post-partum haemorrhage.

Putting your newborn baby to your breast is the easiest way to increase oxytocin levels, but Michel Odent also emphasises the importance of privacy during the hour following birth. This gives the opportunity for uninterrupted skin-to-skin and eye-to-eye contact between mother and baby - conditions that optimise oxytocin release.

Oxytocin helps us in our emotional, as well as our physical, transition to motherhood. From the first weeks of pregnancy, oxytocin helps us to be more emotionally open and more receptive to social contact and support. As the hormone of orgasm, labour and breastfeeding, oxytocin encourages us to “forget ourselves”, either through altruism -- service to others -- or through feelings of love.

The fight or flight hormones- also called catecholamines (pronounced cat-e-kol-a-meens), or CAs- can interfere with oxytocin release during labour and after the birth. However they do have an important role to play in the second stage of labour, which is when birth actually occurs.

Early in the second stage, when the cervix is fully open but the urge to push is not yet strong, a woman can feel the need to rest for some time. This is sometimes known as the “rest and be thankful” time. After this, she may quite suddenly experience the dry mouth, dilated pupils and sudden burst of energy that are all characteristic of high levels of CAs.

This burst of CA’s gives a mother the energy to push her baby out, and Michel Odent observes that, when unmedicated, women usually want to be upright at this time. Some traditional cultures have used this fight-or-flight effect to help women having difficulty with the delivery by surprising or shouting out at this stage. It makes sense, at this point-of-no-return, for fear or danger to speed up the birth, so that a mother can gather up her newborn baby and run for safety.

CA levels drop quickly after the birth, which can make a mother feel cold or shaky. At this stage a very warm atmosphere is essential, according to Michel Odent, to keep CA levels low and to allow oxytocin to work effectively to prevent bleeding.

The other major birthing hormone, prolactin is most noteworthy for its effects after the birth. Prolactin is the major hormone of breast milk synthesis. Suckling by the newborn baby increases prolactin levels; early and frequent suckling from the first days makes the breast more responsive to prolactin, which in turn helps to ensure a good long-term supply of milk.

Like the other hormones, prolactin has effects on emotion and behaviour. Prolactin helps us to put our babies' needs first in all situations by increasing submissiveness, anxiety and vigilance.

When prolactin is combined with oxytocin, as it is soon after birth and during breastfeeding, it encourages a relaxed and selfless devotion to the baby that contributes to a mother's satisfaction and her baby's physical and emotional health.

Beta endorphin (pronounced beet-a en-door-fin) is one of the endorphin hormones which are released by the brain in times of stress or pain, and is a natural equivalent to painkilling drugs like pethidine.

During labour, beta-endorphin helps to relieve pain, and contributes to the "on another planet" feeling that women experience when they labour without drugs. Levels of beta-endorphin are reduced when drugs are used for pain relief.

Very high levels of beta-endorphin can slow labour by reducing oxytocin levels, which may help to "ration" the intensity of labour according to our ability to deal with it. Moderate levels of beta endorphin help us to deal with pain in labour, as well as encouraging us to follow our instincts. As part of the hormonal cocktail after birth, beta-endorphin plays a role in bonding between mother and baby, who is also primed with endorphins from the birth process.

Beta-endorphin also switches on learning and memory, perhaps explaining why we remember our labour and birth in such amazing detail. Like oxytocin, endorphin hormones

can induce euphoria and are also released during lovemaking and breastfeeding. In fact endorphins are actually present in breast milk, which explains the natural high that babies can get after a breast-feed. Beta-endorphin helps the body to release prolactin, underlining the elaborate interplay between these hormones of labour, birth and breastfeeding.

So there you are, at the door, with your bag in your hand and a strong contraction. You remember the oxytocin and endorphins, which you also carry with you, and with your next relaxed breath, you breathe out fear and tension. You've packed your new nursing bra, and you know that prolactin will come to your aid as well. As you take a last look around the house, you notice your cat.

She's lying down as her kittens attach to her nipples, and as you catch her eye, she winks at you.

Labour of Love by Thandie Newton

When she gave birth, actress Thandie Newton insisted on trusting the experts—herself and her baby. That choice transformed her life.

I had no idea what giving birth would mean to me. I thought it would mean endless, beating pain; anger at my husband and the world; anger even at my baby. And fear. That was the big one—fear of the contractions reeling off another round through my body. Fear of possible [...] stitches, injections, and drugs. Fear of my body being broken and ruined for a time. Mothers I spoke to consoled me with the promise that as soon as my baby was born, I would forget the pain. But you know what? I never, as long as I live, want to forget a single sensory moment of that extraordinary night. I claimed the right to my body and my experience, and got to marvel at the majesty of it. And every year as I wrap a birthday present for my girl, I will be thinking about our labor—hers and mine— and how magnificent we both were.

There's an almost apologetic embarrassment that accompanies a birth experience like mine. I can guess what other women would say after hearing my story: "She had a 'good' birth. Her first baby and only nine hours in labor? With no epidural? No vaginal tear? And to add insult to what should have been injury, she had it at home!?" But I honestly believe that had it been a longer labor—in a hospital, with stitches and drugs—it still would have been unforgettable, because I owned my experience.

It all started with my wanting a home birth. It just seemed obvious: I didn't want the conventional picture of a woman on her back with doctors urging her to push. In fact, I didn't want my experience to be controlled by anyone other than me, unless it had to. I couldn't imagine feeling "loose" in a hospital: it seemed too claustrophobic, an environment unfamiliar and forbidding. Even in the early stages of pregnancy, I knew I needed to be in a place that I identified with trust and safety, and in my home I could be whatever I wanted to be, whenever I wanted. If my pregnancy ran into trouble, I would find a hospital and readily hand the problem over to the experts, but with a healthy pregnancy, I knew who the expert was—me.

I say a silent word of thanks every day that I hung on to that truth. It wasn't easy: Almost every person looked wide-eyed with concern when I mentioned the words home birth. One mother of two was positively scathing when describing what she saw as my irresponsibility (she even felt that epidurals were necessary because she thought the pain a woman experiences is bad for the baby). The rest just called me brave. Brave? Brave to be in the place I felt most secure—or brave to be challenging the wider consensus? Either way, I felt alone. And this was the best thing that could have happened—alone, I had no choice but to find greater strength, a greater wisdom, a deeper self-love.

Looking back, the discomfort of the first few months of my pregnancy prompted that deeper self-love. Wrestling with many hormones put me painfully in touch with my physical self. My skin throbbed with eruptions; my body retained fluid as though it were drought season. I twitched with

discomfort as if I were fighting a fever. More than anything, though, I was fighting my unwillingness to surrender. But 12 weeks into the pregnancy, we met our daughter; her perfect form shone out at us from the ultrasound screen. I knew I would surrender my life for her, so to surrender my body to her

was just the beginning. But this was something I had to learn. All my adult life, I had bent my body to my will—denying it food when it was hungry, rest when it was tired, and love when it was needy. Now I began to listen to my body—to eat more, to sleep more, to love more. Once I succumbed to my body's demands, the story of my girl's life started to unfold—because I started to listen. That was the first time I realised that surrendering is not a weakness but a source of strength.

My baby and I took nine months to become physically ready for her birth. But the psychological preparation during that time was equally crucial. In the books I was reading, scores of women spoke to me about their births, and I got to know the strength of those of us who've performed this familiar miracle. Early on, I felt a kinship with women who had been active in their labours—women who had fully embraced their natural experience. I read that more often than not this means avoiding pain-relieving drugs or giving birth in water (we rented a birth pool—basically an indoor pool that takes a few hours to fill with water). But most important, these women were free to follow their instincts.

There was a question left unanswered, though. What about the pain? It wasn't enough for me to know that it was going to hurt. I wanted to know what kind of hurt. I pored over textbooks that gave anatomical accounts of the birth process—I knew why I'd feel strain in certain parts of me. I discovered that the big contractions are, in fact, the “good” ones. Gradually, a message began to form in my head: Whatever the pain would be—however strong—it would be good pain. It would be telling me where my baby was, and the stronger the pain, the better I would know my body was working. All at once, the frustration of not knowing lifted—and with it, the fear.

Then suddenly it was my turn. Although I thought my daughter would be past dates (they say most first babies are), I went into labor four days early. Being caught slightly off guard was a wonderful lesson; it allowed my husband and me to fully appreciate that giving birth is part of everyday life. That doesn't reduce its importance (how can you minimize it?), but the way the birthing process has been pushed outside normal life, the way it usually takes place in an unfamiliar place, surrounded by unfamiliar people, had all contributed to my initial fears.

In the months leading up to the birth, the idea of time had been another area of concern. How was I going to cope with hours and hours of labor? Then, as my contractions became rhythmic, my husband's watch stopped for the first time in five years. Panic struck. How were we going to time every second of the contractions? That was another moment of enlightenment: With our eyes glued to the second hand, we had felt a false sense of control—as though the watch was going to produce a baby. But with no watch, we had to listen, feel, and be truly in the moment. As my labor progressed, I was totally unaware of time passing. It was just my husband and me in the house. We spoke to my midwife a couple of times on the phone. I knew I was doing fine, so did she. (As I vomited in between contractions, my darling man was the one going green around the gills!) Later, the midwife did come; she sat downstairs in the kitchen until shortly before the birth itself. I was so full in every moment that when she said I was ready to step into the birth pool (when my cervix was almost fully dilated), I could hardly believe that eight hours had passed since the first contractions.

I must have walked ten miles in the house that night—round and round, breathing deeply as if I were by the ocean. I hadn't planned to, but it felt so good to be moving, like I was

urging my labor along, and the rhythm of my footfall made me feel in control. I'd walk right through the contractions and carry them along with me—as if each one were a person, which in so many ways was actually true. Each one had a different personality, and I never knew what to expect other than to be open and surrender to it. (And, boy, did some of them have big personalities!) In the last few hours, I stopped carrying the contractions—and they carried me. The only way to deal with the enormity of the sensation was to dive right into it, let it fill me up. And I felt it everywhere, as if I were aflame. I was awesome with the power of it—as big as the sky. I couldn't really see or hear anything, all my senses seemed to become one intense vibration through my body.

I can see why people describe it as pain, but it's so much more than that. It is a magnificent pain, an extraordinary-out-of-body sensation, a humbling one. I knew I was a vessel for this wild journey to life, and I focused with all my might on being open and strong. I felt inordinately special to be capable of generating such physical power. It bolted through my body, and sometimes I felt like I was outside of myself, a fraction of a second behind it, dazzled by it. It's strangely difficult to embrace such sheer perfection. I can hardly believe that that was me—little old me. But at the time, I realized the oneness of everything, the power that moves all of us and that we all share. I've never been so in awe of nature and creation. It wasn't just seeing lightning, it was literally feeling it in my bones.

My daughter was born into utter peace. The calm after the storm. Days later, I knew why she was such an open and trusting little thing—because she was born into an atmosphere untainted by fear. There was a gentle certainty to how we welcomed her into the world. I'm so proud of that, of the gift we gave her. For years to come, I'll be trying to fulfill the promise that began that night. And if ever I had been unsure, that night I learned how to be the best mother I could be: I believed in the truth of myself—I trusted that truth and ran with my instincts, never looking back. To forget any aspect of my girl's birth would be to forget that truth. I want to celebrate it the way I celebrate her life: hugely, joyously, forever.

Birth Story by Justin Schamotta

My first mistake had been to confuse the words 'natural' and 'easy'. Sitting smugly in antenatal classes, the choice of a drug-free home birth had seemed the simple (and only) one to make.

Strangely, it was only with the long-anticipated arrival of the birth pool that I realised that I had, in fact, mistakenly based my whole idea of birth on third-rate hospital dramas featuring Dick van Dyke. This mess of unassembled plumbing was to be the vessel into which new life was to be delivered - the, albeit brief, replacement for the miracle womb. I looked at it; the instruction book looked mockingly back.

"Man build pool," flashed across ancient ape neural pathways and my hand groped for the nearest spanner. Hours later it was time to turn it on. My wife, Linda, looked on expectantly. The way it shuddered into life, like some great relic of Victorian plumbing, was a little unnerving. More so the jet of water it happily discharged between the floorboards. Rapidly turning the thing off again, I felt like a failure. The one thing I, as a man, could help practically with had gone wrong.

Throughout the pregnancy I had been unsure of my role. Males seem to inhabit a strange sort of netherworld, destined to roam the fringes of sacred femaleness, forever trying to catch up with knowledge that others seem to have been born with. The support networks which seem to erupt beneath the feet of expectant mums seem to collapse into crumbling ravines for the expectant dad - perhaps lacking an alteration in physical appearance we are thought to remain unchanged.

As the due date drew nearer I'd sit night after night with the now working pool bubbling away in the corner and felt increasingly nervous. What would the birth be like? Would I cope? Would I do the right things? Was too much trust being placed in me? Support and love I can give, but What If? What if I crumbled at the sight of Linda in pain? What if I crumbled at the sight of bodily fluids? What if my clumsy maleness asserted itself on a fragile serenity and loudly demanded some attention? What if the combined weight of five people and a tonne of water sent us crashing through the floor of our third floor flat? What if the police were summoned following reports of screaming?

As so often happens, these concerns amounted to nothing. When Linda's contractions began at 3 am it was as undramatic as it was special. Making tea, giving massages, informing relatives, the morning passed in a breeze. As her contractions drew together in the afternoon, so did we - a close intensity which was both marvellous and draining. Outside the window where the pool sat, rain lashed at the glass and the trees rocked to their roots, perfectly offsetting Linda, who looked to be deep in the throes of some sort of spiritual ecstasy.

I've never seen anything look more right and felt humbled and privileged in my position. Staring into her occasionally wild and unseeing eyes, I finally grasped my purpose. And it was simply To Be. To try and be most fully the thing (which I hope) Linda loves about me. The present was all that mattered.

Labour Support Kit

You should pack two bags, one for your labour and one for after. Leave the after bag in the car so you have less to look after when you are in the hospital. I suggest making a list with any last minute things that need to be added to the bag. You will not be in a thinking mode when you head out the door. Note: If you are planning a home birth, you would be well advised to pack a small bag for the hospital just in case, so you can focus on what's important rather than packing.

Snacks

- Dried fruit , Nuts (almonds are wonderful for calcium and protein)
- Energy bars
- Oatmeal packages
- Broth soup
- Hydrating Drinks - Coconut water, tea, maple water, Gatorade

Hospital Comfort

- Nightgown (comfy, easy access...) and bathrobe
- Slip-on slippers
- Nursing bra & breast pads
- Socks (several pairs)
- Underwear
- Toothbrush, toothpaste, hair brush, deodorant, lip balm , hair ties
- Comfortable and loose fitting clothing to wear home
- Partner; Extra clothes, swim suit, warm hoodie/sweater, toothbrush etc.
- Extra pillow or two
- Camera/phone - make sure to bring the charging cable
- Music Playlist/ Speaker - both clam and energetic
- Coffee mugs and refillable water bottle

For Baby

- Going home outfit for baby
- 3 Receiving blankets
- Baby socks & hat
- Diapers
- Baby car seat - installed Car Seat Technicians <https://saferseats.ca/>

What to Have at Home - home or hospital birth

- Physio Ball with a flat sheet tied around it so it doesn't roll
- Lovely massage oil (lavender, orange oil, peppermint is a favourite)
- TENS machine
- Light blanket that can be washed
- Extra towels that can get stained
- Clean/new face cloths
- 2 Metal or plastic bowls
- Plastic table cloth or waterproof drop sheet
- BENDY STRAW - Not metal!!!!
- Large pack of extra-large overnight pads (not "dry weave")
- Box of panty liners
- Baby wipes
- Nipple Cream - Lansinoh
- Mother's Milk tea
- Witch hazel & cotton balls (soothes & shrinks haemorrhoids)

Home Birth Supplies

- Hot water bottle or heating pad
- Ice chips, ice cubes or Popsicles
- Acetaminophen (Tylenol or generic brand acetaminophen), 50 Ibuprofen (Advil, Motrin or generic brand ibuprofen), 200 mg tablets, Dimenhydrinate (Gravol or generic brand anti-nauseant), 50 mg tablets
- Digital thermometer
- Large, sturdy tray (e.g., cookie sheet)
- Two large garbage bags for laundry and garbage
- Large, zippered plastic freezer bag for placenta
- Mirror- for watching the birth
- Fish Net- for the birthing tub to catch floaties
- Grounded (three-prong) extension cord or power bar
- 6 flannel receiving blankets (these get messy so not the expensive ones)
- Plastic covering for the bed - dollar store table cloth works
- 1 fitted sheet – ok to get stained
- 6-8 large towels
- 2 hand towels
- 3 face cloths

First Meal

Think about what you might want to have after your baby is born. Have on hand something nutritious and delicious your birth team can pop in the oven or whip up for you when you are in bed nursing your baby. Make sure someone sets the timer!

Top 10 Helpful Reminders for Birth Partners

1. Protect privacy, turn off phones, close doors, restrict visitors. Birth is not 'a happening'; the birthing person is not a party hostess.
2. Observe/anticipate the birthing person's needs. Don't ask too many questions. Especially during the contraction.
3. Respectful silence, or talk to her slowly, softly during contractions. Use non-verbal signals.
4. It is ok to not do anything, just be present and ready if they need something.
5. Suggest bath or shower, change in position, walking, voiding.
6. Remember the # 1 Dancing Star Birth Rule: Do not offer your partner drugs. If they want pain relief they will ask for it.
7. Use encouraging words like "you are amazing", "you are doing it", "this will not last forever."
8. Encourage sips of a nutritive drink, at least 4 oz an hour. Choose coconut water, tea with honey, juice mixed with water, sports drinks (not just water/ice chips).
9. If you need a break, ask someone to help so you can take a breather and come back. You need to eat, hydrate and rest as well to be a good support person.
10. Wear the hide of an encyclopaedia salesperson—don't take any rejection or reaction personally!

Giving Birth by Caesarean

While there are many resources examining the epidemic of caesarean birth and advocacy for caesarean prevention, very few take a closer look at the practice of caesarean birth itself and how it might be transformed when a birth by caesarean is needed.

There are clearly times when a caesarean birth is the best choice for mother or baby, whether planned or unexpected. In the case of a planned caesarean birth, you have the unique opportunity to bring innovative ideas and resources to your preparation for a caesarean birth.

Here is a walk through of what to expect during a scheduled caesarean birth. Emergency caesarean births are very similar except for the getting to the hospital part. This video is made in England so some of the process might be a little bit different than what happens in our community.

Planned Caesarean Birth - <https://www.youtube.com/watch?v=yzvWTZSatPo>

Preparing for a Family-Centred Caesarean

These are some ideas and thoughts you might want to think about before your caesarean birth. You can discuss some of these things with your care provider to see if they are possible to have happened on the day of your baby's birth. Remember the birth of your baby is a moment in time. Even if it is not how you envisioned it, it is still happening. Be present. Make choices. Celebrate your child's day of birth.

1. Practice breathing and relaxation techniques to use before and during the caesarean. This can help you stay calm and manage stress or discomfort.
2. Create a birth playlist. Play music in the operating room, if allowed. It can help in creating a comfortable and calm atmosphere.
3. Have an additional support person/doula in the operating room and/or recovery room, if allowed. A doula program services may help with relaxation or be a source of emotional support. Research shows that having a doula leads to higher satisfaction with the birth experience.
4. Ask to hold the baby as early as possible in the OR to facilitate early bonding.
5. Before beginning, have someone ask, "Are you ready to have your baby now?" This can help you feel a little more in control of your birth.
6. Ask the doctor to explain the process as it is happening. This can help you to feel more present and connected with the experience.
7. Ask to have the caesarean performed slowly with the baby walked out slowly and gently which is gentler for the baby than a traditional caesarean may be.
8. Have the screen lowered or a mirror at the time of delivery.
9. Have someone take photos of the delivery.
10. Have your partner stand up and watch the delivery.

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11. Allow your partner to announce the baby's sex.
 12. Delay cord clamping. Keeping the cord attached longer allows for increased blood flow from the placenta, which has many health benefits for the newborn.
 11. Have immediate skin-to-skin contact. This helps you feel connected and gives you lots of good oxytocin to help distract you.
 13. Breastfeed the baby as early as possible, in the operating or recovery room if it feels right.
 14. Keep the baby with you in the recovery room to allow for more opportunities for bonding and nursing.
 16. Wait to have the newborn tests and procedures done with the baby after your birth so you can be part of the experience.
 17. Have your partner wait for you to be present to tell family and friends the news.
 18. Prepare to stay in the hospital for a few days.
 19. Get extra help with breastfeeding.
 20. Nap with your baby. You are healing from surgery and learning how to parent at the same time. Accept help and ask for help. You will be up and out in the community soon enough.

**“BE STRONG ENOUGH
TO STAND ALONE, SMART ENOUGH TO
KNOW WHEN YOU NEED HELP
AND BRAVE ENOUGH TO
ASK FOR IT.”**

Caesarean Birth IS Birth by Jessica Austin and Gina

In honour of Caesarean Awareness Month, I wanted to share a story of Gina, a client who chose to have a caesarean last December due to discovering her baby was breech at almost 41 weeks of pregnancy. While women do have the option of choosing to birth breech babies vaginally (read another client's vaginal breech birth story here), Gina decided a caesarean birth felt like the best choice for her after considering her options. Her story discusses why she's glad she planned to have a home water birth even though she ended up birthing by caesarean, reflects on her positive caesarean experience and mixed emotions about her birth, and talks about looking forward to having a home VBAC (vaginal birth after caesarean) in the future.

The Homebirth-Turned-Planned-Caesarean of Salome

Although I was faced with a surprise complete breech baby at 40 weeks + 5 days and ended up choosing to have a non-emergency c-section, I am so glad that we planned for a natural home/water birth. All of my pre-pregnancy research and time spent speaking with my doula, Jessica was incredibly empowering. I can truly say that I did not make my decision from a place of fear, but from a place of informed, if tearful, calm.

Throughout my pregnancy, I thought that having a c-section would be just terrible. I no longer hold that to be true. I faced disappointment with humour and cracked jokes throughout the procedure. I maintained my sense of self and tried to enjoy and soak in the experience as much as possible. It was rather surreal to wait hours for surgery and then quite suddenly meet my baby. However, the process was not traumatic or scary or cold. It was filled with bright eyes, warm smiles, reassurance, and the feeling that this wasn't just another surgery for the staff.

I am extremely thankful that I did not experience any pain or complications during or following the surgery. From all that I've been told, I had an unusually easy time of

it. Being offered discharge from the hospital the very next day was wonderful as we were all eager to come home for Christmas dinner

Despite my relatively positive experience, I do grieve the loss of all that I had hoped for. I often feel as though I am a fraud for not having experienced even one moment of labour. I also feel guilty for robbing my daughter of her own experience of being born vaginally and all of the benefits of natural labour and birth. I feel awkward using the words “born” and “birth” when speaking about her arrival. These feelings come and go and I struggle to remind myself that I made the best decision for us both at the time. There will always be what-ifs and self-doubt and, again, grief. I will be forever thankful to my midwife for assuring me that I wasn’t, in fact, “giving up” by choosing a c-section.

We have been blessed with a beautiful, healthy, vibrant, funny, strong, bright, and loud daughter. Her name is Salome Mary Allen. She weighed 5lbs 9oz at birth, looking just like her father. She loves to eat, has grown a great deal, and always makes her presence known. Her smiles light up the room and she can certainly hold a conversation. She brings us tremendous joy, she challenges us, and she loves us just as we love her.

I do hope that I am fortunate enough to become pregnant again in the future and to have my home/water birth (take two!) with Jessica by my side. Thank you for everything. Your work is beyond important. It is vital.



Update from Gina: For my second birth, I planned a home VBAC. My son was born in our bathtub at 1:31am on November 24th, 2018, weighing 7lbs 4oz. He was born at 32 weeks and 4 days.

I feel very grateful to have experienced a vaginal birth at home. Looking back, I am proud of both of my births. They were very different and each one came with unique challenges, blessings, and revelations.

To Gina (and all other women who have birthed by caesarean): Caesarean birth IS birth! I am so glad you shared your feelings about this as part of your story; it's so open and honest, and definitely something many women can relate to. When you talk about your birth, I assure you that when you say "I gave birth" or "she was born" you are using the absolute correct words, and are likely accidentally giving other women you may cross paths with who were birthed by caesarean permission and confidence to do the same. Thank you for sharing your story.

A Fulfilling Birth Experience: What Does It Take? by Penny Simkin

May 31, 1990 was my birthday, and I celebrated by attending, at 3:00 in the morning, the birth of Cedar, the first child of a lovely couple who took my Home Birth Class. I can't help thinking that this birth was very different from the other birth I attended in May, the birth of Sam, the third child of dear friends. Sam was born after 4 hours of intense back labour which was relieved by the 'double hip squeeze', cold packs, and immersion in a hot tub. Secure and confident, the mother vocalised and moved instinctively and directed her support team in specific ways to help her. She gave birth in the water, surrounded by her husband, son, daughter, midwife, and friends. The moon was full. A perfect scenario, the 'ideal' birth, a memory to be treasured.

Cedar was born by caesarean section at 43 weeks' gestation, after 4 days of on-again, off-again labour and augmentation by rupture of the membranes and pitocin. Cedar's parents were accompanied throughout labour by a favourite aunt, a close friend, two midwives, and for the last 6 hours by me. After hours of painful, 'inadequate' back labour contractions, after numerous frustrating and futile attempts to determine whether the monitoring equipment was failing to detect contractions, after an epidural block and increases in the dosage of pitocin, after increasingly deep variable decelerations with no further progress, the mother initiated the discussion of a caesarean, which by then appeared to be the best choice. The entire support team was welcomed into the delivery room, although two of the six elected to stay outside. Cedar's birth was documented on videotape. The doctor explained 'for the camera' and for the parents' later reference of what he was doing. Cedar showed clear signs of postmaturity but was immediately alert, hungry, and responsive to her father's voice. It turned out that the mother's uterus contained several fibroid tumours and a Bandi's ring, which helped explain the incongruity between the seemingly low contraction intensity and her high level of pain.

Throughout the entire labour and caesarean, Cedar's mother impressed us all with her patience, her ability to adjust to necessary changes in plans. her good questions, good decisions, and her sense of humour. She never gave up and was ever willing to continue, despite a tiring and discouraging labour pattern.

On the surface you might think of Sam's birth as 'fulfilling' and positive, and Cedar's as depressing and negative. Almost nothing went as Cedar's parents had desired or expected.

Yet, as I see it, the essential ingredients for a sense of satisfaction and fulfilment were there-- as much during Cedar's birth as during Sam's. In both cases, the parents were prepared. They were treated respectfully, patiently, and kindly by their caregivers. They were accompanied by people whom they loved and who loved them. And, the mothers were the central figures, making decisions, 'calling the shots' with the help and support of their professional caregivers. The birth experience belonged to the mothers: in one case with very little need or use of medical technology and expertise: in the other, heavy utilisation of medical resources. Both had good outcomes for mother and baby. And another essential ingredient-- an opportunity for the parents, together and individually, to reflect on their experiences-- is still taking place for both Sam and Cedar's parents. The love, care and respect both the mothers received, the opportunity to discover their strength, the safety and security of their surroundings, and the fact that they were the central figures in the drama will positively influence their memories. The complexity of Cedar's birth may take more time to process, but because the essential ingredients were there, Cedar's mother will be empowered just as Sam's mother was.

Satisfaction and fulfilment in birth do not depend on an absence of medical intervention: they do depend, however, on the degree to which these other intangible ingredients-- human values-- are present.

Why Invite A Doula by Pam England

A doula is a woman who is experienced in childbirth, through becoming a mother herself and/or by attending many births. A doula can be trained and certified or may enter the profession via her life and birth experiences. Doulas provide emotional, practical, and physical support throughout labour and birth. Many doulas work with expectant parents during pregnancy and in the postpartum period as well.

Ideally, doulas provide support to both the labouring mother and her partner or family. Research shows that when the mother and father are “mothered” in labour and early postpartum, the parents experience a “halo” effect postpartum, i.e. they start off feeling more confident in their new parenting role.

In most communities, there are doulas who offer labour and postpartum support privately.

Why invite a doula to your birth?

Many women intuitively feel that having another woman present throughout labour would be helpful. Having a familiar face staying by her side helps her feel more prepared and confident in coping with the intensity and unknowns of birth. A doula doesn't provide medical care, so she can completely focus on the emotional and physical support of the labouring woman.

Many fathers and partners feel reassured by the presence of a doula. Because few people in our culture (especially men) attend a birth before the birth of their own child, it is helpful to have someone who is experienced in birth be a continuous and comforting part of the birth experience. When the partner wishes to be the primary support person for the labouring woman, the doula is able to be the extra pair of hands and eyes who helps out where and when needed.

There are many reasons why some people do not hire a doula. Sometimes a couple wants to have birth be their experience, and they feel that an additional person may diminish or intrude upon it. Perhaps the couple feels confident and has a lot of mutual trust. It can also be a financial decision, so a doula is not hired in order to save money.

Some things to consider if you or your partner are reluctant to hire a doula:

A trained doula can help create and protect intimacy within the birth space. If labour is long or challenging, the primary support of even the most devoted father/partner might dwindle in sheer exhaustion. Doulas help partners discover their own strengths so that they can better support the mother. And if finances are an issue, ask around for volunteer or low-cost doulas, ask for doula services as a shower gift, or save your pennies. Doulas are worth it!

Sometimes parents think that a close friend, family member, or a friend who is a labour & delivery nurse or maternity nurse would be a great labour support, because they've had experience in birth. The person who will support you **MUST** trust birth, trust you, and have enough experience in birth that she can be a creative resource in helping you through labour's sudden twists and turns. If the person at your birth is used to managing problems in birth, she will not necessarily know how to reassure you or make suggestions for getting through normal labour. Doulas are trained to provide emotional and practical support, both to the mother and to her partner. They are fully dedicated to being present and respectful of the mother and her birth experience.

Birth and Postpartum Recipes

Groaning Cake

"The tradition of the groaning cake, or kimbly at (or following) a birth is an ancient one. Wives' tales say that the scent of a groaning cake being baked in the birth house helps to ease the mother's pain. Some say if a mother breaks the eggs while she's aching, her labour won't last as long. Others say that if a family wants prosperity and fertility, the father must pass pieces of the cake to friends and family the first time the mother and baby are "churched" (or the first time they go to a public gathering) after a birth. Many cultures share similar traditions...a special dish, bread, or drink, spiced with cinnamon, all spice, and/or ginger. At one time there was even a "groaning ale" made to go with it...

I made groaning cake the day of my son's home birth and my neighbour brought me "health bread" the day after the birth. This recipe is a combination of the two. It has apple, molasses, orange juice and spices and can really help to see a woman through a long labour, or give her strength after the birth!" ~ Amy McKay, The Birth House

- 2 ½ Cups Flour
- 3 eggs
- 2 tsp. Baking powder
- ½ Cup oil
- 1 tsp. Baking soda
- ½ Cup orange juice
- 2 tsp. Cinnamon
- ¼ Cup molasses
- ½ tsp. Ground cloves
- 1 1/3 Cups sugar
- 1 ½ cups apple (grated, no skin)
- 1 tsp. Almond extract

Sift dry ingredients together. Add apples. Beat eggs. Add oil, orange juice, molasses and sugar. Add to dry ingredients. Mix well. Add almond extract. Bake at 350 F. for 35-40

minutes. Makes two 9 X 5 loaves or about 18 muffins. Additions: raisins, dates, dried fruits, or nuts. Set a timer just in case things pick up. :)

Midnight Treat

These are a great way to get the energy boost you need to make it through the night, with lots of protein to support milk production.

- ½ C Peanut Butter or Almond or Cashew Butter or mixture
- ½ C Honey or Rice Syrup, can also use part Molasses
- Handful Sunflower Seeds
- Handful Sesame Seeds
- Handful Flax Seeds or Flax Meal
- Handful chopped nuts of choice
- 3 T Carob Powder
- Small Scoop Protein Powder
- Several handfuls of healthy version of rice krispies

Melt Peanut Butter and Honey together in a saucepan until liquidy. Pour into a bowl and add dry ingredients. Add additional dry ingredients until the dough is sticky enough to form balls, but not toooo sticky, and not so dry that it won't stick together. This is a highly improvisational recipe, just throw things in until they feel good. Form balls and put in the fridge. You can store them in an ice cube tray in the fridge, that way they won't stick together and it will help keep you from eating too many at once.

Chicken or Beef Bone Broth

- 2 lbs whole chicken parts - bones, skin etc. or 4 lbs of beef bones. Good quality is important.
- ¼ cup apple cider vinegar
- 1 medium yellow onion peeled and halved
- 2 inch knob of fresh ginger peeled and halved

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- ❑ 2 whole garlic cloves, peeled
 - ❑ 2 medium carrots, sliced
 - ❑ 2 celery stalks
 - ❑ 2 leeks (optional)
 - ❑ 1 tablespoon of each Sea salt and pepper

For beef optional Add ins

- ❑ ½ teaspoon whole cloves
- ❑ ½ teaspoon star anise

**Roast beef bones in the oven with the ginger and onions at 350 for 30 minutes

Add 3 liters of water to bones or about 1 inch of water above the bones. Bring to a boil. Add the rest of the ingredients, cover, reduce to a simmer for 3-4 hours. Strain and use. Freeze up to 3 months.

Overnight Lactation Oats

- ❑ 1/2 cup Old Fashioned Rolled Oats
- ❑ 1 can of high fat coconut milk
- ❑ 1/4 tsp Vanilla Extract
- ❑ 1 tsp Ground Flax Seed
- ❑ 1 tsp Chia Seeds
- ❑ 2 tsp brown sugar/or maple syrup
- ❑ 1/4 cup Blueberries fresh or frozen
- ❑ 1 pinch Salt

Fill the mason jar with mixture. Top with blueberries. Cover mason jar and leave it in the fridge for at least 4 hours to allow enough time for milk to soak through the oats and for coconut milk to absorb into the chia and flax. Leaving them overnight is ideal.

Nettle and Fennel Tea

- ❑ 1 cup dried nettle leaves
- ❑ 1/4 cup fennel seeds

Bring water to a boil and reduce heat to a simmer. Add herbs, cover, simmer for 30 min- 1 hour. You can store it in the fridge for up to 3 days. Add honey if desired.

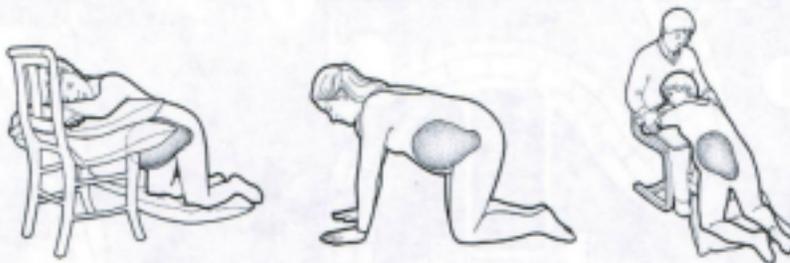
Positions for Laboring Out of Bed

WALKING, STANDING, AND LEANING



- Helps stimulate effective contractions.
- Works with gravity.

KNEELING



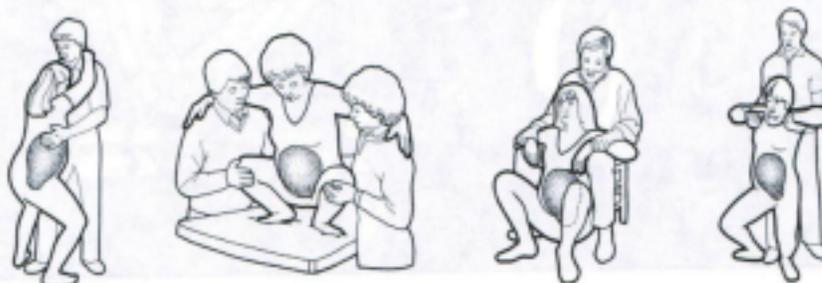
- May relieve back pain.
- Helps baby rotate to most favorable position: occiput anterior (OA).
- Relieves hemorrhoids.

SITTING



- Uses gravity to help baby's descent.
- Allows rest between contractions.

SQUATTING



- Uses gravity to help baby's descent.
- Opens pelvis to provide more room.

Working With Your Baby

These positions are great to try before your baby arrives or while you are in labour.

- Pelvic rocks; sway your hips back & forth in circular movements
- Walk as often as you can - to move the baby, move the mother.
- Side lying. Make sure you put lots of pillows between your legs. Extend your top leg over the pillow to open up your pelvis.



- Sit & rock on a birth ball
- Cat stretches
- The Abdominal Lift ; Standing while leaning forward, lift one leg on a low stool, lace your fingers under your belly & lift 1 to 2 inches during contractions then gently tuck your belly in about 1 inch as contraction fades.
- The Open Knee Chest Position - Bum up chest on the bed.



Birth Affirmations

You can print out this page and add it to your birth supply basket for your partner. Add words you would like to hear in the white space on this page and cross out any that you don't like.

Instructions: Speak in a calm, strong supportive voice. Watch your partner as you say these words. Are they bringing comfort? If words are not working to comfort them try non-verbal touch. Look at where they are holding tension and put gentle pressure on the spot. Don't forget to breathe yourself. Remind yourself that birth works, babies are always born.

- ★ You are so strong
- ★ You're doing great
- ★ Each sensation is bringing you closer
- ★ These sensations are bringing you our baby
- ★ Soften/Relax your jaw, neck, shoulders, forehead
- ★ Let go of that one, take your break
- ★ You know what to do, listen to your body
- ★ You can do it
- ★ You ARE doing it
- ★ Trust your body
- ★ There is lots of space in your body
- ★ Focus on my hands
- ★ I'm right here with you
- ★ Breathe with me
- ★ You're safe
- ★ Our baby is almost here
- ★ These sensations are not bigger than you can handle
- ★ This will not last forever, it will end
- ★ I love you

Take Charge Routine by Penny Simkin

Reserve this routine for any time during labour when the birther reacts in any of these ways:

- the birther...
- hits an emotional low.
- is in despair, weeps or cries out.
- wants to give up or feels she cannot go on.
- is very tense and cannot relax.
- is in a great deal of pain.

The Take-Charge Routine is exactly that. You move in close and do all you can to help the birther until she regains her inner strength. Usually her despair is brief, and with your help, she can pass through it, and her spirits will rise. Use whatever parts of this routine seem appropriate:

- Remain calm. Your touch should be firm and confident. Your voice is calm and encouraging.
- Stay close. Stay right by her side, your face near hers.
- Anchor her. Hold her shoulders or her head in your hands – gently, confidently, firmly – or hold her lightly in your arms.
- Make eye contact. Tell her to open her eyes and look at you. Say it loudly enough for her to hear you – but calmly and kindly.
- Change the ritual she has been using during contractions. Suggest a different position. Try changing the breathing pattern. Breathe with her or pace her with your hand or voice.
- Encourage her every breath. Say "Breathe with me ... BREATHE WITH ME ... That's the way ... just like that ... Good ... STAY WITH IT ... just like that ... LOOK AT ME ... Stay with me, Good for you ... It's going away ... Good ... Good ... Now just rest. That was so good." You can whisper these words or say them in a calm, encouraging tone of voice. Sometimes you have to raise your voice to get her attention. But try to keep your tone calm and confident.

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- Talk to her between contractions. Ask her if what you are doing is helping. Make suggestions. For example, "With the next one, let me help you more. I want you to look at me the moment it starts. We will breathe together so it won't get ahead of us. OK? Good. You're doing so well. We're really moving now."
 - Repeat yourself. She may not be able to continue doing what you tell her for more than a few seconds, but that's fine. Say the same things again and help her continue.

What if she says she can't or won't go on? Here are some guidelines:

- Don't give up on her. This is a difficult time for her. You cannot help her if you decide she cannot handle it. Acknowledge to her and to yourself that it is difficult, but remind yourselves that it is not impossible.
- Ask for help and reassurance. The nurse, caregiver or another support person can help a lot – doing some of the coaching, trying something new, even reassuring you that the mother is OK and that this is normal.
- Remind the mother of her baby. It may seem surprising, but women can get so caught up in labour that they do not think much about their baby. It may help her to remember why she is going through all this.

Remind the birther that it won't go on forever.

What about pain medications? Do you call for them or not? It depends on:

- The mother's prior wishes: Did she want an unmedicated birth? How strongly did she feel about it? Sometimes asking for pain medications is a way of saying "I need more help."
- Her rate of progress and how far she still has to go.
- How well she responds to your more active coaching.
- Whether she is asking for medications herself and how easily she can be talked out of them.
- DO NOT OFFER HER MEDICATION- even if you think she should have it.

These considerations can help you decide what to do. It is sometimes difficult to balance present wishes against prior wishes. Try to stick with what the mother wanted before

labour regarding the use of medication. But if she insists on changing the plan, respect her wishes.

Numerous women have said, "I never could have done it without my partner. If it hadn't been for him (or her), I would have given up." By using the "Take-Charge Routine," you can indeed get the mother through those desperate moments when she feels she cannot go on; you can truly ease her burden by helping with every breath.

The 3 R's in Childbirth Preparation: Relaxation, Rhythm and Ritual by Penny Simkin, PT

The 3 R's approach to childbirth preparation is a simplified approach based on observations of labouring women and how they actually cope with pain and stress in labour. Some cope well; others are overwhelmed in labour. There are three characteristics common to women who cope well:

1) They are able to relax during and/or between contractions.

Early labour relaxation during contractions is a realistic and desirable goal; later in labour, however, many women cope much better if they don't try to relax during contractions. They feel better if they move or vocalise during the contractions, or even tense parts of their bodies. It is vital, however, that they relax or be calm between contractions;

2) The use of rhythm characterizes their coping style;

3) They find and use rituals, that is, the repeated use of personally meaningful rhythmic activities with every contraction.

While women draw heavily on the coping measures they learned in childbirth class, those who cope well usually do more than that; they discover their own rituals spontaneously in active labour. If disturbed in their ritual or prevented from doing the things they have found to be helpful, labouring women may become upset and stressed.

Women are most likely to find their own coping style when they feel safe and supported, and are free from restrictions on their mobility and their vocal sounds and are also free from disturbances to their concentration, such as other people talking to them or doing procedures on them during contractions.

Following are some examples of unplanned spontaneous rituals discovered by labouring women:

- One woman felt safe and cared for when her mother brushed her long, straight hair rhythmically during the contractions.

• Another rocked in a rocking chair in rhythm with her own pattern of breathing. • Another wanted her partner to rub her lower leg lightly up and down in time with her breathing. • Another wanted her partner to count her breaths out loud and point out to her when she was beyond the number of breaths that meant the halfway point in the contraction.

• Another dealt with her back pain by leaning on the bathroom sink, swaying rhythmically from side and moaning while her partner pressed on her low back.

• Another, who had rowed crew in high school, used a visualisation in conjunction with her breathing pattern: each breath represented a stroke of her oar, helping her to “glide smoothly” through the contraction.

• Another let her breathing follow the rhythm of her partner’s hand moving up and down (“conducting”); she focused entirely on the partner’s ring with its blue stone as her guide.

Once a woman finds a ritual, she depends on it for many contractions. Changing the ritual or disturbing it throws her off. Most women change their ritual from time to time in labour, when a change of pace seems necessary.

Looking Into The Eyes Of The Dragon - Overcoming Fears About Pregnancy

by Robin Sale

Recently, a father told me about a preschool field trip he had attended with his four-year-old son. They had arrived at a farm where a goat was about to give birth. As more and more children gathered excitedly to watch, it became apparent that the goat was growing more and more agitated. Aware of her audience, her labor seemed to come to a halt. Finally, after many disruptions, she grunted and, lifting her heavy body, made her way to the back of the barn. Having found privacy, she quickly birthed her kids as the children secretly watched through peepholes.

Under normal circumstances, the flow of labor proceeds best without interference. If the above quote does apply to the natural flow of labor, what is it, then, that impedes this natural flow? Often, the answer is fear. Fear, in its many guises, can significantly slow down and inhibit the ability of the body to give birth naturally. Unlike other mammals, human beings have the ability to harbor numerous fears besides those that may present themselves in the immediate birth environment -- fears from past experiences as well as myriad imagined fears about the future.

A woman experiencing excessive fear during childbirth will unwittingly disrupt the progress of her labor. Fear causes the body to release the fight-or-flight hormones called catecholamines. These hormones are in direct conflict with those that cause labor to progress smoothly, including endorphins, the body's natural pain-reducing hormones, and oxytocin, which causes the uterus to contract in a smooth, powerful, and coordinated way, urging the baby into the world.

As Paula Holtz, CNM, MA, describes it, this internal conflict is like having one foot on the gas and the other on the brake: you just do not go anywhere! Thus, oxytocin is needed to strengthen contractions, and epidurals are required to relieve pain and exhaustion. Ultimately, a caesarean section may be necessary because of a "failure to progress."

A friend of mine told me the following story of the birth of her first child: "Labor was going along just fine. I was nearly completely dilated when everything just stopped! No more contractions. We waited a while, puzzling over this abrupt change. At some point, my

husband looked at me and asked, 'What do you think is going on?' Just then I burst into tears. I was overwhelmed with the feeling that life was forever changing and afraid that this child would somehow come between my husband and me. We'd been married ten years. I shared my fear with him. He, too, had similar feelings. As we talked, we came to realize that this baby would bring us to a new level of love that we would otherwise never know. With this realization, labor resumed, and within an hour we welcomed our sweet baby girl into our family."

Acknowledging fears and working with them prior to birth will mean that much less tension will be carried into labor. Like the proverbial dragon under the childhood bed, often our fears become important resources when invited out into the light of day.

Many women quietly harbor fears that something might go wrong with the birth or with the health of their baby. They may keep these fears to themselves out of a superstitious belief that to speak about them may cause them to come true. They may think that telling their partner their concerns may cause their partner to worry as well. Some have a nebulous sense of dread, unsure of exactly what is frightening them. The truth is, holding these fears inside may cause more harm than good. Unspoken fears may fester, growing stronger and more insistent.

Talk It Out

Sit with a friend or your partner and take ten minutes or so to talk about your fears. Ask the listener just to listen -- no advice, sympathy, or hand holding necessary. Often when we are given enough time to speak truthfully and openly without interruption, we're able to discover that we have the resolution to our concerns right within ourselves. Even if no resolution comes right away, you may feel freer and less alone with your feelings.

If Fear Is There, Embrace It

Regard your fear as if it were a crying or hurt child. Embrace it with the kind of love and tenderness you would give a child if he or she were afraid. Give it your full attention. Take your time. There is no need to change it, just hold it in your heart and mind with caring and acceptance. This is a radical change from our first impulse, which may be to push away or be immobilized by our fear.

Co-sleeping: Making It Work & Keeping It Safe

The Safe Sleep Seven Bedsharing Song by Elizabeth Pantley

(to the tune of “Row, Row, Row Your Boat”)

No smoke, sober mom

Baby at your breast

Healthy baby on his back

Keep him lightly dressed.

Not too soft a bed

Watch the cords and gaps

Keep the covers off his head

For your nights and naps.

Safe Bed Sharing

We’re expecting our first baby soon and thinking about using a family bed. We’ve done a lot of research on the “whys” and there’s lots of information out there. But what about the practical tips? How do we set things up?

Learn about it

The family bed, co-sleeping, shared sleep — no matter what you call it, it means that your baby sleeps with you, or very close to you. The family bed is becoming more and more common (or perhaps it’s always been common but more people are now talking about it.) Sharing sleep is very popular with parents (particularly nursing mothers) of young babies who wake throughout the night, since it allows parents to avoid getting up out of bed and travelling up and down a dark hallway. Co-sleeping is popular also with parents of older babies who enjoy the night-time closeness with their child.

There are as many different styles of family beds as there are families! Here are a few of the typical sleeping arrangements:

1. The family bed: Parents and baby sleep together in one bed — usually king-sized.
2. Side-by-side: The child sleeps on a separate mattress or futon on the floor next to the parent's bed.
3. Sidecar: A cradle or crib is nestled adjacent to the parent's bed, sometimes with one side of the crib removed.
4. Shared room: The baby and parents have separate beds in the same room. 5. Shared sleep with the baby during the night and for naps.
6. Part-time shared sleep for either naps or nighttime only, or some of both, with baby in a crib, cradle or other place for other sleep times.
7. Mom's dual beds is a common setup in which Mommy has one place where she sleeps with the baby, and another where she sleeps with her partner. She moves back and forth between beds based on how often the baby wakes up and how tired she is on any given night.
8. Musical beds are a common arrangement. There are several beds in different rooms, and parents and baby shift from place to place depending on each evening's situation.
9. Occasional family bed is when the baby has her own crib or bed but is welcomed into the parent's bed whenever she has a bad dream, feels sick, or needs some extra cuddle time.
10. Sibling bed is often a natural followup to the family bed. Older children share sleep after they outgrow the need for the parent's bed or the sidecar arrangement.

How to decide

Every family has different nighttime needs. There is no single best arrangement that works for all babies and parents. Even within a family, there may be several “right” options to choose from. The key is to find the solution that feels right to everyone in your family.

It’s very important to eliminate your need or desire to satisfy anyone else’s perception of what you should be doing. In other words, no matter what your in-laws, your neighbors, your paediatrician, or your favourite author says about sleeping arrangements, the only “right” answer is the one that works for the people living in your home.

Making it safe

If you decide to have your baby sleep with you, either for naps or at nighttime, you should adhere to the following safety guidelines:

1. Your bed must be absolutely safe for your baby. The best choice is to place the mattress on the floor, making sure there are no crevices that your baby can become wedged in.
2. Make certain your mattress is flat, firm, and smooth. Do not allow your baby to sleep on a soft surface such as a waterbed, sofa, pillow-top mattress, or any other flexible surface.
3. Make certain that your fitted sheets stay secure and cannot be pulled loose.
4. If your bed is raised off the floor, use mesh guardrails to prevent Baby from rolling off the bed, and be especially careful that there is no space between the mattress and headboard or footboard. (Some guardrails designed for older children are not safe for babies because they have spaces that could entrap babies.)
5. If your bed is placed against a wall or other furniture, check every night to be sure there is no space between the mattress and wall or furniture where the baby could become stuck.
6. Infants should be placed between their mother and the wall or guardrail. Fathers, siblings, and grandparents don't have the same instinctual awareness of a baby's location as mothers do.

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7. Mothers, your little one should be able to awaken you with a minimum of movement or noise. If you find that you are such a deep sleeper that you only wake when your baby lets out a loud cry, you should seriously consider moving Baby out of your bed, perhaps into a cradle or crib near your bedside.
 8. Use a large mattress to provide ample room for everyone's movement.
 9. Consider a sidecar arrangement in which Baby's crib or cradle sits directly beside the main bed as one option.
 10. Make certain that the room your baby sleeps in, and any room he might have access to, is
 11. child-safe. (Imagine your baby crawling out of bed to explore the house as you sleep. Even if he has not done this — yet — you can be certain he eventually will!)
 12. Do not ever sleep with your baby if you have been drinking alcohol, have used any drugs or medications, are an especially sound sleeper or if you are suffering from sleep deprivation and find it difficult to awaken.
 13. Remove all pillows and blankets during the early months. Use extreme caution when adding pillows or blankets as your baby gets older. Dress Baby and yourselves warmly. (A tip for breastfeeding moms: wear an old turtleneck or t-shirt, cut up the middle to the neckline, as an undershirt for extra warmth.) Keep in mind that body heat will add warmth during the night. Make sure your baby doesn't become overheated.
 15. Do not wear any night-clothes with strings or long ribbons. Don't wear jewelry to bed, and if your hair is long, put it up.
 16. Don't use strong perfumes or lotions that may affect your baby's delicate senses.
 17. Do not allow pets to sleep in bed with your baby.
 18. Never leave your baby alone in an adult bed unless it is perfectly safe. For example, placing Baby on a mattress on the floor in a childproof room, when you are nearby or listening in with a reliable baby monitor.

19. Use common sense.

As of now there are no proven safety devices for use in protecting a baby in an adult bed. However, as a result of the great number of parents who wish to sleep safely with their babies, a number of new inventions are beginning to appear in baby catalogs and stores. You may want to look into some of these nests, wedges and cradles.

Make sure that your young baby is sleeping on his or her back – the safest position for sleep.

When to make changes

Sleeping situations tend to go through a transformation process throughout the early years of a baby's life. Some families make a conscious decision to co-sleep with their babies until they feel that their children are ready for independent sleeping. Some families make modifications as their babies begin to sleep better at night. Other families move their babies to cribs to accommodate a need for private sleep. The best advice is, go with the flow — and make adjustments according to what works best for you.

For more information:

<https://www.askdrsears.com/topics/health-concerns/sleep-problems/co-sleeping-yes-no-sometimes>

<https://www.lli.org/the-safe-sleep-seven/>

The No-Cry Sleep Solution: Gentle Ways to Help Your Baby Sleep Through the Night By Elizabeth Pantley (McGraw-Hill/Contemporary Books, March 2002)

Nighttime Parenting: How to Get Your Baby and Child to Sleep By Dr. William Sears (Plume, November 1999)

Good Nights: The Happy Parents' Guide to the Family Bed (And a Peaceful Night's Sleep) by Jay Gordon (Griffin Trade Paperback, July 2002)

Postpartum Depression

"My parents' generation would refer to pregnancy as a woman being in a 'delicate condition.' I feel the most delicate condition starts after the baby is born. We need to dispel the motherhood myth and acknowledge that a woman is undergoing a time of incredible biological, emotional and personal change." ~ Marie Osmond

Postpartum depression and related illnesses are not well understood, accepted, or tolerated in our society. This journal would not be complete without addressing the range of psychological changes that occur postpartum, and suggestions to mobilize resources.

When postpartum illness presents, most parents are taken off-guard; they don't know what is happening, what to do, or who to turn to for help. Because the mother may not recognize her own symptoms (or may attempt to repress them if she does), it is important that fathers and other family members or friends are familiar with the symptoms of postpartum depression. There are many approaches to treating postpartum illness. Left untreated, postpartum depression can adversely affect the mother-child relationship, erode a marriage, and worse.

BLUES

Sudden bursts of crying and fleeting feelings of sadness, helplessness, hopelessness, and doubts about being a good mother. Blues only last a few days to two weeks after giving birth.

POSTPARTUM DEPRESSION (PPD)

Postpartum depression can be mild to severe; it may begin two to six weeks after giving birth, even as late as three to five months, and lasts six months to a year postpartum. Mothers who develop PPD often have a history of depression or felt depressed during pregnancy, which is unusual because most pregnant mothers feel "euphoric," i.e., a feeling of well-being.

Is What I'm Seeing Normal? Postpartum Adjustment or Not?

Even without professional training, trust your observations. Knowing the person beforehand allows you to notice even subtle changes that could be significant. Take a look at this checklist to familiarise yourself with the symptoms of postpartum depression.

A Checklist To Guide Your Partner, Friends Or Family If They're Concerned

- Crying daily for no real reason, lasting beyond a week
- Feeling anxious, can't sit still
- Feeling profound sadness
- Having panic attacks; racing heart, can't breathe
- Constantly worried about my baby's health or safety
- Not feeling connected to my baby or other people
- Feeling hopeless
- Unmotivated, I'm not taking care of my everyday needs, i.e., brushing my teeth or washing my hair
- Unable to concentrate
- Afraid of being alone
- Confused
- Unable to sleep even though I am exhausted
- Unusually quiet, withdrawn, reclusive
- Exaggerated mood swings: feeling down to feeling too good • Feeling guilty, unworthy
- Unable to control obsessive thoughts; talking incessantly

An Act of Love

The sooner a person with postpartum depression receives treatment, the sooner they will be able to make a healthy postpartum transition. If they can't ask for help, make the phone call for them. If one doctor doesn't understand PPD, consult another one who does. Simple interventions, such as improving your diet or getting a few nights sleep, can make a big difference. Teach the baby to sleep through the night or care for the baby a few nights a week to allow you to sleep at least four consecutive hours, which will raise your serotonin levels— and this alone may improve or resolve PPD. Sometimes, counselling helps to

resolve issues surrounding your own mother-daughter relationship, clarify the role and expectations of parenting, and integrate the “losses” becoming a parent has brought (e.g., changes in the marriage or career). Severe postpartum depression may be caused by chemical or hormonal imbalances and may require medication.

If you have any of the following, seek help immediately

Suicidal fantasies; Fear of or fantasies of harming my baby; Experiencing bizarre thoughts or dreams

Lower Mainland Resources

Pacific Postpartum Support Society <http://postpartum.org>

BC Women's Reproductive Mental Health <https://reproductivementalhealth.ca>

BREASTFEEDING

This is a must watch video on breastfeeding. <https://firstdroplets.com/>

How To Awaken Your Baby's Breastfeeding Instincts

By Teresa Pitman

Baby-led Latch

What if babies were born knowing how to breastfeed? While that's a new idea to most of us, it does make sense. Other newborn mammals know how to find and attach to their mother's nipples, following inborn instincts in response to physical cues they receive from contact with the mother's body.

Paediatrician Christina Smillie has found that human babies do, in fact, have quite remarkable abilities when it comes to breastfeeding. "Baby's instincts to look for and latch on to the breast involve a sequence of behaviours, where one behaviour leads to the next."

She says that sometimes our attempts to help babies latch can actually interfere, by jumping the queue as it were. "When we start with the baby's mouth at the nipple, we are skipping a lot of the early part of the sequence, which sets the stage and helps the baby organize his behaviour," she explains. Of course, many babies do latch when put to the breast, and once a baby has latched several times, there is no need to follow the whole sequence. But for many babies who are learning to latch, Smillie says, "it is helpful to engage the full sequence."

We asked Dr. Smillie to take us through this amazing process, step by step:

1. Aim for a calm beginning

"The mom should hold her baby, skin to skin — baby in a diaper only, mom with no shirt or bra — and just enjoy the baby. She should hold the baby upright, midline between her

breasts, just cuddling the baby with no thought about breastfeeding. There's no hurry; we're on baby time here."

If the baby is not interested in nursing — perhaps he's not hungry, or he's more sleepy than hungry — Smillie says he'll usually stay curled up on his mother's chest so that his chest and tummy don't touch hers. "It seems to be the feeling of the baby's chest against the mother's chest, skin to skin, that starts the nursing sequence."

2. Follow baby's lead

If he's hungry and ready to eat, the baby will start squirming around, bobbing his head against you, perhaps looking up at your face and making eye contact. He'll then start twisting to one side or even moving quite vigorously, almost throwing himself sideways. "At this point," Smillie says, "the mother's job is just to keep the baby relaxed and comfortable so he can follow through on his instincts. Support his neck and shoulders with one hand and his hips with the other, and just follow him as he moves. Avoid the temptation to try to make him latch on or even to try to line up his mouth with the nipple."

3. Support the baby as they are latching

As the baby moves down, Smillie continues, "his lower cheek might brush the nipple or the breast and that makes him turn towards it — the rooting reflex. When the baby's chin hits the breast, the firm pressure of the breast against his chin makes him open his mouth wide and reach up and over the nipple. As the baby approaches the nipple, it is his nose, not his mouth, that will first be positioned over the nipple." As he presses his chin into the breast and opens his mouth, he'll get a large mouthful of breast and a deep latch.

Eventually (remember, "we're on baby time") the baby will naturally begin the process of seeking the breast. "We help the baby stay calm and relaxed to allow him to follow his own instincts. There's no rush, no pressure."

What if that latch isn't quite perfect and the mother's nipples are hurting? "Pain is a guide," says Smillie. "Mothers shouldn't put up with it. Often, if the pain is mild, she can fix things by adjusting the baby's position without unlatching — usually by pulling the baby's rump in more snugly, which moves the baby's whole body and the baby's head will tip back a little

bit more, allowing his jaw to open wider. This way the baby gets a bigger mouthful of breast.

“It can also help to roll the baby’s whole body outward. Most women’s nipples point at least slightly downwards, so most babies need to be positioned to look up at their mothers, chin deep into the breast and mouth under the breast.”

As one mother said, after her baby daughter followed these steps and latched on beautifully, “I had no idea babies were so smart! She really does know what to do. That takes a lot of pressure off me — I can just relax and let her lead the way.”

<https://www.todaysparent.com/baby/breastfeeding/baby-led-latch/>

Breastfeeding- Starting Out Right By Dr. Jack Newman

Breastfeeding is the natural and normal way of feeding infants and young children, and human milk is the milk made specifically for human infants. Starting out right helps to ensure breastfeeding is a pleasant experience for both you and your baby. Breastfeeding should be easy and trouble free for most mothers.

The vast majority of mothers are perfectly capable of breastfeeding their babies exclusively for about six months. In fact, most mothers should be able to produce more than enough milk. Unfortunately, outdated hospital policies and routines based on bottle feeding still predominate in too many health care institutions and make breastfeeding difficult, even impossible, for too many mothers and babies. Too frequently also, these mothers blame themselves. For breastfeeding to be well and properly established, getting off to the best start from the first days can make all the difference in the world. Of course, even with a terrible start, many mothers and babies manage. And yes, many mothers just put the baby to the breast and it works just fine.

The basis of breastfeeding is getting the baby to latch on well. A baby who latches on well gets milk well. A baby who latches on poorly has more difficulty getting milk, especially if the milk supply is not abundant. The milk supply is not abundant in the first days after birth; this is normal, as nature intended, but if the baby's latch is not good, the baby has difficulty getting the milk. It is for this reason that so many mothers "don't have enough colostrum". The mothers almost always do have enough colostrum but the baby is not getting what is there. Babies don't need much milk in the first few days, but they need some.

Even if the mother's milk production is plentiful, trying to breastfeed a baby with a poor latch is similar to giving a baby a bottle with a nipple hole that is too small—the bottle is full of milk, but the baby will not get much or will get it very slowly—so the baby sucking at the breast may spend long periods on the breast or return to the breast frequently or not be happy at the breast, all of which may convince the mother she doesn't have enough milk, which is most often not true.

When a baby is latching on poorly, he may also cause the mother nipple pain. And if, at the same time, he does not get milk well, he will usually stay on the breast for long periods, thus aggravating the pain. Too often the mothers are told the baby's latch is perfect, but it's easy to say that the baby is latched on well even if he isn't. Mothers are also getting confusing and contradictory messages about

breastfeeding from books, magazines, the internet, family and health professionals. Many health professionals actually have had very little training on how to prevent breastfeeding problems or how to treat them should they arise. Here are a few ways breastfeeding can be made easier:

The baby should be skin-to-skin with the mother and have access to the breast immediately after birth.

The baby should be kept skin to skin with the mother as much as possible immediately after birth and for as much as possible in the first few weeks of life. Incidentally, studies have also shown that skin-to-skin contact between mothers and babies keeps the baby as warm as an incubator. It is true that many babies do not latch on and breastfeed during this time but generally, this is not a problem, and there is no harm in waiting for the baby to start breastfeeding. The skin to skin contact is good and very important for the baby and the mother even if the baby does not latch on.

Skin-to-skin contact helps the baby adapt to his new environment: the baby's breathing and heart rate are more normal, the oxygen in his blood is higher, his temperature is more stable and his blood sugar higher. Furthermore, there is some good evidence that the more babies are kept skin-to-skin in the first few days and weeks of life (not just during the feedings) the better their brain development will be. As well, it is now thought that the baby's brain develops in certain ways only due to this skin-to-skin contact, and this important growth happens mostly in the first 3-8 weeks of life.

A proper latch is crucial to success. This is the key to successful breastfeeding. Unfortunately, too many mothers are being "helped" by people who don't know what a proper latch is. If you are being told your two-day old baby's latch is good despite your having very sore nipples, be sceptical and ask for help from someone else. Before you leave the hospital, you should be shown that your baby is latched on properly and that he

is actually getting milk from the breast and that you know how to know he is getting milk from the breast (open mouth wide—pause—close mouth type of suck).

Note: Mothers are often told that if the breastfeeding is painful, the latch is not good (usually true), so that the mother should take the baby off and latch him on again and again and again... This is not a good idea. Instead of unlatching and relatching, fix the latch that you have as best you can by pushing the baby's bottom into your body with your forearm. The baby's head is tipped back so the nose is in a 'sniffing position'. If necessary, you might try gently pulling down the baby's chin so he has more of the breast in his mouth. If that doesn't help, do not take the baby off the breast and relatch him several times, because usually, the pain diminishes anyway. The latch can be fixed on the other side or at the next feeding. Taking the baby off the breast and latching him on again and again only multiplies the pain and the damage and the mother's and baby's frustration.

The baby's feeding cues. The baby shows long before he starts crying that he is ready to feed. His breathing may change, for example. Or he may start to stretch. The mother, often being in light sleep in sync with her baby, will wake up, her milk will start to flow and the calm baby will usually go to the breast contentedly. A baby who has been crying for some time before being tried on the breast may refuse to take the breast even if he is ravenous. Mothers and babies should be encouraged to sleep side by side in hospital. This is a great way for mothers to rest while the baby breastfeeds. Breastfeeding should be relaxing, not tiring.

Bathing. There is no reason the baby needs to be bathed immediately after birth and bathing can be delayed for several hours. Immediately after birth, the baby can be dried off but it is not a good idea to wash or wipe off the creamy layer on the baby's skin (vernix) that has been shown to protect his delicate skin. It is best to wait at least until the mother and baby have had a chance to get breastfeeding well started, with baby coming to the breast and latching easily. Furthermore, diapering a baby before a feed is not advised as it often causes the baby to become upset. Mothers are sometimes told diapering will help the baby to wake up. It is not necessary to wake the baby for feedings. If the baby is skin-to-skin with the mother, the baby will wake when ready and search for the breast. A baby who is feeding well will let the mother know when he is ready for the next feed. Feeding by the clock makes no sense.

Artificial nipples should not be given to the baby. There seems to be some controversy about whether “nipple confusion” exists. Thus, in the first few days, when the mother is normally producing only a little milk (as nature intended), and the baby gets a bottle (as nature intended?) from which he gets rapid flow, the baby will tend to prefer the rapid flow method. Babies like fast flow. You don’t have to be a rocket scientist to figure that one out and the baby will very quickly. By the way, it is not the baby who is confused. Nipple confusion includes a range of problems, including the baby not taking the breast as well as he could and thus not getting milk well and/or the mother getting sore nipples. Just because a baby will “take both” does not mean that the bottle is not having a negative effect. Since there are now alternatives available if the baby needs to be supplemented (see the information sheets Lactation Aid, and Finger and Cup Feeding) why use an artificial nipple? Using a lactation aid, finger feeding or cup feeding to supplement when the baby does not need a supplement is only marginally better than using a bottle to supplement.

No restriction on length or frequency of breastfeedings. A baby who drinks well will not be on the breast for hours at a time. Thus, if the baby is on the breast for very long periods of time, it is usually because he is not latching on well and not getting the milk that is available. Get help to fix the baby’s latch, and use compression to get the baby more milk. Compression works very well in the first few days to get the colostrum flowing well. This, not a pacifier, not a bottle, not taking the baby to the nursery or nurses’ station, will help. Babies often feed frequently in the first few days of life—this is normal and temporary. In fact, babies tend to feed frequently during the first few days especially in the evening or night-time. This is normal and helps to establish the milk supply and facilitate mother’s uterus returning to normal. Latching a baby well, using compressions, and maintaining skin to skin contact between mother and baby helps this transitional period to go smoothly.

Supplements of water, sugar water, or formula are rarely needed. Most supplements could be avoided by getting the baby to take the breast properly and thus get the milk that is available. If you are being told you need to supplement without someone having observed you breastfeeding, ask for someone to help who knows what they are doing. There are rare indications for supplementation, but often supplements are suggested for “convenience” or due to outdated hospital policies. If supplements are required, they should be given by lactation aid at the breast, not cup, finger feeding, syringe or bottle. The

best supplement is your own colostrum. It can be mixed with 5% sugar water to give more volume if you are not able to express much at first. It is difficult to express much at first because even though there is usually enough for the baby, expressing is not always easy when there is not a lot of milk, as is expected in the first few days. Formula is hardly ever necessary in the first few days.

Free formula samples and formula company literature are not gifts. There is only one purpose for these “gifts” and that is to get you to use formula. It is very effective and it is unethical marketing. If you get any from any health professional, you should be wondering about his/her knowledge of breastfeeding and his/her commitment to breastfeeding. “But I need formula because the baby is not getting enough!” Maybe, but, more likely, you weren’t given good help and the baby is simply not getting the milk that is available.

Not latching/Not breastfeeding? If for some reason the baby is not taking the breast, then start expressing your colostrum by hand (often much more effective than using even a hospital grade pump) should be started within 6 hours or so after birth, or as soon as it becomes apparent the baby will not be feeding at the breast.

Questions?

Check out www.ibconline.ca

Dr. Jack Newman’s Guide to Breastfeeding (called The Ultimate Breastfeeding Book of Answers in the USA); and/or our DVD, Dr. Jack Newman’s Visual Guide to Breastfeeding.

Fantastic Breastfeeding Video

<https://firstdroplets.com/>

Breastfeeding Benefits

<https://www.lli.org/breastfeeding-info/benefits/>

Postpartum Perineum Healing With Herbs

by Stacelynn Caughlan

As one might expect, delivering a baby vaginally can be quite traumatic to the perineal area. The consequences of childbirth can be bruising, stretching, and perhaps even stitching. Many techniques, i.e. perineal massage, birth positioning, and controlled pushing, can be employed to help minimise the possibility of damage. There are many natural remedies that you can use following the birth to assist in healing and help relieve discomfort. Following is a list of herbs and essential oils that can be used topically to help speed recovery. These herbs can also be used to assist healing after a caesarean incision.

METHODS OF USE

First make a strong infusion:

Bring two cups of water to a boil, then remove from heat and allow to cool slightly (you never want to pour boiling water directly onto your herbs). Pour the water over two heaping teaspoons of the desired combination of herbs and cover tightly. A wide mouth jar or teapot is useful. Allow the mixture to steep for at least one half hour (overnight is best) then strain well. Keep any unused mixture in the refrigerator for up to three days.

Spritz Bottle

Put the undiluted mixture into a clean glass spray bottle and keep next to the toilet. Spray as needed, especially after urination.

Sitz Bath

Soak the perineal area in a basin of water with the full two cups of tea added to an additional 6 to 10 cups of clean water. Use cold water if there is inflammation or swelling. Once that has subsided, experiment with warmer water until you are comfortable. Some women find that very warm water helps encourage blood flow to the area and provide relief, whereas others find the opposite is true for them.

Regular Bath

Add the full two cups of tea to your bath water.

Peri-Bottle

A favourite! This is a plastic squirt bottle (a water bottle with a pop-up top can do in a pinch) that can be used to irrigate the perineal area. This can greatly reduce stinging if used during urination. Dilute the tea by one half with clean water and fill the bottle.

Compress

Soak a washcloth in the cooled mixture and apply to the sore area. Disposable breast pads, soaked and then inserted on top of your sanitary pad, can provide continual contact. Try freezing either the washcloth or pads ahead of time for a cold compress

If you are using the recommended essential oils:

- Sitz baths: add up to 5 drops
- Spray bottle: add 10-15 drops
- Peri-bottle: add 5 drops per 500 ml

Essential oils in your regular bath can be very relaxing, but for full therapeutic effect localised application via the above methods is recommended.

CAUTION: Many essential oils, if used undiluted, can cause serious damage to tissues. Be sure to use only those that have been recommended by a professional for undiluted use. Both lavender and tea tree oils are safe when used as directed in this article.

Herbs for The Perineum

- Comfrey cell proliferant, vulnerary
- Yarrow astringent, antiseptic
- Rosemary astringent, antiseptic
- Goldenseal antimicrobial, astringent
- Witch Hazel anti-inflam, vulnerary, astringent
- Thyme antimicrobial, antispasmodic
- Lavender anti-spasmodic, antimicrobial
- Calendula anti-inflam, anti-microbial
- Myrrh anti-microbial, astringent

-
- Tea Tree essential oil antiseptic, anti-microbial
 - Lavender essential oil antimicrobial, antispasmodic
 - Aloe vera vulnerary, anti-bacterial, analgesic

Stacelynn Caughlan is a Clinical Nutritionist and Certified Herbalist who specialises in Prenatal and Pediatric Health.

<http://www.motherandchildhealth.com/pregnancy-birth/postpartum-healing-with-herbs/>

You can buy these herbs or a premade perineal wash locally

Gaia Garden Herbals

Finlandia Pharmacy & Natural Health Centre

NEWBORN MOTHER by Jennifer Graf Groneberg

Each night before bed, my son casually, nonchalantly, reaches out and grabs my ear, pinning me to his side. If he is particularly uneasy, he grabs both ears, pulling me close, and I smell baby soap and milk, warm cotton and skin. Our breaths mingle, our heartbeats answer each other and together, we drift to sleep. I am his, and he knows it.

It wasn't always this way. I was a nervous new mother. I'd read all the books and knew all the ages and stages, but none of it helped me. I was terrified. Too scared to let myself love this small, feeble being, all hunger and need, helpless. One thing that new life had shown me was that living was an unpredictable and sometimes dangerous thing. That such a snippet, not much larger than a carton of eggs, could flourish under the care of my husband and I suddenly seemed to require a great leap of faith. I wasn't sure that we were up to the challenge, after all.

There is a tiny cluster of islands west of Japan where mothers are treated as newborns for the first month of new motherhood. In their ordinary, hard, agricultural daily lives, they make camellia oil, or harvest shiitake mushrooms, or repair fishing nets. Yet after childbirth, a mother is wrapped in blankets with her baby and is expected to do nothing more than nurse and recuperate. Other women care for the mother, speaking baby talk to her in small, high voices. They help her regress, so that she can recover. They honor the work of bringing a child to the world and nurture the one who carried it from the darkness into the light. A woman needs time to catch her breath after such work. I did not know it then, but after the birth of my baby, I needed to allow myself the time to be a newborn mother.

This is what happened: nights of endless nursing. Worry. Exhaustion. Depression. In the darkness, I wrapped myself and our baby in a patchwork quilt and laid on the floor, cold with winter, utterly spent, and fell asleep in the blue glow of the nursery nightlight. I awoke near daybreak, terrified. I hadn't put the baby back in the crib. Had I smothered him in my sleep? There we both were, warm and safe, my son breathing softly, his creamy pink skin glowing in the dawn. I inhaled the milky-sweet smell of him. It was the first time in weeks that I'd slept long enough to dream.

It's been two years and motherhood has become a part of me, as essential as air. I am marked by it. There is extra skin across my belly that folds into itself like the empty sack that it is. My shoes are all one-half size larger now. And I am part of a wobbly, wonderful clan of women, all Mommies, who prefer wash-and-wear clothes and no-care haircuts. We are agile, ready for Peekaboo or Tea Party, Catch Me or Ponyback at a moment's notice. We are magic. We can turn flour into play dough, snow into ice cream. Our kisses heal. We hold the future in our arms, several times a day. There is a light in our eyes. We know the sweetness of it, the crazy joy, the pure love you find when you give your heart to a child.

This is what I want to say: Never be afraid. Love fearlessly. The love you give never leaves you. When you think it's gone, close your eyes and remember. It's all there. Yours again, to give again.

Jennifer Graf Groneberg spends her days in the mountains of Montana chasing after her husband, Tom, a son, Carter, and a cowdog, Truman. She has worked at many things in her life, but nothing prepared her for the hands in-the-air, heart-in-your-throat, flying-by-the-seat-of-your-pants stomach flip that is motherhood. She is author of *Where the Sky Touches the Earth*, and the editor of *My Heart's First Steps - Writings that Celebrate the Gifts of Parenthood*. From: <http://www.mothering.com/articles/newborn-mother/>

How to Be a Good Partner by David Howard

If you've watched any movies with birth scenes, you may have noticed that the partner's role often fits into one of two categories: He — and it's always a he — is a comically inept second fiddle, fainting just when he's needed most, or else absent entirely, inhaling a cigar in a nearby pub.

These dated archetypes exist for a reason. What actually comprises a supportive partner has only come into focus in recent years, as fathers and same-sex partners have become more central to the birth and all that comes after. But the research is resoundingly clear: A strong mate makes a difference. Having a supportive partner is good for everyone involved, including the baby.

The scientific literature is less clear on what specific strategies best support pregnant women — it's tough in a clinical setting to isolate the benefits of, say, a well-timed hug or a promise to handle 3 a.m. feedings. But the three researchers I spoke with distilled their studies into some real-world advice.

What to Do

- Connect with each other well before the due date
- Make your good intentions known
- Take a birthing class — but be open-minded when the day arrives
- Have a plan for the weeks after the baby arrives ... this is more than a week
- ... But be flexible
- Know your role with feeding
- Expect that your sex life will change — for a while, at least
- Looks for signs of your own stress, and act on them
- When to Worry

Connect with each other well before the due date

This should be even more of a priority than buying the right stroller. "The focus is so much on practical needs," said Pam Pilkington, a perinatal psychologist who practices at the Centre for Perinatal Psychology in Melbourne, Australia, and founder of Partners to

Parents, a resource site developed by a team of researchers and psychologists at Australian Catholic University to provide guidance for partners. “During pregnancy, people perhaps don’t focus on the couple relationship, or supporting each other emotionally as much as they could.”

In practical terms, this means talking often and openly about how you’re both feeling — anxious, excited, uncertain, whatever it is, Dr. Pilkington said — then validating each other, making sure you both feel heard and accepted. An example: After a month at home, a new mother might say, “I feel trapped here all day while you’re at work.” The supportive answer here is not, “I need to work so we can pay the bills. Why don’t you get your mother to come help?” Rather, a validating answer would be: “I’m sorry that you’re feeling pinned in place. It sounds like you’re missing seeing your friends at the office.”

Trying to build mirroring-and-validating skills during the relative calm before your child’s arrival will help cement your bond for the challenges to come, Dr. Pilkington said.

Make your good intentions known

Making yourself of service to another is what’s known in scientific vernacular as “offering social support.” Researchers call it a mysterious force that has tangible benefits. “There’s a magic about social support,” said Christine Dunkel Schetter, a professor of psychology and psychiatry at U.C.L.A. who has studied its effect on stressful situations, including pregnancies. “And the magic is that when it’s really working in these kinds of situations, it’s about things that take place between two people. And it’s about what one person says to the other, or does, that makes them feel better.”

Part of the magic of social support? Even when an expectant mother merely perceives that she has a supportive partner, she’s more likely to come through pregnancy happy and healthy, research suggests. Studies have variously found that partner support is associated with better birth outcomes and lower levels of distress and depression among both mothers and infants.

But follow-up is key, too, said Dr. Dunkel Schetter. If you don’t actually come through on a promise to assume half of the diaper-changing duties, the benefits of perceived support quickly trail off.

Sometimes, supportive partners will learn that the best kinds of support are nonverbal — offering a hug during a low emotional ebb. And the support should be offered unconditionally. “The person giving it can’t say, ‘Now you owe me, you’re obligated, I’ve done so much for you,’ ” said Dr. Dunkel Schetter.

Take a birthing class — but be open-minded when the day arrives

Classes like the Bradley Method, which teaches that childbirth can be managed through deep breathing and the support of a partner or labor coach, can be helpful in making you feel more prepared, and offering a sense of what to expect. But Dr. Pilkington pointed out that birth is not the same as being a cast member in a play. The baby sometimes rewrites the script. Things take unexpected turns, or the mother’s preferences before going into labor might change 12 hours in. The partner should avoid rigid thinking about how it was supposed to go, and instead help the mother roll with whatever is happening and support her choices along the way, Dr. Pilkington said.

Have a plan for the weeks after the baby arrives ...

Know that whatever your partner is in charge of now she will not be able to do once your baby arrives. If you can not do the work then you need to get help. Hire a house cleaner, have friends make meals, do what it takes to make your home space a positive one.

... But be flexible

Planning to wake up for every feedings is one thing. The searing exhaustion that kicks in after four weeks of doing that is another. During your child’s early life, it’s best to expect some meltdowns. (The baby will cry sometimes, too.) Revisit the plan anytime based on whatever challenges you might face at each stage of your baby’s life. It’s OK to ask for extra support from friends and family, Dr. Pilkington said. Both parents can use a break in the first couple of months of their baby’s life.

Know your role with feeding

One task the mother generally handles alone is breastfeeding. But a 2015 study led by the University of Ontario Institute of Technology suggested that a partner's active involvement — learning how breastfeeding works and providing encouragement — leads to “significant improvements” in breastfeeding duration. Then think of simple, common sense ways to step up: Helping the mother stay hydrated by offering a glass of water, bringing healthy snacks and providing a comfortable environment, Dr. Pilkington said.

For parents who can't breastfeed or choose not to, Dr. Pilkington says it's important to remember they haven't failed. “How parents feed their infant is a personal choice that should be based on their specific situation,” she said. If the mother is pumping, you can help maintain the equipment and offer to bottle feed using the milk. Parents feeding their baby with a bottle — whether it's formula or breast milk — can split overnight duties, one taking the 9 p.m. to 2 a.m. shift, the other holding down the 2 a.m. to 7 a.m. slot, for example. Partners using formula can make sure there are adequate supplies on hand at all times and know how to mix it. Some formulas can be premixed and stored in the fridge for up to 24 hours, which could save an exhausted mom from having to drowsily scoop powder in the small hours of the night.

Expect that your sex life will change — for a while, at least

This is a biological imperative, so expect the temperature to be dialed down in the marital bed post-birth (for a duration that depends on the circumstances of the delivery; consult a professional). And even after you're medically cleared, that doesn't mean you'll feel the same or have much energy for sex early on. Make a point to seek out alternate forms of intimacy, like hand-holding and cuddling, Dr. Pilkington said. The key, again, is to maintain an emotional connection and strong lines of communication.

Looks for signs of your own stress, and act on them

The psychological effect on partners after a baby's arrival is mostly a black hole in the scientific realm. Dr. Pilkington noted that only 19 of the 120 recent studies around pregnancy touched on outcomes for fathers or partners, and researchers openly acknowledge the need for more research. But the few studies that have been done show

that fathers can struggle to navigate this interlude. Zoe Darwin, a lecturer in maternal health at the University of Leeds in the U.K. who has conducted some early inquiries in this area, found that men often feel stressed and detached but want to keep the spotlight on the mother and child. “The research that we’ve done,” she said, “found that although some of the men we spoke with felt excluded by maternity services, and had experienced significant stress in this period, they often questioned the legitimacy of their experiences and their entitlement to support.” If you feel yourself struggling, let your partner know, and consult a caregiver.

When to Worry

If you’re struggling with depression or anxiety, you may need more than a hug or the sage words of a parenting class. Seek professional help from a counsellor.

10 Tips for a Healthy Transition From Partners to Parents

This guide was originally published on March 5, 2020 in NYT Parenting.

Making a healthy transition from partners to parents will help you strengthen your couple relationship and provide a positive, caring environment for your new child. Apply the following ideas to your own experience and work toward a successful transition:

Share your expectations.

Couples who are expecting a child should share with each other their hopes, expectations and concerns. This helps each person feel better prepared for what is to come and the realities that occur with the birth or arrival of a new child.

Give yourselves regular couple “checkups.” Couples should “take the temperature” of their relationship regularly.

Ask questions.

How does each of you feel about the new child in your lives?

How does each person feel about the relationship right now?

Discuss this when you have some quiet, uninterrupted time. Make time to talk with each other. Don't let couple time slip away. Schedule time at least once a week for a walk with each other or just to talk. Even better, schedule at least 15 minutes each day after work, before dinner or during the day to really listen to each other.

Negotiate what you will talk about.

If one person feels concerned about something, then it is a concern. However, talking about too much at once is easy to do. Agree to discuss only one or two issues at a time and focus only on solutions to those topics. The ground rule is: Only one major topic at a time.

Be willing to experiment with new approaches. Babies change things.

What might have worked before may be difficult now, such as the time of day you connect or going out regularly with friends. Be willing to try new approaches with your relationship

and with the baby. Realize that an argument may be a signal that your relationship needs attention or a new approach. Instead of focusing on who is wrong, focus on what is happening in your lives to make things challenging and how to do things differently if needed.

Don't ignore sex and intimacy. The physical changes that come with pregnancy and the tiredness that follows a baby's birth really can disrupt a couple's intimate life. Don't ignore this topic. Recognize and pursue opportunities for nonsexual intimacy, such as touching, hugging or cuddling.

Also, discuss your feelings and work to understand each other. Make adjustments as needed to this part of your life.

Line up support in the early stages. Support from others helps overcome stress, so think ahead. Contact and arrange for people or services that can be helpful or provide support before the need arises. Who can and will baby-sit in a pinch? Who can watch the baby while you have a night out as a couple? Make these arrangements early.

Talk with a friend or family member you trust.

If you struggle with the transition to being a parent or have fears, talk with a friend or family member you trust. Seek out others who can share their ideas or experiences. A listening ear can help you feel better about this new adventure.

Find the balance between being a couple and being parents. A new child consumes a lot of time and attention. Remembering you still are a couple is important. Do not abandon your relationship needs while fulfilling your child's needs.

Express your appreciation for each other and your child. Work to remind yourselves that you have chosen to be a spouse/partner or a parent for a reason. Focus on what you appreciate about your partner. Make a list and share it with him or her. Give your partner a card that says what you appreciate. Say it in words. Also, tell each other what you appreciate about your child. Support each other as parents and enjoy the adventure.

Surfing With Daddy: A Mother Surrenders by Elizabeth

Rutherford Web Exclusive www.mothing.com

The sun was bright, but it was cool—a jeans and sweatshirt kind of day at the beach. My daughters, Marcelle six and Jacqueline three, were squeezed into their little wetsuits romping around at the water's edge as they have done for years. But today was very different. Daddy was taking them surfing. We were at Cowell's Beach in Santa Cruz, CA. Marcelle climbed on his back with her little arms around his neck, her face peering around his head, wild with smiles and anticipation. He paddled out with her on his longboard to watch the surfers, the sea otters and to peer from above into the kelp forest. With big thumbs up from the salty old surfers in the line up waiting for a wave, he and Marcelle caught their first wave together. They paddled back to shore after a long time, Marcelle hollering to me from afar, "Mommy! Mommy! Did you see?" Jacqueline was so excited; Lewis was not allowed to exit the water before taking her for her turn. It was an incredible experience for us all. I was on the beach overwhelmed by gratitude. It was such an intense experience for me. Sure, I was concerned for their safety, but Lewis is a life-long ocean swimmer and works for the National Parks Service providing ocean rescue for San Francisco beaches. More importantly, the experience was intense because it was a metaphor for my ability to surrender as a mother. My girls were out in the vast ocean, riding waves with their father. I was suddenly aware of how my children embody the most wonderful aspects of their father. I saw in them the pure joy of observing and interacting with nature, an unquenchable curiosity—a quality I love in Lewis. I see things like this about them all the time. I see in them his strength and his intellect. My girls love bugs and hiking, rock climbing and sea creatures. They are prone to lengthy adventures in the wilderness, completely losing track of time and hunger. They are hearty and fearless and understand the mountains and the ocean in their little ways. They know and show his weaknesses. They push his buttons as they push mine—with equal force and distance. I am struck by the undeniable reality that my children know and embody their father as well as they know and embody me. This may not seem revolutionary to some, but it is to me.

I was my mother's daughter. My father worked long days and traveled extensively as an Air Force fighter pilot. The house and the kids were my mother's domain. My father was always a reserved person, much as my mother tried to coax him to be social. My father's

quiet soul, my mother's natural outgoing personality and the clear division of labor intensified the experience of distance from my father. I revered my father, modeling him from a distance in an attempt to win his respect and admiration. My mother made nearly every important decision about how I was raised, from what I ate to how I would be disciplined. If my father disciplined us, it was almost certainly because my mother assigned him the task. In addition, if my father took the initiative to act on his own, my mother was generally running interference, moderating his decrees. My mother's well-intentioned dominance in my life had many effects, one of which was an imbalance in my perception of them as people. My father was on a pedestal. My mother was deeply flawed. Always being the one to make or break me, to be the wall against which my sister and I pushed must have been incredibly hard.

I remember sitting in my most comfortable chair after Marcelle was born six years ago—bawling. I was not just crying. I was simultaneously consumed by pristine love and adoration and terrified by responsibility and the potential for loss. Looking down at my days old child, sitting alone in my house, I wailed because I realized that the extent to which I loved this child was also the extent to which I would grieve if I lost her. I then also realized that I was going to experience the joys and pains of her growth as intimately as I had experienced my own. I would have to watch her cry and get hurt, physically and emotionally. The thought terrified me. I already knew this child better than anyone else on the planet and she was only days old. I lived to watch her thrive. She grew only at my breast. She slept in the crook of my arm all night. She was strapped to my chest in the sling all day. We were inseparable. For me, this was a necessary passage into motherhood, and I reveled in it. Lewis never seemed to feel left out, but rather looked on with awe and wonder at what had manifested in our lives. He seemed content to let me do my thing. He was helpful and learned to use the sling. I watched Lewis hold Marcelle awkwardly and struggle to figure out what would make her stop crying. I saw him become impatient with himself and with her. He fumbled with diapers, and I was sure he would let her slip out of his hands in the bath. I felt fiercely protective of her and did not want her to experience one moment of unnecessary hardship. This was how the meddling began. I thought it was best to tell him how to take care of her. Why did we both have to struggle to learn her language when I could easily translate? I was always there with advice, tips, and outright demands about how things should be done.

I do not remember exactly when it hit me, but it did. I want a different life than my mother. I am not interested in the clear division of labor that my parents had. I want to win bread and run the house. But in addition, I want my children to know their father. But the reality was—I interfered in every element of their relationship—his limits,

love, care, even the completion of mundane baby duties. I told him how to do everything, and I had to stop. I was standing between them, preventing them from ever truly knowing one another. I was not allowing him to learn about his child through trial and error as I had been allowed to do. No one stood over my shoulder— watching and judging. I was not allowing him to blunder and more importantly, to succeed. I made a decision to extricate myself from their relationship. It is a choice that I have to make again and again.

Interference is occasionally necessary to avoid serious consequences, and sometimes this can be a fine line to walk. I interfere a lot. But every time I don't, I am incredibly grateful. It is not easy to watch another person fumbling to respond when your small child is screaming. It is not easy to stand by and watch your lover overreact to the blatant manipulations of a two-year-old. It is hard to watch your husband walk out of the house with your baby without the diaper bag. It is also difficult to stand by while your six-year-old leaves for school in bizarrely mismatched clothing with unbrushed hair. And when the consequence of not interfering makes more work for me, it is even harder. However, I now choose not to interfere. The joy of not interfering is not immediate. It requires self-restraint, tolerance and consideration. Sometimes, I literally have to bite my tongue. Sometimes, I have to turn around and become suddenly interested in a spot on the wall. Sometimes, I have to walk away to the other side of the house and make myself read a poem. Sometimes, I go and take a bubble bath. Sometimes, I actually have to leave the house. Many times, I get involved and wish I didn't.

The experience of observing without comment brings a new and profound light to my role as a mother. I see the effects of my non-interference in my husband's confidence as a father. He has paid his dues, learned the hard way, and knows where he stands with our girls. He makes being a parent look easy. I am developing the ability to observe without comment while my girls fumble and succeed through their lives. Lessons that will no doubt continue to be relevant. I realize now that this is just another in the long string of lessons about surrender, balance and faith. Eventually I will have to give my children over to the

world completely, but for now I have to practice in small and wonderful ways. There is joy in learning that Daddy's way is just as good as Mommy's. Mommy makes better food, but Daddy makes grand adventures. Mommy keeps us warm, and Daddy keeps us inspired. Mommy sings us songs, and Daddy reads the newspaper. We are both flawed, and we both love them with everything we have. We are both striving to be great for each other, our children and ourselves. I make a choice every day, sometimes many times a day. It is a choice to surrender my children to their father, his strengths, his weaknesses and his waves.

Elizabeth Rutherford lives in San Francisco with her two daughters, her new baby boy Hugo, her husband and her dog. She also owns Rutherford Coaching Services providing coaching for families and small businesses in the Bay Area. And as if that weren't enough, she is the volunteer director of the Parents' Support Network of San Francisco.

Mother Brain by Leanna James

I have a new brain now. It began forming itself last year; specifically, the day I sat on my living room couch holding an unlit cigarette in my hand while waiting for the little paper strip from the drugstore kit, the one lying on the window sill in the bathroom, to turn purple or pink—I've forgotten which.

This is what I do remember: one color meant my life would go on as it had with me occupying its center. From that center my dreams, passions, and anxieties radiated out into the world, a world of occasional roses and rewards (new friends, a raise at work, a better apartment), as well as a sporadic thorniness (a failed interview, a spat with my fiancé, an unexpected bill), but above all, a world in which options abounded. A “pink” way of life, perhaps.

The other color—let's say it was purple—meant that my life would never be the same. It meant a change so drastic I couldn't fully grasp it. I could only intuit the size and the force of it, the way animals are said to anticipate earthquakes, pawing the ground nervously, running in circles, whimpering. Something's coming. Something's coming. I wanted suddenly and desperately to smoke (unlike an animal—although I believe they would if they could). Minutes ticked by. I looked at the clock and put the cigarette down. The rest of the pack went flying into the garbage. I know what the paper strip in the bathroom would show me: the color of my new life. When I saw the thin pastel bar glowing with the news, I returned slowly to the couch, sat down, and sobbed.

I wasn't a frightened teenager with no one to turn to. I wasn't an impoverished woman with three kids already and a husband laid off and scared—or gone for good. The month before, I had moved in with a man I loved. I was ready to commit. The days when I thought an ideal life consisted of concerts, art openings, and solo trips to London on a last-minute whim were over. (Not that I regularly enjoyed these things, but I thought about them during breaks at work, or at night in front of my computer as I toiled on a story, slice of takeout pizza in my lap and a cat snoozing at my feet.) There was nothing I longed for that I couldn't have with a family, except maybe a bathroom all to myself. How, then, to explain my sudden tears? I didn't even have the excuse of an unfinished education, although I never did get the hip Ph.D. in gender studies, critical theory, and Elizabethan poetry. No, I

was finished with degrees, diplomas hung on the wall across from where I sat, face in hands, and I didn't see them or care about them.

What was wrong with me? I should have been overjoyed—a child! At thirty-six! But I wasn't crying for joy, not yet. I think it was, quite simply, the weight of it, the sudden, shocking arrival of a new responsibility that already had density and form. It was as if, one morning, grabbing my purse on the way out the door, I'd discovered that someone had slipped a gold brick into it. Gold! Oh, wondrous luck! But wait a minute—what's this? A piece of paper taped around the brick with a beautifully handwritten message on it: Congratulations, prize-winner Leanna James! Enjoy your gold! P.S. You'll be carrying it for the rest of your life.

Gold or not, I was scared. Scared with the knowledge that my old life, the way I moved through the world and returned to myself, was gone forever. It had taken me many years to approach something like comfort with myself. At thirty-six, I'd finally achieved pleasure in the contours of my existence, acceptance of what I'd received and what I'd never had. How would I reconfigure all of that? Where would I start?

My partner came inside and sat down next to me. He'd been outside raking three or four leaves, anything to get away from that couch and that clock. He put his arms around me in silence and let me cry. When I stopped, he looked at my swollen face and said very softly, "Don't think I'm unsympathetic, but I'm happy. I want this, if you do. It's going to be alright." Simple words. Easy to say, maybe, but I couldn't say them. I tried to hang on to his happiness, tried to find a foothold

somewhere, but I kept slipping. Even as I did, though, I could feel something stretching my mind. Something reaching out, like a third hand forming.

That was when the new brain started to grow, the one I have now. I don't mean I got a replacement brain—that sounds like a Frankenstein experiment. No, it's a separate brain I'm talking about, a parallel mind that lives alongside the original. There's nothing scary about it. This mind is linked with my breasts, my ears, my mouth and my belly. It grew as my daughter grew, and began speaking to me the day of her birth. "Do this," it told me, when the strange impossibly tiny being howled in the middle of the night, or wouldn't nurse, or couldn't breathe. "Rock her gently," it said. Or, "She is hungry, feed her now." And,

“She’s tired, do this at once: Pick her up. Hold her this way. Sing with this voice. Touch her here—no not there, here.” It’s the mother-brain that instructed me, that helped me adapt, become other than what I was.

This mother-brain lives in a different time zone, at once much slower and much faster than the “regular” one. Every hour of lost sleep feels as long as a day, and every day of feeding, cleaning, bathing, napping (or not), feels like a week. Time is stretched like salt-water taffy. But the long hours are dense hours, too, sticky and thick with discoveries, shocks, and marvels, so that, paradoxically, an entire month is condensed into one day, and a year’s worth of living happens in a week. Both senses of time are palpable and real, and both move with parallel force, like a sea with a restless, sparkling surface and a deep undertow beneath.

When I flop back onto land, Amanda on my back and enter the strange, bright world of supermarkets or post offices, I’m disoriented, lost. I stand in lines, blinking; I push my cart in wandering little circles, trying to remember what I came for. Friends and co-workers cross my path. They look busy, alert, and efficient. They’re clutching briefcases or leather satchels with manuscripts. They’ve got appointments to keep, classes to teach, meeting to make. They gape at Amanda—she’s so beautiful! They shrink from Amanda—she’s so ... small! They shower me with questions, curious, enthralled, a little nervous: “How have you been? What have you been doing? What’s it really like?”

I try to explain, but it doesn’t come out right, somehow. It’s incredible, I tell my friends, anxious to share the news. My daughter cried, my daughter pooped, my daughter looked at me and laughed. I hear my own words and think, Is that all you have to say?

But wait, the mother-brain protests. Worlds within worlds unfolded in front of your eyes, universes the size of a pea appeared in your palm! Tell them about that. Tell them about Amanda’s gaze, how there’s nothing to compare with that. I look down into my daughter’s eyes, and she looks steadily back at me. Today she’s wearing a blue crocheted cap and blue shadows fall into her pupils. Her eyes are the blue-grey, as one friend put it, of “pebbles at the bottom of a river.” Their grey is clear, shining, fathomless.

Tell them, mother-brain whispers, about what it feels like to be looked at with those eyes. A baby's gaze that does not, cannot, assign value or make a label: pretty ... plain ... intelligent ... dull ... When was the last time you looked at a human being without filing the face? When was the last time you were looked at that way?

Amanda gazed at me calmly. She receives my face: it doesn't occur to her that my face could look any other way. It exists, and that is enough. So simple, but I find it earth-shattering. I can't get over it. My mother-brain reels in this pure perception. I dissolve in it: I forget about the thousands of names we have for things, the thousands of ways we separate one thing from another. For days at a time, I live outside the value system that calls one thing good and another thing bad, one thing beautiful, another thing worthless. I see shapes, colors, forms; I see tiny lights in my daughter's eyes. I smell the milk on her breath; I smell the sweat under my breasts. I clean the urine and feces from my baby's body; I clean myself. I eat in the morning, she suckles, and the days slide by. There is nothing to analyze. There is nothing to dissect.

And then someone asks me a question, and I must summon my powers of language and logic. My other brain revels in this sort of thing. It loves to classify, to analyze, to approve or disapprove, and to describe the entire process in streams of words. My friends, my teaching colleagues, my writing partners are used to that, they expect it. Did you read ...? What did you think of ...? We swap opinions like recipes for cheesecake and gorge ourselves on discernment and wit. I open my mouth to hold forth, but mother-brain answers instead of me, and what comes out is ... very little. Sometimes nothing.

This world I share with my daughter isn't as much "preverbal" as "transverbal," a place that exists alongside the world of ideas and vocabulary. From this place, I observe with fascination the working of my other mind, as if looking at an island across an expanse of green water. Or maybe mother-brain is the island—the oasis—and the rest of the world heaves around it. Sometimes, I admit, I'm desperate to get off this island—where are the bookstores? Where are the cafes where fully dressed people sit having ... what was the word for it? Oh, right, conversations. I SOS my husband via pager and station myself, Amanda squirming and drooling on my lap, near the telephone. Here I keep a suspenseful vigil, staring at the white receiver with wild eyes, as if on the first ring it will turn into a canoe.

Those are the hard days.

And then, just as often, there are days of magic. Days when I hope I'm never found, when my baby, her father, and I splay lazily across our bed like starfish, harmony and affection washing over our naked bodies to invisible waves. Amanda gurgles and reaches for my air, my husband sings an ancient rhyme, and I fall without fear into the depths of mother-brain. I want only to luxuriate in the swirling wind, this dumb awe in the face of a miracle. I am happy as a fish or a bird. My bones glow from within.

Those are the good days.

And so this is my life right now. Sometimes I remember the places where I lived before, alone inside my pre-mother-brain: glittering tall buildings of language; clean, brightly-lit rooms filled with ideas, concepts, sharp-angled theories.

And sometimes, from the raw heart of this island, this place I share with a person who weighs ten pounds and who cannot walk or speak but is my guide nonetheless, I forget I've lied anywhere else. I can't remember the place of my birth, my name before I came here.

Birth Preferences

Here is a sample birth plan. Use this as a guide to formulate your own document. You can delete elements that are not important for you and add anything you feel like you need your birth team to know. Feel free to change the wording to make it your own.

It is important to keep your birth plan short and to the point. Be clear in your statements. Less is more. Only write statements that are important for your medical team to know. You can make a separate document for your support team reminding them of the things you want to happen during your birth. This will be things like “play birth playlist on spotify,” “I want the lights dimmed,” “I like counting, help my count during tough times.”

Saying clear statements like ‘I do not consent’ or ‘I want’ is okay. Giving reasons for points that are important to you can help your team understand your wishes. This document is a place to make sure your wishes are recorded. If you would like routine procedures you do not have to include them in your birth plan.

Please print off two copies. One for your birth bag and one to give the birth team on the day of your birth.

My name Partners name

Care Providers

40-week date

Address (If having a home birth)

Write a sentence or two on what is the most important for you at your birth. This is an introduction to your birth team of who you are and what you want and expect for your birth.

Examples might be “ I need to be told I am doing a good job, please remind me.” “ I like quiet, please keep noise to a minimum.” “I have always dreamed about catching my baby with my partner, I would like this to happen.”

List any allergies and/or fears you have. Any important medical information your team might need to know. If you don't have any, skip this part.

Examples might be "I have a fear of needles, please get the most experienced person to administer an IV." "I need to take my thyroid medication at 8am. Please remind me."

Labour

Pain medication preference:

Examples: "Please do not offer me pain medication" or "please have medication ready for me as soon as possible," or "I have a code word for medication if I decide I want it." "I am open to an epidural but not other pain medication. I would like to get the epidural as late as possible."

Please keep the number of people present in the room to a minimum.

Please speak to me first if a resident or student might be providing any care.

Progress: "I am hoping for a more holistic approach to assessing my progress (i.e. incorporating other signs of intensity of labour, approach of transition, readiness to push, etc)" or "I am very interested in my progress. Please make sure you inform me on how things are progressing."

"I like to be well informed. Please give me lots of information about my care." or "I do not want to be talked to very much during my birth. Please give my partner the medical information."

I would like to have access to a tub for my labour.

I would like to eat and drink during my labour and birth.

Birth

"I would prefer a water birth" or "I would like to give birth to my baby in the water."

Pushing: "It is important to me to push instinctively" or "I am very nervous about pushing, please give me lots of space and time to get comfortable with it."

"I would like to touch my baby's head as it starts to emerge, please remind me" or "I do not want to touch or see my baby as it is emerging."

"I would like to catch my baby with my partner" or "I don't want my partner seeing the birth, please make sure I am well covered for the birth."

"I would like at least 30 mins of limited distractions with my baby after it is born" or "I would like you to clean up and get all of the baby stuff out of the way before you give me my baby."

I would like to have my birth photographed.

Please do not rub the baby down at the birth. I would like to keep the vernix on the baby.

Please do not disclose the sex of the baby, we would like to find out for ourselves.

"I would prefer physiological management of placenta" or "I would like active management of the placenta."

"Please delay cord clamping until after the placenta is birthed and ask my partner to cut the cord," or "please do 5 minutes of delayed cord clamping." "I would like to cut the cord or please cut the cord right away."

To deliver the placenta spontaneously and without assistance.

I would like to keep my placenta.

I would like a placenta tour.

Newborn Procedures

"No antibiotic eye treatment" or "Yes to antibiotic eye treatment"

"Please give the vitamin K shot while breastfeeding" or "I will be using oral vitamin K."

"I would like to do baby-led breastfeeding, I will ask for help if I need it" *or* "Please help me with breastfeeding as soon as the baby seems interested."

Please delay the newborn exam until we have had bonding time and the baby has breastfed.

"We are keeping the placenta" *or* "we do not want to keep the placenta but we would like to see it."

Caesarean

I prefer to breastfeed and/or have skin to skin immediately in the OR.

I would like my doula with us in the OR to support us.

Please do not disclose the sex of the baby, we would like to find out for ourselves.

I would like pictures of the birth.

I would like a vaginal swab taken for inoculating the infant.

I would like delayed cord clamping.

All relevant statements in previous sections apply in the event of caesarean birth.

Optional: Include a nice sentence talking about how excited you are to meet your baby.

RESOURCES

Breastfeeding resources. I suggest checking these out in these weeks before baby comes:

www.firstdroplets.com

La Leche League: Great peer-to-peer BFing support: <http://www.lllc.ca>

Dr. Jack Newman: Lots of great videos of positions, latches, and seeing baby drinking:
ibconline.ca

Postpartum

Balancing Your Emotions, and Restoring Your Vitality, by Kimberly Ann Johnson

Pacific Postpartum Support Society: Get familiar with the signs of Postpartum depression and/or anxiety- both for her and him: <http://postpartum.org>

Safe Co-sleeping <https://www.wikihow.com/Co%E2%80%90Sleep-Safely-With-Your-Baby>

Homebirth

For those wondering: The Science behind the safety of Home Birth:

<http://www.birhtakesavillage.com/home-birth-safety> (and other great links on her site)

This Cafe will explore current evidence about home birth safety, potential advantages and disadvantages of home birth on individual and population levels, and barriers to and societal perceptions of home birth in Canada. Local Doctors, OB, and Midwives talk about the safety of homebirth. <https://www.youtube.com/watch?v=omxx39NsNVE&t=1009s>

Selection of birth stories told by parents in the Lower Mainland.

<http://www.appleblossomfamilies.com/blog/vancouver-birth-stories/>

For those of us new and old to diaper changing, this was an eye-opener for me: Newborn diaper change method: <https://www.youtube.com/watch?v=I9IDpEVkemM>

A book suggestion for the future fathers in the group, recommended by a dad in one of my past classes: Men, Love, & Birth, by UK male midwife Mark Harris

Book suggestions for those that want to be more informed about birth. "GENTLE BIRTH, GENTLE MOTHERING" By Sarah Buckley.

<https://sarahbuckley.com/gentle-birth-gentle-mothering/>

www.evidencebasedbirth.com a highly regarded research-based site that covers lots of topics that might come up for parents in pregnancy or postpartum. A great place to gather info if you're trying to make some informed decisions about things, or curious about the latest on certain topics. A fav site of mine for current pregnancy-related information. :)

Friedman's Curve and Failure to Progress:

<https://evidencebasedbirth.com/friedmans-curve-and-failure-to-progress-a-leading-cause-of-unplanned-c-sections/>

Failure to Progress

http://www.youtube.com/watch?v=N5J3o6AvSq4&list=PL6MvbFifoG_L23_RubJvPcErBYzO7ZnwP&index=6

Dr. Sears and his family of Dr. 's are a great balance of attachment parenting + modern medicine. In particular, I'd point you towards "The Baby Book, everything you need to know", but also check out their website, it is FULL of great info:

<https://www.askdrsears.com>

Caring for the Intact Penis <http://www.birthtakesavillage.com/caring-for-the-intact-penis/>

Car Seat Technicians <https://saferseats.ca/>

Sweet Sleep: Nighttime and naptime strategies for the breastfeeding family.

<https://www.lli.org/resources/sweet-sleep> This is such an amazing reference book, with lots of useful and encouraging strategies for breastfeeding and sleeping! :)

The Wonder Weeks! FABULOUS! Check it out, great for postpartum early weeks/months! As a book, website or app. <https://www.thewonderweeks.com/about-the-wonder-week-app/>

Pain versus Suffering from Penny Simkin <https://www.youtube.com/watch?v=rlj9ehB-hLc>

The essence of coping in labour https://www.youtube.com/watch?v=1Y-Li_r5loE

I loved this and wished someone had shared this info with me in pregnancy and then again in postpartum, it's completely worth the watch.

https://www.youtube.com/watch?v=jOsX_HnjtHU

Birth Videos

Natural Childbirth Scenes three part series <https://MamaNatural.com>

Labour

<https://www.youtube.com/watch?v=5aWxDXjtaxs&list=PL939514874E19770A&index=10>

Delivery <https://www.youtube.com/watch?v=ISnC8a2xizQ&t=0s>

Reflections <https://www.youtube.com/watch?v=LTRoM-QzL9o&t=0s>

Home birth in Vancouver Apple Blossom Families. www.appleblossomfamilies.com With kids attending the birth. <https://www.youtube.com/watch?v=GsorBDCZFbo&t=6s>

Home birth Vancouver with midwives

<https://www.youtube.com/watch?v=U6KHW7TNIcK&list=PL939514874E19770A&index=37>

Pushing with an Epidural

https://www.youtube.com/watch?v=j_qU6QL3NO0&list=PL6MvbFifoG_K2PrYImUXvDjXIZk0XZ41y

Planned Caesarean Birth - Made in England. It is very similar to what happens at our hospitals <https://www.youtube.com/watch?v=yzvWTZSatPo>

Caesarean Birth of Twins- Filmed and Edited by: Ceci Jane at <http://achapterinlife.com>

<https://www.youtube.com/watch?v=K9Hfkyk5NCE>

Birth of Sloane - Natasha Hance of NHance Photography

<https://www.youtube.com/watch?v=pSyCaI8fqjg&list=PL939514874E19770A&index=29>