

# **Home Birth Matters Issue 1.4**

## **Summer**

ISSUE 1.4

# home birth *matters*

HOME BIRTH IN AOTEAROA

summer 2014



*FEATURE:*

*We examine  
birth trauma  
and healing  
journeys.*

# Our Editorial

By admin | Home Birth Matters Issue 1.4 Summer



In the fullness of our summer season we bring our magazine full circle. Four seasons of Home Birth Matters, and four seasons of your voices in print. It is with a sense of gratitude that I write this, giving thanks for the people who have gifted their words and their time to bring this magazine into being. It is a testament to the strength and wisdom of this community that this magazine has reached so many people with its voice. Over 11,000 people have taken the time to read our words. That's big! At the Spring Hui at Umupuia Marae there was a strong sense from many that the Home Birth voice needed to be strong again. This magazine, free to the home birth community and the world, is our voice and our mahi, so give it strength! We want this magazine to be your voice and your heart.

***“But under the long snows of despair the little spark of our ancient beliefs and pride kept glowing, just barely sometimes, waiting for a warm wind to blow that spark into a flame again.”***

—Mary Crow Dog, Lakota Woman

Always after a long winter and turbulent Spring, energy can be low. Summer is a season of fullness and fruition but sometimes it can feel like we've reached the end of a long and tiring journey and finding the space to catch breath and enjoy the culmination of a yearlong effort is hard. The journey here has been a long one. The journeys women take through pregnancy and birth can feel equally long, through from conception to that fulsome and triumphant fourth trimester.

This issue has been reflecting on the healing journeys birthing women take, for many mothers having a birth at home is a healing process that re-affirms trust in herself after past trauma. Talking about their experience or birthing again on their terms allows them to move onwards without dwelling in the pain of it. Some women need to forgive themselves, others need to forgive others. Some women don't and shouldn't have to forgive, but in healing they can allow themselves the space to acknowledge and move on. Sometimes healing happens in solitude and at other times we heal together and in groups. This is where strong communities and circles of women supporting women really bear fruit. When we allow it, we find strength in each other. Too often we allow the media and popular opinion to create division and discord. The language we use around medical birth is centred in the mistrust of female physiology, the language we use in popular culture is one of blame. This language often spills over into how we discuss the journeys of other women. Sometimes instead of talking we must listen. When a woman tells you her story, she is sharing her journey. Through trembling voice or flashing rage, when we share our pain we are inviting each other in. When we share our triumphs, our pride and our gratitude we are inviting each

other in. Often we take these shared stories as a criticism of our own journey; it's hard to be open when we feel challenged. But words have power, not just to challenge but to heal. So in this time of fullness and becoming we should be allowing the warm wind of our journeys to blow that spark of healing into the flame of community.



*Sian Hannagan our Acting Editor*

# Our News

By admin | Home Birth Matters Issue 1.4 Summer

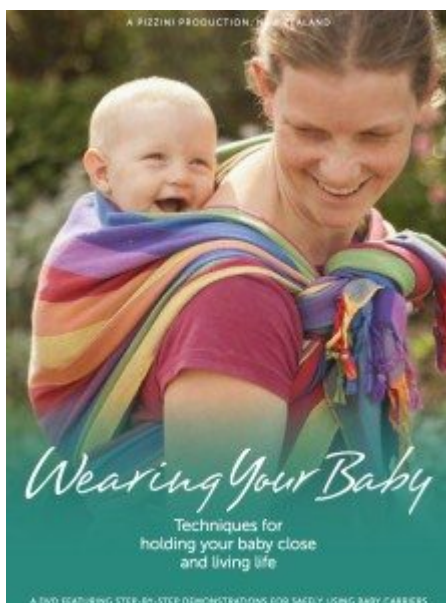


This season of Spring coming into Summer has brought big changes for many of our communities and for the board. We have three outgoing trustees and welcome in four new ones. With love and sadness we farewell Rachel Pearson, Cecile MacNeille and Vicki Rogers. Your contribution to our mahi and our message has been invaluable, your wisdom will continue to be with the board in years to come. With excitement we welcome in Tammi Heap, Eva Neely, Donna Fowles and Xavia Healey-Diaz. These women bring with them the collective wisdom of midwives, mothers and women. Their hearts and minds on the board will be an exciting journey to follow. We are also farewelling our admin extraordinaire Tess Trotter who has been an integral part to Home Birth business and the 'go to' person for many of us during these last two years. We are currently in the process of hiring to fill her place - and what a challenging task that will be!

## **A Winner!**

Congratulations Naumai Wipaki, you are the winner of the 'Wearing Your Baby' DVD, you are one of our recent subscribers and we are happy to announce you have won this amazing DVD. Please email us at [editor@homebirth.org.nz](mailto:editor@homebirth.org.nz) with your address and we can send it along to you.

To see some free clips and purchase the video go to their website: <http://wearingyourbaby.co.nz/>



*The New DVD, Wearing Your Baby is an excellent resource for babywearing groups and new mums. This video is well constructed with 3.5 hours of comprehensive instruction on how to wear your baby. A real and amazing resource.*

## **Homebirth Awareness week**

Home Birth Awareness week is a chance to celebrate what Home Birth means to us all. At a national level we spent some time sharing what Home Birth is to us as individuals and as a community in our [#homebirthis](#) campaign. What is home birth to you? Join in by taking your own 'Home Birth Is..' pic and emailing it to [editor@homebirth.org.nz](mailto:editor@homebirth.org.nz)

Here are some of our favourites







Michelle from Waikato reports that there were a couple of celebrations for Home Birth Awareness week. "On Monday 31 October there was family picnic attended by seven families at Parana Park, we shared a delicious cake made by Carla Sargent and played happily 'til the rain chased us away. Then on Sunday 2 November there was a blessingway for home birth midwives, attended by three midwives and Alison Barrett, our wonderful obstetrician ally. We shared an afternoon tea, gave foot and back rubs, read affirmations from families, lit candles and offered goodie bags filled with generous donations from local businesses. We also featured in a local newspaper on Wed 5th Nov, a lovely positive article about our work." Michelle has also shared her [inspiring story about breastfeeding](#) on Carla Sargent's website. Waikato Home Birth association are also running a special membership offer. Buy two year's membership before 31 December and get a copy of 'Where the Heart is' at a HUGE discount. \$55 for two years membership of WHBA + book is a saving of \$12.

This book is an amazing gift for parents to be if Christmas shopping is getting you down.

Send us a message or email [waikato@homebirth.org.nz](mailto:waikato@homebirth.org.nz) with the subject: book promo.

# Spreading word on home births

By GEOFF LEWIS

The Waikato Home Birth Association is keen to dispel the "myths" around the practice – that home birth is "for hippies, is unsafe and the idea that mothers can't cope without drugs".

The last week in October, appropriately starting on Labour Day, was national home birth week. However, Hamilton home birth advocates Michelle Howie and Carla Sargent said there was plenty to do to spread the word about home birth.

"We work to support independent midwives. There are midwives who can do home births and there are home-birth midwives. We realise their value and help to raise their profile. In our view, they are the pinnacle of care for women," Howie said.

The Waikato Home Birth Association was established in 1979 and is run by the about 20 families involved. The association has a monthly support circle to allow mothers to meet other like-minded people.

"One of our big aims is to become more visible. We were represented at the recent New Zealand College of Midwives conference held at Claudelands in August," Howie said.

A teacher from the UK who has worked in community development, Howie has two under-fives, both born at home.

Sargent has three children, all home births, and has been in the



**SUPPORT CIRCLE:** Waikato Home Birth Association members Carla Sargent and Michelle Howie with Howie's 18-month-old son, Willis.  
Photo: GEOFF LEWIS

association for six years.

"When I had my first child I started to become passionate about supporting women who want the option of home birth."

Last year Sargent published a book about home birth, *Where the heart is* which is available from the association.

The association plans to launch an antenatal birth information evening series in 2015 and offers a monthly support group, and a library.

■ Waikato Home Birth Association:  
847 8209 or  
[waikato@homebirth.org.nz](mailto:waikato@homebirth.org.nz). Also  
check [www.facebook.com/waikatohomebirth](http://www.facebook.com/waikatohomebirth)

Page 7 of the Hamilton Press



Goody bags supported by local businesses.



*Waikato Homebirth Association Coordinated Goody bags.*



*A lovely spread of food at the Blessingway*



*Foot rubs at a blessingway for Home Birth Awareness Week.*



*Carla Sargent's beautiful cake (recipe please Carla)*



*Waikato Home Birth Association has a Family picnic at Parana Park*



*A good time was had by all*



*Slicing into Carla's cake at the family picnic.*

Canterbury Homebirth Association also held their annual labour weekend family day in honour of Home Birth Awareness week. Their event celebrated midwives and the amazing work they do supporting families as they birth and raise their babies. This annual event is also a great opportunity to re-affirm connections within the community and invite new members in. See more about their time [here](#).

Canterbury reports: During Labour Weekend we held two events, a Family Fun Afternoon Tea and a screening of the Microbirth film. The Family Fun Afternoon Tea on the Sunday was a triumph, with over 100 adults and their kids in attendance. The weather was perfect, as was the location at the Christchurch Rudolf Steiner School. We had a bouncy castle, face painting, musician and magician as well as yummy food and a coffee cart. To honour our midwives, we had a masseuse provide them with reflexology and massage which we also offered to new and expectant mums. The event was widely advertised and it was wonderful to have both home birthing families and others new to home birth there.

The Microbirth screening, on Labour Day, was also a success. We offered it free to our Professional Members as another way to show our appreciation for all they do, though it was open to the general public too. We had good numbers attend and NZCOM supported the evening by putting on supper. If you'd like to know more about our Labour Weekend events, please visit our website [here](#).

Events such as these are something that Home Birth Canterbury is trying to organise more regularly as we work towards increasing the visibility of home birth in Canterbury. Improving the visibility of home birth is one of the goals in our strategic plan and we are currently working on a marketing campaign to meet this end. The focus of the campaign will be home birth as a positive and safe option for the majority of women, though the details (and timing) are still to be confirmed.

One quiet marketing tool that we've been using successfully for over a year now is our Homebirth Hampers. These continue to be well received by home birthing families around Canterbury and we have distributed upwards of 100 over the past year. The samples and information that make up the hampers

are included in a reusable shopping bag that is printed with a strong, positive home birth message publicised when the bags are reused. You can read more about the hampers [here](#).

Home Birth Canterbury is fortunate to have an active and dedicated committee, able to push forward with all the ideas and projects we undertake, supported by many midwives and consumers throughout Canterbury. We look forward to keeping you up-to-date with our progress during future editions of Home Birth Matters.

### **Michel Odent comes to New Zealand**



Home Birth Aotearoa are happy to announce that we are in partnership with Capers bookstore to promote and host Michel Odent on his Australia and New Zealand tour. He is the world's best known obstetrician, (recently retired from practice) and an extremely popular speaker at conferences. He will present one day seminars in Wellington (14 May) and Auckland (15 May).

Odent initially trained as a surgeon, and was in charge of both the surgical and maternity units at the state hospital in Pithiviers, France (1962-1985), where his advocacy for a home-like birthing environment and birthing pools, attracted worldwide interest. He has also attended homebirths for many years. He estimates he has attended more than 15000 births. Dr Odent founded the Primal Health Research Centre in 1987 with its freely accessible databank of articles. Michel is the author of many articles, and his books include *The Caesarean*, *Primal Health*, *Birth and Breastfeeding*, *Scientification of Love* and *The Functions of the Orgasms*, *Childbirth in the Age of Plastics* and *Childbirth and the Evolution of Homo Sapiens* (2014).

See more information and register online here - <http://www.capersbookstore.com.au/-product.asp?id=1959&t=Michel+Odent+Seminar+-+Melbourne%2C+Sydney%2C+Wellington%2C+Auckland>

#### **Fees**

The \$195 fee is an extra special earlybird price which expires 1 December 2014. After that the earlybird fee will be \$205 for registrations paid by 31 January and the full fee is \$245

# Spring Hui at Umupuia Marae

By admin | Home Birth Matters Issue 1.4 Summer



Home Birth Aotearoa's National Hui is held in spring each year and is a gathering of all home birth associations and support groups. It is open to trustees, representatives from the regional groups, their families, midwives, student midwives, and representatives from partnership groups — in short, anyone who is interested in home birth in Aotearoa New Zealand. Attending hui is an opportunity to share regional issues and to reflect on what we are trying to achieve as a national organisation. Issues are discussed; decisions for the months ahead are made; and knowledge is shared. Participants leave hui feeling inspired and energised by each other.

*Hui was awesome, so much passion and connection, and what an amazing space just across from the sea. Great to meet so many lovely new people, a huge thank you to everyone involved*

*..... Together we are POWER - Carla Jenkinson*

The AGM is held at the national hui; this is the forum to approve the Finance and Board Reports, review the Strategic Plan, discuss any proposals for the national organisation, and hear regional reports.



*The board stand together with Nadia as she reads the words of Rachel Pearson during the Kei a Wai ceremony,*

This year hui was held in the Auckland region from the 10<sup>th</sup> - 12<sup>th</sup> October. We acknowledge the women

and whānau of the Auckland Home Birth Support Group for hosting this hui, their organisation and their commitment to meeting the needs of the forty adults and thirty children who spent the weekend together. Our thanks also go to the tangata whenua of the fantastic Umupuia Marae for sharing such an inspiring venue with us.



*The wharenui with the ancestor carvings at Umupuia Marae.*

Ko Kohukohunui te Maunga

Ko Wairoa te Awa

Ko Maraetai te Moana

Ko Tainui te Waka

Ko Ngai Tai te Iwi

Ko Umupuia te Marae

Ko Ngeungeu te Whare Tupuna

Ko Tara Te Irirangi te Ariki ki runga

Ko Raukohekohe te Whare kai

Ko St Marys te Whare karakia

Maraetai - Umupuia circa.1882

A pōwhiri was held to warmly welcome us onto the marae. We learned that the marae buildings are all named for female tīpuna (ancestors), which seemed very fitting for the purpose of our hui. We also heard that the land had never been sold or bought, belonging always to the people and the place. Following the kōrero we were invited to have a cup of tea to complete the welcome. As we relaxed into our home for the next few days we felt very welcome and very comfortable.

All the healthy, nutritious and delicious meals were lovingly prepared, happily consumed and greatly enjoyed. Thank you to Fi, Puawai & Janet, along with our French helpers for the weekend, for caring for us so beautifully.

The Kei a wai ceremony gave us the opportunity to introduce ourselves and commit to the purpose of the hui. People stood together with others from their regions to share a little about themselves and their home birth story before pouring water into the Vessel to symbolise the mingling of our common goals.



*Nadia shares here intent.*



*Our vessel draws in the intentions of this space.*



*Anne Sharplin caresses the vessel.*



*Rose Fisher at the Kei a Wai ceremony.*

Part of HBAs commitment to the fifth goal in the organisation's Trust Deed, is to hold an annual Te Tiriti o Waitangi workshop as part of our national hui. Christine Herzog from The Treaty Resource Centre ([www.trc.org.nz](http://www.trc.org.nz)) gathered us together and ran through a few essential Treaty of Waitangi basics as well as busting a few myths. Christine asked what we are trying to achieve as an organisation - is Home Birth Aotearoa looking to develop Treaty Partnerships or is our focus on cultural appropriateness, relevance and accessibility? There was a feeling that we had much to consider and that probably all aims fit the ongoing purpose and intentions of our organisation. Perhaps the key significance for HBA was to ensure that Maori women had the same opportunities to access home birth as any other women - if they choose to do so.

In the afternoon there was discussion on "The Partnership Model of care, the midwife and the birthing woman".

In a recent article for Home Birth Matters magazine, Carla Sargent (HB mama, blogger, author & midwife) recently wrote about how within our current maternity model, which appears ideal and is lauded internationally, the rate of medical interventions and associated trauma is rising. She asserted that this does not satisfy women (higher morbidities & trauma) NOR does it satisfy midwives who are under pressure to conform to mainstream practices (within hospital facilities & increasingly at home). Midwives who practice within a broader definition of "normal" often feel unsupported by their midwifery colleagues, women, their College and the Midwifery Council. Carla also suggested the 3 Ms that influence birth:

1. Mainstream - does the birthing woman fall outside today's definition of normal? Eg VBAC, high BMI, Home Birth, water birth, multiples, breech, etc.
2. Media - our current birth paradigm is shaped by television, films, war stories of birth, nuclear families, and our current risk adverse culture.
3. Midwife - what is her philosophy, experience, work environment, support, comfort zone etc?

Robust discussion around this issue was joined by women and midwives with experiences reaching across a wide range of birth facilities and eras. The emerging themes were around the loss of the home birth political voice, issues around money for midwives, resources for home birth groups, home birth components of the student curriculum, relationships, professional support, communication, advocacy, language of birth, responsibility, liability, and the definition of normal birth. The session was wrapped up with a commitment to ongoing conversations and strategic planning to address the issues noted.



*Words shared over a cuppa.*



*Important discussions at the partnership korero.*

*"...just wanted to share my gratitude for your planning the lovely hui at the delightful Umupuia Marae. It was a joy to meet you and get a sense for the kaupapa in action and I look forward to seeing what comes of the discussions, particularly the sat avo partnership conversation, it felt timely and well considered by all involved. Arohanui." - Angela Trillo*

The AGM was presented by the Trustees of HBA who noted that it has been a massive year for HBA with the launching of new branding, new website and new online magazine. This focus on development of the public profile was a deliberate strategy to create visibility for the organisation and to build a platform for the collective homebirth voice. There has been significant resource channelled to these projects with a large part of that consisting of generous contributions from the wider home birth community. Images from the 2013 photo competition were used to make the website look and feel connected to the homebirth community in Aotearoa. The website looks luscious and has lots of functionality. The visitor rate is high with over 30,000 views. The Midwives Database is able to be updated by the individual midwife although it was noted that some of the listings unfortunately are out of date. Regions were asked to encourage homebirth midwives to update information regularly and to please let the Administrator know if changes are needed. The Forum function has yet to be utilised and it was discussed that this will need further promotion. It has the benefit of archiving conversations (as opposed to Facebook where threads are often lost and ownership of information is at question). Further social media applications are the HBA Pinterest account and the HBA Twitter account which, are both gradually building.

*What a beautiful weekend, thank you so much. It is so special when women can come together and share on so many levels, their passion, their love and nourish and connect with one another. - Carla Jenkinson*

Also noted were some changes in Trustees with the resignation of Cecile McNeille, Vicki Rogers and Rachel Pearson. We gratefully acknowledge the contributions of these inspiring women. We wish them well and we will miss them. New trustees were being sought and these positions have now been filled in the form of Eva Neely, Tammi Heap, Xavia Healy-Diaz and Donna Fowles.

Employee changes are also afoot with the resignation of Tess Trotter. As Administrator, Tess has been pivotal in the work achieved by the Trust over the two years she has been with HBA. We wish Tess all the best and miss her already.



*Tess Trotter sits with Rachel Yeats and her son Gryphon.*

*“My overarching takeaway from Hui? The children. The love, grace and joy of this amazing community of children. Feeling blessed for my time in their presence.” – Tess Trotter*

HBAs intention going into 2015 is to focus energy on the grassroots membership, with strategies being developed to support regional homebirth groups and associations. A further intention will be around strengthening mutually supportive connections with midwives – our partners in birth. Regional groups are encouraged to make contact with NZCOM regional committees as well as a broad range of midwifery and maternity focussed organisations. HBA offered help with connecting with groups in the regions, please get in touch if needed.

On Saturday evening the Red Tent Sharing Circle facilitated by Lianne Divine brought to the fore some great conversations and was a chance for a few mums who have been doing it tough to release their emotions in a safe space.

On Sunday, Regional Reports were presented verbally by those present. On the whole regional groups are continuing to tick along with various coffee mornings, pool hire, book sharing and other supportive events. Some great initiatives are taking place with fundraising although finances are problematic in most areas. One region shared that they had moved to paying a part time administrator and also reimbursing costs for those coordinating the pool hire – everyone agreed this would make a difference to their own regions. Screenings of the documentary “Microbirth” have been occurring through many regions and HBA has actively promoted and supported these. Regional Pod Hui have taken place in Southland and Auckland and these were reported to have been nurturing and connecting.

*Hui was a blast guys. I love soaking up the wisdom and aroha of our homebirthing collective. Thanks to all for their strong voices and hearts. – Sian Hannagan*

The end of hui was signalled with the usual flurry of packing up, cleaning up and farewelling, and was accompanied by the paradoxical sense of the days having flown by and yet having contained much. The arrangements to come to hui can be complex, taking time from your homes, families and work to invest in our homebirth community and organisation is appreciated. We trust that everyone left hui feeling inspired and connected.

Alesha offers her reflections:

*This was my first attendance at Hui and I hope for it not to be my last. It was a peaceful, welcoming environment of the most beautiful surroundings and community. I returned home feeling inspired and supported, having had the privilege of learning from the wisdom and experiences of others. As a home birthing mother I appreciated the opportunity to hear from students and midwives as to their experience of home birth in Aotearoa and I hope that the understandings shared between us may be of continuing support in these times to following. Having birthed and lived in a part of Aotearoa where home birth support slips in and out of a womans grasp I am well aware of the importance of our community and the space hui gives us to strengthen our ties. Heartfelt thanks to those that organised the event and kept us so well fed and informed over the weekend. Looking forward to seeing you all again!*



*Enjoying the space*



*The powhiri welcomed us into marae with warmth and strength.*



*The wisdom brought by Home Birth advocates spanned decades.*



*Korero around Carla's article was important.*



*The Marae at Umupuia is the Mana Whenua Marae of the Ngai Tai Iwi of Umupuia and Tamaki Makaurau. It is situated on ancestral land at Umupuia adjacent to the Wairoa River with Umupuia Beach immediately in front and hundreds of acres of Ngahere (native bush) behind, and as such is unique in the Auckland area.*



*Singing brought us all together.*



*The setting was peaceful and calming.*



*The weather was lovely throughout.*



*The meeting where we discussed Home Birth and Midwifery brought some impassioned and powerful viewpoints together.*



*Georgeous tamariki enjoyed the welcoming space.*



*Our Tiriti workshop was really informative. it was good to get back in touch with some key areas of knowledge.*



*These two wonderful women shared their kaupapa with us.*



*Lots of time to enjoy the sea front.*



*Cassius getting some cuddles and a banana.*



*The ocean was such a beautiful part of this venue.*



*Umupuia marae.*

*“ I have always enjoyed attending the 2 yearly homebirth conferences, and always come away inspired and full of passion, but this year was my first time to attend the hui. I must say I loved the whole experience of my first homebirth hui, not only was the scenery beautiful, but the whole flow of the weekend. Great to meet new faces and meet up with old familiar faces too. Saturday was a great brainstorming few sessions on the strengths of homebirth in New Zealand, and how to keep moving forward. This included good discussions with representatives from the NZCOM... It was very valuable. Sharing ideas between the regions over the three days was great. Good topics at the AGM were covered very well and in a very positive light .. ... While AGMs usually aren't something I enjoy attending, a good number of topics were covered as hoped.” -Tammi Heap*

# Written on our Wombs

By admin | Home Birth Matters Issue 1.4 Summer



Anybody who has been witness to the sharing of birth stories in regular company knows there is no shortage of “war stories” to be told by birthing women. Almost without exception these stories are categorised by fear, pain and a loss of personal autonomy and power. This piece aims not to delve into the reasons why the mainstream narrative surrounding birth is often more in the horror genre rather than romance, nor to look into preventing birth trauma (that’s a story for another day, and begins and ends with honouring the spirit of true informed consent) but to explore the feelings of many birthing women after their own traumatic experience, debunk the victim blaming that often accompanies these feelings, and discuss the healing process after birth trauma.

**NOTE:** *I have taken pains in this article to avoid describing incidents in childbirth that have led to birth trauma and PTSD in any detail. Such pains are not taken in many of the references, so please consider this a **TRIGGER WARNING** and do not delve into the readings, particularly the academic papers, if descriptions of traumatic childbirth experiences are likely to disturb you.*

*“Trauma after the birth of a baby is a ‘special’ kind of trauma. It’s a bittersweet kind of trauma. It’s a silent kind of trauma. It’s an invisible kind of trauma. And if your baby is healthy, it is usually considered an unjustified kind of trauma.” (Harshe, 2013)*



*After a healing homebirth following a traumatic hospital experience with her first a mother is sobbing an apology to her older daughter for the birth she missed out on. Image supplied by Kelly Barnes.*

*A mother experiences a wave of emotion at the beautiful home water birth of her second daughter after a previous (questionably 'necessary') caesarean and traumatic experience in her first birth. "This picture shows a beautiful and painful moment" she recalls, "where I am SO happy at what has just happened but grieving for what should have been with my first birth".*

*"With my first child, the classic 'cascade of interventions' and 'we know better' led to an emergency caesarean section (which, when you look back on it, could have been avoided).*

*Having had this second chance, I KNOW that had I been in New Zealand, with THIS midwife, in my own home - Kaiya would also have been born naturally, into the water.*

*Instead, before the birth of my 1st daughter, Kaiya - my husband and I looked into each other's eyes and wept, not tears of joy and precious moments, but of despair and hopelessness. We were caught in the 'machine', stuck in the cogs of a hospital with the highest Caesarean rate in the UK and don't be fooled; New Zealand is no haven from this. North Shore Hospital has one of the highest C Section rates in the country.*

*After Kaiya's birth, I had a sense of detachment from her that had begun BEFORE she was born. I felt DEFEATED. I felt myself physically slump and give up. It was that point, that I felt I was no longer part of the birth of my daughter. I felt a sense of something being 'done to me', not being present to it, not being part of it.*

*Nothing prepared me for the years of grief and detachment I would feel, surrounding this ending to the*

*beautiful and wholly enriching experience that my pregnancy was for me. I couldn't talk about the birth without crying... I hated hearing other people's birth stories, both good and bad. I was suffering from PTSD, but was unaware of it. When Kaiya was a year old, a Plunket Nurse gave me the contact details of a group dedicated to help mothers suffering from PTSD. They linked me to a retired Midwife, who was now a Psychotherapist, helping women come to terms with these types of birth trauma."*

*For her second birth Kelly sought out a homebirth midwife and had an amazing water birth at home. Almost immediately after her daughter was born Kelly experienced a wave of emotion. "I sobbed, holding my daughter, and then I got it together and said "We went in under the wire, didn't we, Elora? Not an obstetrician in the land knew we existed."*

### **Sheila Kitzinger, interviewed for an article in Prima Baby magazine in 2000, notes:**

"A woman who has been through a difficult time in labour is initially in a numb emotional state, so relieved is she that it's over. This can last weeks, months or even years. Then suddenly the floodgates open. But these feelings are complicated. The woman feels bound to be grateful to the professionals who helped her deliver her baby, especially if the baby was perceived to be at risk, and yet these are the very people you feel have violated you. A woman who has had an emergency caesarean can be very vulnerable to this."

The feelings surrounding a "difficult time in labour", as Kitzinger puts in such understated fashion, are indeed highly complex and complicated. They are further confused by a woman's hormonal response to fear - dubbed "tend-and-befriend", a possibly peculiarly female stress response can be to "friend-make" with those around them, a trick designed to promote survival in difficult situations (McCarthy, 2005).

Similarly the prevalent view that the baby is the single most important part of the birthing dyad colours the situation. If baby is healthy there is a tendency for those who might not recognise the value and importance of a good birth experience to dismiss the mother's feelings with comments such as "at least you have a healthy baby". On the flipside, if the baby did not arrive completely healthy then a focus on the mother's experience can be seen by the outsider as an indulgence compared to the grief or intensity of focus on baby.

Grieving for the labour you might have had, then, can feel like a betrayal, not only of your baby but also of the birth professionals and support team who attended the birth. But birth, to paraphrase Barbara Katz Rothman, is not only the process of making babies, it is the process by which we become mothers too. If we start that journey in an uncertain way, mired in fear and pain, it is something that can continue to cause pain for some time. Birth trauma should not be dismissed or buried but needs to be worked through!

### **TRAUMA IS IN THE EYE OF THE BEHOLDER**

"Beauty is not the only quality or phenomenon that lies in the eye of the beholder; birth trauma also does. What a mother perceives as birth trauma may be seen quite differently through the eyes of obstetric care providers, who may view it as a routine delivery and just another day at the hospital" (Beck, 2004).

That mainstream narrative of birthing war stories means that some birthing women seem perfectly content with an experience in which their power and dignity was stripped from them. It's also possible that perhaps they never held any power or dignity for themselves in the first place. Birth trauma is also not necessarily related to outcomes - if a woman continues to be treated with respect throughout a birth experience then she might not suffer from any traumatic feelings afterwards, even though it might have been the most intervention filled delivery.

Swalm notes a particular set of risk factors that contribute to birth trauma:

1. Poor support from partner, family and/or staff
2. Unplanned pregnancy
3. Previous stillbirth
4. Previous trauma (sexual abuse). Some aspects of labour and birth might remind her of previous sexual assault
5. High trait anxiety: some women are simply more prone to anxiety of all kinds.
6. Perceptions of not being in control during labour and/or not knowing what's going on
7. Poor pain relief
8. Fear for the well-being of the baby or oneself

However, whether a mother's experience qualifies as birth trauma is particular to that mother - there is no threshold of injustice or injury that must be crossed in order to qualify. If you suffer from grief or guilt for your experience after the fact, you suffered birth trauma.

According to Dr. Kalina Christoff of Vancouver Birth Trauma (<http://www.vancouverbirthtrauma.ca/>), **two of the biggest reasons women experience childbirth-related-PTSD are unnecessary medical interventions, and feeling mistreated by their care providers.**

POST TRAUMATIC STRESS DISORDER?

***The reported prevalence of Post-Traumatic Stress Disorder (PTSD) after childbirth ranges from 1.5 to 5.6 percent (Beck, 2004). This means that as many as 1 in 18 births result in lasting psychological effects for the mother that would benefit from professional help.***

"Women with symptoms of PTSD were more likely to feel that they had little control during the labour, to have higher ratings of trait anxiety, and greater fear during the labour for their babies and their own wellbeing. Symptomatic women also felt less well supported by their partner and staff, and less informed about what was happening. In addition women reporting PTSD symptoms were more likely to attribute blame to themselves and staff for any problems that occurred and were less able to cope with what was happening." (Bailham & Joseph, 2003)

The original diagnostic criteria for PTSD, which was first recognised in veterans of the Vietnam War, dictated that it had to be in response to events outside of normal human experience. However, it was redefined in 1995 to more broadly include triggering events that involve actual or threatened death or serious injury. A personal response involving intense fear, helplessness or horror and continued symptoms in categories of intrusion, avoidance and hyper-arousal complete the PTSD picture. "For example, intrusion would include the persistent re-experiencing of the trauma through distressing recollections, dreams, or feeling like one is reliving the whole traumatic experience." (Swalm, undated).

A mother might "overreact" (in the eyes of an outsider) to internal or external cues that resemble some aspect of the traumatic event (a particular beeping sound, dramatic depictions of birth on television, even just mentions of birth in conversation). In terms of avoidance "there might be avoidance of thoughts, feelings, or conversations associated with the trauma. The person might avoid any kind of activities or places that arouse recollections of the trauma" (Swalm, undated). Hyper-arousal symptoms include things like sleep problems, irritability, poor concentration and hyper-vigilance (notably all symptoms that can be masked by the standard fog of early motherhood!). If the duration of symptoms is in general longer than a month - no matter when it begins, which can be months after the birth - then PTSD should be considered.

TABS (2003) offer the following list of symptoms to alert mothers to possible PTSD:

- Experienced an event perceived by the person experiencing it as traumatic;
- Flashbacks of the event, vivid & sudden memories;
- Nightmares of the event;
- Inability to recall an important aspect of the event - psychogenic amnesia;
- Exaggerated startle response, constantly living on edge;
- Hyper-arousal, always on guard;
- Hyper-vigilant, constantly looking around for trouble or stressors;
- Avoidance of all reminders of the traumatic event;
- Intense psychological stress at exposure to events that resemble the traumatic event;
- Physiological reactivity on exposure to events resembling the traumatic event- panic attacks, sweating, palpitations;
- Fantasies of retaliation;
- Cynicism and distrust of authority figures and public institutions;
- Hypersensitivity to injustice.

Elizabeth Ford (2011) points out, however, that “A woman who feels very angry is struggling with a valid emotional response to being discounted or not listened to during the birth, or even being mistreated or assaulted. Even when women don’t fit into the “PTSD box” (fulfilling all the symptom criteria), they may have a spectrum of subclinical trauma reactions which would benefit from support, counselling, or psychotherapy.”

## **BLAME**

“Women... blame themselves when their bodies do what they have been designed to do and shut down when they feel unsafe. Women blame themselves when they begin to ‘friend-make’ with the very carers who are undermining them, because they have no choice...they need them for their survival.” (Bruijn & Gould, 2010)

In the birth version of “victim blaming”, in processing birth trauma mothers often, at least initially, blame themselves for the turn events took, asking themselves what they did wrong and what they could do next time to avoid a recurrence. While this reflection can be helpful in processing the birth, it is often misguided.

Krista Arias illustrates the internal thought process: “...when I went into labor something happened. It was unexpected and it was bigger than me. It was NOT safe. It came from outside, a flurry of energies in my sacred birth space. It came from within, something deep, something old and unresolved. All I knew was that I could NOT have *anything* pass through my pelvis. I pushed with all my might, and I held back equally. I was alone in the underworld and I was terrified. For years, I couldn’t think about my daughter’s birth without *shuddering*. And oh, the guilt. What was wrong with me that I didn’t have an ecstatic, orgasmic, A+ honors equivalent, birth?”

The victim blaming is not confined to mothers themselves - we often will hear messages like, “a woman is traumatised because she is prone to anxiety,” “she has not recovered from her past traumatic history,” “she was not properly prepared for how unpredictable birth is and how quickly it can turn into an “emergency” situation.” A birth professional in a homebirth forum recently even suggested that a traumatic birth experience is purely the result of a mother’s poor birth skills education - or that she did not employ her birth education properly.

Jessica Austin (2012) puts it most succinctly: “The truth is, **unnecessary medical interventions** often lead to the dramatic birth situations which ultimately feel traumatic to women... Although studies consistently show that less intervention leads to better births, hospital practices often stay stuck in the status quo of heavy monitoring and attempts to control the very complex process of birth.

Not only that, but **women who do know and understand the risks** of medical intervention are often pressured by medical professionals to comply with their recommendations by being told that their lives or the lives of their babies are “in jeopardy”.

I have seen a father ask “What might happen if we don’t induce today?”, and instead of giving appropriate information on the risks and benefits of induction, the doctor simply replied, “Your baby might die.” Yes, your baby, always “might die”. But what are the actual statistics? What are the risks of induction (fetal compromise, uterine rupture, increased risk of cesarean birth) as compared to the risks of not inducing? Why wasn’t this couple offered this information, as required by Informed Consent law, in order to make an informed choice about their birth?”

**Birth advocates around the world are working to raise awareness** of the unnecessary medical interventions which lead to more challenging birth circumstances, and pointing to the responsibility of medical professionals to provide accurate information and honour a woman’s right to make an informed choice about her health without pressure or scare-tactics.

Bruijn and Gould (2010) point out: “women cannot feel their strength unless they feel safe and supported and nurtured, and trusting of their body’s ability. So how do they get these things? Firstly, it is hard for women to feel safe and supported and nurtured unless their support people understand the importance of this for labour progression and emotional health, so great communication and education is vital. And how do women gain trust in their body? Not just by blindly ‘trusting’, but by being given appropriate evidence-based information and the sharing of knowledge that enables birth to earn their trust.”

“Many natural birth advocates talk of the amazing hormones of childbirth. They are right – they are amazing. But they are not available if the woman is scared out of her brain, or left alone in a room to labour when she is needing support, or given antenatal education that does not enable her to trust her body’s ability, or talked down to & patted on the head with a ‘don’t worry your pretty head’ attitude, or not had her questions answered. Yet this is how many, many women go into birth.

And these women who are birthing in this way have not failed. Really, they have *been* failed...by our system, our antenatal education, and even our culture in its attitudes to birth. If she is well-supported by her carers and her knowledge, a woman *does* have access to those amazing hormones.”

Even more deeply, Krista Arias (2011) notes “As modern women, through no fault of our own, we have been deeply imprinted by birth fear. Not just from movies, and birth fear and doctors, but from the way we ourselves were born, the way our mothers *and their mothers* were born. Nearly ALL of our mothers were subjected to inhumane treatment and we, in our most vulnerable moments as newborns, were manhandled and abused. It’s no wonder we are a generation of women seeking a shortcut around the intensity of birth.

If we accept the evidence that the way we are born imprints us for *our entire lives* then we must also accept that modern women are host to a lineage and legacy of pain and fear written on our wombs, our throats, our breath, breasts, and being.”

## **MOVING ON**

**The healing process for birth trauma is as individual as the trauma itself.**

“Birthing From Within” author Pam England describes herself as a “Birth Story Listener” and offers training for others in this process. She refers to nine “gates” or levels of processing that women can move through over the years as they tell and retell their birth stories to others or to themselves. It is important to note that not everyone works through – or needs to work through – all these levels (which can be followed in more detail at her blog <http://birthpeeps.blogspot.com> or in her upcoming book “Birth

as a Hero's Journey").

It is also important to be mindful of how a birth is processed and with whom. In part the mainstream negative narrative surrounding childbirth is caused by the need for catharsis of those who have had a bad experience. For your own healing, process with someone who will validate your feelings and listen without judgement - including your own inner critic. For others' benefit, please, try not to share birth trauma stories with those yet to birth themselves! England points out: "Not being heard, understood, or validated, while telling our story... can be hurtful, and cause secondary trauma. [A birth story] is not just "social" chit chat, it is an underestimated, powerful force in creating the collective story of birth. Because it is a story told quickly, often to half-listening listeners who are swapping their own stories... all listeners potentially leave with their own meaning, inferences, even distortions... then pass them on to others, like the rippling rock creating endless waves in the collective story of birth in our culture."



*Image generously gifted for use by Capturing Life Photography*

The **first level** of a birth story is no story at all. Immediately after a birth the new mother is immersed in living the birth. The family is "still spinning, stunned open in love or stunned by the intensity of what they have lived". Other people who witnessed the birth or who visit shortly after may have their own versions of what happened, and begin to tell the mother their own opinions of her birth story, which inevitably influences what her story will become.

Once they begin to formulate their own version of the birth story, most mothers are overwhelmingly feeling **relief and gratitude**. "This is usually a short, repeating, litany of praise for anyone and everyone who helped in anyway; it is probably fueled by endorphins and adrenalin, as well as genuine and overwhelming relief and joy. In addition, in the early weeks of postpartum, a new mother is falling in love with her baby; her attention is naturally directed toward learning to care for her baby, getting enough sleep, and hosting a flurry of visitors. There isn't time for reflection, yet."

Slowly but surely, however, the mother-storyteller begins to examine the **relationships** involved in the

birth experience. She begins to look at “who was there, who wasn’t; who showed up in unexpected ways; who, if anyone, abandoned her”. She may also begin to ponder how her relationships may have changed, “with her own mother, family, husband/partner, friends, birth peeps, the new baby or older children, other mothers, and most importantly—to herself”.

Around the same time, a **social birth story**, the “sharing over the teacups” version of the story, starts being told. This story is not fixed but the emphasis, emotional meaning, and even what is included and left out, changes depending on the audience.

The **medical birth story** is often considered the dominant, most valid and validated birth story in our culture. This story can be emotionally charged, or it can be detached and objective, justifying, explaining and debating the way the labour was managed. At this level of processing the birth story a mother assembles what happened (which can initially be fragmented and muddled in her mind) into linear sequential order. She will begin to ask others who were present what happened when (and why) in order to “get her facts straight”. England describes it as such: “When a birth story is emotionally traumatic, the storyteller can become attached to the meaning she has given the story and to herself because it happened to her. As a result, many get stuck at this Gate, which means that this version becomes their final version. If a woman never progresses beyond the Fifth Story Gate, something will always be missing for her. If she stops here she may never know a deeper, more spiritual meaning—or story—that is waiting up ahead.”

The **Revolving Door of the Victim and Judge** comes next. The mother swings between blaming someone else, remembering feelings of helplessness and powerlessness, and judging herself, telling herself she should be different, or should have done it differently, or what to do to get it right next time. Neither is right, and neither is wrong; both elements can be present in reflections of a traumatic birth experience. Many women seek to answer their internal victim and judge with a subsequent “healing birth” (and interestingly, many seek home birth as the answer). However, while a good birth experience can help move a mother on from this level of processing the previous birth trauma, and allow a mother to let go of any feelings of inadequacy she might have harboured, often it does not “heal” the trauma itself – and in fact can drive a deeper anger or grief around birth issues in general.

As this dialogue is heard deeply by the mother herself (and possibly by a counsellor, therapist, or others who act as “story listener”) her mind experiences a pause in the process of thinking and searching. The deeper feelings, images, bodily sensations and poetic metaphors that capture the heart of the story rise to the surface in a story that becomes more **poetry** than simple retelling. The pause is often filled with a new question, particular to the mother, which England describes as “her Heart’s Question”.

This Heart’s Question is answered by a **Huntress**: “The Huntress is looking out, looking far and wide, to see patterns and the whole picture, to “see” and to understand her story in the context of her past and future, how it relates to stories from seven generations past, and within the context of birth in her culture. She has moved from her personal story to her story within a collective story.” This stage is driven by a hunger to know who the mother is at her core, and how her birth experience relates to her past, her future, and in general to the larger picture of birth in our culture. “As the story-teller approaches this Gate, her questions move away from “Why did this happen to me?” or “What should I have done differently?,” or “What should I do differently next time to prevent or avoid [fill in the blank]?”.” Many advocates across the birth spectrum (whether they have suffered birth trauma or not) are at this level of processing their own births.

By the **final stage** of processing birth a mother has shared with many listeners, read authors and been inspired by poetry and art. Her story has been deconstructed and reconstructed, given new meaning and digested. “Finally, no longer identified with the story, it no longer needs to be told or healed... [the mother] never tells her whole story to anyone. She keeps in her heart, knowing what and when to share a specific bit of her story—as Medicine. She doesn’t tell her story, or even a part of it, to get something back from the listener (e.g., sympathy, advice, assurance, praise, bonding). She may draw from her story-

experience, without having to refer directly to it; Story Medicine comes in the form of a mirroring, validation, metaphor, or myth.”

## **GETTING HELP FOR YOUR OWN TRAUMA**

“It is important to remember that a traumatic birth experience is NOT your fault. In working with women who have experienced a birth trauma, there is often a great deal of self blame. The fact of the matter is; you did the very best you could at that moment in time. You looked at the information that was given to you, weighed the pros and cons of each choice and made the very best choice that you could. Any reasonable person, in your shoes, knowing what you knew, being told what you were told, probably would have made the same choices. That is NOT your fault. From here, it is important to find some way to process through the birth experience” (Treat, 2012).

If you have had a traumatic birth and don't know how to get help, there are a number of resources both online and in person that may be helpful. There are many options to process the experience including support groups, journaling, and therapy.

Obtaining a copy of your birth notes may help you to understand what happened during the birth and why events proceeded as they did. Sometimes in long and difficult labours the details and timeline get confused and the birth notes – if accurate! – can help with this.

Many women find writing their birth story, either for sharing with others or purely for their own eyes as a simple cathartic experience, may help to externalise the trauma and reduce flashbacks and constant revisiting of the events surrounding the birth, to work through Pam England's nine levels of birth storytelling. For others, mandala painting or crafting is another way to process.

Talking to other women who have been through similar experiences may help you to both process the birth and to feel less alone. The Postnatal Distress Support Network (<http://postnataldistress.org.nz>) offers free support services including a support group, telephone support, and drop-in support.

The Trauma And Birth Stress (TABS) website (<http://tabs.org.nz>) is a valuable source of NZ based information – some of the information is now a little out of date as the website is no longer being actively updated but there is a great collection of articles and links and also a listing of fee-charging counsellors and practitioners with experience in birth trauma. You can contact a counsellor directly or you can ask your GP for a referral.

The UK-based Birth Trauma Association ([www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)) also have an extensive website with information and support.

**Time alone does not heal all wounds; but birth trauma wounds do heal with a little tender loving care. The final word goes to Krista Arias in her essay “Trust Love” (2011).**

**“Women who plan natural births, but don't get them, aren't failures.**

They are the martyrs of our traumatic age. They are birth warriors extraordinaire. Honor them.”



Image supplied by Sian Hannagan

## References

- Arias, K. (2011). Trust Love. Available online at <http://www.kristaarias.com/trust-love/>
- Austin, J. (2012). What REALLY causes birth trauma? Available online at <http://www.birthtakesavillage.com/causes-of-birth-trauma/>
- Bailham, D & Joseph, S (2003). Post-traumatic stress following childbirth: a review of the emerging literature and directions for research and practice. *Psychology, Health & Medicine*, Vol. 8, No. 2, 2003. Available online at <http://tabs.org.nz/pdffdocs/159-168.pdf>
- Beck, C.T . (2004). Birth Trauma: In the Eye of the Beholder. *Nursing Research*, 53 (1), 28-35. Available online at <http://tabs.org.nz/pdffdocs/eyebeholder.pdf>
- Bruijn, M and Gould, D (2010), There Is A Secret In Our Culture, But It Is Not That Women Are Strong. Why Some Birth Quotes May Be Damaging To Women. *Birthtalk*, June 2010. Available online at <http://birthtraumatruths.wordpress.com/2010/06/03/there-is-a-secret-in-our-culture-but-it-is-not-that-women-are-strong-why-some-birth-quotes-may-be-damaging-to-women/>
- Ford, E. (2011). When birth is trauma. Available online at <http://midwifethinking.com/2011/05/13/guest-post-when-birth-is-trauma/>
- Harshe, J (2013). Grief and Guilt {The Birth Trauma Experience}. <http://birthwithoutfearblog.com/2013/11/22/grief-and-guilt-the-birth-trauma-experience/>

Kitzinger, S. (2000). When A Bad Birth Haunts You. Available online at <http://www.sheilakitinger.com/ArticlesBySheila/BadBirthHaunts.htm>

McCarthy, L. (2005). "Evolutionary and Biochemical Explanations for a Unique Female Stress Response: Tend-and-Befriend," *Personality Research*, available online at <http://www.personalityresearch.org/papers/mccarthy.html>

Swalm, D. (undated). Childbirth and Emotional Trauma: Why it's Important to Talk Talk Talk. Available online at <http://tabs.org.nz/pdffdocs/important2talk.pdf>

TABS (Trauma and Birth Stress) (2003). Could this be PTSD? Available online at <http://tabs.org.nz/diagnostic.htm>

Treat, K. (2012). Traumatic Childbirth: Recognition and Recovery. Available online at <http://resources.thefeministbreeder.com/labor-birth/postpartum-health-healing/traumatic-childbirth-recognition-and-recovery/>

# The Art of Gottfried Lindauer

By admin | Home Birth Matters Issue 1.4 Summer



The work of Gottfried Lindauer has been lifted up as a valuable ethnographic recording of the Māori people in Aotearoa from 1874-1926. Many of his portraits were commission work, contracted by Maori chiefs to record their appearance and status. His body of work, while capturing elements of the Maori people during colonisation, is also criticised for being less than accurate. In many paintings he altered vital details to suit his preconceptions. This left [Tā moko](#) and ceremonial clothing being represented incorrectly. Moreover, although Lindauer painted some of his Maori subjects from life, he also relied primarily on photographs, so that his representations of Māori were not in direct discussion and consent with the subject. Although he captured a sense of likeness in many of his Maori portraits, the history he represented is very much a European construct. Like Paul Gauguin, his work could be seen to romanticise a people based on Eurocentric views, [‘the noble savage’](#). Others have argued that Lindauer’s Māori subject pictures are the result of encounters between otherwise very different people. His paintings are complex inter-weavings of elements drawn from diverse cultures and societies - Māori, Czech, German, Austrian, English French, and emerging Pākehā.

While he was an artist commonly criticised as conservative and old-fashioned, he can now be seen to have been ahead of his time in some ways. The monetary commodification of Lindauer’s portraits has concerned Māori since the late colonial period. For many Māori, especially the families and descendants of the portrayed, the paintings have very different values and meanings. They were and are experienced as embodiments of the presence, spirit and mana of the person, as links between the past and present, and as taonga that need to be protected, and which also protect people and culture. As the man who made the portraits, Lindauer too was held in high regard.



*Mrs Mihiterina Takamoana. Gottfried Lindauer*



*Hinepare. Gottfried Lindauer*



*Pare Watene. Gottfried Lindauer*

Lindauer was not the only artist to paint a portrait of Pare. J. Gant had a number of portraits of Maori available for sale in 1888 in Wellington. His portrait of Pare went to auction with the title *Pari*

*Whakaarorangi a Waikato Chieftaness alongside a portrait of King Tawhiao.*

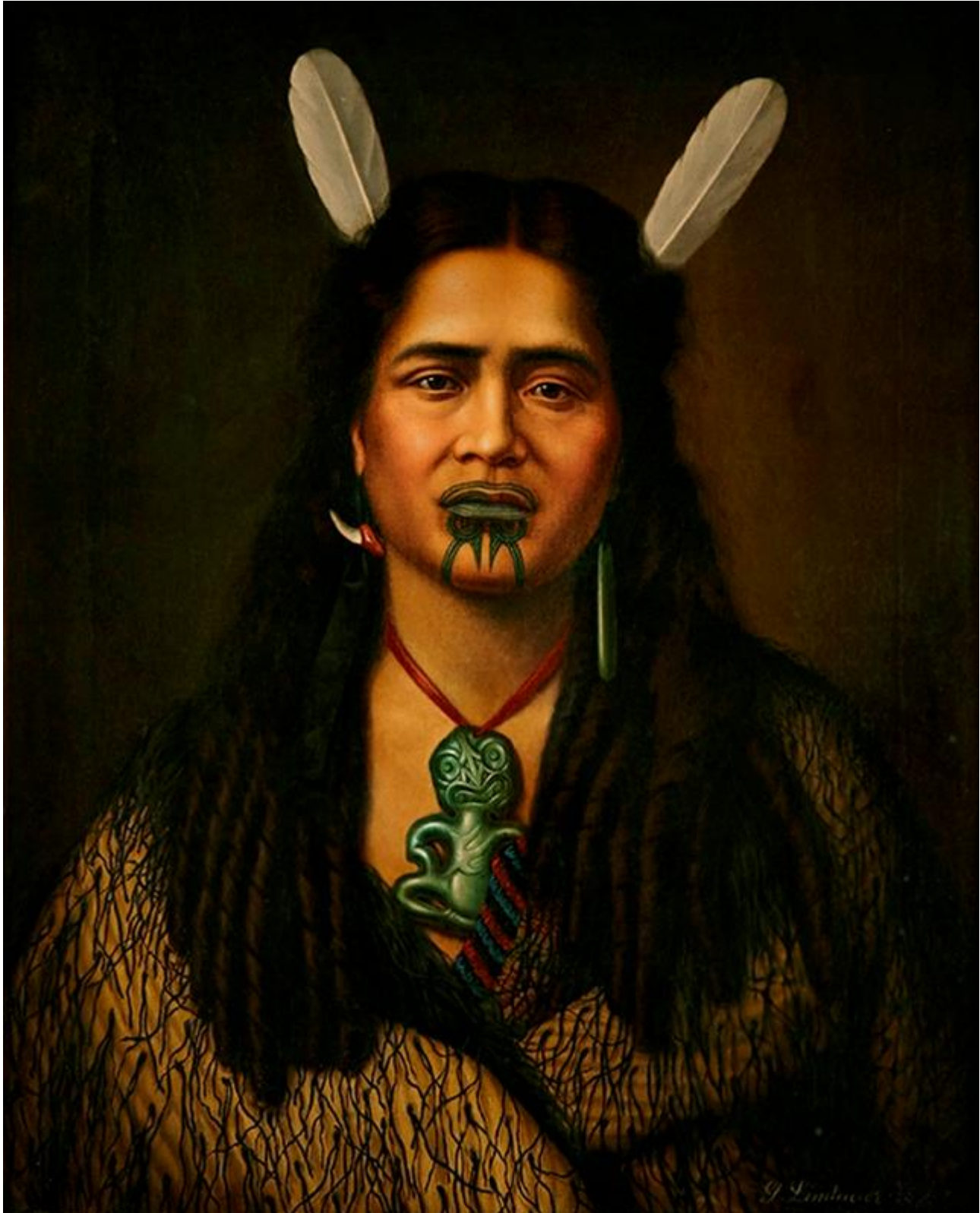


*Ana Rupene and Child. Gottfried Lindauer.*

*The life dates of Ana Rupene - also known as Ana Reupene Whetuki and Heeni Phillips - are not known at this time.*

*However, we know she lived and died at Manaia on the Coromandel. Named Ana Rupene in Lindauer's portrait, she was a woman of mana derived from her Ngāti Maru whakapapa.*

Pare Hauraki elder and iwi mangai Toko Renata Te Taniwha II gives this account of Ana from his branch of the Renata whānau. Ana is remembered by the whānau as 'Werohia' meaning to challenge. It is said she would wave a stick to instruct children on the virtues of good manners as they helped themselves by 'poking, shaking and prodding' her famed oranges from an orange tree located on the boundary of the whānau homestead. The name Werohia has survived down the generations. For more information on the enigmatic Ana Rupene have a look at [her herstory](#) on Lindauer Online.



*Mrs Huria Whakamairu, Wairarapa, New Zealand. Gottfried Lindauer. Oil on Canvas.*



*Maori Woman bearing carved Gourd. Gottfried Lindauer.*



*Maori Plaiting Flax Baskets*, "Gottfried Lindauer. Oil on canvas.  
Kono or food baskets and kete, near completion, are being woven from harakeke (*Phormium tenax*).

Gottfried Lindauer (1839-1926), along with C.F. Goldie (1870-1947), was one of the most prolific and best-known painter of Māori subjects, in particular portraits, in the late nineteenth-early twentieth centuries. He was born in Pilsen, Bohemia, then part of the Austro-Hungarian Empire. Despite his German-sounding surname, he was ethnically Czech and was initially named Bohumir, he changed his name to Gottfried to improve his chances of being recognised as an artist. Professionally trained at the Academy Fine Arts in Vienna, he migrated to New Zealand in 1874. Lindauer travelled extensively round New Zealand. He lived in a variety of locations besides Nelson and Auckland, notably Christchurch, Napier, where he was closely associated with the photographer Samuel Carnell (1832-1920)

Further reading:

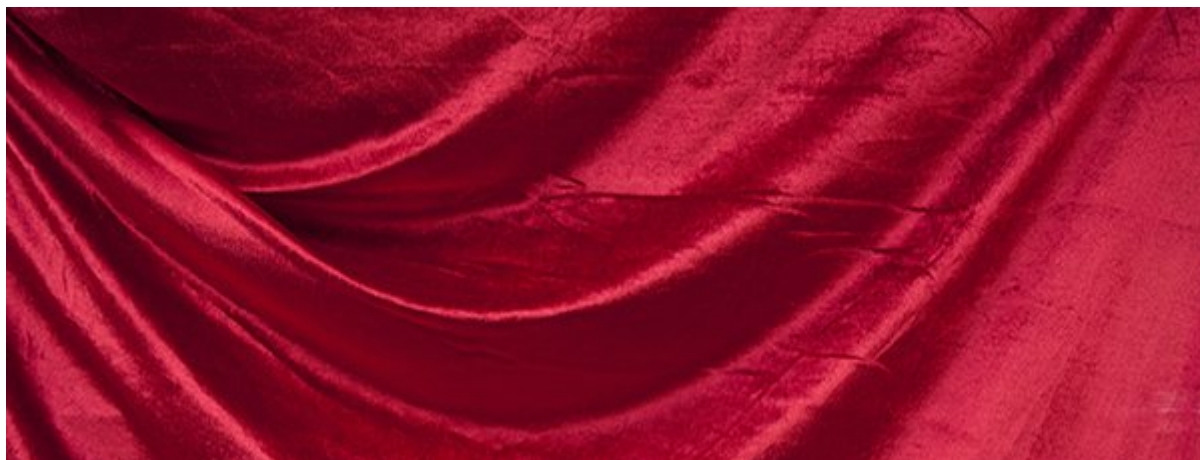
Leonard Bell, 'Lindauer's Paintings of Māori Customs and Legend', Chapter 6 in *Colonial Constructs: European Images of Māori 1840 - 1914*, Auckland & Melbourne, Auckland University Press & Melbourne University Press, 1992, pp. 195 - 221

Leonard Bell, 'Lindauer (1839 - 1926)', Chapter 9 in *The Māori in European Art: A survey of the representation of the Māori by European artists from the time of Captain Cook to the present day*, Wellington: A.H. & A.W. Reed Ltd, 1980, pp. 62 - 69.

Credits: Images used under creative commons licence  
Further information can be found at <http://www.lindaueronline.co.nz/>

# Restoring Balance

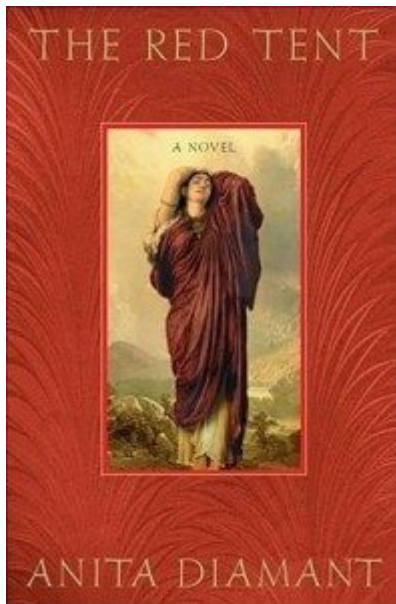
By admin | Home Birth Matters Issue 1.4 Summer



When Anita Diamant published her bestselling book “The Red Tent” in 1997, she had no idea that her novel would be responsible for arousing such a powerful re-membering in Women all around the world. Published in 28 languages, and currently being made into a movie, her stirring story begins with a focus on the setting of the sacred space within the Red Tent. This was the space where women from an ancient Biblical Hebrew tribe gathered during the phase of the New Moon and the time of their mutual menstrual flow. It was a space where women retreated to, removed from their ordinary duties, and entered an extraordinary feminine focused temple, promoting the communal sharing of stories, womanly creative arts and wisdom.

*“Women are like the Moon. We change from day to day.” Miranda Gray.*

The story of The Red Tent invokes a deep longing in Women to re-awaken an ancient practice which is integral to every indigenous culture of the world. Marking the changes of the seasons and the shifting of time by observing the rhythm of the shifting cycles of the moon, and entering into atunement with these ebbs and flows by pondering upon their reflection in the feminine cycles of fertility and menstruation is common to all cultures and eras.



*The first edition cover of Anita Diamant's 'Red Tent'*

By withdrawing from the daily concerns of life to commune with Female kinfolk and community, Women enkindle a reverent remembrance, activating ancient memories and accessing a way of being that meets her deepest soul yearning for recognition, validity and self honouring. Disengaged from the Patriarchal definitions of success. Sometimes described as a Moon Lodge, this Red Tent tradition is re-emerging as a powerful unifying and transformational catalyst for Women, issuing forth across our earth, like the cascading of her menstrual blood, in a gush that commands attention.

The Moon Lodge or Red Tent is co-created as a safe and sacred space reserved for Women of all ages, and cultures. Babes in arms, pre-pubescent maidens transitioning into puberty, young women freshly embarking on the journey into motherhood, Mothers, menopausal Women, Grandmothers, fertile and infertile, single, married, polyamorous, lesbian or bi-sexual, with or without a womb. The Red Tent is a space where you can speak your story, expressing, witnessing, supporting and reintegrating the stories you share and hear into your own life. It offers a space for peer support, non-judgemental listening, garnering wisdom from the stories and experiences that are shared. A place to chant, sing, recite poetry, journal, dance, laugh, cry, yell, scream, meditate, craft, play an instrument, or beat on a drum. Anything is possible, there is no right way to conduct a Red Tent circle. Like the creative power of the feminine, it is inspired by spontaneity.



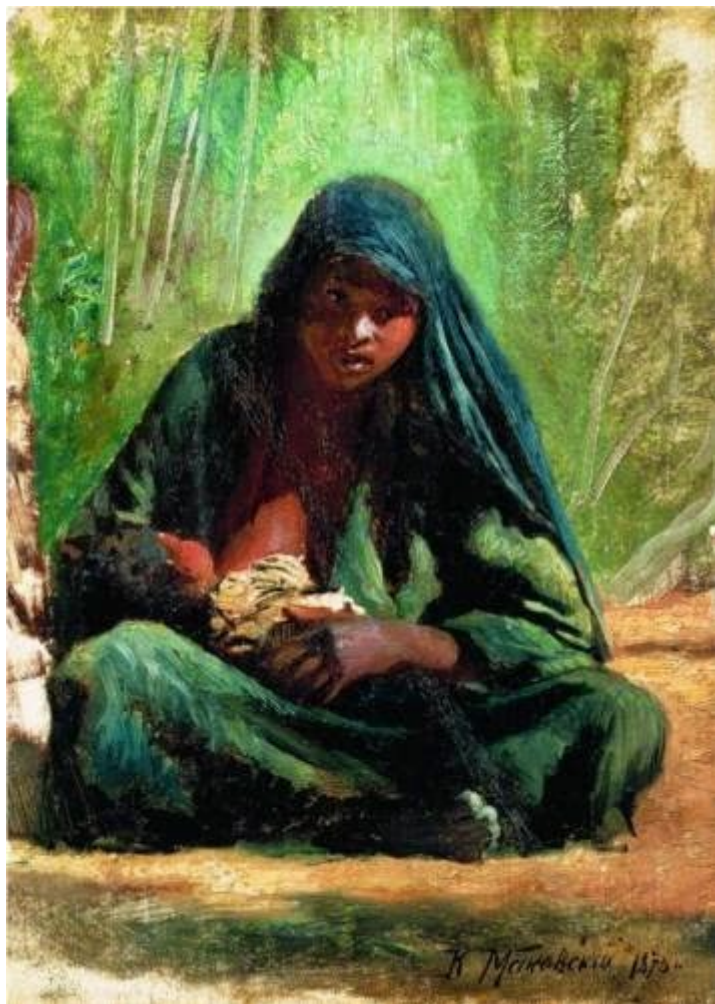
*Red tent circles can be spontaneous or planned.*

The Red Tent offers you the opportunity to find validation from your experiences. As you surrender into the embracing bosom of your Sisters in sacredness, recognizing that you are not alone, you learn how to

begin opening into a new way of trusting and be-ing with yourself and others. Through sharing your deepest fears, concerns, shames, traumas, sorrows and frustrations as well as your strengths and achievements, you are able to make sense of experiences that have held your mind hostage, enabling you to make peace with yourself. You are initiated into a previously unknown still space deep within your womb where the magnetic Divine Feminine co-creative Power of attraction is invoked.



*The Oracle of Delphi, Hon. John Collier*



*Egyptian with a child, Konstantin Makovsky. 1876*

In his book "Sex, Time and Power - how women's sexuality shaped human evolution"; Leonard Shlain informs us that of the 31 menstruating primate mammals, *Gyna sapiens* (human women) are the only female species whose average menstrual cycle duration is closely synchronised to the 29.5 day synodical rhythm which is the measure of the cyclic dance of the moon. According to Shlain, before Western culture converted to solar calendars, midwives more accurately calculated the duration of an average 265.80 day pregnancy gestation by counting from the day of the last full moon prior to a pregnant women's first missed menstrual period. This significantly correlates with 9 lunar months = 265.77 days. One example of the way that this correlation between the moon and fertility is embedded in language, is with newlywed coupling described in English as a "honeymoon".

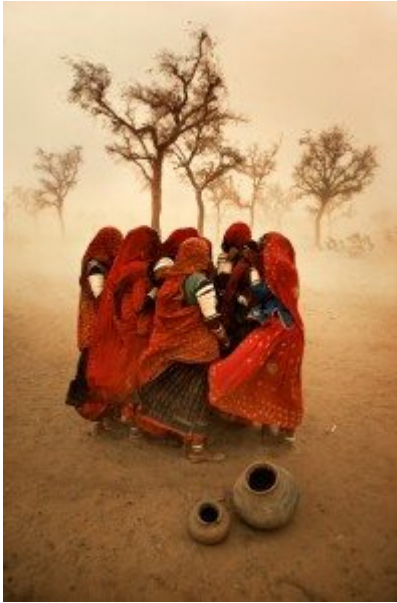
One of the words for menses used by pre European Maori was *Mate Marama*, *Marama* being the moon and the lunar month. Narrations delivered to Eldson Best and recorded by the European Royal Society of NZ in 1904 indicate that herstorically, Maori *Wahine* did not menstruate during the time of *Hinapouri* - the dark moon but rather varying times during the waxing phase of the moon and also the *Turu* moon - the 17th day of the moon phase, which is the day after the full moon. However she always cycled on the same phase of the moon each lunar month. *Wahine* considered that penetrative sexual intimacy during menses and particularly during *Koero Tanga* - the 2nd and 3rd day phase of her menstruation was the most likely time to lead to pregnancy.

Have you wondered how the word *men* relates to a *Wo-men's men-ses* or *men-struation*? This word is common to many languages, and is from the root *me* = to measure. Ancient Greek *Mene* was the moon and *men* = month.

Today we live in a world we were are constantly bombarded with stimuli, artificial lighting, chemically

altered food, EMF's, and stress ridden lifestyles that play havoc with our hormones and menstrual cycles. Is it even feasible to consider that we could return to an absolutely rhythmical menstrual cycle?

Miranda Grey in her book "Red Moon - understanding and using the creative, sexual, spiritual gifts of the menstrual cycle" suggests that there are two predominant moon-blood cycles. The White Moon cycle describes a Woman who ovulates with the full moon. Her body acts as a perfect mirror for the fertility of the earth. The earth herself is at the height of fertility under the light of the full moon. The White Moon cycle represents the fertile power of women and was considered the cycle of the 'good mother'. Miranda Gray says, "A woman with the White Moon cycle, bleeding with the dark Moon, becomes linked to the deepest levels of her awareness, reminding her that there exists more than just the world she sees, because she is the carrier of the seed of life."



*Dust Storm in Rajasthan India. Steve McCurry*

A woman in the Red Moon cycle ovulates with the dark moon and releases her blood with the expansive energies of the Full Moon bringing "the energies and mysteries of her inner darkness out into the world around her as a gift and an offering of the depths of her learning."

In my experience, Women shift from one cycle to another, depending on the predominant influences in your life at the time. It is also my experience that when Women gather together regularly as a group or a tribe, their menstrual cycles begin to synchronise.



Lianne Divine is a practitioner of Ayurvedic Medicine - the ageless, timeless science of living life in balance, a yoga teacher, mother of 4 creative daughters, Grandmother of 2 and a Red Tent Shodhini. "Under The Red Tent" is a Red Tent circle facilitated by Lianne and meeting in the Auckland district of Aotearoa. These Red Tent gatherings are held once a Month on a Sunday afternoon close to the new moon.

Find out more on [www.facebook.com/undertheredtent](http://www.facebook.com/undertheredtent) or [eventfinda.co.nz/undertheredtent](http://eventfinda.co.nz/undertheredtent)

If you would like to join her mailing list and receive Under The Red Tent invitations email [earth.heart@yahoo.com.au](mailto:earth.heart@yahoo.com.au)

Links:

<https://redtentmovie.wordpress.com/category/the-red-tent/>

<http://cherishthecunt.com>

# Hypnobirthing, old skill/new fad?

By admin | Home Birth Matters Issue 1.4 Summer



Hypnobirthing is a relatively recent innovation in the birth community. At core it is a commercialised system for birthing that enables very deep relaxation through the birth process. The premise is that women who reach a very deep state of relaxation have uterine contractions that are effective and pain free. They birth well. A lot of hypnobirthing is about re-framing our perceptions of birth and removing fear from the equation, from changing a lot of the negatively charged language around birth to untangling the deeply set fears of birth that are reinforced by our society.



*Image supplied by Zena Nicholls*

The question is, **Does hypnobirthing offer something new and valuable to birthing women or is it just a re-frame and commodification of something we have already known for hundreds of years?**

For many people, hypnobirthing is actually just a fancy name for what women have been able to do for centuries, at its simplest level it is deep relaxation and visualisation free from fear. The inspiration for hypnobirthing first came from a book written by Grantly Dick Read called 'Childbirth Without Fear', in this book he discussed how he witnessed a peasant woman give birth uninterrupted. He observed that she didn't require intervention and surmised this was because she was not afraid. This was a revelation for him as most birth in his era was defined by the suffering and travails of women. The ultimate punishment for a woman's sin. This accepting and physiological approach to birth is not something new or unique to this one woman. We have thousands of years of human existence on our side, proving that birth is an effective and trusted process. Observably, many women 'hypnobirth' during birth as part of

their body's natural labour coping mechanism. So why do we need hypnobirthing at all?

According to Marie Mongan the originator of Hypnobirthing, the problem arises because women are pre-programmed to fear birth, our current birthing environment does not facilitate relaxation. Industrialised birth can lead to unnecessary or unwanted interventions, it is not necessarily true that a technological birth is the best birth. When we observe mammals give birth in the natural world they often find a dark quiet place where they will not be interrupted and they allow their body to do the work. Human physiology is geared for the same thing, we have a flow of hormones that allow women to birth easily, this flow of hormones is released more freely when we are deeply relaxed and comfortable. This is because the physiological process of birthing is primarily involuntary. It is a primal process managed by autonomic system in the brain. Higher thought interferes with the primal reflexes associated with birth. Yet time and time again, modern women have births that do not progress and need intervention or that are traumatic. With all of this research on birth and additional technology our rate of intervention is climbing, not reducing.

*Our neocortex is originally a tool that serves the old brain structures as a means of supporting our survival instinct. The point is that its activity tends to control more primitive brain structures and to inhibit the birth process (and any sort of sexual experience as well).*

*Michel Odent, Primal Birth*

The reality is that in our highly intellectualised birth culture, we bypass the physiological birth process in an attempt to control outcomes, often this is not even initiated by mothers but by a birth industry that financially benefits when women cannot birth without assistance. We also have a very powerful media that brainwash women with scare stories and TV shows, painting birth as an [hysterical](#) activity best managed by birth professionals and not the mother herself. The overwhelming messages that come from shows such as 'One Born Every Minute' are that mothers are not the authors of their own birth and that women are essentially flawed when it comes to having babies.

In a modern world, how do we overcome these incredibly powerful messages that disempower birthing mothers. Arguably HypnoBirthing fills an important space where the herstory of womanly birth skills has been curtailed. Without women teaching women how to birth there is no understanding that women can and do birth in peace on a regular basis. The truth is that women can birth well, peacefully or even in ecstasy, our bodies have been designed to do this. Hypnobirthing isn't the only path there either, proponents for orgasmic or ecstatic birth share similar but not identical messages when it comes to birthing in power. But at core, the concept is to respect birthing women and honour the physiological processes.



*Melissa didn't use hypnobirthing for her water Home Birth, but still found her moment of birth powerful and ecstatic. Image provided by Melissa.*

One misconception about hypnobirthing is that it is akin to the stage shows where someone 'puts you under' and you are in their control. However the hypnosis in hypnobirthing is actually about enabling women to perform 'self hypnosis'. It gives them tools to tap into the deep subconscious allowing them to bypass the intellectual neocortex and tap into the more primal part of the brain - which is actually the part we need to be in charge of the birth process.

While hypnobirthing may be seen as an attempt at cashing in on insecure first time parents, many people have found the structured learning has given them practical tools to understand and challenge their fears while learning the fundamentals of birthing and how to practically put these techniques into use. It offers peace of mind and for some couples, a way of healing and bonding. *"As our guess date drew nearer I felt more connected with our baby and the impending birth, I felt so much more prepared than I had for my first birth. My husband was a changed person, he had been anxious about birth and had even asked to not be there. After classes ended he was confident and so calm."*

### **Jo Easton, hypnobirthing practitioner offers her thoughts on the value of hypnobirthing.**

Women have been birthing effectively since the beginning of time, otherwise as a species we would not have survived. However, in recent times, trust in our body's instinctive ability to birth has been eroded. Horror birth stories depicted in novels, movies, marketing campaigns and from other Mothers' have all played their part.

If we take a step back and look at how a baby comes into being. From meeting a mate, to conception; pregnancy to birthing; to breastfeeding and parenting. It is illogical to think that the birthing part of the

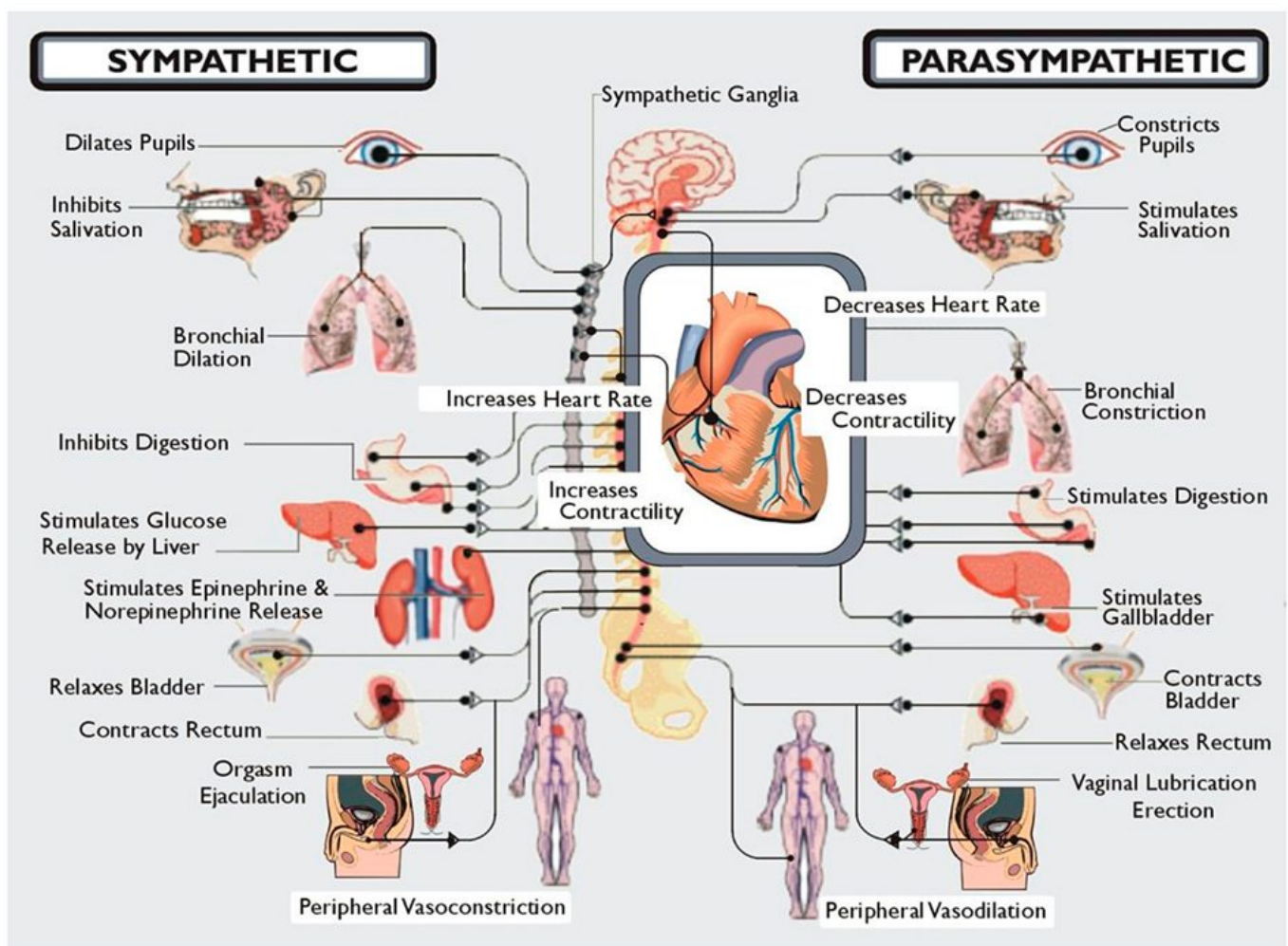
process is somehow flawed and doesn't work properly. Yet, for many women there is a sense of unpreparedness around birthing, they cannot conceptualise how their huge bump of a belly is going to get out through their vagina and this creates doubt and fear around birthing.

*“When you change the way you view birth, the way you birth will change” - Marie Mongan*

Dr Grantly Dick-Reed, an English Obstetrician in the 1920's observed that when women birthed without fear or expectation of pain, they birthed quietly and gently and in many cases reported not feeling any pain.

When the birthing Mum is totally relaxed, the brain releases relaxing hormones to facilitate the muscles of the uterus to work efficiently and the cervix to open easily. Endorphins are also released that have an effect 200 times stronger than morphine.

If we are frightened or feel tension, our brain interprets this as not feeling safe and the 'fight or flight response' takes over. The brain releases stress hormones and adrenaline. Oxygenated blood is redirected away from the uterus to our heart, lungs and limbs to enable us to fight or run. Birthing slows or stops until we feel safe again. He termed this phenomenon as the Fear-Tension-Pain syndrome (FTP) in his book *Birthing Without fear*. Interestingly, FTP in medical terminology means Failure To Proceed and this is when interventions become almost inevitable.



*When we are fearful or stressed birth takes place within the sympathetic nervous system, which actually inhibits a lot of essential birth processes. A deeply relaxed mother with birth within the parasympathetic nervous system that facilitates the oxytocin flow and physiological birth.*

During HypnoBirthing classes, parents-to-be gain a good understanding of how Mum's body is working towards birthing. How, when Mum is relaxed, the muscles of the uterus work in perfect harmony to open the cervix and move the baby down. How these muscles are designed to never fatigue. To compliment this knowledge a range of simple techniques are taught so that Mum and Dad / Birthing Companion can facilitate birthing rather than hinder it.

**These techniques include:**

**Deep relaxation** - Mum becomes adept at falling into a deeply relaxed state quickly and easily, while remaining alert and present.

**Visualisations** - Picturing and imagining the birth playing out in the best way possible from early in the pregnancy to guided imagery for Mums to use while birthing. Images may include visualising the cervix opening like a flower or picturing baby moving freely and easily down the birth path.

**Affirmations** - replacing any negative language or beliefs with positive and empowering statements, 'My baby is the perfect size for my birthing body', 'My baby is in the optimal position for descent and birthing'.

**Releasing fears** - Couples are guided through relaxation scripts specifically crafted to remove any negative or limiting associations with birth that may affect their birthing outcome. This is particularly poignant for anxious Mums-to-be and those with unresolved issues around previous births.

**Sharing** - HypnoBirthing® provides opportunities and techniques for Fathers and birth companions to play an integral role in supporting the birthing Mum. It also provides them with the reassurance they need to be comfortable doing nothing if that is what the birthing mum wants.

By practicing these few key techniques, they will become second nature and mothers can call upon them as and when needed to birth easily and without intervention.

Leanne and Pieter, came to classes because they wanted their three year old daughter, Eireann, to be present at the birth and so wanted it to be as calm and serene as possible. Leanne birthed her baby boy, Ruan, in the spa pool in her garden as she planned. She was with Pieter and holding hands with Eireann. What a beautiful way to welcome a baby into the world. She said that "HypnoBirthing allowed (her) to listen to (her) body and follow where it needed to go".



## **The HypnoBirthing Course**

The HypnoBirthing® course is spread over five classes of two and a half hours each. Classes are generally small with a maximum of five or six couples.

There is a positive focus on proactively planning and preparing for beautiful and gentle births. Harsh language associated with birthing is changed, 'contractions' become surges, 'pain' becomes pressure and tightening. Relaxation techniques are learned and practised as well as the breathing techniques and visualisations.

There are currently 17 practitioners offering HypnoBirthing classes across New Zealand and their contact details can be found in the Practitioner Directory on [www.Hypnobirthing.com](http://www.Hypnobirthing.com). Most Practitioners have websites detailing class dates and locations. They are wonderful people, passionate about sharing the HypnoBirthing® philosophy so that more women can experience an easier and more comfortable birth.

### **A personal experience.**

Isabell and Guillame came to classes as part of their preparation for a comfortable home birth. Isabell had experienced a traumatic first birth eighteen years previously. Her first birth had resulted in drugs, an emergency c-section and other interventions that lead to her being separated from her baby for ten days after the birth. This trauma, Isabell believes, led to secondary infertility. They finally became pregnant through IVF. Being keen kite-surfers they chose to call the contractions or surges, 'waves'. After the beautiful home waterbirth of a daughter, Ocean, Isabell said,

*"People ask how I did it without any drugs and I say, I knew what was coming, I knew what my body was doing, I knew that my baby was in the optimal position, I trusted what my body was doing. I took myself to my special place - a kitchen that smelled of lemon and pancakes. Guillame used the techniques he had learned to prompt me back into relaxation when he saw I needed it. I visualised a rose opening and I could feel her coming down. She kicked me, she kicked herself out. I started to breathe her down but my body did everything automatically. I couldn't have done anything to prevent it, my body just knew what to do. My waters released at crowning just like a wave. I wanted to be the first person to touch her and so I asked the midwife to standby and Guillame to wait. I touched her head, everything was numb down there from the endorphins. Guillame received her. She had big open blue eyes, he placed her on my belly and she crawled to my breast. My Healing baby, my rainbow baby- the most amazing connection, a heartfelt, overwhelming, warm, mothering feeling that I didn't get with my first birth."*

### **HypnoBirthing Statistics and Facts**

Studies have also shown that for first time mothers, using hypnosis and relaxation in the first stage of labour averages about three hours shorter than mothers not using the techniques. The second stage of labour (birthing) is reduced by almost half. (Jenkins, M.W., & Pritchard, M.H. (1993). Hypnosis: Practical applications and theoretical considerations in normal labour. British Journal of Obstetrics and Gynaecology).

Statistics from the US where the programme was founded show that 9.5% of HypnoBirthing® mothers chose to birth in the comfort of their homes. The national average is less than 1%.

6% of HypnoBirthing® mothers chose to birth in freestanding birth centres. The national average is less than 1%.

And only 23% of HypnoBirthing® mothers birthing vaginally had epidural anaesthesia, compared to the national average of 71%.

Over 90% of the 500 respondents reported that Hypnobirthing benefitted their confidence in their ability to birth; making good decisions for birthing; and in their understanding of their birthing options. (HypnoBirthing® Outcomes USA 2005-2010, HypnoBirthing® Institute, [www.hypnobirthing.com](http://www.hypnobirthing.com)).

The HypnoBirthing® techniques can be used whatever path the birthing takes. Many women who have needed intervention for medical reasons have praised HypnoBirthing® for keeping them calm and relaxed. One mother noted that while being very relaxed, she was alert and could take in every word the Obstetrician was saying. She was able to ask questions and give her informed consent to the c-section. She credited the ability to be involved in making decisions with her acceptance of the birthing outcome, her speedy recovery and quickly established breastfeeding relationship.

*“We believe that every woman has within her the power to call upon her natural instincts to bring about the best possible birthing for her baby and herself” - Marie Mongan*



Jo is a HypnoBirthing practitioner and teaches classes in the South Auckland and Franklin area. For further details see: [www.gentlebirths.co.nz](http://www.gentlebirths.co.nz).

HypnoBirthing® is a complete Childbirth Education class, designed by Marie Mongan, to remind mothers of the simplicity of natural birth. HypnoBirthing® is designed to teach women to trust in Nature's way of birth and to relax and let their bodies do what is needed.

# Whare tangata

By admin | Home Birth Matters Issue 1.4 Summer



Whare Tangata representation is scarce amongst academic and art sources: racist and colonising agendas have largely succeeded in absorbing the interests of tangata whenua. My interest in the dissemination of Whare Tangata knowledge goes hand in hand with my personal involvement in Protest.

*Hey!*

*All you Furry Feminists!*

*Take your Verbose Vaginas and Muff Monologues elsewhere!*

*Take your Privileged Pussy HOME!*

*Keep your subjection, your violence, your escalating Box Babble and your Collective Psychosis!*

*Keep your blood soaked words!*

*Your tokenism and DENIAL*

*Your Pre-emptive Strikes and Collateral Damage*

*Own YOUR label, Terrorists!*

*Fuck your Master Narrative!*

*This is not Tamatekapua*

*Get your damn shoes off!*

*Least you step on my seams of Trust...*

*Your presence leaves my precious parched!*

*Sheeit! So, you are a Feminist...and what? Listening to your whinging gets my huru-scape so dry....*

*I'm FLAMMABLE!*

*This is TEKE TALK. Where the Tore is tickled and tantalised!*

*This is for the Daughters of the Dawn Maiden and Death Goddess.*

*Our obsidian teeth warn: WHUCK OFF!*

*Feel the wrath of my Re-Vulva!*

*Colonising Cunts!*

*Your quest for indigeneity is over.*

*Power and Cuntrol is ours.*

*If you were scared before,*

*Now you should be.*

I have been hesitant about bringing the discussion of Whare Tangata into this space. There are several reasons why. The first part has been the selection of artworks appropriate to the topic of Homebirth,

particularly as my own experience of giving birth was medically intrusive and in a hospital. The second reason stems from a need to keep tribal narratives private. And the third came from a sense of whakamā and not wanting to put korero into spaces where there is potential for the subject subtleties to get lost in translation. I have provided some translation for clarity, yet have not disclosed full whakapapa narratives.

### ***Ko te Whare Tangata te kohanga tuatahi o te mātauranga***

#### **The Womb is the first nest of knowledge.**

*“Whare Tangata is my unquestionable source of sacred power from which I express my Tino Rangatiratanga. Whare Tangata as a context is established on my terms. Whare Tangata is my space to stand, as wahine, an artist and a mother; conscious, resistant and transformative.”*

I maintain that the topic of Whare Tangata, the emotions attached to it are very real and can only be taken care of properly if approached within a Maori Women’s perspective. My work supports the mana of Whare Tangata by reflecting the dual strength and vulnerability of that mana: the duality and balance of wahine and tāne elements in the Whare Tangata. This work acknowledges that during ikura (menstruation), hapūtanga (pregnancy) and whānautanga (birth) Whare Tangata are strong and vulnerable, but never weak. In affirming this stance, I am always mindful of the sacredness of women.

The selected Artworks for this article are inspired by the whakapapa narratives of Hineteiwaiwa, Whakaotirangi.

Hineteiwaiwa weaves the threads of kōrero throughout. Her role, as guardian of weaving and birth reconnects whakapapa, whenua and whānau and Whare Tangata. It is Hineteiwaiwa who guides me as a wahine, an artist and mother throughout this journey of decolonisation.

I take inspiration from kuia as repositories of knowledge and am guided by the the narratives of Papatūānuku, Hine Ahu One, Hinetitama, Hine nui Te Po and in particular, Hineteiwaiwa. The Whare Tānga represents the continuous link that exists between land, mother and child as each is bound in a cycle of nourishment and care. The function of the literal Whare Tangata is to create, sustain and give birth to life from the joining of male and female elements. Māna Tangata acknowledges the complementary nature of female and male elements: inclusion and exclusion were not considered in a relationship of dominance. I create and manipulate a Whare Tangata. The forms are symbolic.



The weaving together of light and dark to recapture self-determination narratives: reaffirming interconnectedness; remembering whakapapa.

To restore the balance between wahine and tāne, both must re-learn to negotiate the space that is Whare Tangata.

### **Materials and Process**

Weaving canvas provides me with cultural safety. Exercising my kawa as Te Arawa and Ngai Te Rangi changes my process from one of conventional harakeke preparation to one of re-interpreting tikanga, reforming contemporary cultural practice. I did not want to harvest harakeke that I did not have a whakapapa connection to. I had to source a material that could be easily manipulated, retained similar qualities to harakeke, something that was plentiful and cheap. I found all of this in canvas.

As I progressed with Whare Tangata kōrero, my understanding of the relationship between narrative and technical process became clearer. Each thread woven became invested with the tapu and tikanga I had created: each thread woven reflected the complementary and intertwined energy of Mana Tangata.

Treating canvas as harakeke, cutting and manipulating, as we would for weaving, also worked to deconstruct Western Art practice. Conventionally, canvas in painting is used solely as a surface for the paint. I retained the element of painting on canvas, but transformed the form of the final shape from a two-dimensional to a three-dimensional image. The act of cutting each strand became part of the deconstruction process. The challenge was to re-construct the shredded canvas in the Whare Tangata form: deconstructing a western Art practice and in the process constructing a Whare Tangata.

The resulting form was developed from the kete, to represent a woven vessel for gestating tangata. Manipulation of the woven kete form mimicked the shape of the vulva, the edge of the kete becoming the teeth adorning the labia of Hine Nui Te Pō.

The deconstruction of Western art practice and manipulation of material to construct a Māori art form was my way “decolonising” process: re-introducing the Māori face from the colonial gaze; returning to

Whare Tangata memory. Weaving the canvas transformed a flat two dimensional medium, into a three dimensional form: culminating in a woven vessel of protection symbolising Mana Tangata; repeating some of the same indicators of vulva in whakairo rākau.



This is where the woven materials start to reflect whakapapa narratives. The colours of the woven Whare Tangata include purple brown and pink canvas which specifically alludes to the kumara brought to the Te Arawa rohe by Whakaotirangi (8<sup>th</sup> wife of Tamatekapua). These colours also reflect the colours of female genitalia making the links to Whare Tangata more explicit.

Most of my works throughout my career as an Artist heavily reference genitals. I am sure that many psychologists would have a field day with why... for me, the answer is very simple. The teke (vagina) and ure (penis) are tools for the creation of whakapapa. There is a potency and visceral reaction to the use of genitals as political symbols. I purposely use these to give strength to my kaupapa of honouring Whare Tangata and the roles of wahine in Maori society.

I can only speak from my experiences. I believe that as wahine, tāne and tamariki, we must consider further utilisation of Te Whare Tangata as a framework, conceptually and methodologically. Te Whare Tangata encapsulates Mana Tangata, Māna Whanau, Māna Haou, Māna Iwi and Mana Atua. The cycles of menstruation, hapūtanga and menopause show our bodies transforming over time, over months, over years, over generations. The cycles are repeated endlessly, continually contracting and expanding, regenerating and creating anew. There are a number of different processes that happen simultaneously: synergistic and organic. So the potential for the Whare Tangata to transform is ever present.

Like the Whare Tangata we are organic, receptive and responsive. Each person is an embodiment of the many dimensions of Whare Tangata. It is our ability to respond and engage with the changing world that will ensure the opportunity for our descendants to thrive: consciously engaging in Te Ao Hurihuri to emerge as empowered people.

Each of us a woven thread in the vessel of Whare Tangata.



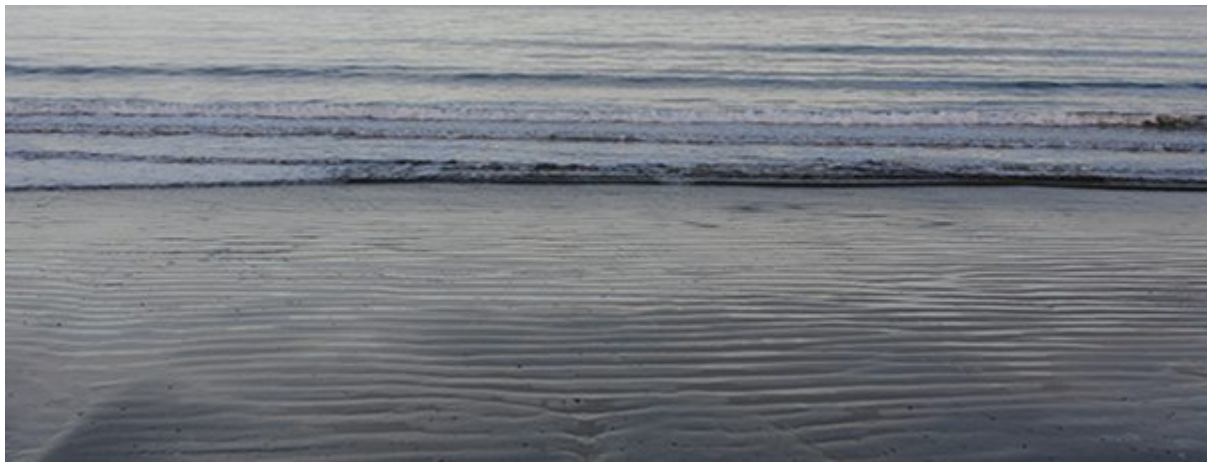
**Chanz Mikaere.**  
**Iwi: Te Arawa, Mātaatua**

As a known Activist, whose protest actions inform her Art, Chanz gained recent notoriety for having artworks banned from a planned exhibition by the Rotorua District Council. Self-proclaimed “Tero-ist” and “Kupu Sniper”, Chanz is a Sculptor, Weaver, Writer and Poet who thoroughly enjoys a good old fashioned rumble!

Where Tangata representation is scarce amongst academic and art sources: racist and colonising agendas have largely succeeded in absorbing the interests of tangata whenua. My interest in the dissemination of Whare Tangata knowledge goes hand in hand with my personal involvement in Protest.

# Informed Consent in New Zealand

By admin | Home Birth Matters Issue 1.4 Summer



Initial audience responses at 2 Auckland screenings of the documentary [‘Freedom For Birth’](#)[1], were thankfulness that the maternity system in New Zealand unlike Hungary, the USA and many other nations, offers a full range of birth options; a choice of Lead Maternity Carer and support of midwifery autonomy. Or does it?

## NZ Care Contrary to NZ Law

However during the film, some audience members’ heads were nodding in acknowledgement of accounts about fear-mongering and other coercive means to gain women’s consent such as when a health professional stood over an exhausted woman and said a caesarean section was the means to end her turmoil ‘now rather than later’. After the film several women spoke of being separated from their babies for observation ‘just in case’, or the baby going to another hospital where it was given formula without the mother’s consent, here in Aotearoa! But none of these incidents are consistent with the New Zealand legal requirements of the Health and Disabilities Commission’s (HDC) [Code of Consumer Rights](#)[2] which all hospitals need to meet to maintain their Ministry Of Health (MOH) funding. According to the HDC Consumer Rights include:

Right 1: the right to be treated with respect

Right 2: the right to freedom from discrimination, coercion, harassment, and exploitation

Right 3: the right to dignity and independence

Right 4: the right to services of an appropriate standard

Right 5: the right to effective communication

Right 6: the right to be fully informed

Right 7: the right to make an informed choice and give informed consent.

A guide to determining what is adequate information to support an informed decision is to check if the information given answers the following BRAINS questions about the treatment (or test) being offered:

- 1) What are the **B**enefits of the treatment?
- 2) What are the **R**isks of the treatment?

- 3) What are the **Alternatives** to the test?
- 4) What does my **Intuition** say about the treatment (i.e. how do you feel about it?).
- 5) What if I/we do **Nothing**?
- 6) What are the **Subsequent actions** (consequences) of the test?



*Use your brains: Benefits Risks. Alternatives. Intuition. Do Nothing?. Subsequent actions. Image supplied under creative commons licensing.*

Too many New Zealand women recount tales of not being told the risks of a procedure as part of their consent process. Such tales are often told when they learn about the possible connections between risks and subsequent events, sometimes months or years after their experience. Many procedures have happened so often in hospitals that they become an accepted or needed event or ritual, one of many myths and misinformation about birth which are thought of or expected as necessary by many in the community.

For example women have been told, and many practitioners still believe as they were taught, that rupturing the membranes in labour speeds up a labour. International [evidence](#) rejected this assumption in 2009, catching up with the knowledge and respect many home birth midwives have long had for the membranes and their physiological protection of both mother and baby. Similarly, many doctor dramas suggest a caesarean delivery has saved a baby from strangulation by their [cords](#) in the womb, but this is not consistent with anatomy and physiology. Labour progress and birth means the placenta moves down with the baby who also usually does not breathe until after they are out of the womb and receiving oxygen as long as the cord pulsates. However anatomical alternatives do not appear to inform treatment options for many labour emergencies such as foetal distress or ‘failure to progress’ both of which can be eased when a woman is [off the bed](#)!

Thus some NZ maternity [consumer](#) groups have created [information](#) resources such as brochures to address deficiencies in MOH information sources, explaining for example the known risks to healthy women and babies of common labour options or ‘treatments’ such as induction, [epidurals](#) and caesarean sections, and explaining possibilities of water birth and leaving baby’s cord to stop pulsating . Lack of information on the impact of ‘place of birth’ is one reason why most (84% in 2007) healthy NZ women birth in secondary and tertiary where evidence says they are least likely to have an intervention and complication free outcome.

## NZ Care Contrary to International Best Evidence

Obstetric hospitals are also where all the doctors, most New Zealand midwives and those from elsewhere have learnt about labour, birth and how they should practice. Thus today there are many NZ midwives who are not comfortable to look after labouring women at home or in primary or birth centre, regardless of the increasing evidence that home is as safe, or safer for healthy women as they have fewer complications following [home birth](#). As well only supporting labour and birth care in hospitals is contrary to the [profession's statement](#), endorsed by maternity consumer groups which says: *“Women who are experiencing normal pregnancies should be offered the option and encouraged to give birth in primary maternity facilities or at home. The evidence clearly demonstrates that women who receive effective antenatal care and are assessed to be at low risk for complications, will give birth to healthy babies and need fewer interventions if they are supported to give birth in a primary maternity unit or at home.”*

Today more than ever ‘Women need midwives’; midwives who promote, protect and support natural childbirth. Similarly ‘midwives need women’ to demand that [women-centred](#) birthing units are created and home birth is effectively promoted so student midwives are grounded in powerful, loving, natural birth.

Both midwives and women need evidence based information to be a feature of MOH maternity information, policy and funding directives as outlined in the [Maternity Manifesto](#) rather than women and midwives having to demand evidence-based care options or to protest inappropriate policies such as DHB closure of primary birthing facilities. Reputable evidence also needs to inform reporting about maternity care in NZ, not sensationalist media stories.

In New Zealand today, as ever “Midwives Need Women, Women Need Midwives” as birth is a (Human) rights as well as health issue!



*Midwives support mothers in birth. Midwives Need Women, Women Need Midwives. Image supplied by Melissa Kyle*

[1] <http://www.freedomforbirth.com/>

[2] [http://www.hdc.org.nz/the-act-code/the-code-of-rights/the-code-\(full\)](http://www.hdc.org.nz/the-act-code/the-code-of-rights/the-code-(full))



Denise Hynd after educating and practising as a nurse midwife in Australia for many years, has been practising as a midwife in New Zealand since May 2008, working mostly as a staff midwife in a local hospital until January 2012 when she moved to self-employed midwifery practice. She is the author of Maternity Manifesto and is a passionate advocate for autonomous birth.

# Why Microbirth matters

By admin | Home Birth Matters Issue 1.4 Summer



When I was a child, it wasn't true that one in three people develop some form of cancer. Heart disease, diabetes and other chronic conditions didn't happen to every few people. Chronic health conditions appear to be the norm in my neighbourhood whereas when I was younger there might have been one elderly person that experienced constant illness. The staggering statistics of those affected by chronic conditions today is increasing at lightning speed. We are told the average person is expected to have around 10 colds or flu episodes a year, which equates up to many school and work days absent, doctor's visits, and lighter wallets.

With this in mind I was intrigued by the Microbirth trailer that raised the concept that how we birth has a significant effect on how our immune system develops.



To celebrate homebirth week, Manawatu Homebirth Association held a screening of the movie Microbirth. I took this opportunity to watch it and see what the message was. Many scientists are stating that Microbirth should be mandatory viewing for every parent, pregnant women, health care professional and physician to better understand the need to protect and nurture the microbiome. This care is vital, not just in adulthood but during the pre-conception period, in utero, in labour, and post delivery including how we feed our babies. In fact, this is the most vital timeframe for our microbiome development.

So what is the microbiome? It is essentially the population of microorganisms that live in our gut, mouth, skin and elsewhere in our bodies. The term was coined by Joshua Lederberg an American molecular

biologist who discovered that bacteria can mate and exchange genes. The total number of genes associated with the human microbiome exceeds the total number of human genes by a factor of 100-to-one. These microbial communities in our bodies have numerous functions relevant to supporting life. They are needed to digest food, to prevent disease-causing bacteria from invading the body, and to synthesize essential nutrients and vitamins.

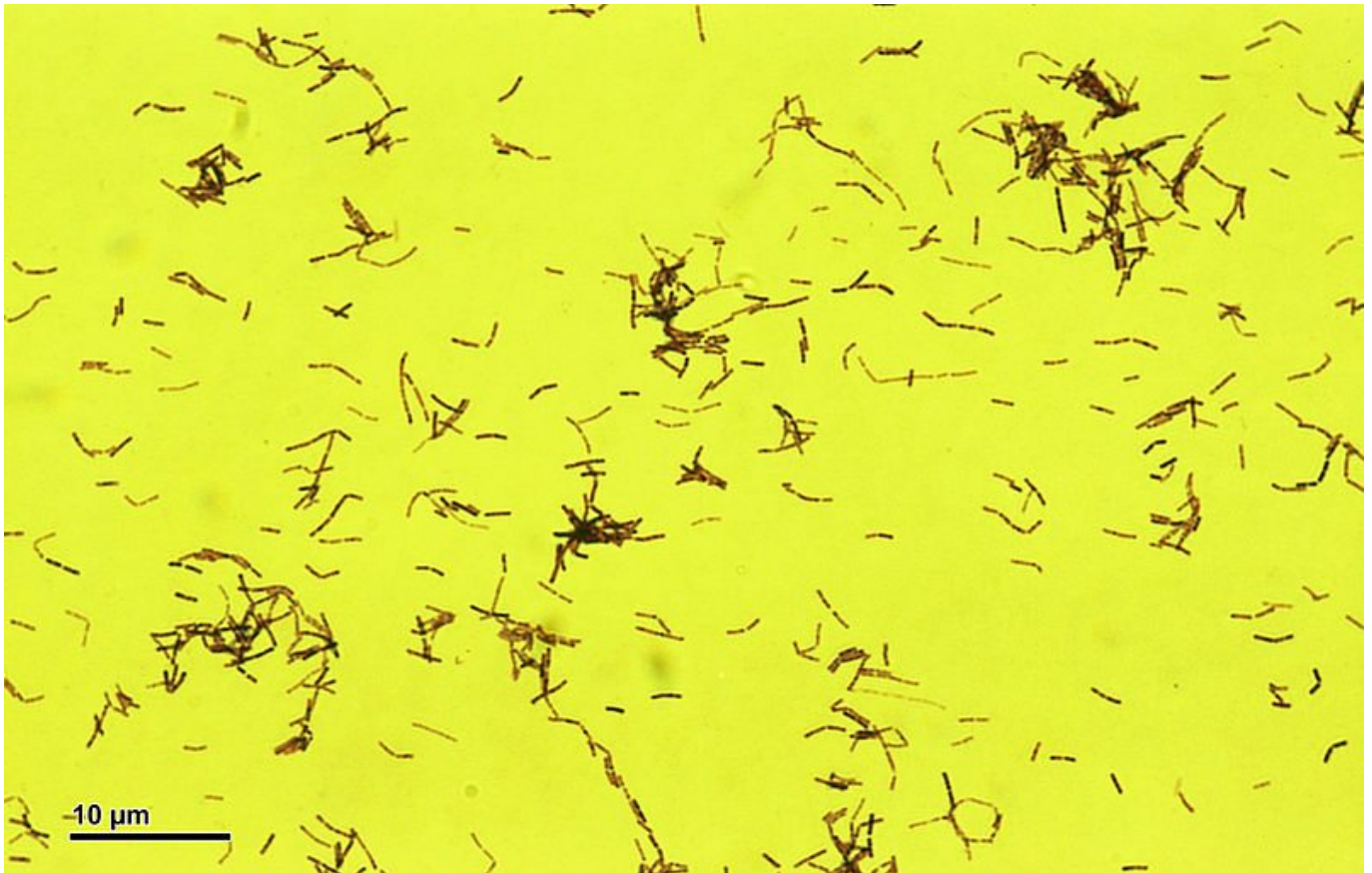
The movie, 'Microbirth', is about our body and the immune system. It describes our internal and structural "ancient microbiome", which is there to protect us against many chronic diseases and how it is weakening.



In our wonderful bodies right now, an estimated 100 trillion fungi, bacteria, protozoa and viruses are gloriously making up our microbiome. These cells living in the body outnumber human cells by 10 to 1. Of these, around 1000 different microbe species live in the intestine helping us to digest our food and benefit from the nutrients. But the last 20 or so years haven't been kind. The introduction and use of multiple agents or health procedures have affected this greatly. We used to have much more impressive numbers. Scientists estimate that we have lost one-third of the "old friend" microbe species we've grown up with. Factors affecting this include excessive use of hand sanitisers and antibacterial soaps, washes and cleaning detergents, antibacterial impregnated materials, overuse of antibiotics, poor nutrition and other lifestyle factors. These are impacting our ongoing immune system's ability to stay in a good health balance.

Our pre-conceptual health is emerging as another important area for the critical wellbeing to infant and future health. Both pre-conceptual and pregnancy diet and lifestyle set up the placental goodness and healthy transfer of microbes that the baby firstly receives during pregnancy. Microbirth shows how we all have to look at the long term aspects of birth and health, particularly those involved in pregnancy and birth care, because seeding and feeding a baby's microbiome is so important for lifelong health.

Vaginal birth sets up the incredibly important critical transfer of microbes from mother to baby. This transfer has its greatest impact on the brain early in life, and long term impacts for lifelong general and mental health.



*Lactobacillus* is a critical bacteria that is passed to babies via their mothers vaginal canal. The clue is in the name 'lacto' from milk.

Children born by caesarean section have different gut microbes to children born by vaginal birth. The research highlights that there is a developmental window for both building and strengthening the foetal and infant microbiome that serves us through life. C-sections are clearly identified as a key factor that can disrupt and deprive the baby of crucial beneficial bacteria that they should have received through the nature of a vaginal birth/and or early antibiotic use. This can produce long term consequences.

C-section rates have risen dramatically over the last 20 or so years, with the biggest jump the in the last 10 years. The increasingly risk-averse approach to childbirth has been a key factor in this increase. This attempt to reduce risks in birth, may in be fact be producing a global population of future chronic ill health and illnesses caused by an indirect result of weakening the infant's immune system at birth.

In New Zealand we have a publicly funded health care system which means we can access emergency and elective treatments at no cost to the end user. Many kiwis feel fortunate that we don't have to pay for compulsory medical insurances and care. The scary reality of the research, shows that at the rate illness is expanding, by 2030, every country in the world will be unable to afford medical care costs. We are not talking about small margins and deficits here, but trillions of dollars in each country. The scientists describe that, as a global population, our immune systems are reducing at such a rapid percentage rate every 20-30 years, that by 2030 more than 60% of the global population will be suffering from more than one chronic condition as the norm. This as a result will cripple global governments financially. Pandemics will become the norm, as a result of lower immune response resistance. For the average person, health care costs will be out of reach, and free health care will not be financially possible at a public level.

The whole idea of developing a "cast iron gut", and getting to play in dirt, is actually good for us. Parents that run around in panic, with hand sanitiser stations at every ten steps are actually undermining our health, both now and for our future generations.

While watching the movie, I had a fair few “aha” moments, as I could easily consider the rationale in relation to my own children, and the effects of their differing immunity statuses over their first few years of life. Our first son was born vaginally and was premature at 5 weeks. Separation soon after birth disrupted the crucial microbiome set up. Furthermore he was sent off to the neonatal unit, and given formula in those first few precious hours of life (for low blood sugars). He suffered with apnoea in his first six months of life, and also febrile convulsions when struck down with temperatures. During his first 18 months of life he was hospitalised twice, once for pneumonia, and secondly for prolonged gastroenteritis. Our following two sons, who had protected microbiomes, have incredibly robust immune systems, and have not had any trips to the GP or hospital for illnesses. When they do get a cold or child related illness (which is much less frequent than their peers) the illnesses are less severe and shorter in duration.

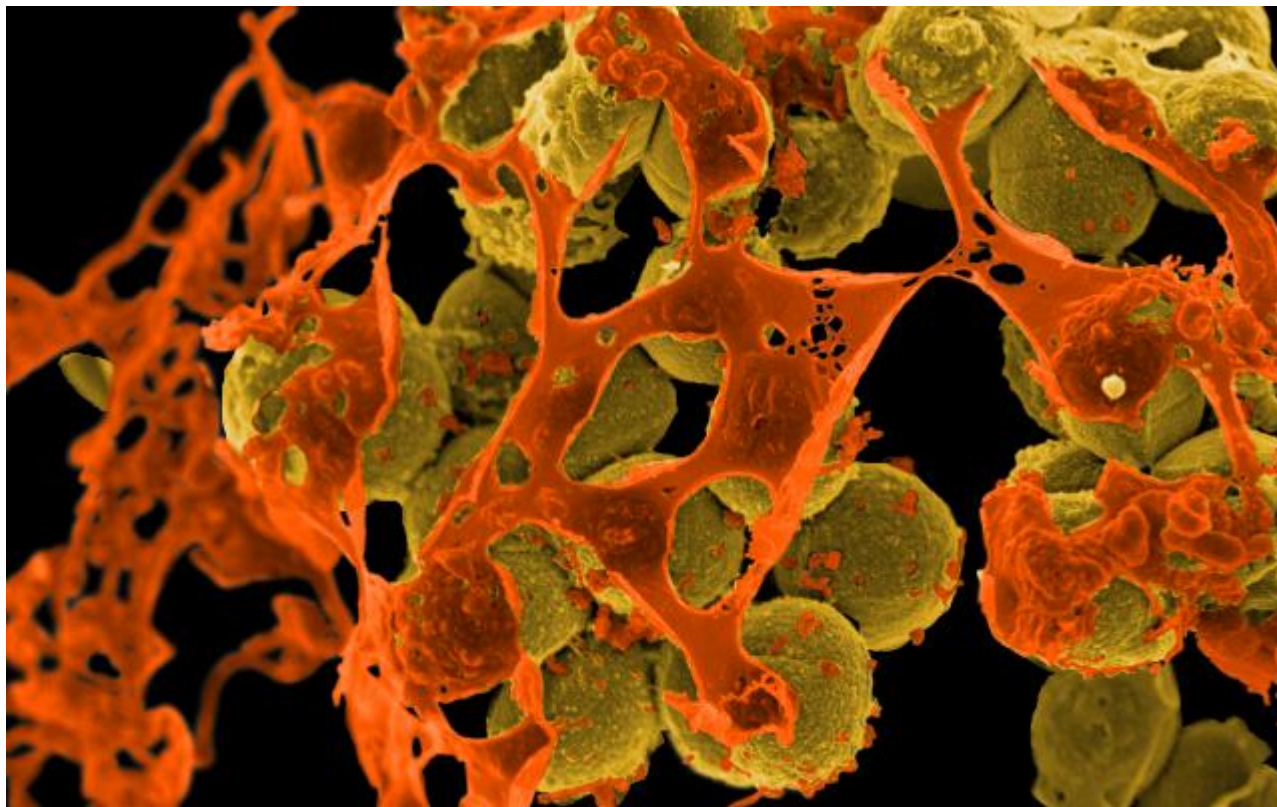
My mum breast fed me until I (as she put it) had too many teeth to grind down the boob. She had so much milk she also fed two other local babies with her donated milk. As children, both my sister and I were very rarely ill, never laid up with flu, colds or even the dreaded chicken pox/mumps and the like.

As both a mum and midwife, I feel the aspects of microbirth are just as important as attachment parenting and nurturing as a whole. As a parent, and “crunchy mummy”, I plan to breastfeed my youngest child for as long as he is happy to, because not only is he benefiting a thousand fold, so, I believe, am I.

Within my own family, various forms of cancer are rife. Four generations affected by cervical cancer, starting with my great grandmother, grandmother, mother and sister; add to that breast cancer now affecting two generations. Various other cancers have been experienced by other family members. I appreciate the understanding of how we as a family can reduce our risks both now and in the future with maintaining a healthy lifestyle.

Word about Microbirth is definitely spreading around the world! Keep it going! While the message of Microbirth seems sober, it’s not all doom and gloom; while we can’t change the past practices we’ve experienced, we can make very positive changes right now.

So what are some of the things we can start to do today? Spend less time indoors, stop/reduce using antibacterial soaps for everyday use, use hand sanitisers only when infectious illnesses are present or in high illness traffic areas. Eat as much food that is unprocessed as you can (if it looks like how it was grown out of the ground, even better), when possible buy organic, grow your own gardens and fruit trees, eat fermented foods, diet is so crucial. Question the need for antibiotics if offered, are they really needed? Make a stand to hospitals to actively intervene to lower their c-section rates.



*Methicillin resistant Staph Aureus or M.R.S.A, an infection often found in and contracted in hospital environments.*

Maintain a healthy diet when planning a pregnancy and throughout the pregnancy period. Rock your vaginal birth! Choose Home Birth so babies can be born in their family microbiome instead of the microbiome of sanitised infectious illness. Rock your VBAC! Look at your options for vaginal birth with breech or twins and other complex pregnancies. If a c-section is the only way to birth your bub, research and request vaginal swabbing for transfer to baby immediately post birth. Breastfeed for as long as your baby/child wants. Watch the Microbirth movie!

I really do urge everyone to see it at least once, straight away aspects of the movie may fall into place for you or just seem to “click”.

I look forward in earnest to the next film that is currently in production.

More information on Microbirth the film can be found [here](#).

# Jude's Birth. Sunshine and waves.

By admin | Home Birth Matters Issue 1.4 Summer



The weeks leading up to Jude's birth had their ups and downs and were an emotional roller-coaster for me. I wanted to surrender to the inbetweenness, that feeling of being on the precipice, the excitement, the nervousness - but I couldn't. Handling midwife problems, facing challenges in my closest relationships and making tough decisions about post-date interventions all kept me from turning inwards.

The final three weeks of pregnancy brought a symphony of movements (I even started to time contractions one night) but they faded with the morning light each time and left me wondering if I'd imagined them into being by wanting labour to start so badly.



Keeping the faith that I WOULD give birth, and that Jude and my body held knowledge that my conscious mind was not party to, became increasingly difficult as time went on. Fear and anxiety began to creep in. I feel blessed that I had such unwavering support from my close friends and partner at that stage.

The morning of Jude's birth I had a midwife appointment to discuss alternatives to my planned homebirth and another offer of a stretch and sweep. I was already feeling quite crampy when I arrived at the clinic at 11am. I couldn't fully trust that labour was finally happening but deep down, I knew this was different - each surge lifted the hairs on my arms and neck and brought with it faint rushes of euphoria. All the

fear and anxiety of the past few weeks melted away and left a focussed calm in their wake.

Some innate sixth sense led me to the health store after my appointment. I bought a homeopathic spray for anxiety and panic. I was confused as to my reasons for buying it at the time, as both my midwife and doula were trained homeopaths, but I bought it anyway.

Jase dropped Jacob and I home and went to work on the understanding that he'd come home early if things started to develop. I was eager to spend quality time with Jacob but he wanted to watch 'Racing Snails' while we ate lunch together. By this stage I was fairly sure that Jude was coming but I was scared that I'd jinx it if I called my midwife or doula. I decided I'd wait for my waters to break or a show before I made the call. Neither came.

At around 1.30 Jacob's Nanna arrived to pick him up for the afternoon. I was barely able to speak to her and I remember feeling strangely disassociated as I stood hugging Jacob in blazing sunshine.

I was craving a walk on the beach, and felt desperate to feel the ocean, but knew I needed to wait for Jase to get home. I took my swissball onto the deck and began to dance to my favourite trance music in the sunshine. The surges increased in intensity as I danced my heart out and I FINALLY believed Jude's birth was happening. The lyric, "Let your fears go, you might find your way back home" resonated deeply as I accepted that I would soon give birth.

Jase arrived home and I was still intent on a walk on the beach. I still believed that 'true' labour was hours away. Being the sensible one, Jase called the midwife and doula and began to fill the birthing pool, gently suggesting that walking on the beach was not the best idea.

I used the TENS, then lost faith in it and instead got Jase to push a HOT hot water bottle onto my lower back. The surges came and went and I still felt that birth was far in the distance.

Jase was my rock, massaging my hips and reminding me to relax as I breathed through the intensity. I remember feeling his calm, controlled presence then looking up to see him maniacally spraying the 'panic' spray into his mouth. It must have been challenging for him - I desperately needed him to be touching me through each surge but also needed him to bring water, cool cloths and other comfort items and there wasn't enough time in between for him to fetch them!

I asked Jase to take off his watch but I was still aware that little time had passed when I decided I needed to be in water. As the pool was still filling, I made my way down the hallway to the shower, very, very slowly.

I was thinking: \*just this breath. just this breath\*

When I realised that there wasn't enough water pressure for a shower, the first needle of doubt pricked my mind.

\*I'm not sure I can do this for much longer\*

I was still waiting for my waters to break and believed I had hours and hours to go.

I started needing to vocalise to focus my breath. I remember feeling really annoyed when Jase closed the window as it made me conscious of the noise I was making!

I decided to get in the pool anyway and Jase phoned the midwife. He asked if I wanted her to come and I decided 'not for a while yet', believing I'd be coping better once in the water.

Getting into the pool was AMAZING! I breathed easily through the next surge and then....nothing! It felt like 5 minutes of total emptiness, it was absolute bliss.

Then my waters broke with an extremely loud 'poof'.

The pressure and need to push became overwhelming. Jase's reminders to breathe and relax weren't working and I became lost, unable to fight or surrender to the sensation.

Our midwife chose this time to arrive, all she said was, "Go floppy" and I magically did. And just like that, I was calm again. When she asked about the pressure I told her that I need to push. She counselled me to wait.

\*Not yet. Not yet. No pushing. Just this breath. I want him out. Puuuuuush. No. Breeeeeeaaaathe. Just this breath. Just this breath.\*

I didn't want to feel Jude's head as he crowned. I also didn't want to move from my position on all fours - I was positive I would break if I did! The second midwife arrived and I was vaguely irritated at the interruption. Although not as irritated as when Jase's phone rang a few moments later. The spell was broken and I realised I was not going to shatter so I turned round so I could catch my baby.

I heard, "His head will be born with the next contraction."

Then the release of pressure so stunning that it took my breath from me. I put my hands down and his head was the softest silkiest thing I've ever touched. The elation hit me.



\*Nearly there. Nearly there. He'll be with me soon. Focus. Focus. Breathe.\*

The midwife later told me that I was amazing at this point - beaming as I worked through the last few pushes.

Two more pushes and I reached down and brought him up to my chest.

The midwife removed the cord from around his neck and he cried way louder than I'd expected and startled me. He looked so different to the baby in my imagination. He was so different and so beautiful. I didn't cry. I wasn't exhausted. He found my breast. Jase and I drank champagne and coconut water and ate crackers and salmon. The placenta came with ease. It was so simple, so beautiful. I felt so alive and present and proud. We did. We waited. He came and it was perfect.



# Homebirth Obstetrician

By admin | Home Birth Matters Issue 1.4 Summer



Full disclosure: I had a home birth for what might have seemed to others on the surface of it to be trivial reasons. My first baby was born in the hospital, where “they” “made me” change out of my own comfy nightgown and put on that blue hospital backless thing, and I never got over the feeling of being violated for that. (Things went on from there, that’s just how it all started.)

I don’t tell many people I birthed at home; it’s sort of a “don’t ask, don’t tell” policy I’ve got. It’s not something I freely volunteer in part because most of the people who I see in my work in the hospital have been referred for various complications that make it likely they aren’t considering home birth. So, it might seem like I’m lording it over them. And I’d never like anyone to think in any way that I’m spreading the home birth agenda. By that I mean the secret agenda that others think homebirthers have, that exists only in the imagination of the anti-home birth movement. Home birthers are all too often labelled as ideologues. Those who like to dismiss home birth as just an ideology believe we have to co-opt others into The Cause, in order to make it seem that our choice is valid, in order to justify our craziness. We won’t be the lunatic fringe anymore, you see, when everyone is doing it.

Keeping my home birth secret has been part of keeping my secret women’s business secret; I don’t feel the need to justify my choice to anyone. If I don’t tell you, you can’t accuse me of trying to convert you. There is no such thing as covert zealotry.

I went to Carla Sargent’s book launch, “Where the Heart is” and as it happened I met someone who works with me at the hospital, who wasn’t in the know about my secretive birthing choices. Every woman in the room was a homebirth supporter, falling into two camps: either they’d birthed at home or they were home birth midwives. My friend came up with a blank when trying to figure out which group I belonged to; judging by her puzzled expression, some serious cognitive dissonance was going on. You can’t tell that someone has birthed at home by looking at them. There’s no home birth equivalent of gaydar. She looked at me differently when I said “these are my people”.



*Carla Sargent's book release*

I'm sharing my secret with you, but before I do so I want to make this clear. This isn't about justifying my choices out of some need for validation of them. When you are secure in your choices you don't need validation and you don't need to explain them.

This post isn't for those who want to believe that I risked the life of my child over a hospital gown. I probably won't convince you otherwise. Why I'm a home birther is a long and complex story. My son, my first and hospital born, grew up to be a philosopher. He told me that the reason we do anything might go back to the big bang if we look back far enough and consider every single interaction and moment of our lives, the lives that came before us, the influences of history and herstory. And if you knew all of those things about me you would realize that home birth was the perfectly obvious choice. It was the sensible thing to do, given everything. It was what you would do yourself, if you were me.



Dr Alison Barrett BSc, MD, FRCS(C), FRANZCOG. has worked as a specialist obstetrician and gynaecologist for many years in both New Zealand and in Canada. She was the Chief of Obstetrics and Gynaecology in a rural hospital in Ontario, and an assistant professor in the Northern Ontario School of Medicine. She is currently working as a consultant obstetrician and gynaecologist in Hamilton New Zealand, where she is a RANZCOG training supervisor for junior doctors. Prior to entering medical school Dr Barrett studied ecology and biological sciences, and these two fields continue to inform her clinical work. She has served on many committees addressing maternal and infant health issues including the National Breastfeeding

Advisory Committee for the New Zealand Ministry of Health and the Infant Feeding Advisory Group for Health Canada. She is a member of the Professional Advisory Group of La Leche League New Zealand.

# Journey from Student to Midwife

By admin | Home Birth Matters Issue 1.4 Summer



In this Summer season we hear from Lian who brings her journey from student to midwife full circle.



The time is getting near when I can finally announce with pride the words 'I am a midwife.' I know when that moment comes the tears will flow much the same as they did when I was first accepted to midwifery here in New Zealand! My journey to this place so far seems to have taken an eternity, having applied to study in Canada for a number of years prior to setting my sights on New Zealand. As I look to the future I realize it's actually an eternity that I still get to share with women and birth, a future I am looking forward to with excitement and new energy.

The final chapter of my studies was spent with Anne Sharplin, a midwife who has been entwined with women and homebirth for over 30 years. My time with Anne included the usual student midwife activities; visits with women and babies, cups of tea, the Homebirth Association's national hui, etc. I was exposed to and gained experience with the pinard stethoscope, a midwifery tool used for auscultation of the fetal heart. She fostered my learning by providing an environment that supported physiological birth. At the same time, Anne and I found time to do activities that sustain us in midwifery practice. We enjoyed getting our hands and boots dirty as we shovelled horse 'shit' to feed her young garden. We foraged for Jerusalem artichokes, picked heaps of citrus, and even found ourselves in an orchard of avocados. These experiences were not only pleasant for my belly but also fed my interest and knowledge in other areas.

From here my journey moves away from the student life and into independent midwifery practice. After much exploration and consideration of my options I have decided to move to the West Coast and begin my midwifery career in Hokitika. This stunning and remote part of New Zealand boasts the highest home birth rate in the country and I look forward to supporting and being involved with this remarkable birthing culture. The coast has so much to offer me, but above all else will provide incredible midwifery experience. I am so looking forward to setting down roots to foster my growth in midwifery, begin to grow my own garden, and build on the wonderful community who loves and supports me.



Credits: Thanks to Lian for supplying these pictures and thanks to Cindy Curtain and Rachael Brown photography for offering the cover image. <http://www.rachaelbrownphotography.co.nz/?cat=6>

# Vaisalo, nourishing in pregnancy

By admin | Home Birth Matters Issue 1.4 Summer



The coconut palm is often referred to as the tree of life in Samoa so much so that “*Ia fua tele le niu*”, or “may the coconut tree bear a rich harvest” is a traditional blessing for newlyweds, to wish them the blessing of many children. Vaisalo, made from the fruit of this beautiful tree, is a common breakfast food in Samoa. Early in the mornings you will find smiling street vendors with massive pots of vaisalo on top of their tidy, crisp tables, ready to hand you a hot cupful of this deliciousness for only a *tala* (dollar) or two. It has a lovely delicate, but still rich flavour, which can’t really be compared to anything else. It is a wonderfully nourishing dish, which acts as a “pick me up” every time I have the pleasure of eating it.

Because of its nutritional value and feel good factor, vaisalo is often served to aid convalescence - especially after giving birth. I have also heard that it is a dish which is traditionally made by a man, to serve to his partner once she has confirmed her pregnancy. I see this as a loving act, and acknowledgement of her sacred state, but also symbolic - of the blessings that they have been given through their loving union, the wishes of their *aiga*/families made manifest, and the nurturing that the couple, and their *aiga* will bring to their child. A man can bring together the most nourishing meal from the world around him, to serve to his woman who, in her sacred pregnant state, ingests to synergise and transform the world into nourishment for their baby. Beautiful right?

## Ingredients

Juice and ‘*a’ano* (meat) from 1-2 drinking/young coconuts (*niu*)

Sago pearls

Coconut sugar (optional)

1-2 lemon leaves



*Sago pearls must be added to hot water, if you add them to cold water they fall apart.*

## **Method**

- Open the niu and scrape out the meat - this is the most difficult part of this recipe, and even this gets easy with practise. Here is a good method for opening the type of drinking coconuts that we can easily get from the supermarket here in NZ:  
<https://www.youtube.com/watch?v=WhDBm0ikyhI>
- Blitz up the coconut water, and meat in a blender. You can make this as smooth or as chunky as you like - my kids like little chunks of coconut meat so I go easy, or conserve some 'a'ano to dice into it.
- Measure the coconut mixture and pour into a suitably sized pot.
- Bring the mixture to a simmer, then add sago pearls - for every 2 ½ C of coconut mixture, you will need about ¼ C sago pearls.
- Stir and bring back to a boil, then turn down to a simmer over medium heat
- Stir frequently until the sago is transparent, making sure that the sago doesn't stick to the bottom of the pot. (You can add water, a little at a time to change the consistency to your preference - some like it as a drink, whereas I prefer a "spoonable" porridge-like consistency)
- Sweeten to taste with coconut sugar
- Add lemon leaves in the last few minutes of cooking
- Enjoy your vaisalo, and it's feel-good, healing effects... remember to share with your closest new/pregnant mama!



*Other flavours that can be used in vaisalo are fresh limes, wild lime leaves (kaffir lime), lemon verbena, lemon balm and grapefruit*

### **Notes:**

- Sweetening may not always be necessary - the sweetness of the coconuts can vary - but the sweetness also dissipates with cooking, taste it once the niu is cooked before adjusting sweetness.
- On hot summer days, try this chilled - so VERY good!
- Vaisalo is gluten-free, dairy-free and grain-free.
- If you have no lemon leaves, try lemon verbena, any other citrus leaf or lemon rind.
- Did you know that it takes 9 months for some varieties of niu to develop their water? Appropriate, yes?

### **Health Benefits of Niu (Green coconuts)**

- Coconut water is a natural isotonic drink that provides many of the same benefits as formulated sports drinks, including the electrolytes calcium, magnesium, phosphorus, sodium and potassium. Similar to the electrolyte balance in blood plasma it has been used successfully to rehydrate cholera patients in the tropics.
- It is rich in trace elements such as iron, manganese, potassium and other trace minerals as well.
- Coconut Water contains Lauric acid which our body converts into monolaurin. Monolaurin has great antiviral, antiprozoal and antibacterial activity which helps fight against intestinal worms, parasites, lipid-coated viruses and other gastrointestinal tract infections in children and adults
- Coconut water is a natural source of cytokinins, a group of plant growth hormones that help regulate cell growth, development and ageing. Great for looking youthful.
- Coconut water is a natural diuretic and with the antibacterial activity can help with urinary health, studies in the Philippines show it can reduce the size of kidney stones when drunk 3 times a day.
- Its great for pregnancy as it can reduce oedema, improve hydration and overall health.



*Nadia's son holds a bowl of freshly prepared vaisalo.*

# Summer/Raumati

By admin | Home Birth Matters Issue 1.4 Summer



At last, after the confinement of winter and the turbulent transition into spring, it's time to enter the outgoing flow of summer!

The end of year wind-up brings pressure on families. And then there is Christmas, with its jarring imagery of a northern hemisphere winter. No wonder we can feel disconnected at this time of year.

But you can still PAUSE to reconnect and celebrate summer solstice — te maruaroa o te raumati — on December 22. This is a healing action: letting go of stress and trouble, entering the wholeness of what is, and connecting with the beauty of our land and the season.

Here are three ways to celebrate summer with your family!



*Image supplied by Juliet Batten*

### **Solstice Feast**

On December 22, or close to it, create a solstice feast. You may do this outside, in the form of a picnic in the sunshine (weather permitting), or inside around a table. Encourage the children to help select red and yellow foods that evoke the sun: perhaps grated beetroot, carrots, red capsicums, yellow courgettes and honey biscuits. Include sun fruits: cherries, strawberries, or bananas, and maybe a circular sun cake decorated with sunflower seeds, calendula and nasturtium petals.



*Image supplied by Juliet Batten*



*Image supplied by Juliet Batten*

Add a simple ritual to your feast

You can involve the children in creating a small altar of bright flowers, including harakeke/flax and pohutukawa, in the centre of the table or picnic cloth. Before eating, light a yellow or red candle, and take a moment to pause. Acknowledge the longest day, the peak of the sun's journey. Give thanks for the warmth and life-giving energy.



Then, if you wish to deepen the ritual, add a dark seed to the centre of the altar to signal that the sun's energy is now declining. Darkness has begun its six-month journey of return, and will finally deepen into winter solstice.

Such actions are simple and don't take long. They open children to the wonder of the seasonal cycles, and the flow of life.

### **Summer Stories**

Around the time of solstice, you might like to tell the story of Maui's attempt to capture the sun (see *Celebrating the Southern Seasons*, p. 162). Solstice means 'sun stands still', and that's exactly what Maui tried to make happen.

Children may also enjoy the tale of Tapakāhau and the lost fish hook (*Dancing with the Seasons*, p. 202). For older children, try the tale of Tawhaki and the pohutukawa (See *Celebrating the Southern Seasons*, p. 150). It's a story of transformation, from wounding into new life.



### **Summer Play**

It's such fun to play with the materials that nature provides. Make sun circles on the beach or grass, using flowers, leaves, stones or shells. It's so important to encourage the little ones to respond to our

actual season of summer, and to be aware of what is happening in the natural world, despite the incongruent winter images that still appear in so many shops.

Last year my five-year-old granddaughter made a shell circle while I created mine just a short distance away. Then I took a photo of each of our images, printed them out and pasted them on to card. She was so proud of her solstice card, and wants to make another one for her parents this year.



*Image supplied by Juliet Batten*



*Image supplied by Juliet Batten*



For further summer activities for children and communities, see *Celebrating the Southern Seasons*. The revised edition, published by Random House in 1995, includes additional material for each of the eight seasonal festivals of the year.

The sequel, *Dancing with the Seasons*, includes further activities as well as stories for the seasons. You will find a ritual of thanksgiving on p. 207.

If you wish to stay in touch with the movement of our southern seasons throughout the year, you can sign up to receive the Seasons Newsletter on my website and receive a free audio gift [www.julietbatten.co.nz](http://www.julietbatten.co.nz)

To check out my books, go to [www.julietbatten.co.nz](http://www.julietbatten.co.nz)

You may also like to visit my blog [www.seasonalinspiration.blogspot.com](http://www.seasonalinspiration.blogspot.com)

© Juliet Batten 2014

Please give photo credit for any images used.

18/11/14

# What's happening in Summer?

By admin | Home Birth Matters Issue 1.4 Summer



## Regular Catch Ups for the Regions

Dunedin Homebirth Association meet monthly at the Hub, first Tuesday of every month. Bring food to share. Anyone welcome.

Otepoti Dunedin Babywearing meet twice a month - last Wednesday of the month 10-12 at the Hub - Babywearing Library and experienced babywearers available. For folks with their own carriers meet every 3rd Monday of the month 10-12 at the Hub - no library use on this day.

CHOICE BABY -Nelsons Natural Parenting and Home Birth Group meets monthly in Nelson, second Monday of the month. For more details see their website [here](#).

Tauranga HB support circles every 1st and 3rd Tuesday of the month. Where: Maungaarangi Kindergarten/Whanau Centre. 22 Esmeralda Street, Welcome Bay. What: Bring your lunch or a healthy snack to share Children welcome - play area available.

Manawatu get-togethers are open to anyone interested in Home Birth. Get-togethers take place on the 4th Thursday of each month, 1.30-3.30pm. Please see our blog for more details.

Natural Birth Southland meet on the 4th Friday of each month at the parents centre rooms at 25 Exmouth st 10.30 - 12.30. We would love to see you there.

Waikato Home Birth monthly support circles are held on the 2nd Tuesday of each month at Parents Place in Boundary Rd, 10am - 12pm. Join us on facebook

Positive Birth Wellington We hold regular discussion meetings on the third Tuesday of every month, open to pregnant women and their partners, new mums, birth partners, midwives and anyone wanting to support a positive birth community. 7.45 -9.15pm 137 The Parade, Island Bay, Wellington,

Canterbury Home Birth Association have a get together with like-minded parents twice a month, come enjoy a cuppa while the children play in a relaxed environment. Bring your family, friends and a plate of food to share (if you can).Attendees at the playgroup are also able to borrow books from our [home birth library](#).

**When:** 10am - 12 noon, **first** and **third** Wednesday of each month (except the first Wednesday in January)

**Where:** Avon Loop Community Cottage  
28 Hurley Street  
Christchurch

**Directions:** Come south down Barbadoes St turn left after the river on to Oxford Tce and Hurley St is the first on your right - the cottage is right at the end of the road.