

ISSUE 2.1

home birth *matters*

HOME BIRTH IN AOTEAROA

autumn 2015



FEATURE:

*We honour our
midwives as integral
to birth and birth
choice in Aotearoa*



REFLECTIONS

Editorial.

By Sian Hannagan

Here in Aotearoa we have the enviable situation of having a world class midwifery system that is often held up globally as a superb model of Continuity of Care in birth. Our New Zealand College of Midwives has built a robust body of education that provides our midwives with a comprehensive set of skills and an excellent support system post graduation in the form of the Midwifery Council. This is a full time course that meets international standards for birth care and results in a high level of graduate proficiency. International evidence, including the highly regarded Cochrane Database of Systematic Reviews and the Lancet medical journal, shows our model to be both successful and safe. Comparative data produced over a number of years by the Perinatal and Maternal Mortality Committee shows our outcomes are among the best in the world. NZ Midwifery Council states: New Zealand and International evidence demonstrates that we have had safe and effective maternity services over the last twenty years, providing excellent outcomes for mothers and babies. (Dixon, Prileszky, Guilliland, Miller, & Anderson, 2014; Perinatal and Maternal Mortality Review Committee, 2014; Page, 2014; Rowland, McLeod, & Forese-Burns, 2012).

Our midwives often work in diverse and difficult situations bringing care to women in a wide range of cultural, economical and education backgrounds. In many cases, bringing the care to women who would not always seek care in a hospital setting. They do good work in sometimes very challenging situations. There are rural midwives who cover a very large area to support rural women in their births. There are midwives who support women in at-risk environments or women with complex health issues. Largely these midwives all do very good jobs. In fact birth outcomes in New Zealand have been steadily improving over the past eight years. Perhaps most importantly, our midwifery system allows women to build relationships with their lead maternity carer, it offers women true choice.

With all of this you might be surprised to hear that midwifery is under attack in New Zealand. There are advocacy groups who feel that we need to move birth back into a hospital setting, requiring midwives to complete their training in hospitals and placing primary midwifery care back into the hands of general practitioners rather than the robust specialist training our midwives get now. In a way I understand where this fear based reasoning is coming from. When people make decisions based on tragedies you get reactive reasoning. Our hearts go out to the women and families who have been harmed by a traumatic birth experience. However the problem when your motivations are founded in fear is that you cannot make a balanced assessment of the relevant facts.

This is evidenced by the recommendations that are being pushed by Action to Improve Maternity (AIM), which is an advocacy group claiming to support all women for better birth outcomes. However, the recommendations that AIM makes are not founded in research, they do not serve birthing women and their babies. They serve an agenda that is riddled with confirmation bias, which is to say they cherry pick their evidence to suit their agenda. Not only this, but they seem to be basing their advocacy on a complete misunderstanding on how midwifery training works. For instance, in a recent radio interview, a representative for AIM continued to argue that midwifery is a part time course – when in fact it is a full time course as is clearly stated in the enrolment guidelines. They also believe student midwives need to get the primary bulk of their training in a hospital setting, working with hospital midwives. Not only is this impractical in terms of resources and curricula. It is also misguided. Hospital midwives do not follow a continuity of care model, by following them, student midwives would no longer be able to follow women from early pregnancy to birth, through to aftercare. While these aspects of birth are dismissed by AIM, they are integral to better birthing and birth safety. Not only do they help midwives get a full picture of a mother's health from early pregnancy, but they also facilitate early recognition of serious issues that might need referral. By dismissing the relationships built between women and midwives during continuity of care, AIM are not only dismissing midwifery, they are also dismissing women. However, by continuing to court the media, these erroneous views continue to get airtime. The risk in this is that we face policy change based on kneejerk reactions and populist opinion. To prevent this happening we need to speak out for midwives and acknowledge that they are the backbone to our birth system. Without them we would be heading down a very different path, such as in America where increased medicalisation has resulted in increasing maternal mortality rates.

Another dissenting voice in this discourse has been Coroner Garry Evans, who whilst reviewing a recent case involving maternal and infant death in New Zealand has made strong recommendations that our Ministry of health, and as such our Midwifery Council and New Zealand College of Midwives make significant changes to how they educate and support midwives. He has made these recommendations in disregard to the growing body of evidence which points to midwifery led systems being best practice. This is despite being provided with several submissions which included citations to the large body of scientific evidence which supports our current maternity model.

The coroner used a very narrow view to inform his findings. All of the current research shows that midwives improve outcomes and that further medicalisation of our birth space would increase interventions and iatrogenic outcomes without improving our rate of maternal or perinatal mortality.

This is not the first time that Garry Evans has made sweeping statements based on a very limited number of facts. His discussion on bedsharing in recent years has shown again and again that he disregards peer reviewed studies on issues such as these and latches on to the one aspect that matches his agenda. In the cases he examined he chose to disregard a range of serious contributing factors, such as cigarettes, drugs and alcohol in favour of putting out an alarmist 'all or nothing' recommendation that families should not bedshare at all regardless of their situation, not only is this culturally insensitive, it completely disregards the lived reality for parents in New Zealand. For a less kneejerk reaction you'd be best to seek out the actual research and follow the Safe Seven guidelines should you choose to bedshare.

When it comes to birth we need to stop listening to loud, polarising, or self aggrandising voices that serve fear, or serve ego and start listening to each other. Listen to our communities. Birth is more than a risk assessment, it is a human experience. So while our choices are supported by science, it is more important that our choices are ours. Midwives are there for birthing women and their babies, so let's support them so they may support us.

“If women lose the right to say where and how they birth their children, then they will have lost something that’s as dear to life as breathing.”Ami McKay



Sian Hannagan our Acting Editor

References

McKenna J, Dade T 2005: Why babies should never sleep alone: a review of the co-sleeping controversy in relation to SIDS, bedsharing and breast feeding. *Pediatric Respiratory Reviews*. 6(2):134-52.

Horsley T, et al 2007: Benefits and harms associated with the practice of bed sharing: a systematic review. *Archives of Pediatrics and Adolescent Medicine*. 161(3):237-45.

Sandall J, et al 2013: Midwife-led continuity models versus other models of care for childbearing women. *Cochrane Reviews*. http://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-versus-other-models-of-care-for-childbearing-women

Homer C, et al 2003: Collaboration in maternity care: a randomised controlled trial comparing community-based continuity of care with standard hospital care. *International Journal of Obstetrics and Gynaecology*. 108(1): 16-22.



RIPPLES

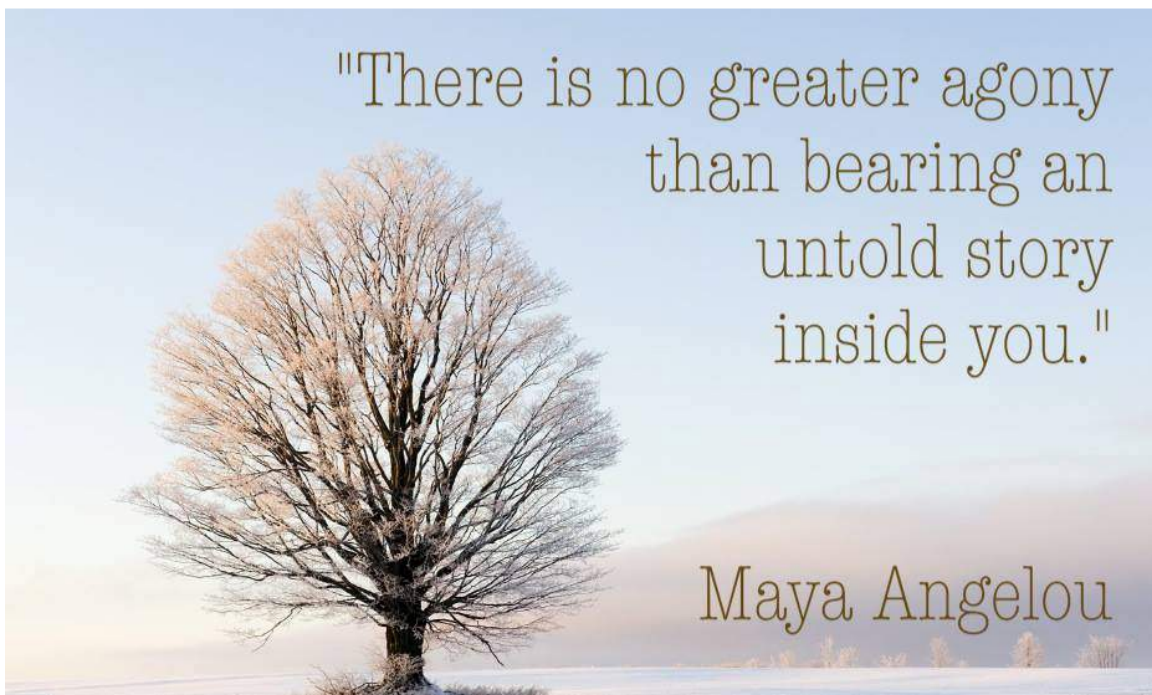
Our News.

By Home Birth Aotearoa

While typically a slow time of the year for many of our regions, as members take time out from regular commitments to take advantage of the sun and sea with whanau and friends, this summer has seen a hum of activity from many corners of our nation.

Birth Trauma Support Group

Are you angry or sad when you think of your birth, do you feel you were betrayed by your body or your support team? If you need help coming to terms with a less than peaceful birth Carla Sargent author of 'Where the Heart is' and '[Birth Rite](#)' blog, is hosting a Birth Trauma support group for women and families to talk through traumatic birth experiences. You can find the [facebook group here](#).



Low Risk Birth

Our contributor Alison Barrett is featured in a [short piece](#) about Obstetric Practices. Good to get the word out!



Student Midwives

Do you want to ensure women have choice and true homebirth midwives are easy to find? Then why not have a student midwife at your birth? A student midwife can bring extra support to your birth and it is a gift to bring them into the homebirth space. [More information here.](#)

Pregnant?

Share this special time with a student midwife. We have students in the following regions:

- > Kapiti Coast
- > Manawatu
- > Otago
- > Southland
- > Wellington
- > Whanganui

Please contact the School of Midwifery
0800 762 786

OTAGO
POLYTECHNIC
Te Kura Māhara ki Otago

Kerikeri Home Birth Group has some wonderful incoming energy right now and have had their first meeting for the year, discussing how to maintain good health through pregnancy and natural pain relief & relaxation techniques. Helen Christie tells us she is really keen to give the group some focus in the coming months to really get it off the ground and create a support network for women in Kerikeri and surrounding areas.

Auckland Homebirth Support Group has announced it will shut down for a period of six months. We send aroha to Angela Carter, Chris Hamilton, Jane Mackay, Rachel Ruckstuhl-Mann, Janet Sergeant and Jamie Aeschbacher who have been the core of this group for a long time and have poured a lot of energy into it. In it's stead rises the Auckland HomeBirth Community, a new group put together by Bella Munro, Donna Fowles and Denise Hynd. This group has pools available for hire, a focus on holding regular monthly support circles, and has a new [Facebook group here](#). Home Birth Aotearoa hopes that the Auckland region will find this group to be a great resource.



Auckland Home Birth Community aim to support Home Birth families in the Auckland region.

Waikato Home Birth Association has been fair buzzing lately, in addition to their growing, revived support circle meeting monthly and being actively present at community events (baby expos etc.) their most major and exciting development is beginning a Natural Birth Series. "For a long time there has been felt a lack of natural and home birth-focused birth preparation courses available to families here in Hamilton – so we are doing something about it, with a somewhat different twist on the traditional antenatal classes. Instead of signing up for a 6 week 'course', women and their partners/support people can come along as many times as they like, when it suits them – each 1st and 3rd Monday evenings of the month the space will be available to come, share, discuss, learn, get inspiration and connect with others. A big focus of the Natural Birth Series is enabling expectant parents to connect with others who have given birth at home, sharing stories and from each other gaining knowledge, perspective and inspiration. We plan to alternate between having 'guest parents' sharing their stories as the basis of the session discussion, and facilitated group discussion sessions. We are passionate about keeping this readily accessible for families through our community, so we are asking for a \$5 koha per family (woman and support people) attending each session (or subscribe to the Waikato Home Birth Association and attend for free). Beginning in April (Monday the 6th) – more information available via Facebook, or phone Carla (07) 8593363." The core group has also published an updated home birth midwife list and has some fabulous baby tee shirts with the slogan "born @ home naturally" that will be available for sale on the Home Birth Aotearoa website later this year.

Trust Home Birth – Tauranga Home Birth Association has got the year off to a great start with a picnic at Kulim Park for home birthing families. Heaps of families turned up for a beautiful relaxed shared lunch with an amazing array of delicious dishes. Tauranga is having some amazing turn outs at its support circles and is looking forward to an exciting year ahead with lots of great positive energy throughout the group. A recently opened birth centre in Bethlehem appears to have affected the number of pool hires however we are hopeful that mums who have a baby at the birth centre will feel confident to birth at home the next time around, even if their house doesn't have lights that glow pink or blue outside once baby arrives.





Whakatane Home Birth Group is continuing to run monthly meetings at the Plunket rooms, 10am on the first Tuesday of every month. Taupo has a new lease of life with Ajah Dearlove and Fleur Steiner restarting a home birth group there this February. They plan on running a support circle each month and building up the activity levels as time goes by. We are really excited to see this support becoming available for home birthing families in the region and we wish the Taupo Home Birth Community all the best! Their facebook page can be [found here](#).

Wellington Home Birth Association is currently undergoing a few structural changes. They are in the process of forming a new committee and working on a new vision/mission to increase their regional and online presence. Areas of development include: • An updated version of WHBA's vision and mission statement • A quarterly regional newsletter (print) that aims to inform members about what's happening in the community, and what WHBA and other groups of interest such as LLL and Babywearing Wellington have to offer • A new Facebook page • Increasing regional presence through better networking and liaising with existing coffee/antenatal groups in the area • An antenatal course that focuses specifically on the physical preparation of having a homebirth, and the social/psychological needs of such an event • A welcome pack for new members • Fundraisers • Birth pool hire WHBA is looking for new members to join the committee and take over roles, such as managing the new Facebook page. If you can see yourself getting involved, please contact evaneely@live.com.

Regional Pod Hui Wellington Home Birth Aotearoa will be holding a regional pod hui on Sunday, 15th of March, 10-4pm at Tapu te Ranga Marae, Island Bay. This event follows the Home Birth Aotearoa trustee hui held on 14th of March, and is open to anyone in the community and their whānau. A great opportunity to share a meal and network with others. To RSVP/find out more about this event, please email evaneely@live.com.

Motueka Home Birth has been running for five years but has only recently been added to our website database. The group meets at the Riverside Hall on the 2nd Tuesday of every month, has an extensive library, provides support to new mothers and mother blessings for those wanting them.

The Nelson Choice Baby and Motueka Home Birth groups will be working in conjunction with Home Birth Aotearoa this year to present our 2015 conference. All of us are very excited about this, check the next issue of Home Birth Matters for all the details!

Home Birth Canterbury has held a morning tea/playgroup at the LEGO Imagination Station instead of their usual venue. They are currently looking for members that can commit some time and energy each month to the association, they can be contacted on their [facebook page](#).

West Coast Home Birth is celebrating a sustainability package developed by it's DHB which will see incentives offered to LMCs in the region - this will hopefully attract and keep more midwives in the area. The West Coast also welcomes a new midwife to the region in March this year, the lovely Lian Pansino.

The Dunedin Home Birth Association has Positive Birth classes lined up for this year, on the 9th, 13th and 16th May. For more details contact Keli 9745582 or kelimurali.dd@gmail.com

Natural Birth Southland has some big plans for our group this year and they are getting underway. Their meetings will start back up again on the 27th of February and will be every last Friday of each month. They will still be at the same time and place. 10.30 am @ the Parents Centre rooms 25 Exmouth st. Association President Samantha Audrey Hall hopes to take the Natural Birth group on a journey this year, creating an environment where like minded parents who have a passion for the nourishment of our future generations, can connect. While advocating and supporting informed and educated choices.



Sarah Buckley released her [Hormonal Physiology of Childbearing](#) on January 13, this is an in-depth exploration of the impacts of common maternity-care interventions on the hormonal physiology, providing critical understandings that can assist mothers and babies to optimize hormonal physiology, even when interventions are needed. Sarah is also soon to be holding her Undisturbing Birth workshop in Auckland NZ - details to be advised.



If you would like to be able to create simple rituals for special occasions, such as moving house or welcoming in a new baby then Juliet Batten has created a course that offers what you need.

Have you ever wondered how to bless a new project, invoke healing for someone, help children farewell a pet, or inspire hope and regeneration in a community group? Perhaps you have already experimented with some of these, but have run into problems. You want to use everyday language and relate naturally to the other participants, but when you do this, the ritual flattens into social chitchat and fails to satisfy. Or you attempt to access the heights and depths of sacred ceremony but end up feeling you've become a cold and distant authority figure. The mistake most people make is either to follow prescribed formulas, taken from a book, or to try and create their own without knowing the principles of sacred ritual. The first can easily result in a lifeless, stiff process; the second in a shambles.

Juliet Batten our 2014 Season's contributor has started an online course on the Sacred Art of Ritual, for more information [check out her website here](#).



K O R E R O

We talk to Kathi Valeii.

By Home Birth Aotearoa

Feb 2015

Tell us a little about yourself, what brought you to birth activism?

I hate answering the “tell us about yourself” question. It brings up all sorts of identity conflicts for me. Like, should I tell you about my kids? If I do, does that make me mother-centric? Do I talk about my partner? Does that mean my identity is tied up in relationship to him? How do men answer this question? Why do I care? Okay, let me try.

I’m the founder and content creator at Birth Anarchy. I started the blog after my youngest was born several years ago. I’ve always been an outspoken radical. I can remember my dad telling me at ten years old that he was worried about the rebellious streak in me. I recall a high school English teacher saying, “the biggest conformists are the non-conformists” and my face burned with anger as she tried to steer the sheeple to be better conformists. I’d call myself an introverted extrovert. I articulate best typing on a keyboard, rather than in verbal conversation. I do best in intimate, small circles, and want to crawl into the nearest manhole at large social gatherings.

I’m a parent to 3 boys – ages 3, 9, and 12. They are all super cool. My youngest never stops talking, singing, or making other guttural noises. Like ever. My middle son is funny as hell and is into skateboarding. He’s a really great writer and can make up poems on the fly. My oldest is the sweetest thing you’ll ever meet. He loves to run and read and cook, and hates to clean. My partner and I both work from home and enjoy writing together, and outdoor activities, like camping and hiking and gardening. We fantasize about moving to New Zealand sometimes. Like now, when it’s February and 8 degrees.

My journey to birth activism began with the hospital birth of my oldest, almost 13 years ago. The whole experience was very confusing for me.... I prepared for an unmedicated, intervention-free birth, and that mostly happened. But, I had never experienced such disrespect and emotional violence in my life. So, I wasn’t sure what to do with the complexities of emotions. I felt like I was *supposed* to feel all blissed out and thrilled that I had attained some sort of goal, but, really, I felt completely defeated and deflated and impotent and humiliated. I went on to become a childbirth educator and birth doula. The work was harder than I could have imagined. I don’t know if you can really fully prepare someone for witnessing systemic abuse over and over. I did this work for about 10 years before leaving that work to put all of my efforts into advocacy.

What were your own births like?

My hospital birth and postpartum stay was traumatic. From the nurse looking at my vomit that landed on the floor and then at me like I was a disgusting beast; to my mistrust of my doctor's insistence that I needed an episiotomy, and her telling me I "was going to feel it" when I told her I didn't want a local (something we had talked about prenatally, and that she assured me she could do); to the nurse making fun of me when I couldn't walk because of the amazing amount of stitches between my legs; to the pressure to pee or be catheterized; to another nurse in my room a day later who literally ripped my newborn out of my arms and snarled into my face, "Babies die from Group B all the time!" before exiting the room with him for a blood draw we were still questioning the need for. I filled out an evaluation form and complained about that last nurse. A PR rep called me after I returned home, breasts full and leaking, still waddling with a diaper and gaping incision in my crotch, and always groggy from a constant state of in-and-out sleep with my new baby. I remember shaking and trying to hold back tears as I recounted the story with the person on the other end of the line. We hadn't thought to get the nurse's name – she was a superior, not our normal nurse (the one who couldn't make us comply). She relayed her condolences and said there wasn't much she could do without a name, and I asked why they couldn't find it out from my chart – surely her name would have appeared next to the blood draw procedure. I never heard from them again. That was that.

My next two were born at home, both very different experiences, both healing and reclaiming in their own way. My middle son's birth was only two hours long, and so the speed and intensity was a bit scary. But, oh my, there is nothing like a homebirth. Walking across the hall to my own bed, having my favorite foods brought and orange served and chatting with my midwife, cross-legged next to me on the bed, snuggling with my family and new baby. My last labor was my longest at 5 hours (ha!). I did a lot of emotional work during his pregnancy. His birth felt like full restoration for me. It was in the months after his birth that I launched the blog and really owned my activist voice.



Kathi Valeii, the woman behind Birth Anarchy

Do you think birth rights for women are improving, or are they getting worse?

This is a pretty complicated question because we can point to lots of ways that it's certainly improved from, say, the years when our grandmothers gave birth, right? Like, most women aren't knocked out and strapped down on their backs while their babies are fetched with forceps. We no longer use Twilight sleep or shave and enema women. But, what we have instead is a new form of barbarism – one that masquerades as normal routines for the woman's and the baby's "safety." I don't need to waste a lot of time telling you that these guises of safety aren't really about safety at all – but, rather motivated by fear of lawsuits, cost, and convenience. In the U.S., where I am, we spend the most money on maternity care in the world, and we have some of the worst outcomes. Women are dying at alarming rates, when compared to other countries. In fact, the U.S. is one of only 8 countries in which the maternal mortality rate is increasing. And we're the only developed country, at that. And that's not even to mention how racism and classism plays into this scenario. Black women die at upwards of 2-4 times the rate of white women. In some communities it's even higher.

But, we can't just parcel out birth from the entire feminist struggle and pretend that it stands alone; separate. Injustice in birth fits into the entire narrative of the way that women find themselves oppressed, the world over. It's not just that women aren't receiving evidence-based care in birth – it's that their autonomy is being trampled on, routinely. Women are pleading to be "allowed" to be deciders in choices about their own bodies and their own pregnancies, as though there is some sort of authority figure that is better equipped to manage these choices for women. We see this on all ends of the reproductive health conversation – from access to contraception to abortion to birth. These are all the same conversations; the exact same struggles.

There is a growing body of evidence showing that physiological birth is not only safer but more beneficial to women, yet the medical birth model seems to disregard this in favour of routine procedures to enhance birth, why do you think this is?

Well, for one thing, most hospital care providers have never even observed a physiological birth. Since the inception of the obstetric profession, birth was established as a pathological condition. Dr. DeLee compared the normalcy of birth to the normalcy of "falling on a pitchfork." And we've been operating under that impalement model for more than a century. So, it's a pretty big undertaking – huge, actually – to think that the medical profession is going to just get on board with evidence that supports physiology. It requires a completely new understanding of birth, in general. It also requires patience and flexibility – not traits most OB's are renowned for. Obstetrics is about managing labor, being efficient, and being precise. If anything, the new science only affirms how wrong obstetrics is for low-risk women.

If you could change three things about birth at a global level what would they be?

1. Women's rights to bodily autonomy would be respected and legally upheld.
2. Women would be offered routine care that is based on evidence as a baseline.
3. Informed consent and right to refuse would be a real, actual thing that was offered and honored every time.

If those three things came to fruition, our maternity care crisis would end.

Birth rights activists can deal with some pretty nasty attacks both online and face to face. Some people suggest that we should ignore the voices of dissent and others suggest that we combat them. How do we challenge concerted aggressors whilst protecting our emotional and personal safety?

This is a really great question. I actually just tackled this issue with the Birth Anarchy members. This is not unique to birth activism, it is a side-effect of Patriarchy that women's movements have faced for millennia. Women challenge their subservient position in society and they're deemed anything from hysterical to man-haters to sluts and bitches. I think how we respond to this depends. It depends on who the aggressor is (is it a troll or someone you have a

relationship with?), it depends on what kind of space we feel like we have or are willing to give, and it depends on if we feel triggered.

Sometimes, in this (and any justice movement) we can feel like it's up to us to address all of the concerns and all of the push back and all of the criticism. But it's not all our responsibility. We do what we can. We do what our voice calls us to do. And sometimes it means we walk away. It's never okay to sacrifice your own emotional space for someone who is not reciprocating that space for you. That doesn't mean everyone always agrees in a conversation, but it does mean that there is an element of respect in the disagreement; an openness, a willingness to hear the other person. But, you know, it's also okay to acknowledge that it's not up to women to hold the entire burden of educating all of the men and all of the medical staff on how they're behaving badly. In 2015, it's time to step up and be able to own one's place in oppression and to be able to take initiative in listening to women and deferring to women on issues that affect women.

One of the challenges we have is dealing with the media and their need to make topics more controversial than they are. In your mind, how do we hold the media accountable for their hand in muddying the waters when it comes to birth and particularly, birth safety?

We need to call them out when we see it. But it's exhausting and it can't be only one person's or a handful of people's responsibility. I've participated (and seen it done) as open letters, as editorial pieces, as comments on the article, itself, and as counter-articles that reference another (or several articles) on the same topic. Another tactic is to contact a writer and ask if they might be interested in another angle to the story they just wrote. There are countless examples of this, and it's how we widen and deepen the conversation around this subject. The media absolutely frames cultural opinions around all subjects, including birth, and we shouldn't ignore their power to do so. We can actually use it to our advantage.

I remember clearly the first time I came across a man who told me that there are instances where women should not be trusted to make good decisions during birth. Through the flush of rage and the shaking of incredulity I barely cobbled together a coherent sentence. If only I had that moment back again! What words would you offer up in that situation?

You mean, "what words do I offer up, routinely, in that situation," right? Because the retort regularly goes, "Well, who's going to speak up for the babies?!" As if all of the pregnant and birthing people are thinking about anything and everything but the fetus inside of their own bodies as they make complex decisions that affect their lives.

My response to that kind of insinuation is usually to offer up a question in return – "Who do you believe is the most invested person their own health and in their pregnancy and in their fetus? Do you believe strangers are more invested in those outcomes?" These questions all come back to illustrating how illogical it is to suggest that another person or entity control the health choices of another person. How twisted our beliefs must be about women if we can't trust them to make competent decisions for themselves.

What words of wisdom would you share with a new mother to be?

Trust yourself. You're way more intuitive and knowledgeable than anyone is going to give you credit for. Surround yourself with people who support that, who truly support you. Don't compromise and fight like hell for what you want.

What are the biggest challenges in birth freedom we have facing us right now?

The use of force against women for procedures and surgeries and interventions they do not want. And also the criminalization of pregnant people. These two things are super intertwined and it's hard for me to piece them apart. We have created a universal sub-caste for pregnant folks, wherein all of their bodily autonomy rights and sometimes their physical liberty is completely removed based on their pregnancy status. And that's a really scary road we're heading down. When we can get court orders to slice women open against their will, when we can hold women hostage or threaten removal of their child until they consent ; when we can randomly or selectively screen women and their newborns for drugs without knowledge or consent – when we can base the screenings on what the woman looks like or what race she is or what socio-economic level she exists in – and then take her baby and then throw her

in jail, women have no freedom around their reproductive health and lives. Women are reduced to reproductive slaves.

Your unique (and yet so incredibly important) approach to birth is that you tie birth rights to how we, as women, are treated universally and the basic rights of women through all stages of our fertile lives. Why do you think this is so important?

I think this is one of the most important things to recognize in this fight. I'm not sure, actually, why anyone would think that parceling out all of these issues, as though they are separate makes any sense at all and we've got to stop behaving as though they are all isolated issues if we want to make any progress at all. One of the keys to moving birth into the foreground of the feminist movement is to begin using alliance language – language centered around choice and around autonomy and around beating the war on women – this is language that is recognizable and embraced by the larger women's movement. And we need each other. We need to recognize the interconnectedness of these issues and how we can pull them together in our advocacy efforts to be more powerful.

What reactions have you received from the #howwehatewomen hashtag?

That hashtag was born out of article I wrote by the same name about a year ago, and the reaction was pretty profound. That article was my most popular ever and so there was a wide breadth of reaction from so many eyes. There was a lot of THANK YOU! And then, of course, there was a bunch of, "I don't hate women... what the hell are you talking about?" But, it was an amazing conversation starter. It's really where the conversation started to really tip in the direction of gender-based oppression for me, and where I began to slam that into the forefront of the discussions around birth and other reproductive injustices.

Where did it all go wrong? At one point women were free to birth as they needed to and were supported in this (surely they must have been!) but at some stage birth was completely removed from women, leaving them a passive or unwilling observer in many cases. Do you have any thoughts on this?

"Surely they must have been!" This made me chuckle – not in a ha-ha-funny way, but in a *snort*-no-shit kind of way. There isn't a woman alive in any industrialized country who can attest to this, that's for sure. We are all left saying, "surely at some point in herstory, women MUST have been in control of this process...." Where it all went wrong depends on how far back you want to take it. We could take it a little way back – like one or two hundred years ago – and talk about how the male-led obstetric profession paved the way for ushering women into hospitals en masse and the amount of control that offered them; or we could go even further and talk about the beginning of Patriarchy – the mass genocide of women in an attempt to wipe out female knowledge and power. Regardless of how far back we go, where it went wrong, was with Patriarchy. Patriarchy is what has robbed women of their authority and of their power, and it still what this struggle, at its root, is against.

Tell us about the word "allowed"

It should stop being "Allowed" to be used in the context of what rights women have access to once pregnant. The end.

Really, though, the fact that we use this word with such consistent regularity – to describe how "supportive" or unsupportive our care providers were, reveals a lot about the social standing of women, doesn't it? I was recently talking with a career PhD holding academic who was organizing a feminist talk series. Of course, I steered the conversation toward birth and how that issue needs a larger place at the table in the feminist discourse. She empathized, then went on to tell me about when she gave birth how her provider was so accommodating and how they "allowed" her to do this and do that and how that made her birth a positive thing. And I remember sitting there, thinking, "what the hell is going on here? This is such a profound problem when intellectual feminists have trouble discerning that submissive language in birth is no different than similar language used to control women elsewhere."

If you could be paid a full wage to 'do what you do' how would you frame your role?

Well, I suppose it would look exactly the same, except I could do more. I could hire help. I would drop the ball less often. I would meet deadlines more quickly. I would still see my role as a writer and speaker and conversation facilitator.

Well-Behaved Women Seldom Make History – Laurel Thatcher Ulrich

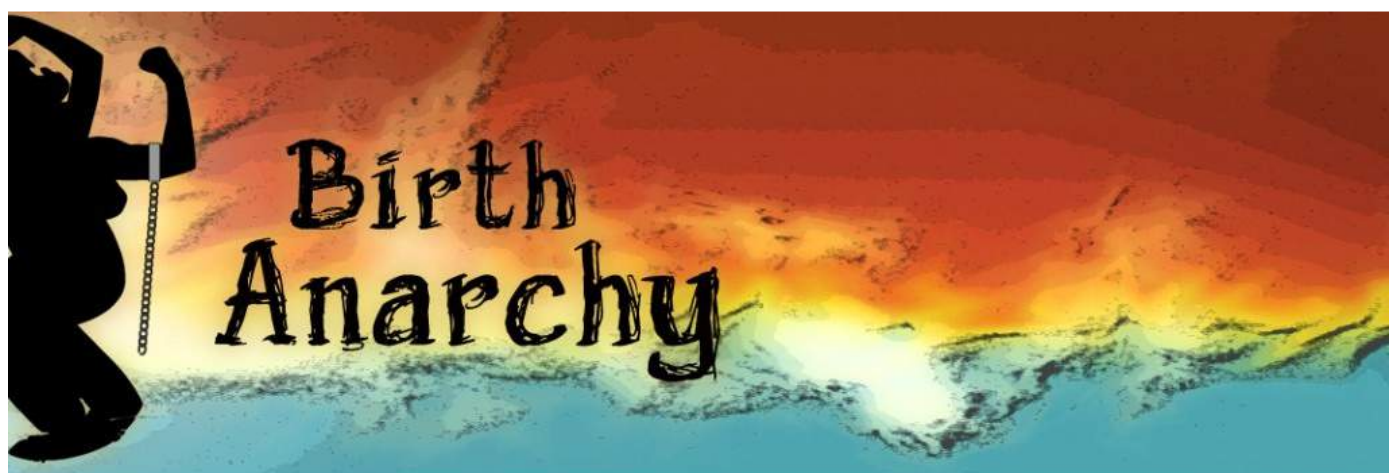


Kathi Valeii authors and moderates the Birth Anarchy blog. Her decade-long years of bearing witness and listening to women's stories offer a unique lens into the rampant abuse of women in today's maternity care system.

Kathi has been called "a true artist," and "one of the brightest minds in this movement." Her essays have appeared in numerous publications including, *Squat Birth Journal*, *The Birth Institute*, *Mutha Magazine* and *Midwifery Today*. As a sought after speaker, Kathi has addressed both local and global audiences on the subject of gender-based oppression in reproductive health and childbirth.

In addition to her writing and speaking, Kathi collaborates with a number of consumer advocacy organizations in their efforts to improve the state of birth and end rights violations in pregnancy and childbirth. She is a parent to three children.

You can see her blog [here](#) and she has an active [facebook page](#) for her community also.



Can't regulate this



FOCUS

Growing Homebirth.

By Tammi Heap

We as humans trust in the physiological miracle of the baby – from conception, through to the perfect form of a newborn baby. The perfect synchrony of nature, of our cells, and our hormones in our bodies, creating this most amazing life. We marvel in the splendour of pregnancy.

Our bodies, throughout time, have grown babies, often with little or no help from external agents. The same continues to apply to labour, birthing women all around the world have born their babies. The event of birth is left to our birthing bodies and the natural processes it has so perfectly developed. Homebirth supports this continued trust that babies from conception, to birth and beyond can birth just as naturally, through the very hormones and bodily functions, that it was conceived and grown by. Where outside help is only when there is genuine need is evident.

“Giving birth at home is a safe and satisfying choice for families who want the best possible start for themselves and their babies.” Sarah Buckley

In homebirth, we celebrate and embrace the understanding of the difference between a “normal” birth and a natural birth. It is a very different concept, and, in turn requires a different relationship in the role of true normal natural birth.

So why am I writing this? In New Zealand We as homebirth midwives, understand this, and many homebirthing families understand this. Partnerships between midwives and homebirth women, is about giving a realistic and positive service that doesn't promise unrealistic expectations, This relationship trusts in the body's ability to birth, through shared information and education, and it promotes true responsibility intaking care of oneself and protecting the growing baby's health. This can be undertaken by prioritising nourishing food and taking ownership for lifestyle choices that relate to maternal health.

Homebirth is continuing to grow in New Zealand, but our midwifery population, and in particular, homebirth midwives are not. Many areas still currently are experiencing shortages of midwives. For women wanting homebirths, the availability of the care that matches our needs is key to having true choice in place and in manner of birth. In some areas, shortage of homebirth midwives and long travelling distances leaves options short, and this puts pressure on the midwives as well. Finding a midwife that we fully connect with, and develop a healthy relationship with is core to homebirth. Homebirthing families want to know that their care provider fully supports their maternity experience plan, all the way from booking to discharge.

When I started out as a student myself I knew that I wanted to become a homebirth midwife. Yes, I loved the niceties of homebirth, fabulous emotional experience for families, babies and their midwives. However, being quite the analytical person I am (I have a love of facts) my thoughts during training followed a particular path. “So why does homebirth result in fewer c-sections, neonatal birth injuries, deaths and interventions than hospital births? And what practices in homebirth, are resulting in this lowered morbidity and trauma?”

The vast majority of women who have had both a hospital and homebirth, state that their preference is for homebirth, with their homebirth experience described as far superior and their best birth. By attending, and being involved in home births, student midwives gain a greater understanding of normal natural birth, on a far more in-depth and intimate level. These understandings come both at a physiological and emotional level, for some it is even spiritual. Many of the homebirth studies conducted, describe shorter lengths of labours, and pain experience, within a homebirth setting.

“ The lack of disturbance associated with giving birth at home allows the full expression of the labouring woman’s “ecstatic hormones”. These four critical hormones — oxytocin, beta-endorphin, epinephrine/norepinephrine and prolactin — act to enhance ease, pleasure and safety for mother and baby in labour and birth, and also give mothers and newborn an optimal start to breastfeeding and bonding. Successful breastfeeding (which is more likely after homebirth) and mother-infant attachment give irreplaceable and life-long health advantages to both mother and baby. “ Sarah Buckley, Giving Birth at Home

Honouring the hormonal and physiological processes as they occur in birth results in shorter, less painful labours. Homebirth is a place where natural events such as the fetal ejection reflex can occur, thus resulting in short second stages of labour often less than 30mins (including first time labours) which in turn reduces incidences of large perineal traumas, prolonged second stages, fetal distress (from prolonged second stage), less risk of post partum haemorrhage, and hospital transfers. When students attend homebirths, they experience true normal natural birth and they gain an acute awareness of what normal birth looks like. This means that deviations of normal become very easy to assess, and act on or refer care as needed. Birth becomes responsive instead of reactive, or worse, pre-emptive.

So what is the fetal ejection Reflex?

A genuine fetal ejection reflex can occur sometime before the descent of the presenting part or after, including at times before a woman has reached complete dilation.

The fetal ejection reflex is triggered by an hormonal cocktail including a short burst of adrenaline and morphine like endorphins. High peak levels of the hormone oxytocin are released, causing the power and efficiency of the uterine contractions to become unconsciously expulsive. This removes the need for forced or ‘purple’ pushing. At the same time, the women may often feel euphoric or ecstatic. The efficiency of the contractions results in a shortened second stage of labour, with many women pushing babies out within a few pushes. The oxytocin peak also helps to create the bonding response and primal love protection bond between mother and baby.

“Oxytocin is crucial to our natural capacity to give birth”. Michel Odent describes the natural hormone (our “inner pharmacy”) oxytocin as “liquid peace” However the opposite effect is reported with the synthetic version of Oxytocin. When synthetic syntocinon, epidurals and C-sections are performed, there is no oxytocin release in the mother’s brain, with causes a significant interference in many of the immediate, and long term aspects of both the birth itself and the post natal period.

The fetal ejection reflex can be inhibited by any interference with the state of privacy. It does not occur if there are factors such as a care provider instructing the women PUSH (or otherwise acting like a coach), labouring in a room that is too cold or bright, vaginal examinations, uncomfortable relationships, eye-to-eye contact, and change of environment to name a few. “The role of the authentic midwife, is to create and protect an environment that makes the ejection reflex possible”. Michel Odent

The *Ferguson reflex*, is related to oxytocin release and is managed by the pressure of the presenting part (usually the baby’s head) on the perineal muscles, causing the mother to bring baby forwards by pushing involuntarily. This is an essential part of the fetal ejection reflex and is commonly seen in many homebirths. Sadly this event is rare in hospital birth environments, due to directed pushing practices, and other inhibitive factors, thus putting the mother and baby at risk of interventions related to prolonged and managed second stages.

With the knowledge of the world health organization stating the international accepted average for c-sections should only be between 10-15%, (which indicates that for the majority of women, vaginal birth is fully achievable) I was quite aghast that many regions in New Zealand have a comparable c-section rate of America, at 30% and over. Comparatively, recent studies on home births, show a primary C-section rate of [around five percent](#).

C-sections carry significantly increased risk in current and subsequent pregnancies and can result in elevated maternal mortality, amniotic fluid embolism and placental abnormalities for the mother, including placenta accretia which is life threatening. For babies, risks include neonatal laceration and respiratory morbidity. The rise in C-sections has not been associated with improved outcomes for mothers or babies, suggesting that many are unnecessary. (WWW.VBACfacts.com)

Often the most common cause of a primary c-section is for fetal distress due to a prolonged second stage. In my own midwifery training, the majority of births I observed within the hospital setting, had births that ended up as emergency c-sections for fetal distress. Long duration of exposure of synthetic oxytocin (used for augmentation, or in inductions) epidurals and other pain medications can result in fetal distress and are common risk factors for c-section. Following a primary c-section, many women are guided to consecutive elective c-sections. Which simply increases the risks with each c-section.

In the hospital environment, the harsh fluorescent lights (only dimmable to a point), unfamiliar hospital chemical smells, loud noises, unfamiliar staff and other factors all inhibit the body's natural flow of normal labour hormones. The more disturbance there is, the higher the risk is for prolonged labours, intervention cascades, fetal distress, and haemorrhage. In hospitals, labours are "managed", and babies are "delivered" by hands not of the mother or close family member. Certain interventions are used in the hospital environment to speed labour for convenience, however these interventions often come with many possible risks and side effects. The evidence to support interventions is limited, with most studies concluding that they often have little positive effect, which is balanced against a higher risk to mother and baby.

Evidence based research, does not support the use of directed pushing, yet from many hospital rooms you can often hear someone bellowing "bear down, PUUSSSHH, harder, hold your breath for 10 seconds and push as hard as you can". Directed pushing can actually cause many adverse side effects such as exhaustion in the woman, fetal distress in the baby (from reduced oxygen), and damage to the perineal floor with extensive tears & haemorrhage. Directed pushing often leads to a diagnosis of prolonged second stage, or failure to progress, due to the women being directed to commence pushing at 10 centimetres dilation, regardless of whether the baby has descended well into the birth canal or not, and often in the absence of the urge to push.

With homebirth the third stage of labour occurs without intervention, facilitated by a natural hormonal flow that quickly and actively expels the placenta. With well, low risk women who labour without incident, the risk of haemorrhage is low. Furthermore in the experience of homebirths, blood loss will for the majority of women, be even lower, than in a hospital setting. This again is due to the birthing setting, of birthing unhindered, and reducing unfamiliar stimuli, which in turn keeps the hormone flow in an optimum balance and allows the normal physiological processes to safely expel the placenta and contract the uterus.

Homebirth midwives practice to help students with their confidence and skills so that they can pass these on to the next generation. The ability to help and support normal labour and birth is not a midwifery "extra" it is the fundamental core of midwifery.

It is the New Zealand's Midwifery Council's expectation, that a practising midwife will be competent to provide midwifery care in any setting. This also includes that women having their babies at home are supported to achieve this by a midwife who is able to practise with in the home environment". (Midwifery council of New Zealand)

Homebirth is the best place for a student midwife to fully learn, observe, and correlate how hormones impact labour positively, particularly in keeping the birthing mother and baby safe. In the hospital environment, students will experience how birth looks in a managed setting, this is not normal birth. By observing how birth occurs in a non managed setting, they will gain confidence in dealing with healthy, normal women. Which will in turn reaffirm the normality of home birth. By ensuring midwifery students have homebirth experiences during their study, we will foster the student midwife to gain a deeper understanding of how woman centric birth occurs. She will bring this knowledge to other birthing women and even into the hospital space where she can foster a respectful and responsive care style.

Current midwifery training in New Zealand requires students to facilitate 40 births and be part of many others. There is no requirement to attend a specified number of homebirths, but it is recommended.

It is the aim of the training institutions for students to be able to have experiences across the diversity of care that is midwifery, and that includes student midwives having adequate exposure to and experience of home birth and birthing units, which is supported by evidence and theory.

Over the course of their training, students must have facilitated

100 antenatal assessments

100 postnatal assessments of the women

100 postnatal assessments of babies

Follow through at least 25 women of more than two appointments

Facilitated a minimum of 40 normal vaginal births

Achieve a minimum of 2400 practice hours, and 1900 theory hours.

Unfortunately here in New Zealand many student midwives state that, while being within a few months of qualifying, they accumulated their experience hours in obstetric hospital based units for the majority of their births. Many have yet to experience a homebirth or even a primary birthing unit birth before they graduate. This creates a unbalanced view of what birth looks like. Bridie Foster of Otago polytechnic states she would love to have more homebirth families welcome student midwives to experience their journey.

Regular meetings for the midwives to meet new midwifery students are planned for the near future, as well as an initiative in encouraging students to join local homebirth groups and attend homebirth huis. Welcoming student midwives to these events to witness our kaupapa and meet our families is vital to carrying on the home birth story.

As homebirthing women, we love the quiet of an undisturbed birth. Homebirth is an area where students are less often invited, by both midwives and homebirthing families, this is to protect the undisturbed and unobserved birth space. But are we keeping students out at the expense of other home birth families? As a midwife and homebirthing woman myself (having had two homebirths) I enjoy the quiet and share the apprehension at bringing additional unfamiliar people into the birth space. But a relationship developed with a student prior to a birth can be just as magical as with your primary midwife.

For us as homebirthing women to have choices in homebirth, we also need to nurture our future midwives by inviting more students to becoming involved in our pregnancies and birthing experiences. The future educational base of the profession depends on the existence of home births,

The homebirth student midwife

Reyna 3rd year student.

I have recently started my 3rd year Continuity placement with a lovely homebirth midwife. I have always had a passion for homebirth from an early age, as it was the norm in Mexico, where I was born. A woman only went to hospital to birth if something was medically wrong. Growing up in Mexico, birth was mainly considered a natural event at home, with family celebrating the new arrivals. My uncle was a gynaecologist who while working at the hospital during the day, often delivered babies at night in his home.

On moving over here to New Zealand, I was quite surprised that homebirth rates were very low, despite the average New Zealand woman being very healthy and capable in general. Indeed, when I became pregnant with my first, my thoughts were to birth at the hospital because that felt 'the safest to do over here'. Then with my second, since the first had been completely normal, it made sense to have a homebirth.

As a student, I personally feel homebirths are the 'normal vaginal births' that students don't really get to participate in very often. Obviously there are exceptions but I feel it would be great to have more of our facilitated births in the home, so that homebirths can become the norm.

References:

Leaving Well Alone: A Natural Approach to the Third Stage of labour. Dr Sarah J. Buckley 2005

<http://sarahbuckley.com/leaving-well-alone-a-natural-approach-to-the-third-stage-of-labour>

<http://transform.childbirthconnection.org/reports/physiology/>

<http://www.homebirthsummit.org/best-practice-transfer-guidelines>

<http://www.mothering.com/articles/women-are-losing-the-capacity-to-give-birth/#sthash.rxntYPMi.dpuf> October 27, 2012



BIRTH STORY

Miri's birth story, an U2HBAC.

By Jo Bunting

Miri's birth story starts way before the actual birth. She was our fourth and last pregnancy (our first ended in an early miscarriage), and her two big brothers had led the way with 2 very different births.

“Birth is the sudden opening of a window, through which you look out upon a stupendous prospect. For what has happened? A miracle. You have exchanged nothing for the possibility of everything”

In February 2009 Cooper was induced at 40+12, and ended up being a forceps and ventouse delivery following an otherwise exciting and amazing labour until he turned posterior and didn't come down the birth canal. Tait was born in October 2010 - he was breech from about 30 weeks onwards and didn't budge an inch (matches the kind of determined wee man he is today!). I tried acupuncture, ECV and even managed to convince the obstetric team at the hospital that I wanted continuous care with the same obstetrician who did the ECV, which meant they were ok with booking in a c-section at 40+3. I had wanted to try for a breech vaginal delivery but it wasn't to happen, and what with the earthquakes happening, and my limited knowledge of what options I had, he was born by c-section and I was happy that I'd tried everything I could have at the time.



So that brings us to Miri's birth. Even before she was conceived I'd started looking for a new midwife. The amazing midwife we'd had for Cooper and Tait's birth was retiring at the end of 2012, and although I spoke at length with her she wouldn't have supported a home birth so in a way things worked out really well as I wasn't prepared to discount homebirth as an option until I'd looked into things more. I spoke with the Homebirth Midwives team prior to getting pregnant and explained my hopes and plans around a future birth and they were happy to support me even if we ended up choosing a hospital birth. They said I sounded like a homebirther! So when I fell pregnant Violet became our midwife, and we also had a first year midwifery student, Shelley, who joined us around week 36 of pregnancy. Miri's pregnancy was great – I was busy running around after the boys, and aside from a few aches and pains and general pregnancy problems I was mostly comfortable. I spent a lot of the pregnancy looking into positive birth stories and nearer the end I put together birth affirmations and quotes (thanks to help from my lovely friends at my Blessingway) which I stuck up at home and found so very inspiring. Friends also made me a beautiful birthing necklace. Kane and I tentatively attended a Hypnobirthing course, which we ended up taking a lot from. Just hearing basic information around birth (information I believe should be included in antenatal classes and currently is not) helped to continue my journey of making birth a natural and normal life event. Learning more around hypnotherapy firstly debunked the myth of what it is and isn't, and secondly gave me an insight into achieving a calm state of mind. The other evening I attended was with The Birthing Room, which again focused on birth as an everyday event. This gave some fantastic information around positive birth, positioning and strategies to support labour. They were practical, doable and made so much sense. It felt so good to immerse myself in how natural and normal birth is, and should be, for most women.

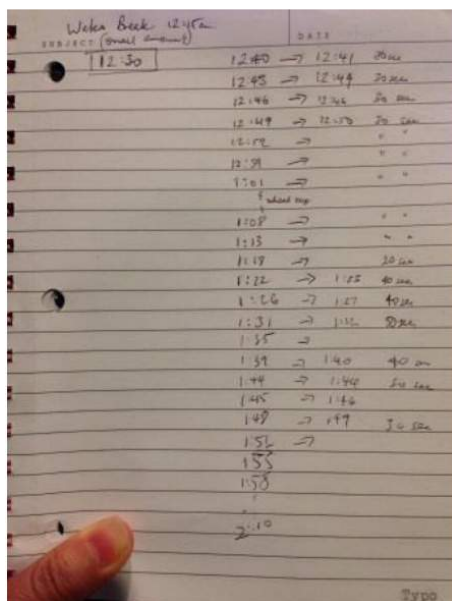
“Focus on what you can do and then do it with all your heart”

Miri was due on Thursday 9th May 2013 – this would have been my Granny's 100th birthday. As I was overdue with the boys I was expecting the same for Miri and so Kane and I (and our midwife Violet) were more than happy for me to go overdue at least 2 weeks, maybe more. After many, many talks we had decided I would labour at home and then go into hospital to have baby as Kane was not comfortable with me having baby at home. This was a hard decision to make but it was more important to me that he was fully present at the birth. However we still prepared as if baby was going to be born at home – we attended homebirth classes for antenatal support, prepared a homebirth kit (including a birthmat to use in hospital, towels, music, food, wheat packs, a scarf to support my tummy in labour and many other little tricks we'd learnt along the way). In the week leading up to her birth I was very aware of changes happening in my body – she had dropped, and I was getting mild period pains and clear discharge. On the Tuesday I got some bloody discharge which was really encouraging, and by her due date I was sure she was going to be born over the coming days. I went to bed on the Thursday night around 9.45pm, ironically saying to Kane that there was little to no chance that baby would arrive on my Granny's birthday as there was only 2 ¼ hours left of it! I'd had a really good day. The boys had been at preschool, and I'd finished off most of those little jobs that I had wanted to get done before baby arrived (including popping the wheat packs into the birth kit as a last minute idea). I somehow knew I'd get to 40 weeks so I went to bed excited that my official 9 months was up, and wondering what would happen next.

“You are exactly WHERE you should be. You are doing exactly WHAT you should be doing”

My recollections of the next bit are hazy. Kane came to bed soon after and was then woken by one of the boys so he went to lie with them. I recall feeling some tightenings whilst lying on my left side so I vaguely woke up and turned over the n they seemed to subside....but I don't think they really did! A short while later I woke still uncomfortable and then started to get really cold. Like shivering cold, despite wearing flannelette pjs. The tightenings were getting stronger and I needed a wee, but I was so cold I didn't want to move – I think I lay there for a good 20-30 minutes before I MADE myself get out of bed to the toilet. The cold tiles exacerbated how cold I was feeling and I recall sitting on the loo shivering like crazy. Then I looked at the birth affirmations on the shower door in front of me and I think this was the first point that I realised I might well be in labour. I then realised that the shivering wasn't necessarily me being cold but it was adrenaline, and I knew that I had to reduce the adrenaline so as to let my body do what it needed to do to give birth. This was an incredibly empowering moment for me in the birth, albeit it early

on, and I was somehow (goodness knows how!) able to reduce my shivering and move on. I went to find Kane to tell him I thought I was in labour, by this point I think it was about 11.30pm/midnight. The contractions were coming quite quickly at this point and Kane started to time them. But they were also a bit irregular in the length of them. On average they were about 30 seconds long and 2 minutes apart. We called Violet at 00:49 (according to phone records!) - I was able to talk through most the contractions so she felt happy things were underway but going nowhere fast.



In my head I remembered that I had read lots that if you labour at night then you should sleepso that's what I tried to do, and Kane timed the contractions. It was a strange hour and a half of time where I was getting 2-5 minute lots of sleep at a time and then a 30-45 second contraction. Kane was lying behind me and at every contraction I would hear him turn over and write on some paper the time and then the same at the end of the contraction. The thing was that I was 'managing' the start of the contraction by myself with little to no sound/indication to him that I was having one - so at the end of each contraction I found myself wanting to tell him that it had been 10-15 seconds longer than he realised, but that annoyed me as it took me away from my focus! After a while I just stopped telling him, and then sometime later he fell asleepit was great relief not to have to worry about hearing the pen on the paper!

“There is no need for us to hurry”

During this hour in bed I used breathing from the hypnobirthing classes we'd attended and from the Birth Skills book I'd read, and also wheat packs (one on my back, one under my tummy) which were LIFESAVERS! I'd only put them in the homebirth kit that day, and I'm so so so glad I did. I worked with my voice/noises and matched them to the intensity of the contractions as they increased. Mostly groaning and guttural sounds. I also tried to use visual techniques I'd learnt from a birthing class evening I'd done about helping to open the pelvis to encourage baby down the birth canal. The mixture of all of these things was great. Around 2am I felt the need to get out of bed. I think at this point I thought it would be an idea to let my Mum know I was in labour (as I said this was something I wanted to do), but I couldn't for the life of me focus on texting so I gave up. Shortly after this there was a definite change in my contractions. I remember leaning over the low boy and looking at that visual representation of contractions at the different stages - and then I remember trying to get it out of my view but each time I tried to move my hand to touch it I had a contraction! In hindsight this must have been transition! I can clearly remember the sensation of moving to the pushing stage - it felt just like the movies, I just kept saying "I'm pushing, I'm pushing!" Then I was saying "I'm going to poo!!" - poor Kane was amazing at dealing with everything including 4 or so poos whilst I was standing up in the bedroom! He had also been heating towels on the heater, boiling water and generally just getting things ready. The homebirth kit we had put together was proving to be just what we needed! I recalled what Erin had said to me only a few days before that the two periods of relief in labour come when the waters break,

and when the head emerges. At this point my waters still hadn't broken and the pressure was incredibly intense. It was amazing!

“The power and intensity of your contractions cannot be stronger than you, because it is you!”

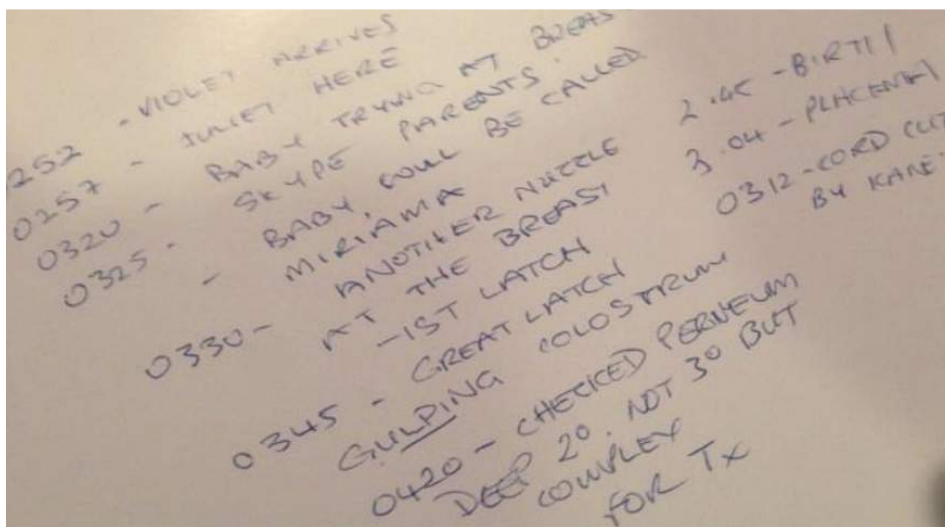
We phoned Violet again at 02:21 – her notes say that I reported the contractions were much stronger with lots of pressure, and she was on her way! Soon after I moved into our ensuite bathroom to go to the toilet – I found it hard to sit on it for long and soon stood up and laboured holding (hanging off!) the towel rail. I swear it was moving/rattling with each contraction, yet when I more recently tried to rattle it there was no way that I could!! With the bathroom being tiled I wasn't happy about standing up, so I moved to the floor onto our bathmat. Around this time I think I looked at Kane and said something like “we're not going to hospital, you know that right?!” We'd barely had a chance to realise what we were going through together. I also told him that if the boys woke up that we had to be as honest as possible with them, without freaking them out (I remember thinking that Tait – aged 2yr 7m – would probably have just sat next to me asking me questions, but Cooper – aged 4yr 3m – would probably have been a bit more worried as to what was happening)! I then urged him to get the birthmat we had made, and my friends had written on, which he did, and in between a contraction he helped me onto it. It felt soooo good under my knees!



By now Kane was on the phone to Violet again (02:33), she was coming as fast as she could and told us to call back if we could see baby coming. The contractions were strong but definitely doing something, and I started wondering exactly where her head was. I wanted to have a feel and was astounded and amazed to feel her head (still in the bag) pretty much crowning – I got Kane to take a photo, it's the only one of me in labour (I had wanted a friend to take photos) and it's a very special photo. According to the photo it was taken at 2.35am. Kane called Violet again at 02:42 and she stayed on speaker phone this time as (according to my notes) Kane could see a 'bubble' coming out! Kane tells me that at this point Miri's head was still in the bag, and he could see her closed eyes through it and she was sort of scrunching them up! This was when I had my only slight panic in that the waters had still not broken. Ironically this thought happened seconds before the waters broke – and yes it was the relief that Erin had talked about, and what I needed. And the best bit was that the birthmat caught it all! Of course, the next bit happened pretty quickly. A few pushes later the rest of Miri's head emerged (Kane was saying to Violet “her chin's out!” – i.e. her head is out as far as her chin – and I can remember saying something like “it's more than just her chin out!!!” based on what I had felt, and couldn't understand how it was just her chin!), then the next push one shoulder, the next the other shoulder, and final push and she was born. We weren't watching the time so we decided that her time of birth was 02.45am.

“My body knows how to birth my baby”

Violet's notes talk of her hearing Miri crying lustily on the phone, then us telling her that we had a beautiful baby girl who was breathing well and very pink! Violet arrived 7 minutes later to find me kneeling on the birthmat with Miri in my arms, followed very quickly by her back up Juliet and my mother-in-law Lynne. It was great to have their support for delivering the placenta (it needed a little tug to help it!), and then after 8 minutes of pulsating Kane was able to do the one thing he had originally set out to do and cut Miri's cord. It was tied with butchers string. Soon after I was back in bed having cuddles with Miri and encouraging her for her first feed.



Violet's notes include "0345 Great latch, gulping colostrum". I did end up with a 3rd degree tear and headed to hospital but that's another story! Shortly after that we got hold of my mum (who had her best friend over for a cup of tea), and we were able to give them news that Miri had arrived which was a bit of a shock! And what was lovely was that she did actually arrive on my Granny's 100th birthday according to the UK date. To be honest I still don't think I've fully appreciated what happened. Writing this has helped it sink in, and allowed me to re-visit what happened and talk it through with Kane to get bits of his story. He was so incredibly calm, and I know that that was thanks to his temperament but also to how we had viewed birth this time round. All the reading, preparation, mind-set and surrounding ourselves in the positiveness of birth (whilst keeping in mind the options of what we could do if medical intervention was needed) paid off. So just like that....around three and a half hours after going into labour we had our little girl on our bathroom floor with the boys fast asleep all of about 3m away and not another person in sight. Just the 5 of us doing something that is so very normal. And that's what I still feel, that the whole thing was exactly what it should have been, a normal process of life. One that I'm so very glad I didn't miss the opportunity of experiencing.



We've all been waiting for you.

For you.

Your arrival has been marked, has been

recorded

on earth,

in the universe,

in the galaxies,

in all of space,

in all of time.

*You come with a birthright, written in love and
sung*

through all Creation in words which promise

that no matter where you're at,

you're home

that no matter who you're with,

you're welcome

that no matter who you are,

you're loved.

Welcome.

~ Rita Ramsey



CALENDAR

Michel Odent in Aotearoa.

By Rachel Yeats

In conjunction with Capers Bookstore, Home Birth Aotearoa is proud to announce that Michel Odent will be hitting our shores this May to present his workshop Childbirth and the Evolution of Homo Sapiens.

Obstetric practice is generally evaluated in the short term. In this workshop, Dr Odent will encourage you to consider modes of birth in the long term, and the impact they have on our species and its evolution. This will be a thought-provoking workshop for anyone interested in childbirth and the period surrounding birth.



The period surrounding birth is a phase of modern life that has been dramatically altered in recent decades, and emerging scientific disciplines have shown that this short period is critical in the formation of human beings. Michel Odent, former obstetrician and revolutionary childbirth pioneer, believes that these are two good reasons to raise questions about the way babies are born, and the consequences this may have for the evolution of Homo sapiens.

Furthermore, the transmission of acquired traits to subsequent generations can now be scientifically interpreted (epigenetics, the transmission of the microbiome etc). This may represent a defining moment in our understanding of the mechanisms by which evolution occurs. Recent scientific advances have been so spectacular that Dr Odent has just released his book of the same name (Childbirth and the Evolution of Homo sapiens).

Michel Odent is the world's best known obstetrician (now retired) and an extremely popular speaker at conferences across the world. He 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 is the author of many articles and his books include The Caesarean, Primal Health, Birth and Breastfeeding, The Scientification of Love and The Functions of the Orgasms, Childbirth in the Age of Plastics and most recently, Childbirth and the Evolution of Homo sapiens (2014). He founded the Primal Health Research Centre in 1987 with its freely accessible databank of articles.

Register at www.capersbookstore.com.au

All non-professional affiliates of Home Birth Aotearoa are eligible for a \$30 discount until April 1st.

Full-time undergraduate students who are not also working as health professionals are entitled to a \$20.00 discount when registering online. Enter the Promotional Coupon Code STUDENT20 in the final stages of the Shopping Cart. Proof of student status is required at onsite registration at the workshop.

Michel Odent
Live in New Zealand
Childbirth and the
Evolution of Homo Sapiens
A Workshop about
the future of birth

Wellington May 14
Auckland May 15
8.30-4pm



For registrations go to www.capersbookstore.com.au
\$30 discount for Home Birth Aotearoa non-professional members

  Home Birth Aotearoa
It's your choice



KAUPAPA

The Weaving of Veranoa Hetet.

By Veranoa Hetet

Kia ora

Ko Veranoa Hetet toku ingoa. No Ngati Tuwharetoa, Ngati Maniapoto me Te Atiawa ahau. My name is Veranoa Hetet. I am from the Iwi of Ngati Tuwharetoa, Ngati Maniapoto and Te Atiawa.



Veranoa Hetet in her studio weaving her latest cloak.

I belong to a family of artists. My Great Grandmother, Dame Rangimarie Hetet, was New Zealand's most noted Master weaver of recent times. My Mother, Erenora Puketapu-Hetet was a Master weaver and contemporary artist. My Father, Rangi Hetet is a Master Carver. I am married to a carver, Sam Hauwaho and I have five children. All of our children are very artistic.

Taught at a very young age by my Mother, I have been weaving for over 35 years and have exhibited nationally and internationally. I have also travelled around the World to teach and to promote Maori weaving. I am a full time weaver / artist and teach an online course in Maori Weaving.

The latest piece of weaving that I have been working on is a little cloak for my yet to be conceived Mokopuna. None of my children are showing signs of settling down soon to give me grandbabies! I had a thought "Weave it they will come" . So I am weaving a cloak from muka (flax fibre) and the feathers of our native New Zealand birds. Feathers from the kaka, kereru, kiwi, pukeko, takahe, tui and kakariki. I have even introduced some pheasant feathers in there (pheasants are not a native bird). All of these feathers come from Native birds that have been caught in traps that were set for possums. Some of the birds were caught in traps or were attacked and killed by stoats and weasels. It's very sad to see these beautiful birds of ours die but when we do it is honouring their lives and their beauty by giving them another life force - by turning their feathers into something that can be admired.

I have a wonderful vision of this grandchild of mine sitting on my knee under this blanket like cloak, asking me "Nanny whats this feather?" "Nanny what's this birds name"? "Nanny what's this colour?" It will be a great cloak to start story time, to teach about the birds and colours and the natural world in which we live. It will be a lovely cloak for this baby to be Christened in, to have a portrait photograph taken at every birthday, and eventually to hand down to his or her own child. It is a wonderful dream time I have while weaving this cloak.



Photograph courtesy of Katie O'Neill and Emai Owen



Photograph courtesy of Katie O'Neill and Emai Owen



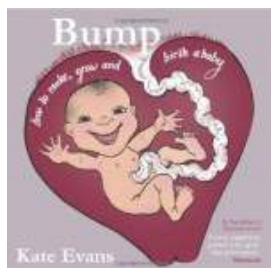
REVIEW

We review ‘Bump’ by Kate Evans..

By Rachel Ouwejan

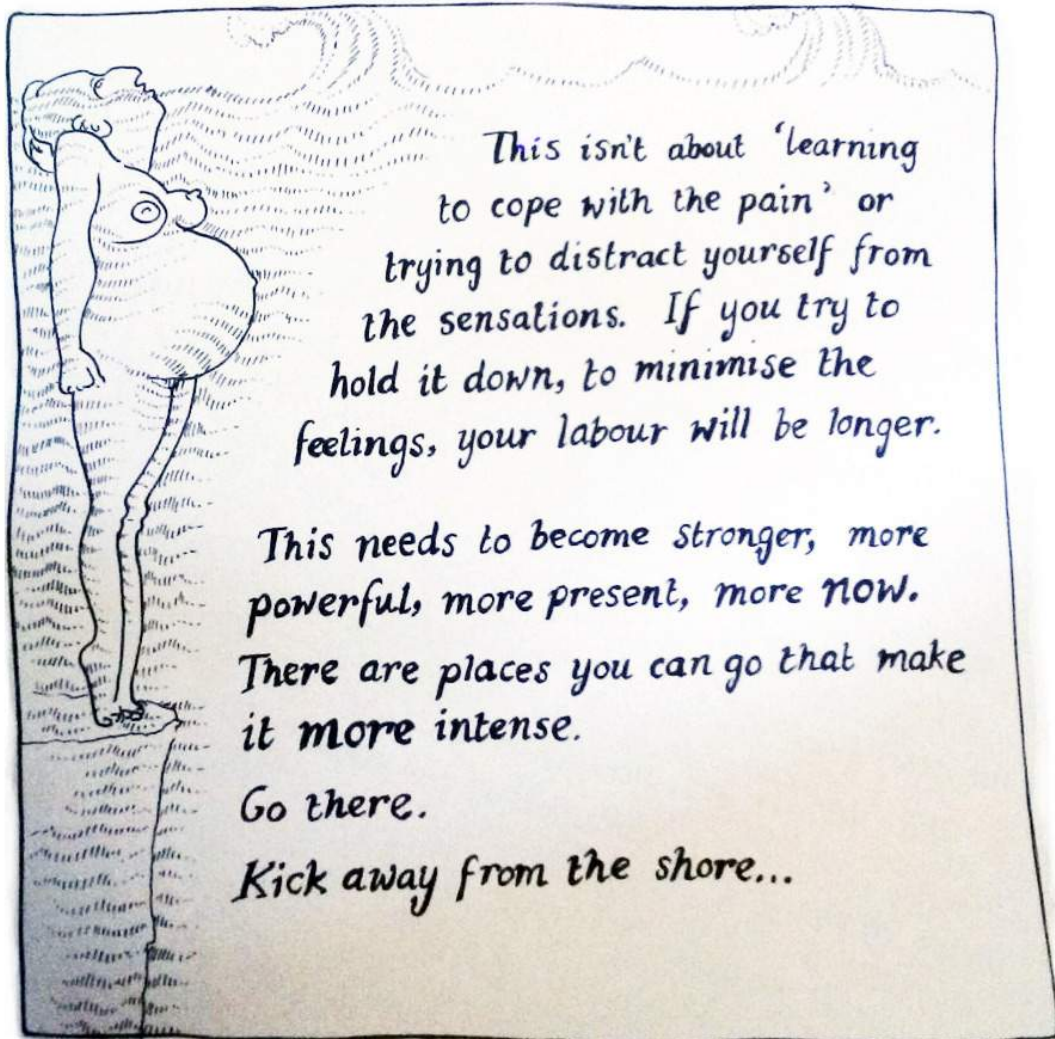
I was privileged to read and review Kate Evans’ book “Bump: how to make, grow and birth a baby”. The author describes it as “a choose-your-own adventure comic mash-up of choices and options in fertility, pregnancy and birth” and it is certainly that.

“Life is... like a pick-your-own-adventure story, with divergent paths and choices every step of the way. If only! What if? This book is about the adventure of childbirth... What you need is information, about how your body works, and what it’s capable of. Venture on!”



I love this book. I want to have this book’s babies. Irreverent and visceral, evidence based and sensitive, like chatting easily with a knowledgeable friend yet well referenced, this is the book to buy your still childless younger sister, or for the newly pregnant friend you don’t think would be quite receptive to Ina May just yet. (You can follow up with a suggestion for Ina May et al once she tells you how much she loved “Bump”.) The book is peppered with wonderful cartoons, mostly laugh-out-loud funny, some hauntingly beautiful. “Bump” covers the gamut of fertility and birth issues, through pre-conception, trying, not trying, early to late pregnancy, preparing for baby, a comprehensive look at birth options, birth rights, and very sensitively written chapters on abortion and adoption and caesarean birth. “Bump” manages to find the perfect balance between being non-judgemental and giving comprehensive evidence for, for instance, low intervention in birth and continuous care. (This would be an excellent book to leave around for a partner doubting the evidence around and reasons for home birth.) The book wins points for its casual inclusiveness of all racial and sexual identities with understated depiction of more birthing families other than the usual white middle aged heterosexual “mom and dad” throughout. The author also - to my delight - has a definite feminist voice (and apologises in the foreword for mostly ignoring the experience of men, both cis- and trans- gendered). Chapter 15, “Crossing the sea” is nothing short of amazing. I would love to see this chapter as a pull out frieze for women to reference whilst in early labour. *“Steady yourself. Be private. Be calm. Eat, if you can. If you can sleep, sleep. If you can’t, doze. You have an ocean to cross. You will need your strength”*. This

chapter is a wonderful harmony of information and affirmation.

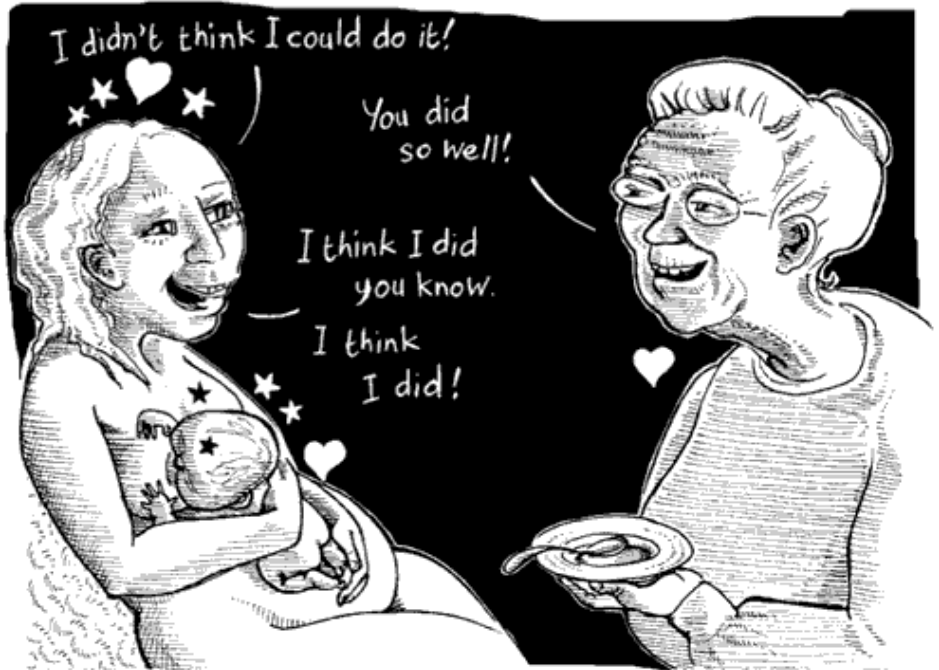


My only issue is with the “whingy bingo” chapter. It’s important to be given information about the many ailments that can beset you in pregnancy, and this chapter does a good job of that. However, I was nagged by a feeling that the chapter is slightly too comprehensive – there’s enough info that a first time mother might think it’s all she needs, when very few of the sections are exhaustive. I would hope a second edition might include a statement to the effect that there are lots of options for the common pregnancy complaints and that the information in that chapter could be used as a starting point for more research. This is however a very minor gripe and there *is* a disclaimer at the start of the references (at the end of the book) that “this book doesn’t have all the answers, but it might inspire you to further research”. In conclusion, the highly visual nature of “Bump”, the accessibility of the language, and the balance she finds mean this is a book I would unreservedly recommend to anybody. I guffawed out loud and shed a tear while reading it, and I’ll be buying a couple of extra copies for gifting and loaning. You can read an excerpt on the author’s website here: <http://www.thefoodoflove.org/bumppreview/>

Here comes the placenta.
A soft, warm feeling, and out
it slides.



He suckles contentedly. With
the first drops of milk, more
endorphins pass from mother
to child.



Monkey man is born.



BIRTH CIRCLE

A time to heal: Mother blessing..

By Ashlee Sturme

Crippled with antenatal depression, unable to think clearly, and very much not in the mood to celebrate with a baby shower, I stumbled across 'blessingway' in my research and felt a faint warmth of hope wrap around me.

Here was an opportunity to relax with those close to me, be enveloped in love and support, and begin to heal.



Some blessingways include rituals common to other cultures, such as henna painting.

Blessingways are based on a Navajo ceremony to celebrate the transition into motherhood. The ritual is ancient and North American Indians viewed it as the second blood rite for a women (her first being her first menstruation).

“The entire Blessingway Ceremony is a template for childbirth. The beginning rituals are like nesting and early labor. The grooming and washing like active labor. The gift giving like giving birth and the closing songs/prayers, delivery of the placenta and postpartum.” — Jeannine Pavarti-Baker

While there are key aspects to the traditional ceremony, it has been Westernised and adapted to suit the modern pregnant woman. What remains the same is the concept of a mother-to-be surrounding herself with women who will support her, and her acknowledging that she will receive this energy in return.

The ceremony aims to create a sacred space, where women sit in a circle, fears are expressed and experiences shared, preparing the mother to be for her birth and child.

For me, that circle of friends was evidence of a group of family and friends who were there to love me, even though I felt unlovable, wary and despairing. The depression had been unexpected, sudden and all-consuming, and I had been frightened on several occasions of the depth of feelings that overwhelmed me, threatening actions that I couldn't control.

I wanted desperately to heal, to be a better mother to my children, to smile again. I hoped the blessingway would cast light upon the baby I carried and heal the relationship between us that I felt had been threatened by the thoughts in my mind.

So, I made an arrangements for a sunny afternoon, with the support and help of two special women in my life: one of my mothers, and one of my sisters. Throughout the pregnancy they had been unwavering in offering the extra support I needed. My partner took away the children for a few hours, which I needed yet still made me anxious. I put down a footbath for each guest and filled it with organic petals and herbs in warm water, and they arrived each clutching a wooden or glass bead.

Each guest spoke her blessing, and threaded her bead onto a leather string. Several beads from those unable to attend were also added, so that at the end I was presented with a very long and heavy necklace. The love it represented was overwhelming, and I hung it over my bed for the last month of my pregnancy before adding it to the birthing kit.



Threading beads with well wishes or thoughts and intentions for the birthing mother is a nice thing to do.

After we had strung the necklace, everyone took turns to don a paintbrush and paint my belly. This greatly upset an elder member of my family who grew up in a time when pregnancy wasn't flaunted, but after she left and everyone else continued, I thought my stomach was a very sunny canvas and it made me smile. In some blessingway ceremonies, women do belly castings (or decorate the belly casting done in advance) or use henna instead of paint.

I loved the idea of a Prayer Bunting, where guests decorate a piece of cloth with fabric markers, and these are sewn together to hang over the birthing space (and then later in the nursery). However I opted instead to have my friends and family decorate organic baby bodysuits with black fabric paint. Every time I dressed baby, I was reminded of my blessingway. Another craft project to consider is painting rocks with inspiring messages for labour.

We spent the rest of the afternoon sharing stories over mini bites of food (I had delighted in baking tiny cookies, tiny cakes, tiny cuts of fruit!) before the men in our lives joined us for dinner. It was a lovely afternoon, and I felt more charged and positive about my pregnancy and the impending arrival.

The candle we had lit during the ceremony was relit a month later, on a midsummer's night. It burned for several hours, watching the sun break through the morning, and lit a glow over the face of a new baby as he was born in the water at home. As I clutched him, staring at his face, all I felt was relief that the pregnancy was over.



After I had birthed the placenta and was helped out of the pool, my support team resettled me on the couch and placed baby back into my arms, along with the heavy bead necklace. I asked for them both to be taken away, and I watched him being cuddled by his grandmother. Slowly, the negative feelings I had carried for months ebbed away, and by the time the pool was drained, I was ready to greet and love my new baby.



Ashlee Sturme is a Bay of Plenty mother who is on a journey to be more connected with her children and her environment. She writes at www.themotherhoodproject.co.nz

Some Blessing-way Rituals you might like to incorporate into your mother blessing:

Washing of feet - washing a mothers feet in warm water and scented oils will relax her. It is an act of service to the new mother acknowledging her contribution.

Using henna to paint hands, belly and feet to honour the baby within.

Massage - gentle shoulder or foot massage to relax the mother.

Smudge sticks - dried sage, rose petals and other herbs burnt and used to 'cleanse' the birth space.

Prayer flags - hung in the birthing space with written words of love and support.

Affirmations - the mother is given affirmations written or verbal to help with her birth journey.

Letting go of fears - the mother speaks her fears or writes them down and they are 'blown away in a bubble' or floated down stream.

Chanting or prayer - Karakia and Waita (prayer and singing)

Feeding the mother - bringing the mother her most desired food, filling her freezer.

Guided meditation - to help a mother release her fears and welcome her baby.

Circle of beads - each one a thought of love or kindness from a friend.

Brushing and braiding of hair - pampering the mother to relax her. The hair can then be unbraided at the onset of labour.

“All the knots were untied and the windows and doorways opened” — Rachel Pearson

Belly cast - a memento of her magical state.

Sister circle - a symbol of connectedness, a band around the wrist or shared token.

Lighting a candle - lighting a candle at the blessingway and again at the birth.

Making an ipu whenua - a vessel to bury the whenua in.

Making muka - extracting muka fibres from flax to tie the pito (umbilicus).

Gifting for an altar - each woman gifts the mother a small item for her birth altar.

Moon based ritual - any ritual relating to the moon. A full moon circle.

You may choose to do all of these, or none. Each ritual is as individual as the person.

Editors Note: Blessingways are a traditional Diné (Navajo) ceremony, and as such it is important to respect the origins and purpose of blessingways as they occur in Diné society. A mother blessing is a ritual that honours the birthing mother and prepares her spiritually for her journey. Blessingways are a celebration of creation, harmony and peace. Their original form and purpose was to bless using song and can sometimes be referred to as the 'singing over'. When engaging with other cultural practices, it is easy to appropriate their practices without honouring them. Using the term mother blessing and entering a blessing ceremony with clarity and conscious intent will honour the origins of the blessingway. To learn more about the Diné people and the blessingway you can [start here](#).

Why I am now calling the ceremonies I officiate and help organize “Mother Blessings” or “Mama Blessings” and not Blessingways...

“In 2004, Native feminists wrote us to request that the term ‘Blessingway’ no longer be used to describe non-Navajo prenatal ceremonies such as the one described in this article. They explained that the term ‘Blessingway’ refers to a sacred spiritual ceremony performed by the Navajo people to celebrate rites of passage that occur throughout the entire life cycle, and not only the passage into motherhood. They suggested the term ‘Mother Blessing’ was a more appropriate term for a ceremony that was influenced, and respectful, of this tradition, but not practiced in accordance with the Navajo faith and culture. We completely agree.

Out of respect for the great history and importance of the Blessingway to Navajo people, many doulas, midwives and mothers now use the term ‘Mother Blessing’ to denote the celebration outlined in this article — a practice we have also adopted.”

Thanks all. Signed, Marlene Pray



NURTURE

Bring Student Midwives into Homebirth.

By Amy Towle

Nurturing our future midwives is a key part of building a strong homebirth community. A midwife who is invited into the homebirth space is far more likely to value homebirth and treat birth as normal. Having a student midwife attend a homebirth also introduces our midwives to the continuity of care model, which is an essential part of supporting homebirth mothers.

Many women find a student midwife is a valuable support person during their birth, adding additional people to the birthing space can seem counterintuitive, but if the relationship is built from early on in the pregnancy journey, their presence can be comforting, familiar and supportive.

Midwives who have witnessed birth at home, take their understanding to all future births.



Pregnant?

Share this special time with a student midwife. We have students in the following regions:

- > Kapiti Coast
- > Manawatu
- > Otago
- > Southland
- > Wellington
- > Whanganui

Please contact the School of Midwifery
0800 762 786

OTAGO
POLYTECHNIC
Te Kura Matatini ki Otago

The moment of birth – By Amy Towle

As a baby descends through the birth canal, literally thousands of things are taking place. Bacteria is seeding the immune system, twists and turns of the head and shoulders are negotiating the tight space, lungs being squeezed and prepared to fill with air, the skull bones are moulding raising the palate to aid breastfeeding, the mothers perineum is stretching, endorphins are surging at a rapid rate, and oxytocin is cascading through both mother and baby.

When a baby emerges from his mother, he is wide open. Wide open to experience who is my mother, who is my father, and most of all, being so saturated with oxytocin they are instinctively seeking to experience and know what love is. At this very moment the most significant limbic imprint is made.

The limbic system is the part of the brain that registers feelings, emotions and sensations. At the moment of birth our nervous systems imprints into the Limbic System 'what love is', as a direct response to oxytocin. This then becomes our subconscious program for how to give, receive and define love.

Research has shown us that a considerably large amount of both physical and behavioural conditions are a direct result of pregnancy, birth or immediate postpartum trauma. For this reason the moment of birth needs to be treated as sacred. Babies need to be welcomed with loving arms into a protected birthing space.

How can this be achieved? When a baby is born, he or she should be received if possible by the mother or father, and when the mother is ready the baby should be nestled in for uninterrupted skin to skin. At this moment there should be no one else in the baby's immediate sphere. Allowing him or her to absorb who his parents are. The only words spoken, should be those of the parents. The only eyes gazing into the baby's should be the parents.

Delayed cord clamping, allows for the continual exchange of physical nutrients and encourages closeness with the mother. And cutting of the cord should not be done hastily, acknowledge the separation of mother and child, separating with love. Breastfeeding allows that eye contact between mother and baby, skin to skin and provides what the baby is instinctively seeking, to suckle at the breast. Skin to skin with their father, is also a beautiful way to continue the baby's natural sense of calm, and reassures them they are surrounded by love.

The moment of birth is sacred and beautiful, yet a crucial moment in every person's life, for the rest of their life.

Amy Towle

Wahine Toa Midwife – see the [facebook page here](#)



FOCUS

Conscious Birth and our Limbic Imprints.

By Nicole Moore

Conscious; – aware of and responding to one’s surroundings or circumstances; awake. Sensitive, concerned with, deliberate and intentional...

Birth; - emergence, genesis, dawning. Coming into existence, a person’s origin, commencement.

Limbic Imprint ReCoding; – conscious co-creation of new imprints, (base lines or comfort zones) for your nervous system to operate from. New, parallel realities of conception, gestation, birth and formative years are created to inform the limbic system, which governs the emotional body, our generational patterns and ways of perceiving. ReCoding occurs using a collection of simple yet profound processes merging conscious movement, meditation, visualisation, breathwork, touch, theatrical play and various integrative techniques.



Conscious birth is both a deeply spiritual experience *and* it can be approached in a scientific manner... Today, we have so much information on the biological processes involved in birth, the physiology of the experience, that it is possible to enter birth in a conscious manner, without any incense at all!

We know now that Babies arrive wide open to receive love. Their senses are more heightened than they will ever be again, with neurological and psychological habits of perception, understanding and response patterns, being set at an incredible rate. Optimally the feelings of being loved, accepted, adored, completely safe and connected to everyone around them will be imprinted. This 'limbic imprint', created in conception, gestation, birth and the early years stays with us throughout our lives, creating a subconscious emotional comfort zone and 'settings' for our nervous systems.

Women all over the world are beginning to take up the knowledge that how we as humans are brought into the world has a lifelong impact on our psychology and our perceptions and understanding of life. Women are embracing natural, conscious birth for their own and their offsprings physical & psychological wellbeing and being blessed by visits to the spiritual peaks of their lifetime.

"Hormonally, natural birth is the most passionate experience that we will ever have. Oxytocin, endorphins, adrenaline, noradrenaline, and prolactin together orchestrate the physical processes of birth (and sexual activity, incidentally!) enhancing efficiency, safety and ease for both mother and baby. This hormonal cocktail also rewards birthing mothers with the experience of ecstasy and fulfilment, making us want to give birth again and again. All mammals share virtually the same hormonal crescendo at birth, and this is a necessary pre-requisite for mothering in most species, switching on instinctive maternal behaviour and creating a blueprint for love in the baby." writes Sarah Buckley (link to www.sarahbuckley.com); Mother of 4, GP, author and birth advocate in her article, "Healing Birth, Healing the Earth"

Sadly there is no empirical data documenting the long lasting effects this kind of conscious birth experience might have on a person - Baby or Mother. Yet there is reams of anecdotal evidence that suggests this kind of peak experience has long lasting, widespread effects on the psyche of both. There are obvious reasons why there are reduced chances of post natal depression if a Mother feels happy with her birth. From the opposite angle, there is alot of data making correlations between certain birth interventions and later behavioural issues, or personality tendencies. Dr William Emerson's research details these correlations. When we do imaginative birth meditations like the Limbic Imprint ReCoding process, we can feel for ourselves what a gift it is to give a baby a soft, gentle birth.

When we participate in Limbic Imprint ReCoding we re-experience our birth, have another (or a first) sip of the 'hormonal cocktail of birth'. Get familiar there. Create a parallel experience for our nervous system to relate to, an experience of being born in a safe, loving, warm environment of trust and love, where everything is taken care of. And then, both whilst integrating the process and as 'real life' re-engages, we keep choosing that 'frequency'. It helps to revisit the meditation every so often, to reconnect and recreate that unique experience of birth bliss, that "undeniable rightness of being". (Elena Vladimirova - link to www.birthintobeing.com)

This new arrival experience (your calling to Earth, conception, gestation, birth) and the reconnect that occurs through it, are incredibly invigorating. The most common result of the Birth Into Being workshops is that people go on to birth projects, new ventures, life changes and of course, babies - "with grace and ease" (Birth As We Know It - link to www.birthasweknowit.com).

As conscious birth preparation, Limbic Imprint ReCoding is highly suitable. Clearing, or at least exploring, your own birth trauma, acknowledging generational patterns in your family, prior to delivery, (or for beautifully attentive parents, pre-conception) will mean it's less likely to surface in the birth, and if it does, you will be familiar and more enabled to move through it. We also endeavour to reframe deeply held, inhibiting beliefs one might have lurking within, that could arise and get in the way whilst giving birth, creating a new project, artwork or perspective or just trying to happily live the blessed life you have.

Author Bruce Lipton says, “Conscious parenting is the rule of the day to help us evolve from the planetary mess we are in.” Addressing the gap between the way we were parented, and the way we wish to parent, is an integral part of the Conscious Parenting path. Likewise, even for those without children, parenting our inner child in the way we wish we had been, unobstructing the flow of life force, loosening up the limbic system to allow love in, is vital if we wish to embody conscious evolution.



Nicole Moore lives a low impact lifestyle in rural Australia. Deep in the forest, by the sea, she lives with her partner of 12 years with their two children of 10 and 7yrs, in an environmentally focused, intentional community... Her children have become her greatest teachers. Learning, evolving and in all ways coming back to the Path of Love. Both of her children were born at home, naturally, in their own time... She was blessed, with two insight full, expansive births; experiencing waterbirth , lotus birth (www.lotusbirth.net) , and birth 'en caul'. She loved practicing Elimination Communication / Nappy Free (www.nappyfree.com.au) with both Babes, from birth... and considers myself part of a growing movement dedicated to natural, bliss full birth - opening up our interconnected neurological pathways to touch the divine whilst bringing in new life to our shared evolution.



INSPIRATION

Doing what comes naturally, managing fertility..

By Lena Wells

You can manage your fertility from menses to menopause without using hormones.

New Zealand is known for its clean green philosophies and certainly more and more families are embracing natural products and solutions.

But did you know that your fertility can be managed naturally too?

Natural Fertility for contraception has been used in one form or another for many hundreds of years and is the most widely used form of family planning throughout the world. The modern, medically endorsed and scientifically based Sympto Thermal Method (or STM) is taught to many Kiwi women (and their partners) and allows women to have a non-invasive, natural choice which doesn't require pill taking whilst still remaining highly effective (at least 98% effective - the same stats as the mini-pill)

On the other hand; one in five couples in NZ have issues in achieving pregnancy and utilising Natural Fertility can be an effective way to maximise chances of conception each month whilst also quickly revealing potential fertility problems inexpensively and at the same time learning about what your body does naturally throughout your unique cycle.

What Is It?

STM Natural Fertility is the researched and scientific practice of observing your body, understanding its changes and knowing when you are fertile and when you are not. Approximately 50 % of women use this knowledge to increase their chances of **conception** and 50% use it as a natural form of **contraception**. It can be used by women at any stage of their reproductive life - pre or post children, post contraceptive pill or Depo Provera or peri-menopausal women and it does not depend on a regular cycle. Breastfeeding women can also use either a method called LAM or a breastfeeding chart.



Known as the Sympto-Thermal Method or STM; it is not to be mistaken for the Rhythm or Billings Method. It is a modern technique, medically endorsed and scientifically proven to be at least 98% effective when taught by a qualified Educator (as 'safe' as the mini-pill). Recent research in Germany in 2007 showed an effectiveness of 99.4%.

The method involves carefully recording:

- Cervical mucus symptoms
- Basal body temperature
- Changes in the cervix

Its effectiveness depends on:

- The cooperation of both partners
- Supervision in the early stages
- Instruction by a trained educator
- Ongoing motivation

When used for Contraception:

NFNZ Educators see couples regularly who have decided to learn STM as their means of avoiding pregnancy/contraception. 'Some clients are unable to take the Pill for varying reasons and others want to be more in control of their health and environment: they are eating healthily and sometimes organically, trying to keep fit and are careful about any medications they take. They care about the environment and are amongst a growing number of clients who have a genuine interest about what is happening to our world. They understand that what they do now can have an impact on their future. They are keen to take responsibility for what they are doing to themselves, the environment and for the health and wellbeing of their (future) children'.



More and more Mothers and Fathers are making informed and educated choices about their parenting; choosing to follow a more 'natural' approach and witnessing their successes leads them to reflect and decide to do the same for themselves. Many of these Parents choose STM to space their families or once they have completed their families.

A growing number of partners want to take an active role in sharing responsibility for contraception and are supportive of their partners not taking pills, potions or going through invasive techniques.

Other clients can't tolerate the Contraceptive Pill or have been told it is inadvisable to take and do not wish to use condoms or a diaphragm long term so they make the choice to learn STM.

Learning Natural Fertility (STM) assists those who want to:

- avoid pregnancy in a manner that fits within a personal desire for a natural lifestyle
- use a natural form of contraception due to their concern about the long-term effects of hormonal contraception
- contraindications to other methods of contraception
- medical advice to avoid other forms of contraception
- a personal disinclination to use other methods
- ensure optimum quality and quantity of breastmilk while breastfeeding **
- women near menopause who are entering into a sexual relationship after a time of celibacy
- contraception during the peri menopausal stage

Contraception the supports Breastfeeding

If the mother is fully breastfeeding, has had no bleeding or spotting after the baby is 8 weeks' old and the baby is less than 6 months' old then the LAM (Lactation Amenorrhic Method) contraception method (approved by the World Health Organisation) can be taught. Mothers are taught this in an individual consultation and the Educator keeps in contact monthly to ensure that circumstances have not changed. It is very important that the method is taught by knowledgeable and experienced Educators and that mothers recognise the signs of returning fertility. NFNZ accredited Educators have qualified from the only Accredited training programme in New Zealand for teaching the LAM method of contraception. Where the specific LAM criteria cannot be met, an alternative natural method of contraception is taught - Breastfeeding Charting.)

It is important to realise that STM is not for everyone and clients need to be committed. However, for many the method brings them closer together. Natural Fertility (STM) for contraceptive needs assists couples who want to, understand their fertility as a couple, share responsibility, communicate, make informed decisions, feel confident and want a method that is safe, reliable, and drug-free. It is a modern, scientifically proven method.

As one couple says "Knowing that you are in charge and making your own decisions is so worth it...it makes up for the very little time it takes every morning to take my temperature & being aware of my other fertility signs has actually been enlightening and empowering. Jacob takes responsibility for filling in the chart; then Jacob & I can see when I am fertile. If it is a fertile time it then allows us to choose whether to have sex using a barrier (diaphragm or condom) or abstain. It is our choice. It also helps me to know my own body better and indicates when I am likely to be more physically and emotionally sensitive. If I know that I am working up to PMS then I know to be kinder to myself and also that I may need to count to ten sometimes before responding to comments, especially from Jacob!"

Whether it be for Contraception or Conception

it is recommended to learn STM with the assistance of a qualified Educator (in fact, the only Provider recommended to provide education for LAM : Contraception whilst Breastfeeding, is an Educator accredited to 'Natural Fertility New Zealand') rather than just trying to learn from the internet or an app. This generally takes three appointments over 2-3 months which can be at a local clinic, at your home or via SKYPE. The cost is generally between \$250 - \$300 inclusive of all three appointments & a year's follow up. A new skill for life!



Help us spread this wonderful knowledge by training to be an educator

Being an accredited Fertility Educator is an incredible opportunity to pass on this vital knowledge to women, couples and health professionals. Natural Fertility New Zealand runs annual training courses with the next one beginning in March. For more information about our training course visit our website.

To find out more or to contact your local Educator simply pop onto our website

www.naturalfertility.co.nz or look us up on Facebook!

President of Natural Fertility New Zealand



Lena is based in Invercargill, New Zealand and is the current president of Natural Fertility New Zealand. With a background in Natural Health and a Bachelor in Applied Health, Lena has been an accredited fertility educator with Natural fertility NZ since 2012.



SEASONS

Autumn is for children.

By Sian Hannagan

“Too soon comes Autumn, as nipping the heels
Of unwary Summer, it stealthily seals
Small changes in heavily leaf-laden trees.
Summer fruits begin dropping, balanced astride
Branches festooned, in which Autumn takes hide
Before battle commences it’s shivery breeze
Which scatters browned leaves, to bring to their knees
Beaten down Summer days of warm ease.

Autumn comes running, nor waits to abide
While brave Summer blooms adjust to it’s ride.
It tosses, relentless, all ‘Summer’ it sees
Havocing treetops, nor does it allay
It’s mischievous goadings for yet one more day.
Scurrying birds sense each warning of chill.
Consistently peck around my window-sill,
Fattening on seeds before temperatures freeze.

Autumn comes running
To stay.”

Fay Slimm





Collect leaves from trees as they change from green to gold to red.



Weave stems of fallen leaves together to build an autumn crown.



Crown children in a halo of golden abundance



Tie a ribbon with leaves about the wrist.



Feed the birds as winter nears.



Mushrooms fruit in earnest before the deep cold arrives.



Admire harvest fruits. Miro berries feed our Kererru.



Berries ripen as Autumn deepens.



Observe the signs of Autumn around us, bracket fungi on trees.



Enjoy the cooler days, forests get carpeted in fallen leaves and the canopy above changes colour.



VOICES

What makes a home birth?.

By Dr Rebecca Burke

“What if...?” is a question that I have asked my midwife so many times. There are so many uncertainties on your journey of your first pregnancy and for sure, it is a journey of the unknown. Every day is different: exciting, tiring, joyful, fearful, and simply unique. And then there is the big ‘finish line’, the birth of your baby. You spend months preparing for this distinctive and special event, although you don’t really know what it will be like. For sure, along this journey, there are plenty of ‘what if...?’ moments.



We awaited the birth of our baby with total excitement, having had a difficult time getting pregnant and dealing with miscarriage. I imagined this birth would be amazing and I was convinced I could do it. However, after a hospital tour I was full of disappointment. Birthing our so much loved baby into an environment that felt so sad and clinical was not what I had imagined. The hospital delivery suite rooms looked run-down. Each room had a bed, a bright extendable light, resuscitation equipment, and very little else. There was not even a painting or picture on the wall. To me, it simply felt loveless and clinical. I was hoping to find a place that felt warm and welcoming. I was hoping for a picture on the wall, perhaps a rope to hang on, a birthing pool in each room and perhaps a swiss ball. Instead I found a cold room with a bed and flickering light. But what other options were there? In my home country, Germany, there are birthing centres, and the hospitals provide everything you could wish for. But here in Lower Hutt the

appearance of the hospital gave me the impression that empowering women and caring for them was not a priority. I fell into a state of panic and researched a lot in the hope of finding somewhere different to birth my baby. But to my disappointment there is no birthing centre as such in my region, and even Wellington Hospital with its caesarean section rate of 31% did not feel like a valid option for me. Somehow, more out of desperation than being convinced, I began engaging in the idea of homebirth.

I knew women who had given birth at home. Their stories sounded both amazing and reassuring. I remember vividly a conversation with my midwife about the idea of Homebirth. "I know that you and your husband are the right people for a homebirth!" she said. I was not so sure at this point. A long journey of reading, talking and thinking began. I gathered quickly that homebirth was a topic that everyone had an opinion on and that many were filled with fear and consternation. And then there was also the view that homebirth is only something very 'strong women' could do. I began to ask myself how it could be that there are these preconceptions about homebirth in our society and if these should influence me. Along my journey I realised how important it is to connect with like-minded people for advice, information and support. I found the internet to be a valuable resource as well groups like 'Positive Birth', Wellington's doula network and last but not least, our *Calm Birth* course. Also our midwife collective 'Birthworks' and our midwife Siobhan gave great advice and helped us to understand the beauty of a homebirth. So many "what if's..." had been discussed at our seemingly endless Midwife appointments. What if I feel like going to the hospital? We go! What if I'm in the hospital and want to leave? If there are no medical reasons that prevent us from doing so, we will bring you back home! What if something goes wrong? We will transfer to the hospital, but there should be nothing developing that rapidly that we don't have the time to make that decision.

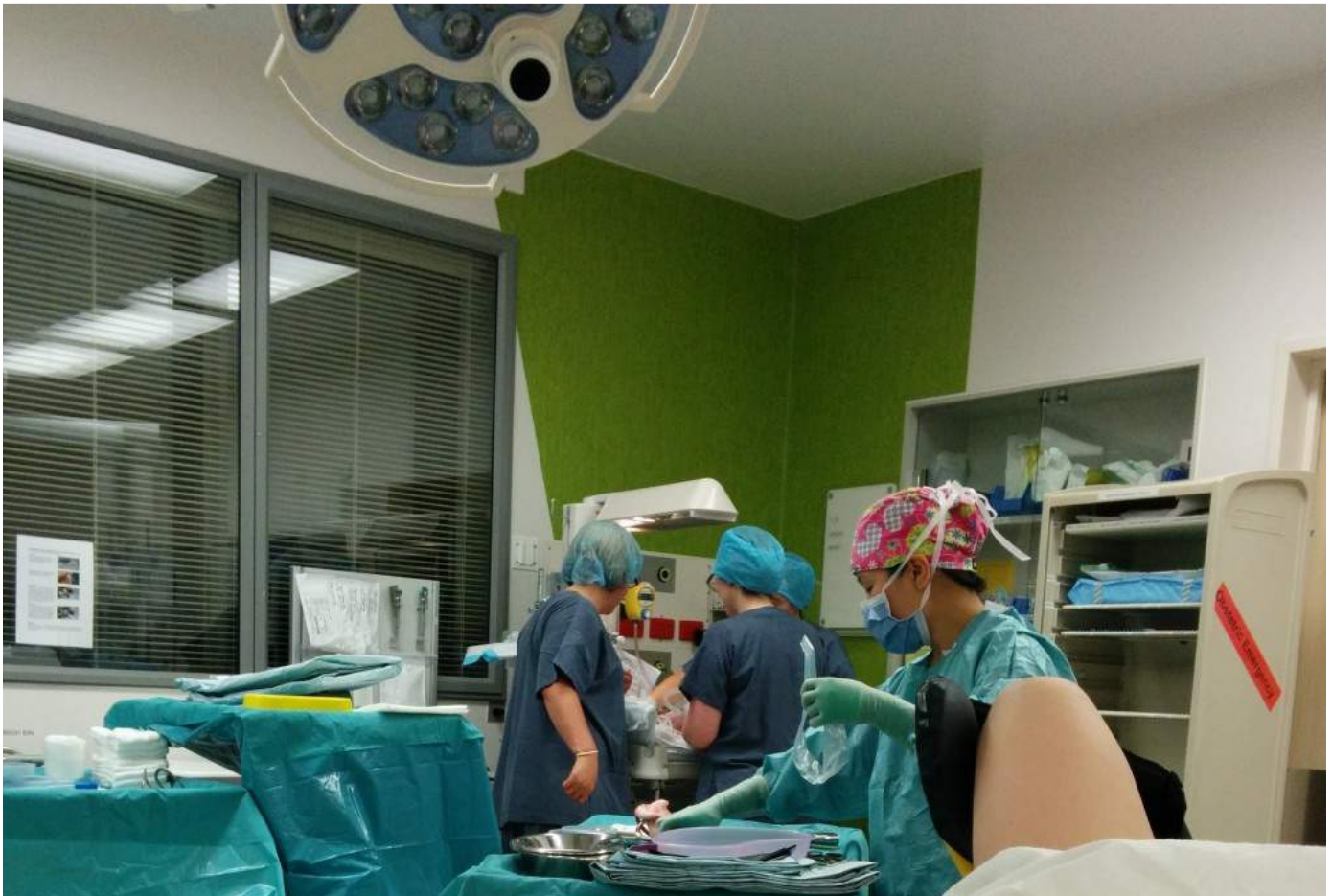
Over time my 'what if's...', fears and anxieties vanished and we felt strongly that homebirth would be our journey. I decided consciously not to pack a 'hospital bag' because I wanted to commit 100% to our homebirth. Daily I prepared with my *Calm birth* birth visualisations how the birth of our baby would unfold, and gathered bits and pieces together to set up our lounge. I always said "This is what I wish for but if things go wrong, then it will be what it will be!" This was a healthy idea at the time and I felt confident I would not be disappointed if things would not play out as planned.

And there it was, the moment my body decided to birth our baby boy into this world. Full of excitement, we set up the house for the birth: Candles, hot water bottles, essential oils, cosy light, a warm house, and music. It was amazing and it was all that I had hoped it would be. Labouring in the corner in front of my sofa gave me a sense of control. Breathing in and out, I rode the 'waves' as they came. It did not even worry me that my midwife could not attend the birth due to an induction and that we ended up with the 'Backup midwife'. I was full of joy when she arrived and for a long time she was just sitting with me on the floor, simply watching the birth unfold, reassuring my husband and I that we were doing the right things, and making sure baby was safe. The atmosphere was calm, warm and controlled. I was in tune with my body and ready to give birth. I was in control of my mind and let my body do its important work. That was what I, or even more we, wanted! But things took a different turn for us.

What if...? What if you feel your energy depleting? What if your baby is just not coming out even though you push with all the might you have? Two hours of pushing and full contractions brought me to the point of desperation. I just wanted it to be over. I did not want to have one more useless contraction that would not bring my baby closer to me. I simply could not do it anymore and wanted to go to hospital. I felt instinctively that it was time to go and that I had given all I could give. After a short discussion with the midwives and time to reconsider, we transferred to the hospital. My husband drove and I was in the back of the car, focusing to stay in control of my mind and to trust in my body. The contractions were hammering down and the arrival at hospital is a blur for me. Things progressed quickly and we ended up having an emergency forceps- assisted birth. On the one hand it was a great relief to know I would be able to hold my baby soon but on the other hand it was not at all what I was hoping for. I used my *Calm Birth* techniques and tried to breathe and stay in control of my mind. I surrendered my body once again, this time not to the contractions but to a team of doctors and nurses. I remember that once I had the spinal injections I felt

nothing. It was a relief but also surreal. Other people were delivering my baby and I felt like I was not part of it. When I was told to push I asked if it would even do anything to help I was confused. However, eventually, the reassurance from the medical team gave me confidence that if I could push, I would help my baby to come out. So I pushed with all my might, not feeling anything but closing my eyes and imagining my baby moving down and coming out: a thought that I'm still holding on to nowadays.

So what happened that night? Our baby was stuck with his shoulder at my pelvis and, as we later found out from the hospital records; his cord was wrapped three times around his neck. The cord was so short that it needed to be cut to even get my baby out. For me, this confirmed our decision to transfer to the hospital. Our boy arrived safely into this world. He was a little bruised and shaken after this more violent birth but healthy.



At hospital after transferring.

We are thankful for all that has been done to help us and to help our son to be born. However, there is this deep regret that nothing that we wished for our birth happened: No feeling of the actual birth, no water birth, no late umbilical cord clamping, no crawling to breast, no cuddling directly after birth, Dad could not catch his son, there was no real 'family time' after the birth, and the list goes on. All this would have been possible in a homebirth situation, but unfortunately the 'what if..' situation became reality for us.

So what if you so badly wanted a homebirth but ended up with an invasive hospital birth? For me personally it is no question that we had no other choice. I'm proud that I laboured for many hours at home, dilated nine centimetres all quietly by myself without pain relief, and I managed to push my baby down and feel him coming down. Most of all, I am proud that I felt so in tune with my body like never before in my life. I'm thankful for this experience. I'm also proud that my body was clearly telling me that I needed help. I'm thankful that my midwife gave me room to decide and that she reminded me of my wish for a homebirth. She stayed with us the whole time and a few weeks later she came back to talk with me about my birth experience.

Right after birth I felt no regret or sadness about my birth experience. I was holding on to those precious moments that I was able to experience labouring at home. But now, six months later, I'm often sad that I could not feel my baby being born, giving him the warm and loving home right from the start, and have him on my skin to comfort him while he was taking his first breath of life. I have often questioned myself and the decision I made that night, but looking at the hospital records and talking to my midwife I'm sure we might not have made it without help. My head and my heart are torn apart between consciously understanding the situation but also the deep feelings of regret and sadness.

The first three months with our baby were challenging. So many times I have held him, crying and telling him that I was sorry about how things turned out. I knew that he needed me more than ever. We needed time to bond and maybe to make up for the missed initial moments after birth. I often looked at my boy and wondered how this all must have felt for him? So often I heard and read the special home birth stories about how connected mother, father and baby felt. These stories felt like arrows fired at me because I felt I had missed out on something. But over time, I realised that our little family has a very strong bond: we all share the feelings of the traumatic birth that did not go as planned and, at the same time, we love each other for what we have achieved.



There will never be another chance for a 'first birth' for me. And even considering a second one might take some more time. I have been struggling to define my birth. If people ask me about the birth of our baby I often don't know what to say. Mostly I say that we attempted a homebirth but ended up with emergency forceps. The reactions to this statement vary greatly from surprise, critique, understanding and encouragement. Some might see my story as a reason to deem homebirth unsafe. However, my advice is to trust in your instincts, and you and your midwife will know if and when it's time to transfer to the hospital. Had we laboured in a hospital environment from the start, it seems likely that we may still have needed forceps or maybe even a c-section. However, we would have been left without the beautiful memories of our labour at home and our feelings of empowerment and connectedness.

I want the world to know that I'm one of 'these women' that had a homebirth; even though I didn't give birth at home. Here at home I felt strong, in tune with my body and empowered. I surrendered myself to my body and allowed the birth to unfold in its unique way: a notion that I feel deeply connected with.

Looking back at my birth story and everything I went through, I still believe that homebirth is safe, and yes, I would do it again. When I look back at my son's birthday I can see me and my husband laughing, making pancakes, filling the pool, setting up candles, and breathing together. Although my body birthed in hospital, after months of anticipation, my heart has birthed our baby here at home. I'm a home birth mum!





NOURISH

Chestnut crackers with an Autumnal Date and Berry Relish.

By Sian Hannagan

Autumn is a time of year when flowering is over and all of the trees and shrubs begin to slow their cycle. The frenzy of creation that was summer and spring ebbs quietly into the great sleep of winter. While nature around us is starting to fold in and still, there is great abundance all around us in the harvest fruits and nuts that herald the beginning of the next life cycle. Nothing is more appropriate in the lengthening nights to enjoy relish and crackers made from this Autumnal bounty.



Autumnal Date and Cranberry Relish

This warm autumnal relish is a great way of making use of cupboard stores and in season fruit. You don't need to use cranberries but I love the red globes of promise and how they give this relish a nice piquant punch. Native berries that could be used instead would be the konini berry found on the kotukutku tree (our native fuscia). Dried cranberries have too much sugar to really deliver the right tang, but frozen cranberries are a great option and are available from many stores. If you're feeling particularly extravagant you can buy fresh cranberries from www.wildruby.com, even better you could [grow your own](#).

You'll need:

- 500 grams of cranberries or other red fruit – plums or other berries are good
- 500 grams of dates sliced up
- 2 large zucchinis or one marrow
- 1 cup of golden raisins
- A slug of whisky or port
- 2 cups of water
- 1 cup of apple cider vinegar
- Zest of one lemon
- One cinnamon stick
- A thumb of grated fresh ginger

Place all of the ingredients in a heavy bottomed saucepan, enamelled cast iron is the best, and bring to the boil, turn to a low heat and let it slowly reduce and thicken. A good relish is perfect when you can draw a wooden spoon along the bottom of the pot and it leaves a trail behind it. Pour into pots and seal. Relishes are best aged for at least 6 months before consuming, if you can wait that long!



Chestnut Crackers with Extra Crunch

Autumn is the season for harvesting chestnuts, not to be confused with horse chestnuts, sweet chestnuts are smaller, come in a very prickly green case and have a tell tale tassel on the end. Horse chestnuts have a thorny case, are bigger and are less uniform. If you don't have a local tree to scavenge then the best option may be just to buy some chestnut flour. Chestnuts give a warm earthy savour to these crackers, but if you can't source chestnuts then ground almonds or hazelnut flour will do.



On the left are horse chestnuts with a thick green case and whorls on the nut instead of stripes. On the right is a true chestnut with a prickled casing, small tassel on the nut and striated striping.

To make your own chestnut flour:

Boil your collected chestnuts for 1-2 hours until the shells starts to split. (you can use a pressure cooker to speed this process up) From there you can shell them more easily than you would fresh(which is a very fiddly job). Once they have all been shelled and cooled down place them in the food processor and blend until ground down very fine. Chestnut flour has a high moisture content so it is a good idea to dry the flour in your oven at low temperatures or store it in your freezer. A dehydrator is another good option. Tip: If you are harvesting your own chestnuts let them age for a few days to let the starches convert to sugars and sweeten the nut. **Recipe** This recipe will make a lot of crackers, it's good to make a large batch and then seal in an airtight container for up to a week.

Ingredients :

- 2 cups (200g) chestnut flour, fresh if possible
- 2 tablespoons ground flaxseed
- ½ teaspoon crushed Himalayan rock salt
- ¾ cup water
- 2 teaspoons sesame seeds
- 2 teaspoons crushed star anise or other spice (caraway seeds are good)
- Coarse sea salt – celtic sea salt or maldon sea salt are good
- 1 teaspoon kelp – optional
- Olive oil in a spray dispenser

Directions:

1. Place chestnut flour, flaxseed and himalayan salt and kelp into the bowl of a food processor and pulse until combined.
2. With your food processor running, pour cool water into the mixture in a steady stream. (you can do this in a large mixing bowl but be prepared for a workout)
3. A ball of dough should now be formed. If it is still too wet, add more chestnut flour by the tablespoon and process between each addition until it reaches the ball of dough type consistency.
4. Set your ball of dough aside to chill in the refrigerator and while it is resting preheat your oven to 175 Celsius (350 Fahrenheit)
5. Once the dough is chilled, to make the job easier, divide your dough into two or three equal parts, setting one part aside while you work with the first.
6. Using light hands form the first piece of dough into a ball and place on a baking sheet lined with parchment and dusted with chestnut flour. Press down with the palm of your hand to form a disk shape.
7. Cover the dough with baking paper or a flexible cookie mat and roll out the dough evenly until it is very thin. You can use rulers as rolling guides at the side of your pin to get an even depth.
8. Using a large knife with a curved blade carefully cut the dough into rectangular shapes using the rocking motion of the blade.
9. Sprinkle sesame seeds, anise, and coarse salt over the top of the crackers and mist with olive oil.
10. Place in oven and bake for 10 to 12 minutes, until just starting to turn golden, watch them closely at this stage as too brown can destroy the flavor.
11. Remove from pan and repeat until the dough is gone

