

ISSUE 2.2

home birth *matters*

HOME BIRTH IN AOTEAROA

winter 2015



FEATURE:
Cultural
appropriation
in birth. Why
does it matter?



REFLECTIONS

Our Editorial.

By Sian Hannagan

Writing the editorial for me has been a hard one this week, there is so much to talk about and so few answers to any of it. Do I talk about how Australia continues to take steps in making sure Home Birth is no longer a choice for birthing women? A country so close to our own, where women are systematically denied ownership of their births. Or do I talk about the amazing research brought to us by Sarah Buckley and her report on the physiology of childbirth which, in my opinion should inform all obstetric medicine going forwards? On one hand despair, on the other hand hope.

We have so much to be positive about in Aotearoa, with initiatives like the Mama and Pepi kits initiated by the Waikato DHB, and the empowering workshops held by Michel Odent and Sarah Buckley coming to our shores. Not to mention our up-coming Home Birth Conference and our National Hui. Yet stories about birth at an international level bring news of an ever closing noose on women's rights in childbirth. Stories like the one in the Philippines, where the Philippines Department of Health has been banning birth with "traditional birth attendants" in order to get women to go to the hospital and give birth. Or where a woman in the U.S has a video of her obstetrician ignoring her and without consent cutting her. Yet taking him to court even with video evidence is a challenge, because no lawyer will take her case. Because they think it is unwinnable. They only think it's unwinnable because women in birth by default, have no rights. It's hard not to feel defeated when even within our own shores we face criticism from people who would prefer women did not have the right to choose their place of birth. The listener article, 'Stand and Deliver' published in February, which was published with

heavy bias and without a balancing opinion, paints midwives and homebirth families as dangerous and selfish renegades. This is not true and nor is it fair.

Basic human rights and the right to informed consent which should be the cornerstone of every birth, seem to be an inconvenience to many governing bodies. Tony Abbott in Australia believes that informed consent can be coerced and that basic human rights don't apply to indigenous families living in their communities. David Cameron in the UK is taking steps to repeal the Human Rights act, seemingly because it is inconvenient for him to have to consider basic human rights when at war or dealing with terrorism.

Sometimes it's hard not to feel like Alice, tumbling down the rabbit hole and wondering where we will end up.



Sian Hannagan our Acting Editor

Home Birth Matters

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RIPPLES

Our News.

By Home Birth Aotearoa

As well as the events from region to region, we have recently had two big names come to Aotearoa for seminars and workshops. To our shores we recently welcomed Michel Odent for his discussion on Childbirth and the Evolution of Homo Sapiens, he also has a new book coming up for release on 25 June called 'Do We Need Midwives'. This book is available for pre-order from Capers book store .



Michel Odent speaking at his Auckland workshop.

Sarah Buckley also came over for her workshop on Undisturbing Birth. Sarah's work on the physiology of birth is at the forefront of birth research and her investment into

supporting women to birth in the way that best suits them is treasured. Her talk was valued by our membership and thanks to Sarah Buckley's generosity we had two Home Birth community members report back on their experience, read their thoughts here:

A petition is being run by Denise Hynd, author of [Maternity Manifesto](#) to seek support for a primary birth unit in West Auckland, if you want to support this cause, then sign the petition [here](#):

A new resource is available to breastfeeding mothers, midwives and breastfeeding supporters, [Mama Aroha breastfeeding cards](#) the brainchild of Amy Wray are a set of beautifully illustrated breastfeeding question cards. They are designed to be used while sitting and talking about breastfeeding so the mother is able to participate in the discussion.

Carla Sargent of Birth Rite NZ and Voice for Parents Birth Trauma Support is running a 4 week 'Begin to Heal' series which starts soon. This course is designed to support women who have experienced a traumatic birth and are struggling to know how to move forward in their life with healthy perspective and positivity. We are here to remind you that none of what happened to you was your fault, and to provide you with the tools and information you need to move forward, knowing there's plenty of hope for a brighter future.

For course dates, time, cost and venue visit: <http://www.voiceforparents.co.nz/event-calendar/>

For related FAQs visit: <http://www.voiceforparents.co.nz/begin-to-heal-series/>

To register or to find out more, email Carla: carla@voiceforparents.co.nz



He Pānui

Takiaho in association with Nga Maia bring you Hui a Motu 2015

Hui a Motu 2015 The first national hui for Kaupapa Māori Childbirth Education Providers, Poutoko Whānau (Childbirth Educators), CBE Students & Whānau Te Hokinga Mai Bringing Childbirth Education Back To Whānau.

Venue Tapu Te Ranga Marae, 44 Rhine St, Island Bay, Wellington

10th - 12th September 2015

Nau Mai -Haere Mai

Speakers from throughout Aotearoa will share a variety of points of view about childbirth education and will foster the commitment of poutoko whānau (childbirth educators) to share correct information in practice and create opportunities to fully explore the potential of childbirth education in promoting whānau ora, enhancing whakapapa and bringing alive kaupapa Māori. Home Birth Aotearoa fully support Takiaho and Hui a Motu.

“Te Hokinga Mai – Bringing Childbirth Education Back To Whānau” is the kaupapa of Takiaho Hui A Motu 2015 which aims to:

Create a national Māori awareness of childbirth education

Contribute to Māori well-being by bringing together the knowledge and thinking of people who are firmly committed to achieving rangatiratanga.

Encourage participants to reclaim, consolidate and grow the unique options that tupuna knowledge gives us to face modern challenges and ensure long-term future well-being. “Te Hokinga Mai – Bringing Childbirth Education Back To Whānau” will be of interest to birthing whānau, poutoko whānau and students, health and social service providers, whānau ora navigators, tamariki ora, Family Start, Māma and Pēpi and parenting facilitators.

Nau Mai Rā - Haere Mai Rā

Home Birth Conference

Connections and Community is the theme and the conference is being held in Nelson on August 29.

Details here: <http://www.eventbrite.co.nz/e/home-birth-conference-2015-connections-community-tickets-16982866210>

Home Birth Happenings

The last three months has seen emergence and resurgence in many of our regions, here is an update on the happenings throughout the country.

Auckland

The **Auckland HomeBirth Community** has picked up where the previous group left off with fresh energy and much excitement. They have new pools available for hire, two regular monthly meetings at MAMA Maternity in the day and evening, have recently run a birth workshop and will shortly be holding a men's evening. Due to the growth they have experienced, AHBC are currently seeking additional members to assist with managing the group, if this interests you please get in touch with them via their Facebook page <https://www.facebook.com/groups/391711034325595/>. New member Sarah Jackson had this to share with us about their experience with AHBC:

"When Mark and I fell pregnant, we had no idea we would end up planning for a home birth. All we knew is after an unpleasant experience through the hospital system the previous year, we wanted to have our own control over the pregnancy and birth. Friends pointed us in the direction of finding our midwife, Donna Fowles who is part of the Auckland Homebirth Community and asked us to come along to one of their meetings at 'MAMA Maternity' in Sandringham, to talk with other like-minded parents and support people who have had, or are planning home births themselves. We were keen to learn as much as we could about pregnancy and the natural ways of giving birth so we had nothing to lose.

We went along and were thoroughly impressed by how much we got out of the session just by talking to one another. Listening to others experiences of their own home births,

and how labour can happen so naturally with the help of knowledge and support, really confirmed our decision for us to go ahead with planning for a home birth ourselves.

The environment is welcoming and comfortable, along with food and lots of laughter. The AHBC also have birthing pools for hire which really made that exercise simple and effortless. Interesting and relevant books and pamphlets are available through the community as well, so we have been able to gain even more knowledge by educating ourselves with the birth process and the natural symphony of reproduction.

Mark and I have been back again to join in the informative discussions and will continue to do so as we find it so helpful and necessary as part of our journey. We attend the fourth Thursday of each month's meeting between 7pm-9pm as it suits us while we both work, but they also hold another meeting every second Wednesday of the month between 10am-12pm."

Mark & Sarah Jackson – Ellerslie, Auckland

Taupo

Meanwhile in the central North Island, **Taupo Home Birth Community** has restarted with the help of local home birth advocates Ajah Dearlove and Fleur Steiner. The group is seeing a growing attendance at their monthly meetings, has participated in International Day of the Midwife celebrations at Taupo Maternity unit, and is working on building a small library of home birth literature. For more information go to their Facebook page <https://www.facebook.com/groups/927409793966378/>

Golden Bay

A brand new lease of life for home birth groups is being found in **Takaka** with the emergence of a new group there – watch this space and we will have more information in the next edition.

Seeking assistance with their resurgence this year is the **Manawatu Home Birth Association**, who hold their AGM on May 30. The MHBA is looking for new families to replace those that have given many years to the group and are now wanting to move on. Thank you so much to these families who have given so much to Manawatu home birthing whanau over the last while. It will be exciting to see what a change in faces will bring to the region. In particular MHBA is looking for nominations for a new Co-ordinator, Secretary and Treasurer. If you are a passionate home birth advocate in

Manawatu there has never been a better time to put your hand up! More details can be found on their Facebook page <https://www.facebook.com/MHBAInc>

Canterbury

Canterbury Home Birth Association is also still looking for new committee members – don't be shy – as well as monthly coffee mornings they hold monthly committee meetings, the next one is on Monday 8 June. If you're in Christchurch and passionate about home birth then get yourself along. Canterbury have always been a robust mainstay of the homebirth movement in Aotearoa, it would be excellent to see this region thrive.

Meanwhile the **Tauranga Home Birth Association** is busily planning a pod hui for the Bay of Plenty/Lakes region, to be held 18 & 19 September in Papamoa. This is an exciting opportunity for home birthers in the region, and any of those who want to come from further afield, to come together to discuss relevant issues and share knowledge. Tauranga is planning to have a broad range of speakers doing 10-20 minute presentations on a variety of topics – if you would like to speak at hui please get in touch with Rachel at adbreak@gmail.com.

Also busily planning a big event is **CHOICEBaby Nelson** and **Homebirth Motueka**, who jointly host this year's national conference and hui at Riverside Community on August 29 & 30. Registrations are now being taken for both days, see our article further in the magazine for more details.

Waikato

Michelle Howie from **Waikato Home Birth Association** has sent through this update, huge admiration for the WHBA who have got this year off to an amazing start.

The long hot summer has led to an energetic time for our Association. Must be the vitamin D....? We had a lovely laidback picnic at a local Hamilton park on 28th February, splashing, swinging and chattering. Steph and Carla mingled with the Te Awamutu community at the Thriving Under 5 Expo on 1st March and Michelle wo-manned the stall at the Baby Prep Expo on 4th March. The next Hamilton Baby Prep Expo is in June and we will be making a short presentation to those who come along. Jacqui and Michelle have been facilitating our monthly Support Circles and the discussions have been so fruitful and supportive. We are really enjoying our presence in the community and the

wide way we reach people. The launch of our Natural Birth Series in April has been an exciting extension of this outreach and we are delighted to welcome a groundswell of new families through these evenings. In particular, the birth story sessions have been really well received and the feedback has told us that we are welcoming families in a way that is connecting new people to natural birth topics.

Our online presence continues to grow and we have nearly 400 likes on our Facebook page, this is how a lot of new people are finding out about our sessions and meetings. We reverted to a more traditional form of communication in May though and sent handwritten cards to our local home birth midwives, to honour their place in our family fabric and celebrate International Day of the Midwife.

Bronwyn has been diligently keeping our local midwives contact list updated with Home Birth Aotearoa and sending out information regularly. She has also had a baby in February! Warmest welcome to Elijah from the core group.



FOCUS

Cultural Appropriation.

By Sian Hannagan

When you raise the subject of cultural appropriation, it's not uncommon to be dismissed, often with rolling eyes or other criticisms such as "PC gone mad!" People don't like to be challenged in their complacency, and more often than not Cultural Appropriation is a term that is not well understood. For many, addressing cultural appropriation is seen as 'too hard' or 'too messy'. The problem with these attitudes is that they rest in a position of privilege. Being able to ignore the effects of cultural appropriation because it does not affect you personally does not make it any less of a problem for those who it does impact, and it clearly does have impact. To add further insult, dismissing it makes it twice the problem. Aotearoa positions itself as a bicultural society, Te Reo Māori is one of our official languages and the founding document of New Zealand, Te Tiriti o Waitangi is built on the understanding of an agreement between European colonisers and the Māori people. But this does not mean that we have it sorted. Far from it.

This is illustrated when you look at the issue of cultural appropriation and how it manifests. In many ways the natural parenting and birth community are susceptible to issues of cultural appropriation. This is because many of the approaches that form the spectrum of physiological parenting techniques are derived from different cultures. Most usually those that, from a Western perspective are considered more primitive or tribal.



Image sourced from article on cultural babywearing
<http://wrapyourbaby.com/blog/2013/02/cultural-babywearing/>

Before we can start to pick apart the threads that tie this conversation together, it would be helpful to look at a robust definition of what cultural appropriation can be defined as.

One definition is *“Taking intellectual property, traditional knowledge, cultural expressions, or artefacts from someone else’s culture without permission. This can include unauthorized use of another culture’s dance, dress, music, language, folklore, cuisine, traditional medicine, religious symbols, etc. It’s most likely to be harmful when the source community is a minority group that has been oppressed or exploited in other ways or when the object of appropriation is particularly sensitive.”* Susan Scafidi

Through cultural appropriation we see what could be considered a double theft. Colonisation which was enacted by the western imperial world, actively damaged the culture and traditions of many indigenous peoples through the eradication of language, culture and narratives. Now that the colonisers see value, both commercial and personal, in these same cultures and traditions they took part in destroying, they seek to align themselves with these values in a misplaced attempt to reclaim traditions which they themselves feel an absence of.

This may seem harmless, but depending on how this is approached there is potential for great harm, in the UN Sub-Commission on the Prevention of Discrimination and Protection of Minorities a resolution was made that expressed *“there is a relationship, in the laws or philosophies of Indigenous peoples, between cultural property and intellectual property, and that the protection of both is essential to the Indigenous peoples’ cultural and economic survival and development.”*

So why have I brought this conversation to the natural parenting and birth community? When we look at ‘natural’ parenting including birth through the lense of cultural appropriation we can quickly identify a number of examples that illustrate the mechanisms which make cultural appropriation what it is. Parenting approaches that are considered to be natural, generally have in common a desire to return to more physiological guided techniques of nurturing our children. Things such as a babywearing, birth ceremonies that honour the woman, and physical nurturing such breastfeeding are all good examples of meeting biological norms. These approaches are based on meeting the needs of the mother infant dyad and ultimately founded in the most fundamental human physiology. However, in a post industrial world, and depending on how these are engaged with, there is the risk of appropriation.

The problem arises when we turn to cultures not our own and ‘borrow’ these techniques as our own. I want to be very clear though, using techniques that are part of recognised cultural traditions, in itself is not problematic. But it can become problematic very easily. Especially when these techniques are commodified and commercialised or used without context. For example, instances where the Amauti, a traditional babywearing parka is made and sold by non Inuit people is a clear example of theft and there is very little protection available to the true owners of this intellectual property under current Western law. This article written by Aaaminah Shakur highlights how the babywearing community has problematic elements. This is not to say women can’t wear or carry their babies. It is almost certain that every single people had a form of carrying their babies prior to the invention of the perambulator.



Traditional parka used to carry babies are the intellectual property of the Inuit people. Buying cheap copies is not 'honouring' their culture.

When it comes to the physiological nurturing of infants, no one 'owns' that relationship you build with your baby. However having an awareness of how we integrate elements of other cultural approaches into our day to day nurturing is important. It may seem harmless to have a blessingway, use a rebozo during birth and bury your placenta with karakia. But this is not always the case. Many people feel they are honouring a certain culture when they take these traditions into their own cultural narrative. But this is not always based on a true and honest exchange. For more understanding on what constitutes exchange and what constitutes appropriation, [this article](#) published on Every Day feminism sums it up pretty clearly.



So why does it matter? An example can be found in the rising trend of 'Blessingway' ceremonies for expectant mothers. Many women in the birth community have blessingways to celebrate the arrival of their baby. And for many this can be a healing,

inspiring and empowering process. However as this trend builds popularity in birth communities, we see a process of glamorisation and fetishism where an important ceremony is taken out of the context of its people and used without a true understanding of its origins or intent. It may seem extreme to many to call this theft. But when white America profited from the blues, jazz and rock n roll explosion brought to their shores by an enslaved nation we see an illustration of how this process can disempower the very people that are having their culture 'borrowed' This is also seen through the fetishisation and sexualisation of Native American traditional clothing.



So does this mean we can't have blessing ceremonies for our expectant mothers anymore? Of course not. It just means we need to be aware of the context we give these ceremonies and be aware of our purpose and intent while undertaking them. Even better, we could reflect back to our own cultural traditions that flourished prior to industrialisation (where we saw the loss of community wisdoms in favour of commercial and scientific precedence), and give those life instead.

A now defunct website called 'About Pregnancy' received a request from Diné Feminists which read "We request that the term 'Blessingway' no longer be used to describe non-Navajo prenatal ceremonies such as the one described in this article. 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. We suggest the term 'Mother Blessing' is a more appropriate term for a ceremony that is influenced, and respectful, of Navajo tradition, but not practiced in accordance with Navajo faith and culture."

This is an excellent middle ground, and in Aotearoa we can see examples of this in action when we look at the traditional tattoo known as Ta Moko. Non Maori can get tattoos inspired by traditional Maori design, but by definition these tattoos will not be considered Ta moko and are known as Kirituhi. This does not mean that all Maori style tattoos are not appropriated, but seeking a traditional ta moko artist who understands the difference is the best way to ensure that appropriation does not happen. It also keeps the commercial value with those who have connections to the style. This approach may seem precious or unimportant to people who do not value Maori perspective or ownership, but when people walk around with sacred moko designs specific to the face, on their butts. It becomes pretty clear that this can be insulting and problematic at best.

Using a cultural tradition without context is one of the primary issues when it comes to appropriation.

This is summed up by a Diné medicine woman Firewolf, when she talks of the blessingway trend *"I am a Dine' Medicine Woman who is infuriated by what I have heard! These women have NO idea what they are doing! The Blessing Way is an ancient Ritual that, yes is used to welcome children into the world, but by far, that is NOT it's only use, but just one of many of it's functions. I am not permitted to explain the many times we use Blessing way in ritual, but some of the rituals would be surprising for those not of the Dine'. Anyone not of the Dine' people should not be using our Sacred rituals bastardized in such a way for their own idealized mentality - it is more dangerous then they could possibly realize. We have certain "spiritual safeguards" on protecting our Old Ways & what is misused or misappropriated would have dire consequences for those who try to take what is sacred to us & is not of their people, but of the Dine'. To place this upon innocent babies is an anathema"*



Amandla Stenberg sums up the mechanism of cultural appropriation.

In New Zealand there are many Maori traditions that have become part of the birthing milieu for all kiwi women. Placenta burial, muka cord ties and saying karakia are common parts of birth for many non Maori families, and in general these approaches have been taken on with respect and care. However it is worth reflecting on the colonial past in New Zealand, where the right to traditional birth practices were removed from Maori people, and now that traditional birth practices are being brought back, much of this is happening through Western perspectives.



Often what is seen as admiration of traditional parenting can become a form of ‘othering’. Just as Gauguin recorded paintings of the ‘noble savage.’

Marnie Renfields, Kaihautu at Tu Tama Wahine o Taranaki says “Ultimately how individual families deal with their afterbirth is their business. However what interests me is ... what have these non-Maori women forsaken in their own whakapapa in choosing this option? I believe all cultures prior to the dominance of the western medical model in maternal health would have had process around the afterbirth. Is that knowledge still available to them? Is there a disconnect so grand that non-Maori women have appropriated a tikanga Maori”

And she raises a relevant point, is the desire to connect to birth at a more spiritual or level so strong that we seek connections with cultures not our own? Is this easier than re-constructed traditional herstories in Western birth culture that have been so absent?

Where things get really concerning is when commercial interests become a part of the conversation. Maori style design is an ubiquitous part of our New Zealand image. We see Maori motif appear on our National carrier Air New Zealand, on New Zealand Post packaging and throughout pop culture and commercial design. This might seem like a positive approach that honours our bicultural history, but it also brings challenge.

As raised by the Cultural and Intellectual Property Rights document published by the Mataatua Declaration Association *“The most fundamental right to determine what Indigenous People see as being their intellectual property has been destroyed through the processes of colonisation. The long history of the export or destruction of artefacts (the ‘cultural’ property) of Indigenous peoples grew out of this imperial belief in the right to define. Out of it also grew the still pervasive belief that any concept of Indigenous intellectual property was a contradiction in terms’. This process may be termed ‘cultural invasion’. Cultural invasion promotes the preservation of oppression, a parochial view of reality, a static perception of the world, and the imposition of one world view over another implying the ‘superiority’ of the invader and the ‘inferiority’ of those invaded.”*

So when we see Trelise Cooper parade a series of models dressed in native American ceremonial headdress’ down the runway , we see not only a blatant example of cultural appropriation, but the theft of intellectual property, which would not be allowed if we lived in a world where the colonial and Western narrative did not supersede that of the colonised. I can’t imagine Cooper would consider ‘borrowing’ a Dior design without some sense of shame or at least some reflection on the unoriginality that inspired this move. Yet the cultural appropriation is common in the fashion industry and is considered ‘edgy’ to borrow these elements. Yet the key fundamental to correctly

borrowing from another culture involves admitting that your inspiration comes from somewhere else.



Trelise Cooper's models wore Native American headdress on the runway.

If you want to explore non appropriate Native American inspired fashion you need look no further than Bethany Yellowtail's line of true to tradition haute couture. Or see how Rihanna owned red carpet during the Met Gala event celebrating Chinese culture, she was one of the only attendees wearing a dress designed by an actual Chinese designer.



Yellowtail's design shows how fashion can be non appropriate.

Recently in the babywearing community there was an instance where it was hard to ignore the effects of cultural appropriation as is so often and so easily done. Well known woven wrap maker Oscha, who are based in Scotland released a design called Rapoitia Papango, their intention was to honour traditional Maori design and create a special wrap to reflect Aotearoa. But what started with good intentions unravelled pretty quickly. As was quickly pointed out by the babywearing community in Aotearoa. Not only was the design not named or referenced correctly (being a traditional kowhaiwhai depiction of the hammerhead shark called Mangopare, often seen carved into meeting house rafters) but it was also a direct copy of a known traditional piece. As Veranoa Hetet, a traditional Maori artist and weaver stated “The name of this pattern is Mangopare. It was taught to me when I was a child, by my father who turns 78 tomorrow. It was taught to him by a koroua, who was 70 at the time, who had been taught this design by his teacher who was 60”. Designs like these aren’t just ‘pretty designs’ as many Oscha supporters stated, they are the history of a people passed from tupuna to tupuna. The artist (a non Maori) who designed Rapoitia papango for Oscha made a statement that the wrap was “inspired by’ a piece she had seen at a museum. Setting aside the issue that indigenous arts are so commonly stolen by museums as a further part of colonisation, when you compare the designs side by side, you can tell immediately that it is a direct copy and not inspired at all.



The Oscha wrap compared to a sketch of the original kowhaiwhai design

Too often traditional designs get stolen because there is no way in Western law to attribute intellectual property rights to what is owned by a people as their absolute birthright from their ancestry (in Aotearoa, this concept could be described as Tino

Rangatiratanga) but this does not make it right. As stated in the Cultural and Intellectual Rights Document “Indigenous peoples argue that all heritage, intangible and tangible, including lands, waters and resources constitutes *cultural property* but as can be seen, western norms simply cannot accommodate such a world view within the parameters of ‘culture’. So entrenched is the separation of culture from a western capitalist world view that natural resources are regarded only as tradeable commodities and not as an expression of cultural identity. Hence, much of what Indigenous peoples would regard as *cultural property* has been transferred into the legal construct of *intellectual property*.”

Designers and companies wanting to utilise traditional design styles have a duty of care to ensure their work is authentic and original. The easiest way for Oscha to do this would have been to employ a traditional Maori artist who understood the kōwhaiwhai style. Failing this, they could have engaged in a robust conversation with the iwi and hapu to whom this design held meaning. Oscha instead got a non Maori designer to do the work and then went to Toi Maori, which is a group representing Maori artists to check the veracity of the design. This might have seemed like a good process to follow. But getting a rubberstamp approval from an external representation group does not necessarily guarantee good outcomes. Too often this approach is seen as ‘going through the motions’ rather than an act of good faith.

The press release issued by Toi Maori highlights the gap in understanding that caused these issues to arise.

“Toi Māori Aotearoa was not in a formal consulting role but had offered opinion. Risk was identified but not investigated. It would not be correct to infer that we were consultants to the project.

For contract advice, Toi Māori has devised mechanisms to minimise such copyright and cultural appropriation risk. We engage Māori designers innovating on tradition rather than copying. In that way Māori art evolves, under contract the artist licenses worldwide exclusive use and fees are paid.

Ownership of design remains with the artist. Toi Māori stands by the client through duration of usage. The alternative carries risk with non-Māori designers adapting old designs or using them unaltered. This is the model Toi Maori uses on opinions sought”

The opportunity arose for Oscha to step forward and own the error they made unreservedly. By working with the people who this affected most deeply to bring resolution they could have done much to fix problem. Unfortunately the many Maori who raised their voices about this issue were silenced through the deletion of comments or the dismissal of their criticisms. On the Oscha facebook page we saw hundreds of comments in approval of their actions from people who could not understand why this was problematic. This is common when cultural appropriation is called out. People who have no lived experience in or connections to the culture appropriated feel they have a right to tell people what is and what is not appropriation. This is both insulting, and wrong. In this way, the narrative that is heard and that has primacy is not that of the people who have had their work appropriated, it is the voice of the appropriative. This in its own way is more damaging than the appropriation in the first place. Several statements from Oscha were made about the issue. But none of those statements stood behind the lack of proper process or owned the errors and the damage they caused. This statement found on their public facebook page

“When taken outside of this context the concept of cultural appropriation can be somewhat meaningless. People from different cultures have always drawn inspiration from each other, indeed cultures are not static, they are formed through diverse influences both from inside and out with the group.

Cultural appropriation is also a highly problematic concept to be used outside of a meaningful context as it displaces people of ‘mixed’ origin, has many issues for those who live in other countries, and it pigeonholes everyone into set cultural groups with all the associated constrictions of freedoms associated with that.

Although based in Scotland, Oscha is a multi-cultural business with wide ranging cultural heritage and influences” Clearly indicates that while they acknowledge they have upset people, they do not at heart believe they have done wrong.

The whole foundation for cultural appropriation is that important intellectual and cultural property is taken out of context. And while cultures often take part in an exchange, there is a marked difference between a mutual exchange, and the use of an oppressed peoples Rangatiratanga for commercial gain. If the people whose culture you have appropriated stand up and ask you to stop. It is incumbent on you to listen.

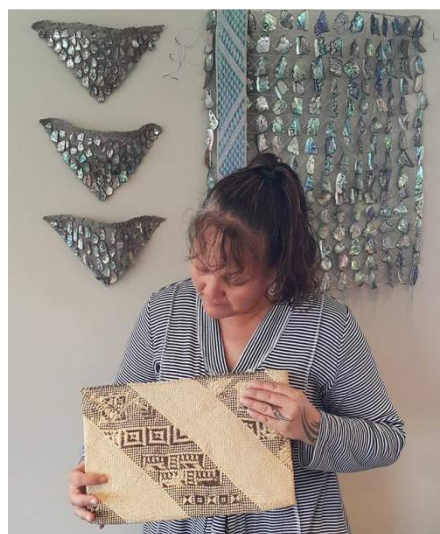
To help us understand why this is so important and caused so much anger, these words from Māori Artist Veranoa Hetet might illuminate.

This is an excerpt from my mother's book, published in 1989, that speaks of protecting our patterns

“Patterns are jealously protected within many whanau and iwi. Handed down from mother to daughter, grandmother to grand-daughter, a tribal pride in relation to patterns was maintained. The handing over of patterns was part of the teaching process. Sometimes a way of teaching patterns or recording them took the form of a taura, a weaving piece featuring the pattern or patterns to be learnt by the pupil. My teacher, Rangimarie, gave me a kete which featured eight patterns and told me to learn from it. As I became more proficient, I became aware of the unpatterned weaving in her kete. Weaving that is smooth, with no bumps, and closely woven, with no gaps, indicates the weaver has a good eye for line and angle and has an even tension. So a taura is able to teach even if the tutor is not present. In recent times, material has been published which has threatened to destroy this tradition. Many young weavers now have ready access to many ‘protected’ patterns. One such pattern has been found decorating a certain brand of tissue boxes. What has happened to the mana of this pattern? Tribal uniqueness in patterns and the protection of them (and all that involves) is in danger of being lost.”

(Puketapu-Hetet, E. Maori Weaving. 1989. Wellington)

Here is that taura that Nanna gave to mum – eventually given to me with the words “Learn from this”



Veranoa Hetet holds up an example the taura that her grandmother gave to her mother before it was gifted to her.

Things don't have to be like this though. When baby wrap designer Solnce wanted to create a Pacific inspired wrap, they took a different approach.

“Solnce has one pattern which is inspired by the Pacific cultures. It has not been created by a native artist because we didn't mean it to be related to one or another culture. We have taken some elements with universal meaning which can be found in the artwork of several Pacific cultures and created a pattern of our own. However, in the process of developing the pattern we have asked advice of several Maori babywearing mothers in naming the pattern and the colorways. The name of the pattern Whenua has been suggested by the Maori mother,s and Erena Tomoana is assisting me with finding names for the colorways. It has been an interesting and truly inspiring process. We have talked a lot about the Maori culture, because Erena is a native Maori herself and knows a lot about her own people. We talk about which names are respectful to use, and which are not. I have received a very positive feedback from our customers about our approach with the names. They like that we give credit to the Pacific cultures by using Maori words for the names of the colorways and that they have a beautiful meaning.”

I want to make it clear that the Oscha approach is not guaranteed to end in cultural appropriation, a lot of what happened through that process was a result of too much trust and poor communication. Nor am I saying that the Solnce approach is not a guarantee to end with a culturally respectful design. Oscha went into this process with great intentions and a lot of heart as did Solnce. But having good intentions is not protection from outcomes such as these. If one good thing came from the heated discussions online it is that many people who had not even heard of cultural appropriation had their eyes and hearts opened to this and it is by keeping an open heart through this we can hope to avoid things like this happening again.



Erena Tomoana wearing the Solnce wrap she helped name.

When I approached Erena Tomoana about her collaboration with Solnce she said this “I have honestly spent so many hours on researching, consulting and sharing culturally appropriate approaches & info with her (the owner of Solnce) she has such an open mind and heart and is very committed to getting it right.”

Avoiding cultural appropriation is not about ticking boxes, or meeting minimums, it is about listening, and taking time to truly hear.

RESPECT OR THEFT?

CULTURAL APPROPRIATION IS THE TAKING OF CULTURAL EXPRESSIONS, SYMBOLS, CEREMONIES, INTELLECTUAL PROPERTY, AND WAYS OF KNOWING FROM ANOTHER CULTURE FOR OUR OWN SELF-EXPRESSION OR USE, WHILE STRIPPING THEM OF THEIR DEEPLY ROOTED CULTURAL IDENTITY AND SIGNIFICANCE.

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CULTURAL APPROPRIATION IS THE SAME AS CULTURAL THEFT. THERE IS NOTHING COOL, RESPECTFUL, OR FASHIONABLE ABOUT IT. WE CAN MAKE BETTER CHOICES!

Editors note:

This topic is so big, bigger than I could hope to cover in one magazine article. But I wrote this hoping to shed some light on what is a broad ranging issue that affects many, but is often dismissed because it is considered unimportant or simply ‘too hard’.

Throughout this article the focus has been on cultural appropriation and how it relates to birth, and by extension, infant nurturing, pregnancy and parenting. For ease of communication I have settled on ‘birth’ as a catch all label to signify all things birth related. This is because we are a birth magazine, and birth is the heart of our kaupapa. Throughout this article I talk about a concept most generally known as ‘natural’

parenting. This taxonomy loosely encompasses a range of parenting approaches from attachment parenting, to physiological birth, to baby wearing. What unites these different concepts is a desire to approach parenting from a physiological standpoint where biological precedents are honoured and there is a trust in the systems built through evolution to meet the needs of mother infant dyads. I toyed with various terms such as 'primal parenting' or 'needs based parenting' but quickly decided that these carried connotations that were unhelpful. I have settled on 'natural' knowing that this is a subjective and easily manipulated term. But one that is widely understood and acknowledged

I have also made an intentional decision to keep this article specific to Aotearoa, for obvious reasons I hope. This doesn't mean I haven't referenced events or instances of cultural appropriation occurring off of our shores. But when I talk about the impact of cultural appropriation I will be talking about how it directly and indirectly affects our Tangata Whenua.

The last, and hardest decision I made was on the use of the woman as the article pronoun. This was not done to exclude men from the conversation or imply that all cultural appropriation is a women's issue. But to recognise that birth as a physiological process is a woman centred process and that as a magazine that deals with birth, women are at the heart of our kaupapa. I started this article many times trying to use gender neutral or broadly inclusive language, not only did I find this erased women from the birth conversation but my sentences started getting heavier and longer and more clumsy. I was struggling to make a point that was succinct and meaningful. As well as this, for many centuries, the language and ownership of birth was masculine and this is continued in many of the reproductive rights conversations happening now. Our intention is to reclaim these narratives from a male medical model and bring it back to women who birth their babies.

Home Birth Matters recognises that families take many forms including same sex couples, gender variations and adoptive and single parenting models. We awahi these families and these parents and consider them as an integral part of our community. We honour their contributions and the love and wisdom they bring. For the purpose of simplicity in writing we choose language which most broadly covers our birth herstories.



KORERO

Sarah Buckley talks Birth.

By Home Birth Aotearoa

Sarah Buckley, author of *Gentle Birth*, *Gentle Mothering*, is the mother of four home-born children. She is also a New Zealand trained General Practitioner with training in family obstetrics and family planning. Her work critiques current practices in pregnancy, birth, and parenting from the widest possible perspectives, including scientific, anthropological, cross-cultural, psychological, and personal. She encourages us to be fully informed in our decision-making; to listen to our hearts and our intuition; and to claim our rightful role as the real experts in our bodies and our children. She has taken time out of her very busy schedule to answer our questions and we thank her for gifting these words.

What are the most significant changes you have seen in birth culture in the medical profession in your time practicing and writing?

I would say it's the advent of evidence-based medicine (EBM), which began with the 1989 publication of *Effective Care in Pregnancy and Childbirth*, the first publication in obstetrics from the Cochrane Collaboration. The EBM approach was revolutionary, providing an authoritative, accessible, evidence-based, perspective that generally has supported low-technology approaches in childbirth. The Cochrane Collaboration

continues to produce reviews of topics in childbearing that are recognized as the highest standard in evidence-based health care. (www.cochrane.org).

After 25 years, I think that we are now over the honeymoon period with EBM and some of the limitations are becoming evident. In particular, EBM is based on a “reductionist” scientific approach that focuses on one outcome. This has led, for example, to decades of early cord clamping (with what are now being recognized as harmful consequences for babies) because this was part of a package that supposedly reduced postpartum hemorrhage risk, which was the only outcome considered in the EBM reviews. In addition, the “systematic reviews” of EBM are only as good as the studies that are included, which reflect the questions that researchers are asking.

Up until now, there has been very little interest in longer-term outcomes in relation to childbearing and interventions, which I believe is a very concerning limitation, especially with our expanding understanding of epigenetics and the potential for long term effects from interventions in early life. See my 2015 report *Hormonal Physiology of Childbearing* for more discussion. The good news is that we are beginning to think more broadly and to appreciate the complexity of biological systems, including mothers, babies and childbearing. I intend that my work with hormonal physiology is a contribution to these more sophisticated, systems-based approaches.

In your opinion, what is the key thing that needs to happen to change the fear culture in birth?

I think we need many approaches to counter this. Some of the fear is actually based in reality, as many women do have a frightening time giving birth. (I think that this reflects the low priority that modern maternity care gives to women’s emotional wellbeing in labour and birth. In contrast traditional systems of birth care make the laboring woman’s mental and emotional state a top priority.)

Fear can also be used, whether deliberate or not, as a tool to maintain the status quo. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) statement on homebirth is a good example of this. These types of statement and opinions are out of step with the best evidence (including the Cochrane

Collaboration) and with practices on other places- for example, the United Kingdom Royal College of Obstetricians and Gynaecologists encourages homebirth.

I believe that the current escalation in this type of propaganda is a good sign that the movement for physiologic birth is gaining power. This is particularly evident in the US, where homebirth rates are rising, and the backlash against this includes publication of many of the poor-quality studies quoted by RANZCOG. In the end, I think that Womanpower—our collective voices, energy and passion for our children and families- is the most powerful force on the planet. Adding in the paternal passion and protectiveness that can be evoked when fathers are present in physiologic childbearing creates an unstoppable movement. Voting with our feet- and wombs- for gentle, physiologic birth and maintaining a public position to counter the misinformation are important. It can also be as easy—and powerful—as sharing our stories with family and friends, and supporting others to make these choices.

We are a national organisation, speaking for homebirth. What is the most valuable thing you think we could do to protect and promote physiological birth in New Zealand?

As above- you are doing a great job! I also acknowledge homebirth as the model that currently most supports physiologic childbearing. From a HPOC perspective, this is likely to give the best long-term outcomes for mothers and babies, both by avoiding unneeded interventions, which have impacts on hormonal physiology, and by optimizing physiologic processes including breastfeeding and attachment- see “biological bonding” in HPOC.

On your wish list for birthing women, what sits at the top?

I intend that women wake up to the power and pleasure of their childbearing bodies and to their innate capabilities—what I call “Mother Nature’s superb design.” I also intend, with HPOC, that we appreciate this from a scientific perspective so that we can protect, support, and promote physiologic childbearing.

Your recent publication “Hormonal Physiology of Childbearing: Evidence and Implications for Women, Babies, and Maternity Care” is a comprehensive guideline to the importance of physiological birth. How would you like to see this inform our medical birth professionals?

It is obvious that much needs to change to support physiologic birth, but the good news is that shifts are happening, especially in the last few years. When I began writing *Hormonal Physiology of Childbearing (HPOC)* in 2006, there was very little research and understanding about hormonal physiology, but now we have much more interest and engagement among clinicians, researchers and parents.

In addition, we have a better grasp of concepts like physiologic birth, salutogenesis, and epigenetics, which underlie HPOC. (You can search these in the report [here](http://transform.childbirthconnection.org/reports/physiology/)<http://transform.childbirthconnection.org/reports/physiology/>) The intentions of myself and my colleagues at Childbirth Connection, who worked with me over these years, and the National Partnership for Women and Families, who sponsored the report, are to have this information as core learning for all maternity-care professionals, and informing clinical decision-making for professionals and for parents. We have now begun publishing papers in peer-reviewed journals to bring this perspective into mainstream maternity care.

Your work in birth has been inspiring and tireless, the birth community owes a huge debt of gratitude to the work you do. What inspires you to bring this information to our birth community?

My own beautiful experiences of giving birth to my four children at home are the gifts that keep on giving. Even through the teenage years and beyond, I can still connect with the pleasure of their births and of early mothering, and the ease it gave me in those intense years. Out of this deep embodied knowledge, along with the intellectual understandings I've gained through my research and writing, comes my intention is that

every mother, baby, father, and family gets the best possible start, which in my world means optimizing hormonal physiology in every childbearing situation.



Sarah Buckley and her family.

Header photo generously gifted for use by Jerusha Sutton who is a photographer and doula working in Australia. Her work recorded the Home Birth Australia Conference of 2014 including the beautiful picture of Sarah Buckley that graces our header image. To see more of Jerusha's work you can visit her site <http://www.jerusha.com.au/>

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BIRTH STORY

The Birth of my Son-Shine.

By Xavia Healy-Diaz

The evening before Rico was born I was in the middle of making Anzac biscuits when my friend and I remembered that we had seen a cow in labour down the road. So off we trotted, saw the calf all wobbly legged, and then headed back up to the house. As we approached we saw black smoke billowing out of all the windows and doors – we had left a pot on the stove. I felt so terrible – what if I burnt the house down? What if all the baby clothes got burnt before I got to put the baby in them?

That night at my mum's (my house stunk so much of smoke that I had to leave) I lay in the bath feeling totally terrible. I was tired and over it and felt like by the morning, I better have a baby or feel better but I could not go on feeling like this.

That night I got up to go for a pee and had my bloody show. I was pretty excited and suddenly every movement for the baby was important (to me anyway). I was all jumpy and couldn't sleep. My family has a bit of a history of really long early labour and I remembered what the midwife told me.

“There are two things to do in the really early stages of labour. They are eating and sleeping because you won't be able to do either of those things later on.”

I sure as hell couldn't sleep so I got up and ate some toast. After that nothing had happened so I went back to bed.

In the morning I was pretty flat so I just rested at my mum's place. About midday I took a homeopathic spray with caulophyllum in it, and started having my first pangs about a minute later. They were kind of like period pain but sharper and they were definitely in the front not the back. They stayed regular at 10 minutes apart all afternoon but I didn't really think it was labour.

I had a midwife appointment in the afternoon, so Adam and I went to that. Our midwife Kate, said that often the early contractions can be the hardest to deal with as your hormones haven't kicked in yet. She also recommended I try tensing everything up on one contraction to see how important it was to stay relaxed, but I never did that, I was too scared.

Adam and I drove back to Leigh. I didn't like talking to through the contractions so we made a code word, and when I didn't want to talk I would say "morepork" so he would know just to give me a minute. It was great actually and we used it all the way through the labour. We went to the Sawmill Cafe (where I used to work) for dinner on the way home. Everyone kept asking when I was due. When I told them I was three days "overdue" they were all like "oooh well I hope it's not long now" and "take it easy while you can". I didn't mention I was pretty much in labour, seemed a bit personal.

After we got home we watched a bit of TV, Adam half heartedly rubbed my feet and then I thought I'd better get some sleep, so I took some panadol and went to bed.

I woke up later, I don't know when but maybe about 2 hours later and the contractions were getting pretty full on. I woke Adam up and he got up and moved a big chair into the birth room we'd set up. The contractions were getting pretty intense by then, not really that pleasant. We rang Kate our midwife - the contractions were about 2-3 minutes apart and nearly a minute long. Kate said it sounded like they were still a bit irregular and it would be good if I could relax a bit, so maybe have a shower or a bath, and to ring when Terry said to. (Terry is my mum, for whom Rico's birth was the 21st she'd attended). So next we rang Terry. She came up with my sister Tureya, and my dad Rique to finish setting up the pool. It turned out I hadn't read the instructions properly and there was still heaps of setting up to do, we needed a battery we didn't have and it all got a bit stressful. Luckily the neighbour had a battery.

This was the worst part of the labour, when it was quite stressful and there was seemed like there was still heaps of setting up to do, the califont for the pool kept leaking gas, my dad wouldn't lend us his watch to time the contractions, which were really intense

by this stage. Then after all that, I got in the pool when it was ready and absolutely hated it!! It made it WAY more intense and changed where I was feeling it so I got out again.

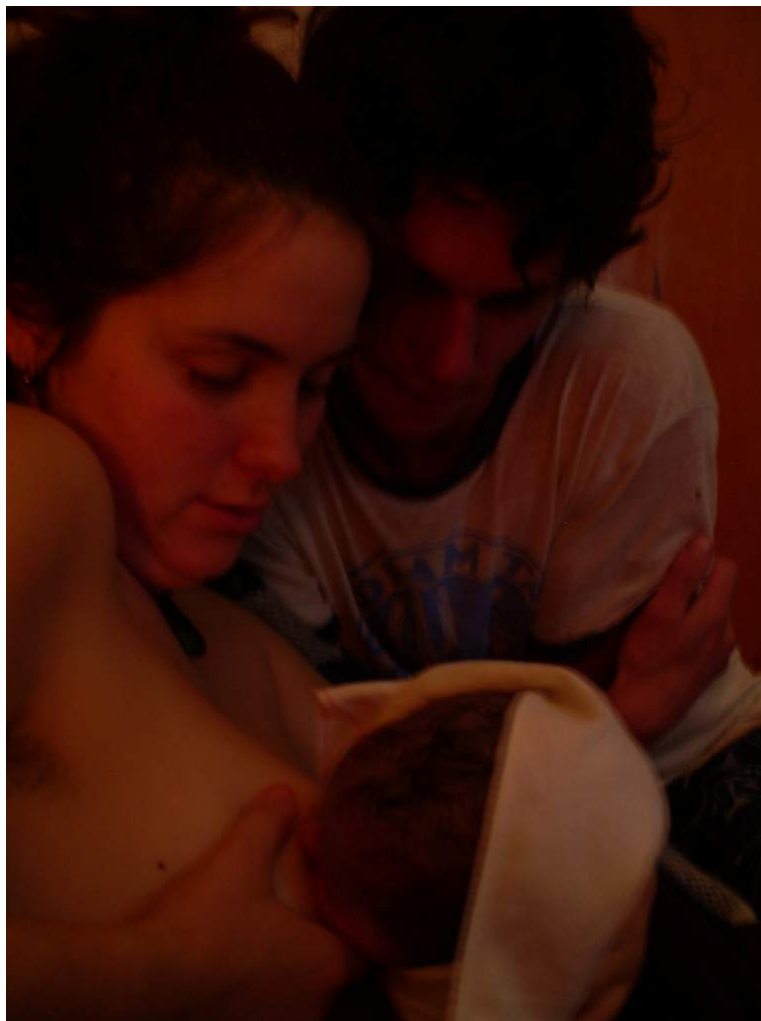
We had moved into the room Tureya and I had set up all nice (sisters are heaps better at that kind of thing than partners) and lit the candles we had made. Once the midwife arrived it was better. The energy wasn't so scattered and I could focus. I had read and been told at ante natal that lying on your back is the worst way to labour, but for me I laid down for an internal and that was me. I was most comfortable I'd been. Stupidly, I hadn't organized anywhere to lie down in the room, so we had to pull and squab out of the wardrobe and laid it kind of across the doorway...and I lay there pretty much until Rico was born 4 hours later!

I was really terrified that Kate would arrive and say I was only like 3 cm dilated, so I was stoked when I heard I was 8cm! I puked a few times, and that sucked but hey, I've since read that vomiting help open you up so it probably a good thing in the end.

Like I said, I was really comfortable and not long after Kate arrived I really got into the swing of things. I was leaning back on Adam and drifting off to sleep in between contractions, which were about 5 mins apart again at that stage, then sitting up and focusing on a point and making a loud low guttural noise when I felt one coming, then drifting off again. That was the trick I found, to be prepared, listen to myself and get ready as each one came on. If I was talking or something and one took me by surprise, those were the contractions that were really hard.

My mum kept encouraging me to move into a different position to see if I was ready to push, but even though my body was I wasn't so I just lay and lay and lay, for about like 2 hours. Eventually I needed a pee so I got up and went to the toilet. When I was coming back up the hall I was overcome by the most intense urge to push!! I grabbed Terry, who was luckily right there, and bore down hard. I liked leaning on her to push as she has massive titties, which I could lean on like a shelf. Then I knelt down, facing Adam to have the baby. I have to say it really did feel like it was coming out my bum! He went in and out for what seemed like ages, moving past the bones, and then finally crowned. We could put our fingers in and feel the top of his head, which was pretty awesome. The head came out first obviously, then one more big push and out squirted the whole baby!! Which, by the way, is the most amazing feeling?

He landed behind me on the mattress and I somehow turned around without stepping on him (he was kind of behind me and underneath me), there he was! A whole baby with a massive cone head and black, black hair. I picked him up and he was all slippery and slimy and strong! It was pretty hard to keep a hold on him when he kicked. I cuddled until the cord stopped pulsing and Adam cut it. All the time I just kept saying “my baby my baby my baby”. We all three got in the pool then to wash, we had some meconium on us, and I nearly dropped the baby coz he kicked and he was strong. Afterwards Kate helped me to put him to the breast.



Bringing baby to the breast

Then we opened the curtains and realized it was daylight outside, the night was over, the hard work was done and we had a tiny baby boy!

Adam was my pillar of strength. From the time he woke up I was ok as long as he was near me. I held on to him and his strength and calmness helped me stay calm. He was amazing at know what to do and what to say and without him it would have been a completely different experience.





INSPIRATION

The Knitting Midwife.

By Libby Jonson

I am told there is a long history linking knitting with births and many stories of midwives quietly knitting while keeping a mindful eye on labouring mothers. I'm not a midwife but I'm a mother and a knitter and, although none of my midwives knitted at any of my four births, I love this idea and everything it evokes.



Michel Odent, Obstetrician, is an advocate for midwives knitting while women labour.

My Grandmother taught me to knit when I was a small child and I started sewing little projects a short while later. I remember my childhood and teenage years as a long

happy creative adventure. Like my mother, I was a prolific maker and like my father I was a fearless crafter, trying my hand at anything and everything. During my twenties sewing took over as my craft of choice but in my early thirties, with the birth of my first baby, I picked up my knitting needles again and I still haven't put them down, thirteen years later.



Knitting and small children go together in a way that nothing else does. My kids don't seem to notice me knitting. They can potter, play and be happily engaged for a long time when I'm sitting nearby and knitting. Unlike with sewing, reading, using a computer or smart phone, when I knit I think they feel as if I am quietly present and this is reassuring for them, so they can get on with their business of playing. My eyes aren't fixed on something else, my mind isn't consumed elsewhere and I can still chat and smile and nod when I need to without giving the impression I'm being interrupted or biding time before I get on with the next chore. Knitting has been a wonderful addition to my mothering.

I imagine that all of these qualities apply equally to midwives attending a birth as they do to me and my children. In fact, I wonder if a bit of knitting in the background might not have soothed my nerves and uncertainty at how long my first birth seemed to be taking and might not have allowed me to get on with my business quietly and privately (as I'd learnt I prefer to do) when I was labouring with my fourth.

Knitting is a gentle, rhythmic activity that quietens and calms the knitter and in turn, those around her and this is just what we need when we're delivering our babies. Like many, I had a long labour with my first baby. I was conscious of the clock and at the back of my mind harboured the thought that I was taking too long and inconveniencing everyone, despite their reassurances otherwise. A knitter subconsciously sends a lot of messages to those around her, particularly the kinds of messages I needed that first time. A knitter is not in a rush. The click clack of her needles tells us "don't worry, I don't need to be anywhere else." It also tells us "I have all the time in the world, you do what you need to do". A knitting midwife has the special ability to say even more. When she sits and knits as we labour we hear "everything is ok" and "you're doing fine" and "this is normal".

I was lucky to experience a truly wonderful birth with my third baby. My labour was slow to get into a regular rhythm but once it did it was speedy, relaxed and without pain. My daughter was born unexpectedly but easily, about 15 minutes before the midwife arrived. Several years later, when I had my fourth baby, I experienced very mixed feelings. While on the one hand I was keen for the midwives to be present, on the other, I really wanted everyone to go away. For a long time I lay in the bath upstairs on my own. Downstairs I could hear my husband making cups of tea and happy chit chat while the midwives sat waiting. When I finally emerged and came down to the warm kitchen I felt everyone's eyes on me. I couldn't articulate it but while I wanted their presence, I didn't want an audience.

Knitting would have worked wonders in that situation. I didn't feel like I needed help or encouragement, I just wanted to know someone was there. A knitting midwife can sit quietly and be present without obviously watching. As she knits row after row she is reassuringly present and occupied but she isn't completely distracted. I find it truly wonderful and amazing how this simple, ancient activity can be so powerful and I although I am biased and want everyone to give knitting a go, I encourage midwives to pick up their needles first.



So, what is the best thing to knit if you're sitting with a labouring woman? I'd go for something small and not too taxing. I think a smaller item tells the mother "I'm available" and a simple knit makes it easier to knit without referring to a pattern and also to glance up from your knitting and put it down mid-row. Socks, hats and simple shawls are great "out and about" knitting. They fit into tiny spaces and can be made on circular needles thereby eliminating the possibility of needles clunking to the floor and rolling between floorboards! Larger garments knitted in pieces would also work but I wonder if a huge jumper knitted in one piece is more likely to suggest that you already have a lot on your plate and you're not as available.





The idea of knitting a little bonnet or booties for the baby that's to be born is a rather lovely one. It may even increase feelings of trust between the midwife and the parents. There are lots of patterns around, take a look at www.ravelry.com if you're stuck for ideas. I guess the main thing is to have lots of wool and perhaps a spare set of needles at hand so there's always something to knit!



Libby Jonson is a passionate knitter and knitting pattern designer who lives in rural New Zealand with her husband and four small children. You can find her at www.trulymyrtle.com



VOICES

Lessons from Giving Birth.

By Alison Barrett

Mourn with us. Smile with us. Celebrate a life with us, and sorrow in the loss of one dear to us.

On Mothers day, 10 May 2015,

a daughter lost her mother,

a mother lost her daughter.

Olivia Christine Barrett-Hogg

daughter, mother and midwife becoming, passed in peace

surrounded by the love of her family.



Olivia's mother, Alison has written for us before, and we help her to hold the memory of Olivia close, by sharing with her permission and generosity, this article she wrote a time ago.

Dear Wendy

When I was in labour with Olivia, you were there, and I hated you. Don't take it personally, I hated everyone. I was in pain, and not having fun. I felt sick to my stomach, and shaky, and in pain, and those feelings mixed up together in a hot and cold mess of misery. The nausea shakes and pains came at me in disorderly unpredictable waves, I couldn't brace myself against them. At that point, I was mad at the world.

For a price, you can employ other people to do most unpleasant things in life. You can pay someone to wash your windows, to scrub your toilet, to clean your stove. Some things you can avoid doing entirely, a favourite technique of mine. This makes sense because according to a quiz I took on the internet I'm an anxious avoidant on the attachment scale. My oven cleaning strategy illustrates this perfectly. Normally, I just don't clean my oven. Things merely burn off as they crust over and reach a critical

mass. Pregnancy and birth don't work that way. You can't get a stand-in for the unpleasant parts.

In my case though, the pain brought important lessons. First, I'm really good at birth though no one could say I enjoy it. I know women who do: I shake and vomit on the floor, like I've had too much too fast to drink at a party, like I'm having a bad acid trip.

The hangover part is missing though. Instead, I get this grand afterglow, the kind of buzz addicts everywhere search for endlessly. The kind of feeling you might expect to have when you've died and actually gone to heaven. Complete with angels. One anyway: a plump, pink and juicy freshly squeezed angel baby that plops out of your vagina. It's ridiculous, hysterical, and also true.

The second lesson was this. I'm getting serious now. When I had Olivia, there was a point where that intense feeling of hating you and everyone else because you all were enjoying your lives and not in pain—so unfair - there was a point where this feeling suddenly gave way and I realized something: *I was alone*. With my baby yet to be born, I was alone. With a room full of supporters, I was alone. No one could birth the baby for me. The labour was mine and mine alone. It would continue inextricably as death follows life.

The Jesuit priest Henry Nouwen wrote in his book *The Wounded Healer* that “the painful experience of loneliness is an invitation to transcend our limitations and look beyond the boundaries of our existence”. He wasn't kidding. My painful experience of loneliness just happened to coincide with the pain of labour, but the transcending bit was exactly the same. This was a gift, filled with promise. I looked at the boundaries of my existence and found the space it enclosed to be empty.

Nouwen writes that we spend our lives trying to fill this emptiness, to meet the right person who will complete us, to have a job that makes us feel powerful and special, to read a book that will have all of the answers. Or we drink, or become addicted, or shop. We are depressed, sad, anxious, unhappy. It is all everyone else's fault. There I was, in a blue cotton hospital gown that did up the back, in a room full of people, alone with my pain. And like Nouwen said, I too have tried to fill this emptiness.

How many of us really ever come to know the mind of any other? We read of suicides, of murders, of murder-suicides, the neighbours say during interviews on TV “I had no idea”. I think it's because we keep the worst of ourselves, the empty space we all have—mostly hidden from each other's view.

There's a quote that says that having a baby is to forever know what it's like to have your heart walking outside your body. This is true. But it's true when we have any meaningful relationship. Real relationships have real meaning only if we put ourselves on the line: we let them have a piece of our heart to carry with them, to do with what they will. We give away a lump of our own myocardium and we risk that others will not value or cherish it. Sometimes they can't even hang on to it; they let it die for lack of caring. Meaningful life is a willingness to be vulnerable with our true unvarnished secret self, the self that approaches –but can never truly banish—the truth of our isolated existence.

Time has passed since that birth, but I remember it all so clearly and I always will. We had the same due date, you and I. But I went into labour before you, so I came to your birth a few days later with my daughter, the first birth she has ever attended. You sang in labour, like you always did. Each note held, clear and beautiful, moving higher and higher up the scale. You are a true soprano. I imagine you filled your empty space with song. Your son is a musician now and my daughter is studying to be a midwife and I don't know if that means anything.

What I do know is this. We all get here- one way or the other- from the body of a solitary woman (results may vary). There is always blood. There is almost always pain. There are sometimes drugs; forceps, surgery, prematurity, inductions, stitches. Sometimes, the pain is not understood or comprehensible. Sometimes no one cares. Sometimes it's really ugly. Sometimes it leaves scars. Sometimes it's nothing that fabulous or transcendental. Sometimes it's ordinary, straightforward, routine. But maybe birth could have something valuable to teach you about yourself.

You can listen to my friend Wendy's heart walking outside her body here:

<http://keenanreimerwatts.bandcamp.com/album/thoughtful-music-and-other-music>

In memory of Olivia, a midwife to be, a mother of mothers and treasured by all that knew her:

“Olivia was a talented student, a generous fun-loving friend and valued member of the midwifery community. The memory of her time with all who knew her will be treasured. Olivia was completing her midwifery degree, she also had a fondness for Owls, with this in mind the family has requested that in lieu of flowers any expression of condolence should be towards supporting the following:

-Midwifery Memorial Fund account NZCOM acct 03 1555 0005336 00 Ref Olivia.

-The Friends of Algonquin Park, via their website <http://www.algonquinpark.on.ca/foap/donate/in-memorial.php>

-Wingspan National Bird of Prey Centre http://www.wingspan.co.nz/wingspan_bird_of_prey_sponsorship...



Algonquin park is the home of the Great Grey Owl



The Sitting Time – By Joe Digman

*Don't listen to the foolish unbelievers
Who say forget.*

*Take up your armful of roses
And remember them,*

The flowers and the fragrance.

When you go home to do your sitting

In the corner by the clock,

And sip your rosethorn tea,

It will warm your face and fingers

And burn the bottom of your belly.

But as their goneness piles

In white, crystal drifts,

It will be the blossom of their moment:

The warmth on your belly,

The tiny fingers unfolding,

The new faces you always knew

That have changed you.

Take their moments

And hold them

As every mother does and every

father does,

They will always

Be your children.

And when the sitting is done,

You will find

Bitter grief could never poison

The sweetness of their time.



VOICES

A Journey to Homebirth.

By Jana Isabel Loorparg

I always knew home birth existed, but up until I became pregnant with my own child in New Zealand, I did not know anyone who had had one. I grew up in Germany and – like most of us – I grew up to believe that birth is a painful, dangerous thing, and that to *give* birth, I would have to go to hospital. My mother’s birth experience had proven this. The birth of my sisters and me was thoroughly managed. My mother was induced, shaved, spurred on with synthetic oxytocin and an epidural, given an episiotomy. She ended up with three forceps deliveries.

Needless to say, I grew up horrified of birth. All throughout my teenage years I was convinced that to bring a child into the world, I would have to have an epidural and an episiotomy as part of the standard procedure. My anxieties were fuelled by the images I saw on TV. You know the ones – screaming, panicking women being wheeled into the hospital, on their backs sweating and panting, clamouring on to their partners, being told to push, swearing at the hospital staff to get them an epidural.

A normal birth seemed to me the exception rather than the norm.

Then, just over two years ago, I became pregnant with my son Bruno. As much as I was looking forward to being a mother, I was also instantly thrown back into “having to go through all that”. Even though I had heard of things such as unassisted childbirth, I was oblivious still to the research regarding normal ‘undisturbed’ birth and childbirth interventions, nor did I even consider home birth a possibility. That’s because home birth in Germany is rare. At present, the rate lingers somewhere around <1%. With an

increase in liability insurance from 2016 however, independent midwives are going to struggle making a livelihood from their profession. Birthing units too are in decline, leaving pregnancy and birth in the firm hands of Obstetrics and Gynaecology.

When I saw my GP here in Wellington to confirm my pregnancy, I was surprised to find out I had to look for a midwife. In Germany pregnant women are looked after by gynaecologists, who do routine scans with every visit. The long list of midwives the GP had given me looked daunting. Who should I call first?

One night, I talked to a dear friend, who had had both a hospital and a home birth. This was the first time I listened to a home birth story, and I listened carefully. My friend told me how much she enjoyed having her second baby at home, compared with her experience in hospital, which ended up with an intervention.

Talking to my friend made me realise that in addition to the anxiety and nervousness I felt at the prospect of giving birth, there was also a part in me that secretly wanted to give birth and that felt excited about it. Despite all the negative things I had heard and internalised, I was curious about the whole experience. I remember going home that night thinking, *so it is possible, it can be done, you can have a great birth. You can do it at home.* This feeling scared the heck out of me, because it was in such direct opposition to everything I had internalised about birth. Who was I to think that I could birth this baby at home, when everyone had told me that birth was difficult and painful and dangerous? And besides, who on earth would *want* that?

For a few days I felt hugely conflicted. Still the desire to take the matter into my own hands remained, and so instead of just randomly calling up midwives, I decided to dial up midwives with a focus on natural and/or home birth. I found one quickly. Our first meeting was good and I decided to stick with her. She was young and seemed open. I asked her a lot of questions, but I don't actually remember speaking to her about home birth in the first meeting. Still, her view was that birth is a normal event in a woman's life, and that in itself encouraged me to go deeper and find out more about what was lying ahead of me.

I started educating, or rather re-educating myself about childbirth, spending many a night with titles such as 'Gentle Birth, Gentle Mothering', 'Ina May's Guide to Childbirth' and 'New Active Birth'. The more I plunged into the literature, the more I became opposed to the idea of having a hospital birth. This time because I saw the stats. All this evidence that undisturbed birth with the support of a midwife is safer and more

satisfying, and still women go to hospital, women choose epidurals. Why? Is it because women don't want to, because they are scared? Or is it because they just don't know?

The more I ventured down this path, the more I became convinced that birth is an important rite of passage for a woman. A couple of times I went to a positive birth meeting here in Wellington. Talking to other women was extremely comforting. Going online too, I realised that there are many women - in New Zealand and around the globe - that felt the same way. I was not alone and certainly not a freak for choosing home birth.

My husband was very supportive of my decision to go ahead with the home birth. We booked ourselves into antenatal class, where we were outlined the cascade of interventions. Still, out of sixteen couples we were the only ones planning a home birth.



Jana being supported in labour by her husband.

As the relationship with my midwife deepened, so did my confidence that I would be able to do it. Yoga and meditation too helped me to prepare myself for the task. One of my core birth affirmations became 'this too shall pass'. In the last few weeks of my pregnancy I saw an osteopath, to make sure my pelvis was okay, and an acupuncturist.

As Bruno was in anterior position, we spent about five weeks trying to turn him. He finally turned during the birth.

During all this time my parents and in-laws remained sceptical. I could not blame them. They did not have a midwife to talk to, did not read the books I read. Whenever question regarding our decision arose however, I sent through short articles and stressed that if they had any questions, I was happy to talk to about them.



Our journey to home birth ended happily. Bruno was born after eight hours of established labour in our tiny Wellington apartment. But as easy and straightforward as all of this may sound, it took me a lot of mental and emotional re-thinking and re-evaluating. It took courage. For weeks I was plagued by guilt. Still, I persisted, letting curiosity, intuition and the power of knowledge take the lead to step out of the reality that others had carved for me. To date that is my greatest achievement. It helped me grow as a person and made me realise that my health and well-being are first and foremost *my* responsibility, that I have a say, that I have a choice. Despite having birthed a beautiful, healthy son, the knowledge I drew out of this experience has been the greatest gift.

If anything, we need to continue to share our stories and keep this path - the journey to home birth - open, for all women, always.





REVIEW

Undisturbing Birth.

By Rangimarie Aperahama & Madison Fredheim

Sarah Buckley is not only a Dr at the forefront in her field, exploring the true physiology of birth. She is also a passionate advocate for home birth. As part of her 'Undisturbing Birth' workshop, Sarah Buckley gave our Home Birth community an opportunity to join her on the day and feed back on their experiences. We gained an incredibly enthusiastic response to our offer of seats gifted by Sarah. We could only choose two from our community to go, but as luck would have it we found two strong voices to offer their reflections on the workshop:



Our trustee Tammi heap enjoyed her day with Sarah Buckley.

Rangimarie Aperahama gives her thoughts and reflections on the day:

I recently had the privilege of attending Sarah Buckley's workshop "*Undisturbing Birth*".

It was also a privilege to share the space with a room full of women who work in roles that support mothers, Midwives, midwifery students, birth educators, lactation consultants etc. Sarah's respect for them was evident in her continual reference about whether the information she was presenting was consistent with their observations and practice.

The workshop began with a mihi to Sheila Kertzinger, who had passed away two days earlier. Sarah acknowledged Sheila's contribution to the field of pregnancy and birth and to Sarah personally.

The remainder of the day was split in to three parts; the role of specific hormones in motherhood; the effect of interventions; and the hour after birth.

The four hormones covered were Oxytocin, Beta Endorphins, Catecholamines and Prolactin. As someone new to this, and having just birthed my second child, there was a lot of information of interest to me. Each hormone is required at particular times and particular levels to facilitate labour, and deviation has flow on effects to the others, for example an excessive amount of either catecholamines or beta endorphins causes a reduction in oxytocin. The hormones also play a critical role in attachment between mother and child. The mantra for this part of the day was that a birthing woman should feel "private, safe and unobserved" as this created the right environment for birth to progress and for the long term health of her and her baby.

The evidence Sarah presented demonstrated that not only do the hormones have effects on one another but that disturbance to that process by the introduction of interventions had flow on effects during labour as well as long term. The second part of the day was about the impact of three interventions, synthetic oxytocin, epidurals and caesarean section. Given their prevalence in today's birth environment, I wish I'd informed myself better about the issues around each intervention. My recent labour was augmented with Syntocinon, a synthetic oxytocin. Once in hospital it felt like there was pressure for decisions to be made and it feels like those decisions were made with very little information about the risks. Sarah explained that while synthetic oxytocin is the same molecule it does not pulsate like the oxytocin naturally released in our brain, therefore the body's natural response is to reduce the oxytocin receptors on cells,

which actually reduces the efficiency of contractions. Synthetic oxytocin does not effectively cross the blood brain barrier so it lacks the analgesic effects of natural oxytocin, meaning stronger contractions with less natural pain relief. This often results in women requesting epidurals. Sarah also noted that in animal studies epidurals were shown to have detrimental effects on the attachment of mother to offspring.

The hour after birth was the last section. Here Sarah talked about the ongoing role and prime conditions for the same hormones to function in the hour after the baby is born. By this stage of the day, the babies in the room were ready for a change of scene so I wasn't able to take on as much information. The take-home message seemed to be directed to those in the room that support women during labour. "Keep the mother undisturbed, keep baby with the mother, don't clamp the cord".

The whole day was jam packed with evidence of the physiology of motherhood and the effects and potential effects of interventions. Quite sobering when you consider the rising prevalence of interventions in the developed world.

I was born at home in Northland in 1981.

At 2 we moved to Lumsden Maternity Hospital where mum was the lead midwife. I used to run around the hospital, and peek under the doors all the time. The sounds and sights of birth were very familiar.

I have felt very strong and capable as a woman and mother, perhaps to the point of arrogance. I didn't seek out information about nurturing the physiology of birth or of the risks of interventions prior to becoming a mother.

At 17 I gave birth to my first child. I wanted a home birth. I was past my due date and afraid of having a hospital induction so I used castor oil to bring on the labour. We laboured at home but after about 12 hours transferred to hospital. I went into second stage on the car trip. My daughter was born within half an hour of arrival without intervention.

At 33 I gave birth to my second child. I wanted a home birth. I was past my due date and afraid of having a hospital induction so I used castor oil to bring on the labour. We laboured at home for about 20 hours and then transferred to hospital. To my surprise I didn't go into second stage in the car this time. We got to the hospital and someone made a comment about how different the clinical room was to where we'd come from. I

had a feeling of familiarity with the room from our time in Lumsden but I didn't like the shift in energy, the undertone that I had lost my autonomy. The registrar came and asked what I wanted "As little intervention as possible". He explained that if synthetic oxytocin was given that would increase the pain of the contractions which often meant women asked for epidurals. I was vaguely familiar with the cascade of intervention that potentially followed. We also had some discussion about the need for the CTG, which seemed to be the only barrier for me to stay mobile. I guess from this I deduced that there was some risk to the baby with the introduction of syntocinon. I can't recall any other risks being discussed. I gave my consent as it seemed like "why else have we come here". I took myself to the bathroom and my contractions seemed to be getting stronger. The registrar put the intravenous line in my hand and checked my dilation, 4cm. My midwives left and a hospital midwife, Michelle, came in to start the drip. Michelle was very responsive to my wish to stay standing. She brought the drip and the CTG machine to the end of the bed so that I could remain mobile. When the drip started I couldn't feel any discernible difference in the strength of contractions. After about 10 minutes Michelle came back to the machine and seemed to increase the dose. I thought she'd gone too far and that I was in trouble. I think now that my baby's head had actually come down through my cervix. Within 5 minutes my daughter was born.

Now, having been to Sarah Buckleys workshop "Undisturbing birth", I have some thoughts about the way my two labours have progressed. Maybe I didn't have enough Oxytocin receptors because I induced the labour. Maybe the place that makes me feel safe in birth is a clinical room, because of my mind's association of birth with Lumsden hospital. Maybe I could have been more aware of my desire for privacy.

I hope the information Sarah presented creates change in the institutions and systems in which interventions are becoming more and more prevalent. More importantly I hope it, and the complementary wisdom of midwives like Sheila Kertzinger and Joan Donnelly, find their way into the minds of women and helps them to feel strength in their ability and knowledge of how to nurture their physiology, so positive natural birth stories are the norm.

Nga mihi to Sarah and to homebirth Aotearoa for the opportunity.

Madison Fredheim gives as a beautiful and nuanced insight to her experience at the workshop:

Kia Ora Everyone!

My name is Madison Fredheim, a third year student midwife at Auckland's University of Technology. First of all, I would like to say a big thank you to Sarah Buckley for her knowledge and kindness, and Home Birth Aotearoa for the opportunity to submit an article; I feel very privileged and have enjoyed writing up my account to share!

On the evening of the 13th of April at 11:30 pm or more commonly known as 2330, I was snuggling down into my scrumptious duvet and pillow, being happily consumed by them. Following this moment of blissful indulgence, naughtily I scooped up my phone off the bedside table and half read my emails.

I don't know what I was expecting to find when tapping the email app; a Power Shop flyer, a farmers Club notification, another leaflet for the never-ending Briscoes sale. I had checked through my emails already that evening and wasn't expecting anything of great importance. Then, my scanning eyes stopped, a title had caught my interest, I gasped, paused, and let out more well controlled "Oh My Goodness!". Due to a series of events, I was offered the chance to attend Sarah Buckley's Undisturbing Birth: Whole-day workshop, for free!

I couldn't be happier! I had read Sarah Buckley's book "Gentle Birth, Gentle Mothering" in my first year of Midwifery training and found it not only incredible, but fascinating. To think the very next day I would see her in person, hear her speak and possibly get a picture next to her made me feel as though I was a child again on Christmas Eve.

Sarah began her Workshop discussing the origin of birth from an Anthropologic perspective. It is believed that birth and placental mammals have evolved alongside one another for 65 million years!

This information for me has reinstated the purposeful belief in women's bodies as birthing bodies. Aren't women's bodies clever? I found this information very encouraging. I also found it interesting that, the average human life lasts 60 years in New Zealand, and although the amount of knowledge a person may learn or discover in their whole lifetime may seem substantial, it's really no competition when put up against the age of Mother Nature. We really do have a lot yet to discover if we want to make up for 65 million years! Furthermore, Sarah lines up the components of

reproductive success as evolving for our survival (safety), efficiency (ease) and reward (pleasure). Therefore, reproduction and birth is the foundation of our survival, individually, and as a species.

I found Sarah especially captivating because as Michael Odent states, she is multi-lingual. Not only does Sarah speak from a medical background, she can also speak the language of a Mother who has birthed her four children at home. This has highlighted within me my own journey as a woman parallel, but separate to, my journey as a midwife. As a young woman, I look forward to the day I can have my own births and babies, I wonder about my birthing, what will personally resonate with me and look forward to connecting with and discovering my body. I look forward to discovering my strengths and weaknesses as a parent, and as my babies grow, loving like I have never loved before. In my travels, I have found a quote by Author Elizabeth Stone that naturally links us onto the topic of hormonal physiology and childbearing. "Making the decision to have a child is momentous. It is to decide forever to have your heart go walking around outside your body. "

Attending Sarah's workshop enlightened me to the essential role that hormones play during labour, birth and breastfeeding. We considered the birth environment whereby the hormonal processes are enabled and supported. Sarah reinforces the importance of avoiding environmental disturbances; and feeling private, avoiding anxiety and fear; and feeling safe, and thirdly, avoiding the presence of an observer; and feeling unobserved. In short, and as was our chant on the day, "private, safe and unobserved!" were the core requirements needed to protect and promote normal physiological labour and birth.

My new understanding, provided me with insight as to how everyday happenings in our current birth culture can potentially put this beautifully orchestrated balance, and therefore Mother and baby, at risk. I have reconsidered exploring how as a Midwife, I can facilitate women feeling private, safe and unobserved. Not only have I realised I needed to do more research around the subtler ways I can support the maternity female hormones, but I have also realised that there are many unrecognized and abstract ways in which the estatic hormones (and labour) can be disrupted.

In New Zealand today, it does not seem that many women understand the maternity female hormones or how they work to benefit the birth of their babies; nor the extent to which they can influence breastfeeding. To me, this raises the question, how well are health professionals informing New Zealand women of the short and long term risks

associated with intervention in labour? And, how well are health professionals educating, supporting and revealing to women their Motherly authority, true capabilities and embodied knowledge? Surely, if women knew this seemingly hormonal secret of Motherhood, they would more commonly exalt in birth instead of fear it.

The ecstatic hormonal cocktail involved in labour and birth to enhance ease, pleasure and safety consists of a great number of hormones. However, the key four focused on during Sarah's workshop were oxytocin (the hormone of love), beta-endorphin (the hormone of pleasure and transcendence), adrenalin and nor-adrenalin (the hormones of excitement) and prolactin (the hormone of breastfeeding and bonding). These hormones increase during labour and in the minutes after birth, Sarah illustrates that Mother and baby are surffused in brain and body. Postnatally, the peaks of these hormones and the behaviour they promote aids to facilitate long-term breastfeeding and attachment.

Reflecting upon Sarah's information, I explored how it will influence my practice. I have been to one homebirth in my two and a half years of training and what I have experienced aligns with what Sarah has said. However, following my first homebirth, I couldn't help but feel disappointed. My current lack of exposure to homebirths means I have missed out on experiencing what physiological birth looks, sounds, smells and feels like. Midwifery is a unique profession where we have the chance in New Zealand to provide good quality women centred care in the environment where the majority of women undoubtedly feel most comfortable. But how can I provide this option, promote and protect physiological birth if I don't know what physiological or instinctual birth is? I felt primarily disappointed about my lack of exposure to homebirths because birthing at home facilitates such a safe, healthy, loving, more relaxed and personalised birthing experience for women and families.

At the birth I attended, the woman was in complete darkness, in a pool, and in a room with curtains separating her space with ours. She seemed to have felt private, safe and unobserved. I was able to hear how her labour progressed purely by the tone of her voice as she behaved instinctually to birth her baby. In my practice, finding ways in which I can prevent disturbing labour and birth firstly meant I had to understand what private, safe and unobserved meant, for women.

"Private" can be described as something belonging exclusively to the woman or to a small group of people that is not to be disclosed with others. Private is also described

as a person having no official public role or position. While these descriptions helped my understanding, the synonyms were where I found the most insight; personal, one's own, individual, confidential, secret, classified, particular, special, unofficial, not to be made public, not to be disclosed, back stage, offstage, exclusive, intimate, innermost, inward, unspoken, undeclared, unvoiced, hidden, reserved, introverted, self-contained, discreet, uncommunicative, unforthcoming, ungregarious, unsocial, withdrawn, insular, reclusive, hermit-like, secluded, quiet, concealed, remote, isolated, sequestered, undisturbed and lastly, alone.

“Safe” can be described as feeling protected from or not exposed to danger or risk; not likely to be harmed or lost. Synonyms for safe were; protected from harm/danger, shielded, sheltered, guarded, defended, secure, safe and sound, out of harm's way, right, risk-free, riskless, unassailable, invulnerable, harmless, innocuous, non-toxic, non-poisonous, non-irritant, benign, and lastly, wholesome.

Thirdly, “Unobserved” can be described as not being observed, seen or perceived, not to view, watch or note for scientific or official purposes. Synonyms for unobserved were; undetected, not discerned, unnoticed, to keep or maintain in one's action and not to regard with attention (especially when to see or learn something). On the contrary, antonyms for “unobserved” interestingly consisted of the need to obey, perform, comply or conform to; words that are synonymous with medicalised births.

Applying my current understanding to practice following Sarah's workshop, has enabled new strategies to be discovered. When a woman or partner has contacted me over the phone to say labour has progressed, instead of asking to put the woman on the phone to ascertain how established labour is, it would seem more beneficial to attend her home and 'experience' how progressed she is. By asking a woman linear and intellectualizing questions I would be encouraging her to focus on what I am asking her, and therefore, not on her body. As a midwife, protecting and promoting physiological birth, I want to discourage the use of her rational brain and instead allow the woman to submerge into her body via the Limbic system to facilitate hormonal processes. I could experience how she is by quietly entering the home, finding a seat respectful of the woman's birthing space and sit and collate information whilst “not observing” her by knitting, reading one of her cook books or by resting with my eyes closed. Additionally, instead of approaching the woman to notify her of my arrival, I could leave her be and wait for her, if she should want to, approach or talk to me.

Reflecting on the role of vaginal examinations, it would be possible to encourage women to do the exam themselves. This way, they can remain in their current position, they know their own anatomy and by sensation, they can conclude a measurement being less likely to hurt themselves. This seems not only to be in most cases more accurate but empowering for women. It enables women's womanly parts to remain precious, private and unobserved whilst in herself, safe, wholesome, effective and legitimate.

Women feeling as though they are the most informed body about their body I additionally believe, is extremely important. Since the day of each woman's first menstrual cycle, she has been the body to attend to, care for, and nurture her body. Since the moment of conception, through nine months of pregnancy, she has been the body to keep herself well through the "minor symptoms of pregnancy". At term, she has been the body to beautifully grow a fully functioning and complete human being from a single cell. May I emphasise, for such embodied knowledge women are employed twenty four hours a day, seven days a week for the majority of their lives. Unfortunately however, the discussion around undisturbed birth in healthy women, reveals the extent to which women's embodied knowledge and feelings of legitimacy can be undermined and undervalued by a medically orientated society.

Lastly, a seemingly unknown concept that sparked my interest, was how breastfeeding and attachment were largely emphasized upon by Sarah. She stressed that if the Mother could not breastfeed her baby in the wild, the baby would not survive. If the Mother was not motivated through attachment to pick her baby up and respond to its cries, like so, the baby would not survive. It became clear that the hormonal physiology of labour and birth, includes processes that ensure not only that the Mother and baby survive the birth, but also to facilitate a healthy, loving and attentive breastfeeding bond. Therefore, our hormones are not only essential for the immediate here and now, they are purposefully and inextricably linked to provide a strong foundation for the relationship between, and the holistic wellbeing of, Mother and baby. In turn and as expected, physiological hormonal birth processes have been seen to significantly increase successful breastfeeding rates, decrease post-traumatic distress syndrome and decrease the likelihood of postnatal depression.

To conclude, Sarah's invaluable and ground breaking research remains extremely relevant for a wide range of health professional practice, and public maternity health knowledge. As I approach the 'half-way mark' in my last year of midwifery training, I

aim to use the amount of time left to be with a midwife who actively protects and promotes physiological birth. I rejoice as a student and believe that Sarah Buckley's workshop has come at this time for a special reason unique to me.

Thank you Home Birth Aotearoa and Sarah Buckley once again for the opportunity to attend the Undisturbing Birth: Whole-day workshop. It was due to Sarah's kind generosity and donation of two tickets to Home Birth Aotearoa, that I was able to attend.

Kindest Regards,
Madison Fredheim
Third year student midwife
Auckland University of Technology

P.S Sarah's latest report is available as a free download from her website www.sarahbuckley.com of which she has encouraged us to share.



Our trustee Tammi and Rachel our national coordinator enjoy some cuddle time with Sarah.



NOURISH

A Recipe for Pate.

By Sarah Walker

Chicken liver pate is a rich and flavoursome addition to a winter pantry. It is also rich in a number of nutrients that are valuable to pregnant women including folate and other B vitamins including B12. There are also valuable minerals such as selenium, copper and iron. Pregnant women are often warned away from pate because Vitamin A has been linked with birth deformities. However the Vitamin A in liver takes the form of retinol or retinyl esters and as such has not been linked by study to any such defects like synthetic Vitamin A has. All of this aside, pate is delicious and this recipe most definitely so!

Ingredients:

600g Free range chicken livers

1 large Onion

3 cloves Garlic

200g Free range bacon

Thyme, parsley, bay leaf

2 Tbs Fortified wine (I use local blackberry fortified wine that is junk-free)

300g Organic butter (yes, 300! Actually, you want half of whatever amount of livers. So if you use 700g livers, use 350 butter)

Himalayan salt

Organic pepper 50g Pistachios 2Tbs

Organic orange/juice

Jelly:

Gelatine

Cloves, cinnamon, nutmeg

Blackberry fortified wine

Organic sugar

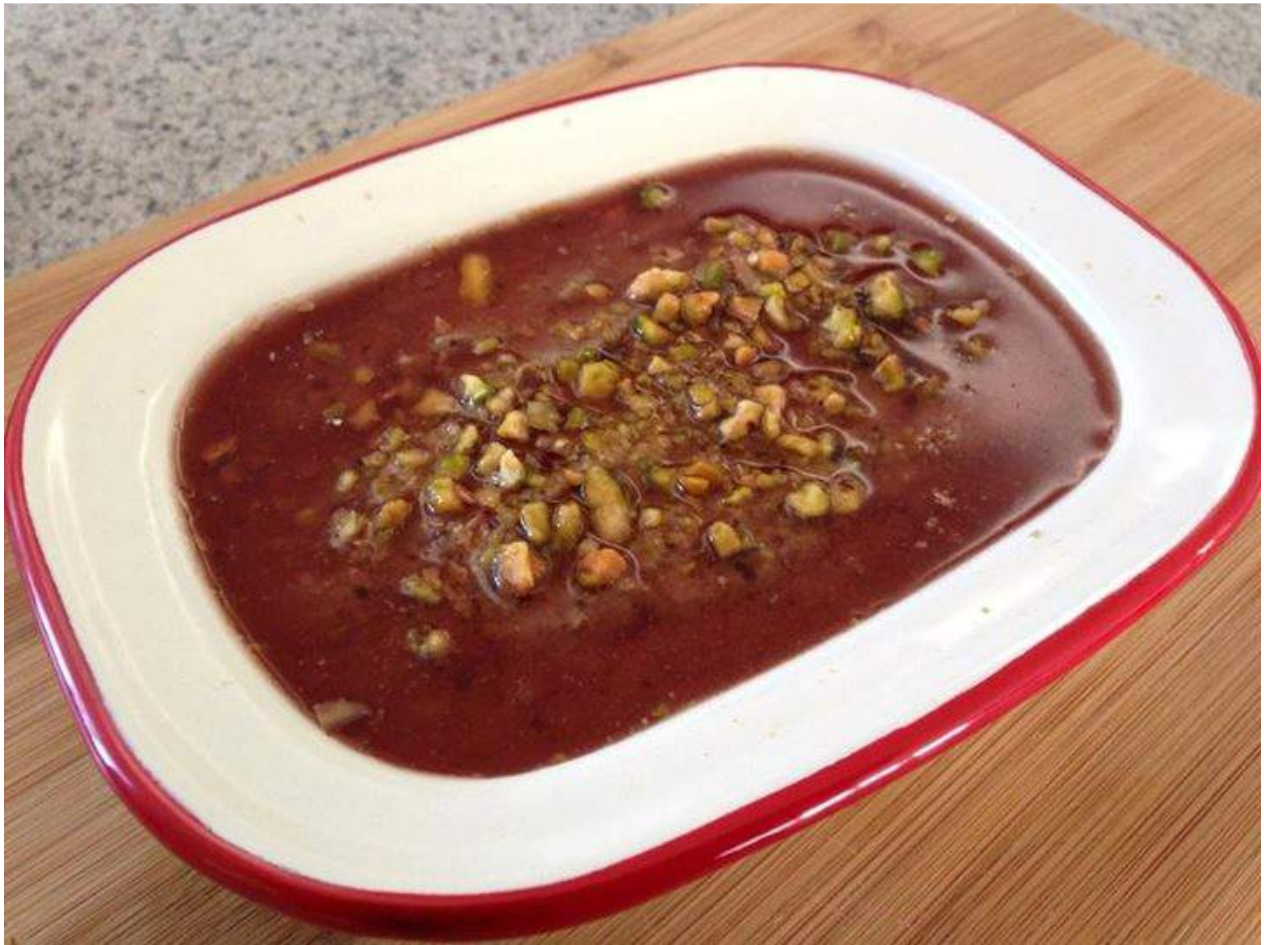


Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography

Method:

So first off, wash the livers in a colander under cold water and remove the stringy fatty bits and any that are green. Place the cleaned livers in a bowl and add about 1/4 cup of port. Soak in there while you do the rest.



Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography

Onion and garlic diced finely, sauté with 30g butter until clear. I'd use a casserole pot/pan like a cast iron one, one with a lid. Add diced bacon, sauté until cooked



Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography

Dry livers on kitchen paper towels and add to pan.

Season with salt & pepper, stir then add bouquet garni so it is sitting on top.



Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography

Lid on, med heat, stir frequently and cook for about 15min.

REMOVE BOUQUET GARNI

Add the rest of the butter (cubed) and 2tbs port then put everything in a food processor and blend on high until smooth.



Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography

Prepare your dishes: Add orange zest, pepper corns and chopped pistachios to the bottom of each dish. Fill dish to 1/3 with pate then put a sprinkle of zest, nuts and pepper. Then fill with pate to 2/3 (still 1/3 left at top!). Sprinkle nuts, pepper and zest one last time. Repeat until all dishes are filled and pate finished.



Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography

Jelly

2tbs port

2tbs water

1tsp gelatine

Put water and port in a small bowl. Sprinkle with gelatine. Sit for 5min. All spice – a pinch (I make my own) 1tsp raw sugar 1/2 cup port.



Gently heat all 3 until the sugar is dissolved. Pour into the gelatine mix and stir. When at room temp (should only take about 5mins, if that) gently ladle jelly mix on to pate until the pate is completely covered. Put pate in fridge and when jelly is set, cover with glad wrap. Sit in the fridge for a day to let flavours settle. Consume within 7 days or freeze at the day 3 mark if it's not going to be eaten within the week. Done!



Image gifted for use by Sarah Walker, Paper Lantern Freelance Photography



Sarah Walker is not only a foodie with flair who focuses on whole body healthy and true nutrition. She is also a talented and skilled photographer. You can view her work here on her facebook page <https://www.facebook.com/pages/Paper-Lantern-Freelance-Photography/1375293799436916>



P O E M

Gazing up at Me.

By Anonymous

*Gazing up at me;
so sure and so free.
meeting once again, time suspended,
the great mysteries of life, open-ended.
peacefully, joyfully our gaze combined,
a moment to undo all others, of yours and mine.
like a cosmic halaluya, a grand hello,
a fleeting fire-light of wisdom within our own halo.*



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KAUPAPA

The Sacred Space of Birth.

By Amy Towle

May 2015

Over the course of my career as a midwife I have come to recognise that the space in which a woman births in is an absolute key to the 'success' or outcome of her birth. By space I am referring to many aspects, not just the physical environment in which a woman labours and births. The birth space is all encompassing; the physical space, energy, lighting, people, sounds, visual stimulation, smells, temperature and list goes on. Having birthed women in many corners of the globe and in all kinds of birthing spaces, I have witnessed firsthand the impact of knocks on the door, mother-in-laws forcing their way in, fearful partners, loud unrelated conversations as well as the positive impact of trust, privacy, music, darkness and movement.



Rachel labouring at home. Photo taken by Emily Searle

Giving birth is one of the most primal acts a woman will do, when in such a primal state a woman is the most vulnerable she will ever be. It's not a time for decision making, for interruption or for display. When in such a primal state, the slightest distraction can tip the balance of birth. It's for this reason each and every woman needs a midwife, who recognises a large part of her role is to simply 'Hold the space'. Protect the space, and be a co-creator of the space.

The birthing space is sacred, it is where a woman comes into her power, and where a new life comes earth side. This sacred space can be anywhere. At home, in a family member's home, in a birth centre or in a hospital. Sometimes pregnancies deviate from the original plan, and the birth space needs to be changed. This is where the skills of a midwife really shine through. To hold and protect that space where ever it may be, and where ever it may move to. A beautiful sacred birth space can be held in a hospital too.



Nadia birthing at home with her family and midwives



How does a midwife hold the birth space? For me, it means creating a space where the couple/family feels comfortable to do and be. Primal animals birth best in private dark spaces, for this I ensure the lighting is dimmed, or curtains drawn. Women are hypersensitive during birth, to smells and sounds. Encouraging music that flows with the woman's birthing mood and energy, and possibly some essential oils for burning or massage. Keeping doors closed, chatter to a minimum or whispered. And most importantly, rigidly police who comes and goes from the birthing space.

With every person who enters the birthing space, they bring their energy. They bring their fears, their love, their thoughts and feelings and their ego. Each energy alters the space. A hypersensitive labour woman can smell these a mile away. Instantly they impact her space, in a positive or negative way. If a woman has been waiting for her partner or support person to arrive, you will see instant ease, gratification, love and pleasure in her. If an unwanted person enters the space, you can feel the energy in the room literally break. Disturbed. Halted. The woman will change her body language, her noises and turn outward instead of the deep inward space in which she was birthing. You will see her turn her back, face and head down, stop voicing her needs and become obliging. Often at this point it can be very difficult for a woman or support person to speak up and request this energy and/or person to leave. A midwife who holds the space, will instantly recognise this and undertake the task of restoring the space. It may not be possible to remove the person or thing completely, so adjustments can be made, and open conversations can be had to allow the space to return or change to a flowing state once again.

As pregnancy progresses, the birth space is something which needs to be given much, time, thought, discussion and consideration. Between both you and your partner, and your midwife. Consider exactly what you do and don't want in your birth space. And how you want these things held or protected. As a midwife I ask the woman if there is anything I can do to hold the space for her, any particular needs. I once had a woman develop a code word, to tell me she no longer wanted particular people in the room and it was time for me remove them from the space.



A midwife and care provider also needs to be able to recognise their own ego, and to have the ability to leave this at the door. The ego can greatly impact the care provided and the birthing space.

Over time midwives develop what I call midwives intuition. A large part of the midwives role in the birth space, is to be in tune with the woman, this enables me to hold her birth space. To feel when she needs a sip of water, if she doesn't like the music track that is playing, if she wants to try a particular position, if her support partner is becoming anxious or fearful. This allows me to nurture the birth space without interrupting it. A wonderful midwife I know and admire once told me, a good midwife is one who sits in the corner knitting. I realised this is a midwife in tune with her birthing woman. A midwife who gives the silent message 'you've got this'.

A woman who has a sacred birth space, held by a midwife will feel supported, loved, empowered and like she birthed her baby, not had it delivered by somebody else. A held birth space, is where families are made.



The Kersel Whanau post birth



For as long as I can remember, I always knew I would be a midwife. When the time was right I packed my bags, left my home and headed to Dunedin to start my journey into Midwifery. There my path was crossed by many amazing women and midwives who taught me that birth is not only a normal physiological process, but a beautiful life changing event. Early in my days as a midwife I heard the phrase “Wahine Toa” (Te reo Maori for Strong, Warrior Woman). This phrase resonated within me and has become a part of me, becoming my pillar in birthing and also on my own personal journey. The last 8 years of working and travelling around the world has shaped me as a midwife, refined my skills and allowed me to see birth in many cultures.



WAVES

Wahakura for Whānau.

By Alys Brown

Waikato DHB's Māori Health service (Te Puna Oranga) has adopted the Finland model and is giving out Mama and Pepi Packs based on the Finnish initiative to all pregnant mothers and their whānau who attend its Hapū Wānanga pregnancy and parenting programme. One of the women behind this is Alys Brown who has brought her considerable knowledge into the building and delivery of this model.

Alys Brown came into the Mama and Pepi packs program through working with young Māori wahine as a core midwife and within the Hapū Wānanga pregnancy and parenting programme. Seeing hands on the difference education and information sharing could have on maternal and infant outcome she recognised the need for practical support to young and new mothers. For her differences that come from wahine quitting smoking, drugs, alcohol or leaving abusive relationships and making real changes in their lives are incredibly valuable. Her approach to supporting these changes has always been through the gifting of her time and her resource to help make change. Using food harvested from her trees, or emptying the pantry to help women in need was her way to make a difference. At times she has even had women staying with her when they were homeless. One thing that struck her was that vulnerable women and families often had no infant cot or bedding. Using wahakura and pepi pods to meet that need would empower families to provide safe sleeping environments for their babies.



Waikato DHB Māori Health general manager Ditre Tamatea believes his unit was the first health service to adopt the model in New Zealand

With this comes the re-learning of traditional Maori birthing practices such as Ipu whenua for placenta burial, muka fibre to tie the cord with and the Wahakura that they sleep in. Alys has found passion in helping these women learn about their roots or tūpuna. In her words “It’s about reconnecting them with their tūrangawaewae. Waikato DHB Māori Health general manager Ditre Tamatea says” The approach of the Hapū Wānanga pregnancy and parenting programme is about removing barriers – we pick mum and whānau up if they have an issue with transport to the classes, and they needn’t worry about bringing morning tea, lunch and afternoon tea as we will feed them” The Mama and Pepi packs program, managed under the Waikato DHB is about reaching out to all, with no discrimination. The focus is on young vulnerable Maori women and their support people or partners, and this is making a big difference. “That’s just part of a kaupapa Māori approach – we like to support and show manaaki or hospitality to others,” said Mr Tamatea.



Alys Brown with her beautiful home birth whanau.

Alys' dream is to have this program in every region in the country, but she says that funding is scarce. For her it is important to reconnect with traditional Māori birth practices and through this they are working on initiating a Māori antenatal curriculum in consultation with all of the midlands region which includes five district health boards. Currently they are coordinating a roadshow of workshops which will help to inform the curriculum.

For more information on the Mama and Pepi packs you can see the full story here:

<http://www.waikatodhbnewsroom.co.nz/2015/04/20/waikato-maori-health-first-to-adopt-finland-model/>



Alys Brown is a midwife and mother of 5 who birthed four and a half of their tamariki at home. Her husband caught them all except for their first, who he caught in tandem with her mother who was also her midwife. Alys is a lactation consultant who is passionate indigenous breastfeeding knowledge and helping women feed their babies through tongue tie difficulties. Having experienced tongue tie issues with three of her five children she has practical hands on experience as well as IBCLC training in diagnosis and treatment. Her ancestry is Irish and Maori with roots in Ngapuhi and Te Rarawa Iwi. She is very involved in Hapu wananga-antenatal education, which is about supporting wahine, their tane and whānau through labour and birth. Her goal is to have whānau reclaim birth as their own. Alongside this her passion sits with meeting family sleep needs with safe sleep initiatives such as Pepi Pods, Wahakura and safe Co sleeping and bed sharing.



CALENDAR

Connections and Community. Homebirth Conference.

By Home Birth Aotearoa

May 2015

This years Home Birth Conference and Hui are being hosted by our Nelson and Motueka home birth groups. They have brought together an amazing line up of speakers including Carla Sargent author of 'Where the Heart is: Stories of Home Birth in New Zealand' and Bronwyn Pelvin, homebirther, homebirth midwife and principal Midwifery Advisor for Ministry of Health NZ. The day promises to be informative and heartfelt. Our annual National Home Birth Hui will be held the following day at the same venue for ease of travel and accomodation. We look forwards to hearing your voices and thoughts on the day.



Carla Sargent



Bronwyn Pelvin

&

Come and be inspired at this years National Home Birth conference and hui hosted by Nelson/Tasman homebirthers at the vibrant Riverside Community.

Come revel in the joy of meeting up with kindred spirits, sharing your life stories and being inspired by dynamic speakers.

There is accommodation available on-site.

Delicious meals with a local flair will be provided.

A fully staffed crèche will be available next door to the conference room.

Amongst the line-up of speakers is midwife, author and birth trauma support worker Carla Sargent, with more speakers to be confirmed in coming weeks.

Come enjoy the ambience of New Zealand's oldest living community, meet the amazing locals and prepare to immerse yourself in a happening like none other!

REGISTER HERE:

<http://www.eventbrite.co.nz/e/home-birth-conference-2015-connections-community-tickets-16982866210>

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