



Welcome to hb doulas first newsletter for 2007. hb doulas antenatal classes continue to be held in Havelock North at Parent and Child and will again run throughout the year. Bookings are essential so please call on 877 8282.



Bronwyn van Hooijdonk

## Children's Day Sunday 4 March 2007

Children's Day is a special day to spend time with your family. Don't expect any presents though! Children's Day isn't about gifts or spending money. It's about laughing and playing with your family, maybe at a Children's Day event. Sit down with your family and decide how you'd like to spend the day.

Check out the official Children's Day web site at [www.childrensday.org.nz](http://www.childrensday.org.nz) for a few ideas of special things to do at home and at school. There are lots of FREE or low cost Children's Day events and activities listed on the web site or maybe organise your own event. It doesn't matter whether your event is large or small, as long as it's a celebration of children.

Whatever you do this Children's Day, make it a special day to remember!

[www.childrensday.org.nz](http://www.childrensday.org.nz)



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*"I don't care how poor a man is, if he has family, he is rich"*

Dan Wilcox & Thad Mumford

## antenatal classes in havelock north



topics covered include -  
stretching  
breastfeeding  
prenatal care  
pelvic awareness  
relaxation techniques  
pregnancy information  
infant car seat installation  
labour & birth preparation  
pain relief methods & options  
plus - 2 hr postnatal doula session  
plus - 1 hr infant massage  
plus - 1 hr infant CPR  
plus - hospital tour  
car seat hire

for further details & to enrol telephone  
hb doulas on **06 8778282** or **027 6775241**

held at 13 Porter Drive Havelock North  
from 7-9pm Tuesday night

## Dads and Children's Day Ideas

### AutoX

3 March 2007

10am to 6pm

Hastings Showgrounds

Fun for all ages! Family games, Freestyle MotoX, Bouncy castle, Balloons, Hot rod rides, Car/bike show, Face painting, Minibike racing, Drifting/burnouts, Hotdogs, Candy floss and Prizes.

### Children's Day Storytime and Games

4 March 2007

2.30pm

Hastings Central Library

Stories, Games and Fun activities for children in the library.

### Scarecrow Day

4 March 2007

10.30am to 3pm

Riverside Wines 434 Dartmoor Road Puketapu

A great day out! Pony rides, Clown show, Bouncy castle, Face painting, Traditional family games, Merry-go-round, Cake stand, Ice cream and Scarecrow auction.

## **The Importance of Skin-to-Skin Contact** by Jack Newman, M.D., FRCPC 2005

There are now a multitude of studies that show that mothers and babies should be together, skin-to-skin (baby naked, not wrapped in a blanket) immediately after birth, as well as later.

The baby is happier, the baby's temperature is more stable and more normal, the baby's heart and breathing rates are more stable and more normal, and the baby's blood sugar is more elevated.

Not only that, skin-to-skin contact immediately after birth allows the baby to be colonised by the same bacteria as the mother. This, plus breastfeeding, are thought to be important in the prevention of allergic diseases. When a baby is put into an incubator, his skin and gut are often colonised by bacteria different from his mother's.

We now know that this is true not only for the baby born at term and in good health, but also even for the premature baby. Skin-to-skin contact and kangaroo mother care can contribute much to the care of the premature baby. Even babies on oxygen can be cared for skin-to-skin, and this helps reduce their needs for oxygen and keeps them more stable in other ways as well.

From the point of view of breastfeeding, babies who are kept skin to skin with the mother immediately after birth for at least an hour, are more likely to latch on without any help and they are more likely to latch on well, especially if the mother did not receive medication during the labour or birth. As mentioned in "Breastfeeding – Starting out right", a baby who latches on well gets milk more easily than a baby who latches on less well. When a baby latches on well, the mother is less likely to be sore. When a mother's milk is abundant, the baby can take the breast poorly and still get lots of milk, though the feedings may then be long or frequent or both, and the mother is more prone to develop problems such as blocked ducts and mastitis.

In the first few days, however, the mother does not have a lot of milk (but she has enough!), and a good latch is important to help the baby get the milk that is available (yes, the milk is there even if someone has "proved" to you with the big pump that there isn't any). If the baby does not latch on well, the mother may be sore and if the baby does not get milk well, the baby will want to be on the breast for long periods of time worsening the soreness.

There is no reason that the vast majority of babies cannot be skin-to-skin with the mother immediately after birth for at least an hour. Hospital routines, such as weighing the baby, should not take precedence.

The baby should be dried off and put on the mother. Nobody should be pushing the baby to do anything; nobody should be trying to help the baby latch on during this time. The mother, of course, may make some attempts to help the baby, and this should not be discouraged. The mother and baby should just be left in peace to enjoy each other's company. (The mother and baby should not be left alone, however, especially if the mother has received medication and it is important that not only the mother's partner, but also a nurse, midwife, doula or physician stay with them - occasionally, some babies do need medical help and someone qualified should be there "just in case"). By the way, immediate skin-to-skin contact can also be done after caesarean section, even while the mother is getting stitched up, unless there are medical reasons, which prevent it.

Studies have shown that even premature babies, as small as 1200 g (2 lb 10 oz) are more stable metabolically (including the level of their blood sugars) and breathe better if they are skin-to-skin immediately after birth. The need for an intravenous infusion, oxygen therapy or a nasogastric tube, for example, or all the preceding, does not preclude skin-to-skin contact. Skin-to-skin contact is quite compatible with other measures taken to keep the baby healthy. Of course, if the baby is quite sick, the baby's health must not be compromised, but any premature baby who is not suffering from respiratory distress syndrome can be skin-to-skin with the mother immediately after birth. Indeed, in the premature baby, as in the full term baby, skin-to-skin contact may decrease rapid breathing into the normal range.

Even if the baby does not latch on during the first hour or two, skin-to-skin contact is still good and important for the baby and the mother for all the other reasons mentioned.

If the baby does not take the breast right away, do not panic. There is almost never any rush, especially in the full term healthy baby. One of the most harmful approaches to feeding the newborn has been the bizarre notion that babies must feed every three hours. Babies should feed when they show signs of being ready and keeping a baby next to his mother will make it obvious to her when the baby is ready. There is actually not a stitch of proof that babies must feed every three hours or by any schedule, but based on such a notion, many babies are being pushed into the breast because three hours have passed. The baby not interested yet in feeding may object strenuously, and thus is pushed even more, resulting, in many cases, in babies refusing the breast because we want to make sure they take the breast. And it gets worse. If the baby keeps objecting to being pushed into the breast and gets more and more upset, then the "obvious next step" is to give a supplement. And it is obvious where we are headed!

## **About Birthspirit by Maggie Banks [www.birthspirit.co.nz](http://www.birthspirit.co.nz)**

Birthspirit is the wholeness in each of us. Innately present, deep within us all, she waits to be discovered as we peel back the cluttering layers of fear and self doubt that exist in our herstory.

There is no search to be done as she is not lost. Birthspirit is embodied in ways that reflect the feminine principle. Her life force, her energy, her power is strongest in women and midwives. She is most likely to be uncovered at a birth. Birthspirit belongs to all women and families.

She manifests that which has been unsaid, expressing herself in the language of women. Knowing her fills the void that exists from the loss of story telling in our families and our communities.

She enables us to see the depths - and to see the simplicity of birth.

