

Plum Bites



The veil of rain and gray has lifted. As we're seeing sprouts push up through the earth, fawns crunching sweet greens, and everyone out of hibernation, it's an exciting time to be bringing life into the world. A new season is upon us and with that a new issue of our newsletter.

Birth Stories

Our clients share their journeys into the realm of parenthood. Where they find their expectations defied and lives forever changed.



The Story of Quinn.

An Irish proverb: "A new born babe brings light to the cottage, warmth to the hearth and joy to the soul, for wealth is family -- family is wealth."

A Father's Journey

Watching my beautiful wife bring our son safely into the world was, in my eyes, the ultimate human experience. I don't think I can do it justice, but I'm gonna try anyway with one of my patented play-by-play epics.

As our due date approached, some folks were balking at our decision to stay at home on Denman until it was time to deliver. We're glad we went that way, but it was a close one. Just after midnight Bethany suddenly started to feel heavy, frequent contractions that left us no doubt the baby was on its way. There had been pre-labour clearly happening throughout Tuesday, though the contractions were spread way out and not all that intense. We spent Tuesday night chilling at home with Allison, Bethy's best friend who we were lucky to have on the birth team.

Still, we thought for sure it was days away -- there was no pattern to the events yet. First-time moms are often late, and often go through hours and hours of early labour. We were an exception to that generality, and it absolutely took us by surprise (we ate quite badly that day, a late White Spot lunch followed by munchies and a movie for dinner). Allison had gone to sleep on the couch, while B&I holed up in our room. We were wide

Magnificent Mamas!!

A spotlight on some amazing women as they reflect on what they do and how midwifery care affected them.



Alison Wurts

On midwifery.....

My journey to midwifery care began long ago. In university I took a psychology of health class where I learned about the model of maternity care practiced in the Netherlands and I knew then that I would be seeking a referral to midwifery care when I had my children. But my story actually starts years before that: I was born at home in the Yukon in the 1970's. I have known all my life that we have options available to us.

I am so thankful to my parents for this gift: opening my eyes to the beauty of home the day I was born, and again years later when I followed in their footsteps and birthed my son into my home. I am grateful for my mother's Dutch doctor who, at my older brother's birth, showed her that maternity care didn't have to look like the standard North American medical model.

Both of my children were born at home with midwives in attendance. Neither birth went exactly as I'd hoped it would. My first resulted in a hospital transfer for retained placenta. My second caught us unprepared three weeks early and ended up being a neighborhood event. I had envisioned quiet and intimate, not neighbors in the kitchen eating pizza. But when a 10 year old boy who had just seen my hour old daughter exclaimed "This is the best birthday party I've ever been to!" I saw the power of

awake, discussing the journey to get Allison to the train home the next day when the big ones started to come hard and heavy. I logged the time and duration of the contractions for maybe ten minutes before it became clear it was time. We decided together to get the wheels in motion!

I woke Allison up and called the local doctor, who drove over to our place right away. Based on the info I'd given him, he must have called out the ambulance and the first-responder firefighters to assist -- they arrived a few minutes later. As calmly as I could (not very) I loaded up the car -- that quickly devolved from a level-headed heaving of the pre-packed suitcases, into a scramble game of grab'n'go. Dr. Scruton checked Bethany's progress and told us the baby could be born in between one and four hours. So he directed the ambulance crew to get her into Comox ASAP. By now, the overnight call-out ferry crew had been alerted and were preparing the ship for an emergency run to Buckley Bay. Allison was allowed to ride in the ambulance, while I followed in our vehicle.

The ferry was ready and waiting, and the crew were all smiles despite the early hour. This was the same crew who'd just finished a nine hour shift, had gone to bed, only to be paged out for yet another crossing around 1am. Normally such duties are for some kind of emergency on the negative side, so hopefully taking the labouring wife of the newest crewman made it somewhat pleasurable for them! Lots of well-wishes along the way, everyone was just great. A lot of the friends we've made at both the ferry and the fire hall had to get up for this action on our behalf.

I rode across in the ambulance, being not of much use to anyone. Allison gently reminded me that I needed to make a key phone call, which had completely slipped my mind -- would have been a bit tricky WITHOUT A MIDWIFE!! Anyhow, my page was answered promptly and she assured us she'd meet us at St. Joseph's.

I'd fallen behind the ambulance several minutes making contact with Amy the Midwife and taking some instruction from one of the medics that I never actually heard. Caught up as we got into town however, and everyone got to the hospital at the same time -- me, Bethy and Al, and Amy. Pretty much instantly, Amy's presence proved a calming influence -- something about the way she carries herself, her tone of voice, and the fact we'd become acquainted through multiple visits leading up to the big day. I gathered as much of the gear as I could carry, and in we went. By this time it was about 2am I figure. Many were amused at the amount of stuff we'd brought, and I had more back in the car.

We were brought directly to a nice, large delivery room that we'd already seen during a tour several weeks back. That occasion left us feeling confident in the hospital staff and their environment, despite some construction going on around their ward. Capacity was somewhat reduced, so we felt lucky to be in the big room -- the other labour rooms were less than half the size. Bethany got changed between some heavy contractions, and was checked by Midwife Amy who said we were looking at cervical dilation of about six centimetres. I won't get into much medical jargon here, but that's a six out of ten -- ten being the point where she can bear down and push the baby out. Until then,

sharing positive experiences with everyone around us. Maybe when this boy becomes a father he will remember, just as I remember my mother's Dutch doctor.

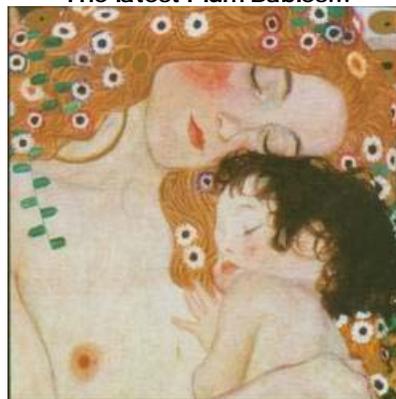
On work...

Having experienced midwifery care during my pregnancies and the birth of my two children, I am excited to be joining the great team at Plum as office administrator. I spent 3 years operating a website advocating for midwifery care and selling birth supplies & homebirth kits. I am one of those rare individuals who actually likes paperwork and I have a talent for organization. My administration skills have lead me to work in various settings from the home office of a disability insurance agent to the busy offices of an outdoor clothing manufacturer and Environment Canada.

My husband and I moved to the Comox Valley from Vancouver in 2008 and we have really enjoyed getting to know our new home. Our children are 4.5 and 2 years old and when I am not chasing them, I try to knit.

Welcome To The World!!!

The latest Plum Babies...



Visit [our website](#) for photos.

January 2010

Oscar, weight
Nathaniel, 6lbs 12.5oz
Marika, 8lbs 7.5oz
Alexis, 6lbs 12.5oz
Isaac, 8lbs 6oz
Clemente, 9lbs 10 oz
Alana, 8lbs 8.5oz

February 2010

Araina, 7lbs 2oz
Joanna, 7lbs 13.5oz
Bishop, 6lbs 6.5oz
Armstrong, 9lbs 14.5oz
Jackson, 9lbs
Elysse, 7lbs 9.5oz

it was vital that Bethany resist the overwhelming urge to push, and that was a total team effort involving all four of us.

In hindsight, I can see an element of shock had set in for me personally because of how quickly things had progressed to this point. A woman's first labour is typically a long, drawn-out affair that evolves slowly and allows plenty of time to come to terms with what's happening. Also, we'd been told at a prenatal class the average first-time baby is 11 days late. So to go from leisurely watching a movie with Allison (December Boys, how fitting! Good choice AI), munching ill-advised snack foods at 10pm to full-on hardcore labour just a few hours later was definitely a shock to Daddy's systems.

So we got down to work. Bethy found a warm shower to be very helpful, training the water on her lower back for some degree of relief from the pressures down there. After that, it was a whole lot of Bethany working through the waves of intense pain by way of breathing techniques and low-pitched vocals -- right up her alley eh! Turns out her chosen profession had equipped her well for this. Amy's calm, soothing voice provided Bethy with a perfect thing to focus on -- her directions were both firm and gentle at the same time. Allison and I were tasked for much of the labour with back-rubbing and hip-squeezing, trying to help open things up and manage the pain. Occasionally, we offered words of encouragement, mopping of brow, and sips of water and ginger ale. Bethy's blood sugar was way down due to our collective poor nutrition all day. She'd gotten sick in the ambulance and lost whatever questionable content was in her compacted tummy, so really she was working on an empty tank.

Bethy had certainly done her homework, and to a lesser extent, so had I. We'd been to classes, read books, spoken with experienced moms. She displayed excellent discipline and presence of mind to recall the tips, see what worked best in the moment and run with it. She says there were three contractions at the height of transition that had her thinking about the epidural. Those were the scariest sounds for me to hear, like she was riding the edge of her composure. They were also the only times she let loose with profanity! Put me on that table and it would have sounded like Earl Weaver on Manager's Corner.

Bless her heart, Bethany was able to get through those mammoth contractions and we eventually had the natural birth we'd hoped for. She did try the laughing gas once, but found the mask restricted her breathing too much and it wasn't worth it. It was also during this stage that her most endearing action of the night took place. As I was standing bedside and she was in between some of the heaviest action, she reached out and silently tugged on the zipper of my pants which I'd forgotten to replace after peeing. What a woman -- Quinn and I are in good hands!

Amy did an exam and told us, "Good news, you're at ten centimetres!" That meant Bethy could forget about resistance and push, push, push with each contraction. She lit up with a huge smile, knowing the home stretch was upon us. She says this part was much more her style as a person of action, and it only took her maybe a dozen pushes to get the baby out. Early in that sequence when crowning began, Amy took Bethany's hand and guided it down to feel the baby's head. I was

Melinda, weight 8lbs 1oz
Lia, 8lbs 10.5oz
Leyla, 8lbs 15.5oz
Finlay, 7lbs 8oz
Noah, 10lbs .5oz
Damon, 10lbs 6oz

March 2010

Ruby, 9lbs 9.5oz
Isaac, 10lbs 2.5oz
Acacia, 7lbs 15.5oz
Eva, 9lbs 8oz
Magnus, 9lbs
Trinity, 6lbs, 5.5oz
Isobel, 5lbs 12oz
Odin, 7lbs, 10oz

April 2010

Lily, 8lbs 2.5oz
Koen, 8lbs 2oz
Mica, 8lbs 6oz
Raven, 7lbs 10oz
Calla, 7lbs 6oz

May 2010

Elody, 5lbs 11oz and Sienna, , 6lbs 20z
Jax, 7lbs 7oz
Reed, 8lbs 1oz
Alias, 8lbs 5oz
Autume, 7lbs 7oz
Owen, 8lbs
Griffin, 8lbs 14oz

We want to feature your beautiful babe!
Make sure to send us a photo of your little ones! Click [here](#) to email.

Choice Care in the Comox Valley

Our featured care provider is Brenda Walsh who is a physiotherapist at Bodyworx.



EXERCISE AFTER PREGNANCY
Some Guidelines from Physiotherapist
Brenda Walsh

As a physiotherapist who deals with pelvic floor problems, low back and sacro-iliac problems in my practice, I have a special interest in educating women about exercise following childbirth. There is a lot of advice

watching in amazement as the head started to become visible -- a furry little head with hair! This was my light switch moment. It became fully evident I was to become a father, and was meant to become one. Other dads have described it to me that way, that all of the sudden life changes forever. Every aspect of being would from now on be approached with another vital consideration. While it makes perfect sense for a man to be fully aware that such a change is coming, clearly it's not the same as it is for a woman who's been making those proxy decisions for nine months already. I don't know why it is this way, but it is!

Bethany's power was simply awesome. I found myself captivated by her, and took my attention away from the crowning head for a short time to simply watch her work. A few pushes later, I looked down and was caught a bit off guard -- there was my child's face! A scrunched-up person clearly going through a dramatic shift between worlds, the face showed an expression of duress. With only another one or two pushes, he was out. I was overwhelmed and the tears started to flow, Allison and I both. Bethany was more pulled together, if you can believe it! We weren't blubbering by any means, but we'd been through quite a trial of spirit and now got to enjoy the ultimate reward.

Amid the bustle of the midwife and now a couple of nurses, I glanced down to see if we'd be meeting a girl or a boy. I was surprised and delighted nobody had called it out yet, so I proudly and weepily said to Bethany, "We have a son!". As per our birth plan, Quinn was brought right to her chest for that vital skin-to-skin meeting. His cries were wonderful, and didn't last long once in his mother's arms. I moved to be beside my heroic wife and to marvel at what we'd done. I picked up a few things being said around us, time of birth, we still have to birth the placenta, stuff like that. Amy prepared the cord to be cut, but we wanted to let it stop pulsing on its own first. Once that happened, Amy told me it feels something like cutting calamari -- you know, more pregnancy terminology should be translated to pub grub language to help us guys out! I gave it a clean snip, and our newborn was free.

We got to enjoy a whole hour together before the poking and prodding began -- a precious hour that will last a lifetime. I felt it all -- elated it had gone so well, satisfied with the environment, proud of the birth team, and awestruck at the ancient privilege of reproduction.

We had long decided on a name for both a boy and a girl, so it wasn't long before we got to announce our choice. We did want to have a look just to be sure, as parents often do. Really, we didn't see any reason to change our mind, so there he was!

We're going to soak up every moment, every step of the way because those wiser than us have stressed how quickly they grow. We will not take anything for granted.

out there, most of it good advice, some of it not so accurate. I've had several professional education courses on Post-partum exercise, on treatment and prevention of prolapse, and on abdominal and back strengthening exercise. My intention is to give you the most evidence-based, practical advice possible on a few key topics:

- Early stages of Recovery After Delivery- The Pelvic Floor Muscles
- Diastasis Recti

Early Stages

With the intense stretching of the perineal skin, pelvic floor muscles and gapping of the pubic bones at the front, it's natural that women will feel quite tender in the first few days after a vaginal delivery. Swelling and vasocongestion in the perineum can be alleviated with cold compresses, doing gentle but frequent "Kegel" exercises which improve circulation to these tissues, and resting for short periods in postures when elevate the pelvis. Gel coldpacks can be applied for 7-10 minutes, every 2 hours as needed. Always wrap the ice pack in a (damp) cloth or towel to avoid freezing it to the delicate skin in this area.

Often, the perineal skin is quite tender as they recover from tearing or an episiotomy. It is very helpful to begin gentle activation of the pelvic floor muscles by the day after your delivery. The stitches should dissolve 7-10 days after an episiotomy. Once this happens, you can begin to mobilize the tissue with gentle massage between the vagina and the anus by gently rolling the tissue between your thumb and index finger, with your thumb inserted into your vagina. Spend a few minutes gently working along the line of the scar, and across the scar. This will reduce adhesions in the scar and make it more elastic, so that touching and intercourse will soon be comfortable.

Taking care of these problems now will have immediate benefits, and prevent bigger problems in the future. These problems include pelvic organ prolapse (where the bladder, uterus or rectum begin falling into the vagina) and urinary incontinence (the inability to hold your urine). Physiotherapy can be of great benefit for these problems, but the very best therapy is prevention.

Kegel Exercises: What Pelvic Floor Muscles Do

The Pelvic Floor consists of a layer of muscles, right and left, which runs from the pubic bone toward the coccyx. On the lateral sides, they arise from the inner part of the ischial bones, the "sit bones". The key muscles for pregnant women, or women with incontinence, are called Pubo-coccygeus, or PC for short.

BEAUTIFUL BIRTH

prenatal classes and doula care



We are proud to offer Catherine Quaglia as a prenatal instructor at Plum. Please sign up for her classes on the following dates:

July 17, 18, 19-Duncan
September 17, 18, 19-Comox
November 5, 6, 7-Comox

Click the logo above for details.

In honour of Father's Day earlier this month, Catherine had this to say...



Dads Make All the Difference!

We all have a cultural reference to the role of the father, both in the birth as well as in the postpartum time. For some of us it may come from our own experiences growing up, for many it comes from the media. When I was young, I watched the Cosby show religiously and learned that birth was comical, an emergency and that dads were incompetent. This reference is repeated in most media where fathers are being depicted, both past and present. It is no wonder that when many men are on the threshold of becoming fathers they may feel unsure, disconnected or even a bit useless. This can certainly be a common feeling when mum is breastfeeding exclusively and father's feel they can offer very little hands on support.

However, this does not need to be the case. Fathers play an essential role, not just during the birth of their child, but also in the delicate postpartum days and beyond. This can be a challenging time for a new mother (even a seasoned one) and the support, love and understanding she receives from her partner can greatly determine how she will navigate this new territory with her baby. I often hear in my classes, dads wondering what they can do since "they don't have any breasts." They may be surprised to hear that a few simple things can go a long way in not only supporting mum and baby in having a successful breastfeeding relationship, but also in bonding with their child.

Some of these things may include, bringing mum a drink whenever baby goes to the breast (mum's get thirsty!), preparing nourishing meals so that she doesn't have to cook, taking care of house chores so she can focus on the baby and being there to listen, without judgment, if she is struggling. Emotional support during this time is crucial to help mum stay in good spirits and increase the success of a good start. Dad's can

These muscles, and the fascia and ligaments that support the uterus can be strained during childbirth, especially after a long pushing phase. Immediately after a vaginal delivery, many women find it very difficult to contract their pelvic floor muscles. It may feel like there's nothing there, because the muscles are traumatized. Be patient and persistent - try to visualize where the muscles are, and focus on tightening while lifting around the anus and vagina.

How to Perform Kegel Exercises

Try these exercises while sitting upright on a firm chair, or reclined back on your bed with your low back supported on pillows. In this reclined position, you can palpate inside your vagina with your finger or thumb to see if the muscles are working.

First squeeze the anal sphincter as tightly as possible, then shift the contraction forward to the vaginal opening. Contract as if you were trying to hold your bladder. Ensure you are not holding your breath as you are contracting your pelvic floor muscles. Repeat this way until you are confident you are feeling a contraction. Then focus on increasing the "lift" component of the contraction.

Try to hold an isolated contraction here, without bringing in the buttock or inner thigh muscles, for 5-10 seconds. Keep a steady hold on the muscles the whole time, without holding your breath.

Repeat this 6-10 times.

Try to do 5-6 sets of Kegels throughout the day.

Some new moms may have reduced sensation in their vulva and/or vagina. Most often, this is temporary. Occasionally, the numbness may be caused by a compression injury to the Pudendal nerve. If this continues, and is accompanied by an inability to contract the muscles on either side of the vagina (called pubo-coccygeus), or urinary incontinence, I recommend consulting your midwife, a family physician or a physiotherapist who specializes in Women's Health, such as myself for advice.

I strongly recommend avoiding heavy lifting or beginning serious abdominal strengthening or running until the pelvic floor muscles regain reasonable strength and tone. They are an important part of the "inner core" muscles. They need to be strong in order to protect the back and pelvis, and prevent later prolapse.

The Rise and Fall of the Abdominal Wall

We have not one, but 4 abdominal muscles. These layers, from the deepest to the most superficial are:

Transversus Abdominus (or TrA for short)
Internal Obliques
External Obliques

also find ways to bond with their baby, other than by giving a bottle, by changing diapers and giving the baby a loving massage, taking a bath with baby, singing lullabies (babies love the sound of men's voices) and carrying the baby in a sling, to name a few. Dads are not only competent, resourceful people; they are essential to the health and well being of the family as a whole and need to bond with their babies, just as much as mums do. We need to celebrate them and support them, just as we do mothers and remind them how much we love them. Happy Father's Day!

Women's Wisdom

Natural approaches to common pregnancy concerns



Note: Nothing stated in this article should replace a conversation with your midwife or other health care provider if you have concerns about your well being.

While there is a recommendation for all women to take prenatal vitamins, we know that the best nutrients are derived straight from the table. In honor of the season, here is some summer fare worth considering....

1) **Strawberries**

Pound for pound this fruit is a better source of vitamin C than oranges. They also contain folate, good for the prevention of neural tube defects, and potassium. For anyone suffering from constipation--good news they are also high in fiber. Lastly they contain a group of anticancer nutrients called bioflavonoids.

Use caution when eating strawberries with medication as the oxalic acid contained in them can reduce the body's ability to absorb certain minerals. Furthermore strawberries are a common allergen due to the presence of salicylate (an aspirin-like compound).



2) **Melons**

Yellow varieties are high in vitamin A--the plant based form of vitamin A is safe in pregnancy. Most melons are a good source of vitamin C and potassium. Some are

Rectus Abdominus (the "six pack")

Rectus Abdominus, runs vertically as two bands from the lower ribcage to the pubic bone. It's the muscle we use primarily in performing a curl-up or crunch. The Rectus Abdominus muscles are separated by a narrow band of connective tissue called the Linea Alba. During pregnancy, the Linea Alba thins and widens as the abdomen's girth expands. Hormonal changes affect all of your abdominal muscles. Abdominal separation, or Diastasis Recti, occurs quite commonly in the late stages of pregnancy. It's more of a problem after delivery, when the abdominal wall is functionally weakened from being "overstretched". A bit of separation in the first 6 weeks is normal, but a large separation warrants caution. It can lead to a midline hernia, can aggravate low back problems and pelvic instability.

Diastasis Recti Self-Test

This simple test will help you determine if you have an abdominal separation, and alert you to whether you should seek individual attention to your abdominal wall before you begin more vigorous abdominal strengthening.

Lie on your back with your knees bent.

Breathe in. Let your belly expand. Feel the gully between the bands of muscle down the center of your belly.

Breathe out, pull your belly in, and do a partial sit-up, bringing only the head and shoulders up. Place your fingers into the gully below your navel. Note the number of fingers you can slide in to the gully (across the width of the abdomen, not vertically). I consider more than 2 ½ fingers breadth at a level 2" below the navel to be a Diastasis Recti.

If you suspect you have a diastasis or midline hernia, try to avoid activities that put undue stress on the abdominal wall. This would include sit-ups, especially sit-ups over a large ball, heavy lifting, yoga postures that involve back bends, such as cobra, "cow pose" or belly breathing, and all abdominal exercises that cause your abdomen to bulge during exertion. That is, until you learn how to contract the inner belly, or Transversus Abdominus muscle to support the abdominal wall (see below).

Do:

Always get up from from bed or from lying the floor by log rolling to your side first, then using your arms to push yourself up to a sitting position. Avoid sitting straight up. Learn how to contract the TrA muscle as follows:

Start on all fours, with your knees about hip width apart, and your abdominal wall relaxed. Draw your lower abdomen up toward your spine, starting from the pubic area upward, as if you were zipping up a tight pair of pants. Keep the upper abdominal wall relaxed, and keep your breathing slow and even. It might help to initiate the contraction with a "Kegel". If you're still

high in pectin which is a soluble fiber that helps to control blood cholesterol levels.

A hidden benefit was suggested by one mother who ate watermelon so often in her pregnancy that it became her regular exercise to hike up to the store and buy a watermelon then hike back carrying the melon.

***Did you know that watermelon may help prevent prostate cancer?

Watermelon is a very good source of lycopene (also abundant in tomatoes) an antioxidant linked with a lower rate of prostate cancer. Obviously women don't have prostates, but we might have men in our lives who do.



3) Kale

So much more than just a garnish for a steak, kale is a densely nutritious green leafy vegetable. Although is typically an autumn veggie, it's worth considering as an alternative to the usual green salad. Kale is a member of the cabbage family. It boasts high levels of beta carotene, vitamin C, iron, calcium, potassium and folate. It also has high levels of those cancer preventing agents called bioflavonoids. It can be prepared lightly steamed by itself, combined with cooked potatoes or lightly pan fried with a little Bragg's seasoning, sesame seeds and olive oil. Some people find it difficult to digest raw and it has been known to cause gas.

Answers to more midwifery questions can be found in our monthly Our Big Earth Feature: "Ask a Midwife". Click [here](#) for more.

For more information talk to your midwife or other health care provider.

having trouble, blow out as if you're blowing out a candle across the table. Try to sustain the contraction for 10 seconds. Do 8-10 repetitions.

Once learned, you can perform this contraction in many positions, including lying on your back with your knees bent, where the more advanced exercises begin.

About Brenda Walsh:



Brenda has been in clinical practice for 23 years. She has worked in Comox for 6 years, formerly at Ascent Physiotherapy. Brenda now works at Bodyworx Physiotherapy and Pilates, on Manor Drive in Comox. She works in liason with the midwives in Comox Valley and the physicians at Oceanview Women's Clinic.

Brenda has worked in the field of Perinatal and Post-Partum Health, and with incontinent patients for 12 years. She also works with orthopedic problems, such as sacro-iliac and low back disorders. She plans to run another Post-Partum Strengthening class in the fall of 2010. Office phone #: 339-5540



Happy Summer!!

THE NEAR BIRTH EXPERIENCE A DEFINITIVE WORK

By Marion Austin-Cooke

We are so lucky to know we can rely on our second attendant, Marion's, skilled hands and brilliance. Her wisdom and humour never ceases to amaze us....



There are those who toil to bear children. There are husbands, partners and significant others who support the woman on her journey through childbirth with tenderness and love. There is the midwife; there for the whole pregnancy, sharing in the quest for understanding and knowing that every pregnant woman should have access to. The midwife, who now openly shares every step of the birth journey with the woman, with total respect and trust that is tangible between the two.....the hallmark of the midwife and client relationship.



And then there's me.

I belong to a rather small group who have qualified in the above mentioned roles, and who are now called upon by the midwives to fill the position of second attendant at home births. This sounds all terribly important, and has to be approved by the College of Midwives of B.C. (CMBC), but to put it in terms everyone can understand it sometimes feels a bit like the person playing the triangle on stage, at the end of a spectacular orchestral production! Don't get me wrong, its always a privilege to be part of a birth, and is something that one does not tire of, but knowing what birth involves, and what the labour process can involve, I am only too aware that my involvement is usually with a small but important part of the whole birthing journey.

Perhaps I should introduce myself. My name is Marion Austin - Cooke (formerly Erikson). I'm from England, and ended up in Canada after a 14 year stop over in South Africa, and a total of 6 years in the Far East. I am blessed with a son and daughter (16 and 14) who are likeable, independent thinking teenagers I can (usually) have a productive and enjoyable conversation with. I have many interests in many different fields, but the professional backgrounds I have are as a qualified Registered Nurse, and also a Registered Midwife. I have been a co-owner of 3 successful Japanese restaurants over a 12 year period. I have worked on commercial fishing boats, and been in charge of selling fresh halibut off the boat at the wharf. I have a particular interest in the wine industry, and regularly host wine tastings. I hold an advanced qualification in wines and spirits through the Wine and Spirit Education Trust in London, UK. I enjoy dabbling in investment trading. I have actually hitched a ride on a plane by sticking out my thumb on a remote African airstrip while a plane was starting to prepare for take off! I have had a farm and owned horses, raised children, sheep, geese and a lot of garlic!

The thing about babies, I find, is that they are a bit unpredictable with regards to timing. Its not something we have any real control over in the natural order of things, and we understand this. Occasionally they arrive much more quickly than expected, and occasionally I will spend 6 to 8 hours at a birth as its taking much longer than expected. This is all within the realm of normal labour. As the second attendant, the idea is that I attend home births for the actual birth and immediate postpartum period, to be there for the attending midwife in order to provide additional care as now there are of course two clients; the mother and the newborn baby. So how does this work exactly, given that babies have their own schedules?

Occasionally, it doesn't!

That my friend, is the essence of the 'Near Birth Experience'. I coined this phrase to capture the moment.

Picture this; the midwife has her focus on the imminent arrival of a placenta, and is straddled over a bed trying not to kneel in the wet spots, there are some wide eyed big brothers and sisters trying to contain their excitement as they are gathered around the bed, there's a jubilant (if exhausted) dad frantically trying to see the phone numbers in the dim light, to call the parents to give them the good news. The friend is in the kitchen making tea for the new mum, while texting all her contacts, when she hears a brief knock on the door followed by me coming on into the house with my bag, kicking off my shoes, and asking whether they are upstairs or not. To this, she of course looks puzzled and says 'The baby's here'!

Does anybody know, what is the right thing to say in this situation?

A simple "well done, beautiful baby" sounds a bit indifferent.
 "Oh bloody hell I missed it" sounds a bit unprofessional
 "Is there anything I can do?" sounds a bit pathetic

What is altogether more impressive, is the sliding stop, which is the near, near birth experience. It usually involves me coming into the house in time to hear "hands, now!" from midwife to me, followed by me getting almost airborne to get to the birth scene, as the baby is emerging.

Fortunately, these are rare occurrences, and in the ten years Joanne and I have been working together, these are events we count on one hand. One of the great things about having a really solid working relationship with the team is that much of the communication occurs without spoken word between myself and the midwife I'm working with. Yes, there have been occasions when our training as a team is tested. (Second attendants are of course required to have competency in emergency management for mother and newborn as defined by the CMBC). I am very thrilled to report that we have had seamless team care at the most challenging times, to the point that the physicians debriefing with us following our handling of an unexpected and serious newborn condition requiring emergency air transportation, commented in most complimentary terms regarding the care that we had provided. This is why I love my work as a second attendant. I have complete faith in the process and in the team's ability to handle the unexpected.

Marion Austin-Cooke can be reached by email: macmediabiz@gmail.com.

Thank you to our clients. You are why we love what we do--even at 3 in the morning.

Sincerely,

Joanne Daviau , Emma Gledhill, Jessie Shannon & Amy Kelly.
Plum Midwifery

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