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PLUM BITES

SPRING 2013



**"Behold, my friends, the spring is come;
the earth has gladly received the
embraces of the sun, and we shall soon
see the results of their love!"**

~Sitting Bull

What's New at Plum?

ANNOUNCING...

We went overdue, and it was a long labour, but we are proud to announce a re-design to [our website](#). We hope you'll love the new bright look and find it easy to find everything you're looking for.



We are excited that the new site has [a blog](#) where we can share news and other interesting tidbits so be sure to check that out as we add content over the coming weeks. We've also updated the look of our [baby gallery](#) and there are lots of yummy babies in there. If you would like to add yours, please email your photos to office@plummidwifery.com.

Lastly, we'd like to extend a sincere and heartfelt **THANK YOU** to the families and photographers who graciously shared their precious moments and incredible talent with us so that the new website could look so amazing. Be sure to check out the [photo credits](#) to learn more about the photographers.



GROUP CARE CELEBRATES 1 YEAR!!

It was a year ago that we began the first

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Best of the Web

Every issue we bring you some of our favourite birthy news bites from around the web.

Great VBAC sites

Are you interested in VBAC? Need some good info sites to get started on informing yourself?

[ICAN - International Cesarean Awareness Network](#)

[Childbirth Connection - VBAC or Repeat Cesarean?](#)

[VBAC Facts](#)

Protecting a Woman's Right to Choose...a VBAC

This [article](#) is aimed at the American private health care system but it does talk about what's at stake and why it's important to advocate for Vaginal Birth After Cesarean.

Plum Babies



session of Group Prenatal Care - we can't believe how quickly the time went. We are still going strong with a session just ending, one in mid-swing, and another set to begin at the end of the month.

You can learn more about Group Prenatal Care on our website, or call the office at 250.890.0832 if you are interested in participating.



April-May 2013 Group Prenatal Care

A REMINDER ABOUT LIBRARY BOOKS

We've noticed we're getting quite a stack of library cards for unreturned books here at the clinic. We know how it is in those early days with your new baby...it isn't always easy to remember to grab that pregnancy book as you juggle the diaper bag and figure out how to use the car seat for those first few post-partum appointments.

However, it is important to us to be able to offer all of our clients a full resource library so if you've been discharged and you still have a Plum library book, this would be a great reason to pop in, say hi and show off that baby (who is sprouting like a weed). Courtney's always up for a chat and a spot of baby holding!

VBAC & HBAC in the Comox Valley

Re-printed (and revised) from our [Ask A Midwife](#) column at [Our Big Earth](#).

Q. When can we hope to have midwife assisted HBACs (Home Birth after Cesarean) in the Comox Valley? What is the statistic on successful hospital VBACs at St. Joe's vs. repeat cesarean birth?



Visit our [website](#) for photos

December 2012

Georgine, 8 Lb 4 oz
Liam, 6 Lb 12oz
Sage, 7Lb 7oz
Claire Ruby, 7 Lb
Nikolas, 7 Lb 3oz
Jack, 8 Lb 10oz
Isabella, 7 Lb 13oz

January 2013

Cairo, 7 Lb 8oz
Everett, 6 Lb 12oz
Claire, 9 Lb 2.5oz
Zoe, 7 Lb 8oz
Brianna Clara Joanne, 8 Lb
Lillian, 6 Lb 14oz
Eno, 7 Lb 2oz

February 2013

Avery, 7 Lb 14oz
Beau, 9 Lb 12oz
Linnea Amora, 7 Lb 9oz
Áine, 8 Lb 7oz
Adrian, 10 Lb 13oz
Rain, 8 Lb 12oz
Fyfe, 9 Lb
Kate, 6 Lb 15oz

March 2013

Hanna, 7 Lb 12oz
Bryn, 7 Lb 2oz
Annellyse, 8 Lb 8oz
Ruby, 7 Lb 9oz
Declan, 7 Lb 9oz
Hannah Evangeline, 7 Lb 12oz
Jackson, 7 Lb
Ava Brave, 6 Lb 8oz

We want to feature your beautiful babe!

Click [here](#) to email us a photo of your little one!

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We invite you to come on over and check out our Facebook

A. Thank you for your questions. This is a particularly complex subject matter that I hope we can do justice.

Where to begin...

HBAC's are most certainly attended by midwives in other communities and it can be frustrating to be aware of this and wonder: "Why not the Comox Valley?" What we have to keep in mind is that **each particular community has developed its policy around VBAC's** (vaginal birth after cesarean) based on the level of care available at the hospital, the most recent evidence and the collective decision of midwives and obstetricians. So let's look at each of those aspects of VBAC.

Your local hospital, St Joseph's, is a level 1 care facility. This means that **premature and very sick babies need to be transported out to receive care** from a proper team; it also means that there isn't an obstetrician or an anaesthetist on the floor at all hours of the day. Particularly at night, it can take up to 30 minutes for a doctor to get to the hospital if they're being paged from home. This can be significant in that it can take up to 40 minutes for an emergency caesarean to be performed at this hospital. This may mean little to you unless you look at some recent research and recommendations. The good news is that a recent symposium on Cesarean Birth in 2008 stipulated that VBAC's should be encouraged to help reduce our overall cesarean rate.

The Society of Obstetricians and Gynaecologists and the College of Midwives of BC support this notion in their respective guidelines:

- [BC College of Midwives - pdf](#)
- [SOGC \(Society of Obstetricians and Gynaecologists\) - pdf](#)

Evidence shows that the most serious complication on a VBAC is the risk of **uterine rupture**. This risk is usually cited as a 1/250 chance, the SOGC sites this as a 0.2-1.5% chance of a previous uterine scar opening up or rupturing. Time is crucial in the situation of a uterine rupture. The College of Midwives of BC cites a 12-18 minute time frame for action once a rupture is suspected. Though the CMBC touches on the possibility of HBACs it doesn't go into details about the context that this might be acceptable.

The SOGC guideline very clearly states that VBACS should take place in a hospital. Beyond the perceived immediate access to medical intervention, women undergoing a VBAC in the Comox Valley are expected to be in the hospital for continuous monitoring of the fetal heart rate: to watch for tell tale changes in the baby's heartbeat that could mean a rupture, have an IV in situ: easy access for medication and fluids in case of a rupture, and the on call OB **must be notified** of a VBAC in progress.

Though perception of risk is relative, your community health care providers only have the available research, recommendations from their professional bodies and their evaluation of local resources to support women's choices. In light of the level 1 status of the hospital and the current recommendations, the Department of Obstetrics at SJGH **do not recommend HBAC**. Changes to this

page. You will find Plum news, interesting articles and news stories. **We would be thrilled if you would drop us a line, share your baby photos, post questions and help us make it a vibrant space for everyone who "likes" us.**

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perspective would have to occur at a systemic level.

The second part of your question can only be answered on a more general level as the SJGH stats are unavailable at this time. The population of all women undergoing a trial of labor following one previous cesarean has a 50-85% chance of having a successful vaginal delivery. Because this stat is for the whole population aspects of a woman's history:

- ***Reason for cesarean birth,***
- ***Health during this and previous pregnancy, and***
- ***Whether she has had a subsequent vaginal delivery affect where a particular individual might fit on that 50-85% spectrum.***

Thank you for the question. Please let us know if we've left any VBAC detail out. **If you are interested in seeing change in regards to HBACs in your area, then I suggest addressing your concerns through the hospital.**

Newborn Procedures: Kangaroo Care?

In this new Plum Bites series on Newborn Procedures, we will address the many procedures you can expect to be offered when your baby arrives.

In many hospitals, the norm is to take the baby after birth over to a scale to be weighed, rubbed down, assessed using the [APGAR scale](#) at 1 & 5 minutes old, swaddled & hatted, and then returned to the mother.

Lately, a practice called [kangaroo care](#) (initially developed for pre-term infants) is becoming a popular alternative, and is also the standard practice in midwifery care. Mothers are now encouraged to hold their babies skin-to-skin immediately after birth, covered with a clean blanket to keep them warm. The APGARs can be done in the mother's arms, the baby can be rubbed clean & dry, and will usually attempt to breastfeed on his own soon after birth.

What are the benefits of kangaroo care?

For starters most new moms and babies are not ready to be separated so quickly after their first meeting, even if it is only for a few minutes. Most newborns are quietly alert and eager to nurse, learn their mother's face, and bond with her for about 2 hours after birth, and become deeply sleepy after this unique "sensitive window" is passed.

[A 2007 pilot study](#) indicated that babies placed skin-to-skin with their mothers held their body temperature better, and most "[crawled](#)" to their mother's breast & began nursing on their own within 75 minutes of birth. Kangaroo care has been found to promote more successful breastfeeding in full-term infants and even a small interruption to weigh the baby can be counter-productive.

Having just gone through some big changes and hard work, Mom's familiar smell, heartbeat, and voice are tremendously comforting to

this new little person who is suddenly being asked to breathe, maintain body heat, pump blood, eat, digest and poop on his own for the first time.

When might kangaroo care not be an option?

If you require many stitches after birth (or any emergency measures), if you've had a particularly exhausting labor, or if a c-section means you are heavily medicated, you may not be physically able to keep a good hold on your child. In this case, the father or other family member could step in, often holding the baby at your head near your eye level, allowing the baby to see you and smell you.

What are your options?

Honestly, kangaroo care has so many benefits (and no drawbacks) that if you are unable to perform it yourself after birth, it would be recommended that your partner holds the baby skin-to-skin on his/her chest, comforting and speaking to the baby until you are able to do so.

Post-surgical Massage

Surgeries of any kind are major events that require time and care for healing and recovery. Scars sustained from surgeries or injury provide a vital service to the body, creating strong stable tissue that facilitates healing. However, scar tissue can bind to muscles, tendons, ligaments and/or organs over time, potentially creating restrictions, reduced circulation and mal-alignments. In order to co-exist happily within the body, scar tissue needs to be mobilized.

Massage therapy is a safe and effective tool for assisting the body's return to a balanced and healthy state after experiencing a surgery. Once healing is complete (usually 6-8 weeks post-surgery), it is safe to begin hands-on work by a licensed practitioner. Techniques such as Myofascial Release gently promote the mobility of connective tissue, facilitate circulation to the area and speed healing and the return to normal sensation. Also important to address is the mobility of the organs in the abdomen and pelvis, especially when recovering from a Caesarean birth. The digestive, respiratory and reproductive organs will not only be adjusting to the recent changes in position during pregnancy, but will also be affected by the surgery and scar formation. Visceral Manipulation is a hands-on technique that helps ease the organs back into their proper position, restoring their natural function and movement within the body.

Whether you are planning on having another baby, or just focused on keeping your body as healthy as can be, massage therapy for scar tissue is an important part of the recovery program after having a Caesarean birth!

Maneesha

Maneesha Madan has 16 years of experience as a Registered Massage Therapist, with a special interest in promoting women's reproductive health. She can be reached at (250) 703-3272 or at www.maneeshamadanrmt.com

My VBAC Story

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

"It was just a twinge, nothing really" I told myself. I was only 24 weeks pregnant with my second child, much too early to feel cramps. But my son had been born by urgent c-section at 30 weeks because of preterm labour, a breech position and a risk of cord prolapse. He was just over three pounds and all I got was a hasty first kiss before he was whisked away to be attached to a host of lines and monitors.

As the daughter of a 1980s pioneering midwife, it was not the natural birth experience I had been expecting. There are photos of me latched on to my mother's breast moments after I was born cozy at home. Nor was my son's 7 week NICU stay the way I had imagined spending the first two precious months of my baby's life. He did amazingly well and was now a healthy, happy two year old.

There was no reason to expect me to have preterm labour again. This time around, I was very hopeful to have a natural VBAC and get the full labour, birth and newborn experience. However, I was being monitored more closely with this second pregnancy. Now, at 24 weeks, I had just had an ultrasound to measure the length of my cervix. 2.5 cm is the shortest length considered normal and mine had measured 2.4 cm. So, with this new knowledge, perhaps these twinges I was feeling were just psychological. I did not want to mention it to my husband Noah because I didn't want to worry him unnecessarily. But mostly I didn't mention it to him because I knew he would make me call the midwife, and then what? Well, after three days of these mild cramps, I did tell him, and he did make me call the midwife.

My midwife Joanne was already at St. Joe's hospital doing an assessment and recommended I come in for a fetal fibronectin swab test. The presence of this protein indicates increased risk of preterm delivery. I tested positive. I had four strikes; a history of preterm labour, a shortened cervix, mild cramps and now a positive fetal fibronectin. I needed to be medivaced by airplane to a hospital with a level 3 NICU in case I delivered early. I was supposed to be sent to Vancouver, where our entire family and support system lives, but plans changed at the last minute, and I was taken to Victoria instead. I was beyond disappointed. My main fear was having a 24 week preemie in a city where I knew no one. That night, the cramping disappeared and after a very uneventful and very long, lonely week in Victoria, I finally convinced the attending OB to discharge me with the promise I go directly to Vancouver for home bedrest. My husband's parents had agreed to take me and my son into their home and take care of both of us while I stayed on bedrest for the next 12 weeks. No one in our family wanted to go

visit another baby in the NICU and they rallied around us. Noah would still go to work as a teacher in Comox during the week and come to visit on the weekends.

After a VERY LONG 12 weeks, I was able to return home to Comox at 36 weeks pregnant. It felt amazing to take care of my son and my home all by myself. It also felt amazing to be able to prepare my house for the new baby. With the surge of energy of a nesting pregnant woman (who had just spent three months lying down, dreaming of nesting) I cooked, cleaned, and prepared up a storm. I also expected the baby to come right away. Had I not just spent 12 weeks trying to keep this baby in? Surely I would go into labour immediately. But I didn't.

Three weeks later, on December 16th, at 1:30 am, at exactly 39 weeks pregnant, I woke up to the smell of something burning. When I got up to investigate, I realized I had been dreaming. After padding around for a minute, I felt a contraction. I now joke that the burning smell was the baby letting me know they were "done". Over the next three hours, the contractions got closer together and stronger. I putzed around doing the irrational last minute tasks of a labouring woman. Surely, that art easel needed to be disassembled and cleaned before I deliver this baby. Between tasks, I would kneel down with my arms and head resting on my yoga ball, breathing through the contractions. At 4:30 am I realized that I was becoming disorganized between contractions, so I woke up Noah.

I gently shook him. "Want to go on a road trip?" I asked (he LOVES road trips).

"Where?" he asked sleepily.

"To meet our baby" I replied.

A huge grin spread across his face.

I immediately gave him a laundry list of tasks to complete, some rational, some not. At 5:00 am we paged Plum. I was so happy when Joanne called me back because not only had Joanne been there for me at 24 weeks, she had also worked with my Mom in the 80s and even cared for me as a small child. She arrived at 5:30 am, and for the next hour, Noah desperately tried to organize child care for my son (of course our neighbours who were supposed to watch him had gone away overnight and not told us) and Joanne tried to look up online the results from my latest Group B strep test. All the while, I would kneel on my ball during contractions and breathe. Also during this hour, Joanne gave me an internal exam to check for dilation. I was about 3 cm dilated and Joanne asked me if I wanted her to sweep my membranes, to which I agreed. I instantly went to 5 cm dilated. We also found that my Group B strep was still positive. Because this required a dose of antibiotics at least an hour before birth, it was due time for us to go to St. Joes. Finally, a sleepy unwitting neighbour agreed to come and stay with our sleeping son until family from Denman Island could arrive.

We arrived at St. Joe's around 6:30 am and I was grateful when Joanne advocated for us to have the nicer, larger birthing suite. Also, having recognized my contraction ritual at home, she asked

the nurses for a yoga ball. Because I was attempting that have a VBAC, the standard protocol is to have continuous fetal monitoring and an IV (which I needed anyways for the antibiotics). Over the next two hours, my labour progressed to the transitional state and the contractions became very intense and close together. I also knew it was transition because I threw up twice and I no longer felt like chatting in between contractions. My contraction ritual on the ball evolved to include my husband putting strong counter pressure on my lower back. I also talked myself through each contraction telling myself that the intense pain would soon fade away. I also reminded myself that the pain was my cervix dilating to allow my baby to come out of her womb. I think the only word I said aloud was "ok, ok, ok" at the peak and wane of each transitional contraction.

Eventually, the contractions slowed slightly and I started to feel an urge to bear down. Over the next little while, the nature of the contractions evolved into a stronger urge to push and Joanne suggested I try some. Over the next 45 minutes, I tried pushing in several different positions. It was also during this pushing state that a whole lot of fluid came out of me when I lost my mucous plug, and my water finally broke (and yes, some poop too). The position that felt the best was lying down on my side. For me, pushing was the most intense feeling, and I was unaware of anyone else in the room except for Noah at my side cheering me on. In between contractions, I looked deeply, quietly, and slightly forlornly into his eyes. Sips of cold water and a cool cloth on my forehead offered a small respite. The most difficult time during my whole labour was when the baby was crowning and Joanne asked me to stop pushing. This was when the classic breathing techniques helped me as I tried to stop my body's intense natural urge to bear down. Then, with a strong burning sensation, the baby's head emerged and started chirping away as if to say hello. Another couple of pushes and our baby was born at 9:03 am, seven and a half hours after my first contraction.



Triumphant VBAC and kangaroo care in action.

With the slippery, warm weight of the baby soft on my chest, we said hello to our newborn daughter Claire Ruby Gray Burdett. And,

just as I had 31 years earlier, Claire latched on to her mother's breast and nursed.

Alix Burdett

Thank you to our clients. You are why we love what we do--even at 3:00 in the morning.

Sincerely,

Joanne, Emma, Katie & Cat.

Plum Midwifery

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