Happy Holidays
Wishing you and yours a very happy holiday season!

What’s New at Plum?

UBC STUDENT AT PLUM
From January to March 2014, we will be acting as preceptors for a 2nd year midwifery student from UBC. Jade Bowman will help out in the clinic, and be present in prenatal appointments and at births and postpartum visits during her time learning with Plum Midwifery Clinic. Please take a moment to check out her bio and photo below.

KATIE ON MATERNITY LEAVE

Sibling Preparation

Resources
This beautiful Youtube video of a birth centre water birth is an excellent choice for sharing with older children if you plan on having them present at the birth of their new sibling.

Babies is a great movie, showing the lives of babies in 4 different cultures. It’s available to stream on netflix and to download from itunes.

This blog post at PHD in Parenting on Preparing an Older Sibling For a New Birth is chock full of resources on a variety of sibling and birth topics.

How to Prepare Your Child for the New Baby is a post by Dr. Laura Markham of Aha Parenting that is full of suggestions for preparing siblings in general for the disruption to their lives when they welcome a
At the end of September, we wished Katie well on her next endeavour, as she awaits the arrival of her first baby.

**PLUM CLINIC PROGRAMS**

Be sure to check out the Plum Schedule in the sidebar to keep current on all of the programs we have running from prenatal group care to postpartum drop-in sessions. Contact the office if you have questions or are interested in participating in any of these programs.

**Jade Bowman - UBC Midwifery Student**

*From January to March 2014, we will be acting as preceptors for a 2nd year midwifery student from UBC. The student will help out in the clinic, and be present in prenatal appointments and at births and postpartum visits during her time learning with Plum Midwifery Clinic.*

It is an absolute pleasure to be joining the team at Plum Midwifery for my 2nd year placement. I would like to thank all of the women, partners and families for allowing me the honoured privilege of being involved in your care. I am both humbled and excited to learn from you and share in, what I hope will be a positive and empowering journey to parenthood!

To me, midwifery is a calling and I’ve had the privilege of supporting childbearing families for the last four years. Prior to starting midwifery school, I received my Bachelor of Commerce degree from the University of Victoria. Upon leaving the corporate sector, I worked as a midwifery clinic administrator, birth doula and childbirth educator. In particular, I’ve provided doula services for young mothers through SMILE and women with addictions through the FIR Square Program at BC Women’s Hospital in Vancouver. Recently, I have had the privilege of providing midwifery care to women living in the downtown eastside alongside the Strathcona Midwifery Collective. These experiences have been influential in shaping the kind of care provider I aspire to become, as well as in nurturing the deep interest I have developed for supporting diverse families from a wide range of backgrounds and social circumstances.

When I’m not immersed in the world of midwifery, I enjoy travelling, cooking, listening to live music, watching movies and practicing yoga.

I look forward to getting to know you and your families in the coming months!

*Jade*
Sibling Preparation
The arrival of a new baby in the family can be confusing and exciting for siblings and parents alike. Taking some time to prepare for baby's arrival and for the birth can help smooth the transition. We've compiled some tips and suggestions here for you.

Pregnancy
Involve siblings in the pregnancy as much as you can. Children are welcome at midwifery appointments and our midwives are happy to answer questions and let kids "help" with baby checks. Help them to listen to baby's heart beat and feel kicks.

Plan to undertake major developmental tasks like toilet training, moving to a new sleeping arrangement (or a new house!), or starting preschool either well before baby arrives or delay until afterwards, once new routines have been well established.

Read books, watch movies, and talk a lot about babies, birth, and breastfeeding. Look at pictures of your older child(ren) when they were babies and talk about their birth story with them. Check out our lending library for some great books to share with kids, including a lovely homebirth story - Hello Baby.

Include siblings in preparations like choosing baby's first outfit, picking a name (if you are brave), washing baby clothes and diapers. This in particular can be a special time of revisiting stories of his/her babyhood as you unpack their old clothes.

Birth
Consider carefully whether you would like your children present during labour and/or delivery. Most children are able to handle things effectively if they know what to expect, but you know your child best. Do you think they will handle the experience well? Do you feel that you will be able to relax and focus on the task at hand if your children are present?

Make sure your child knows what to expect when you go into labour. Explain to them who will be caring for them or where they will be staying, if they won't be with you. Prepare them for the sights and sounds of labour if they will be present. (There are lots of great Youtube videos for this).

If you would like siblings to attend the birth, plan to have an adult present whose primary role is to be their caregiver. In general, your partner will be busy caring for you and taking care of various tasks. It's a good idea to have someone there who can focus solely on the siblings' needs. Children may find labour boring, especially if it is long, and they will tend to moderate their boredom and/or discomfort (if there is any) by coming and going from the birthing room at will. Try to plan for this when you decide which room you will birth in (at home). Having an extra adult present who can follow the children if they feel the need to leave the birthing room means that your partner won't have that extra stress. Explain to the caregiver that it might mean that they will miss the actual birth if they need to be with children in another room.

We want to feature your little one!
Email us a photo.

Plum Schedule

TUESDAYS
Mamacentric
1:00 - 2:30 pm
Strong Start Room
Cumberland Elementary
2644 Ulverston Avenue
Cumberland, BC

WEDNESDAYS
Postpartum Group
2:00 - 4:00 pm
Location to be Announced
Resumes after Holiday Break
January 8, 2014

THURSDAYS
Prenatal Group Care
3:00 - 5:00 pm
Location to be Announced
May/June group starts Jan 9

"Like" Plum?
We invite you to come on over and check out our Facebook 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.

Like us on Facebook

Join our Mailing List
Think of ways the siblings can be involved after baby arrives like putting a hat on the baby, announcing the sex, baking a birthday cake with Grandma for the baby's homecoming from hospital, cutting the cord, presenting the baby with a gift, telling visitors what the baby will be named.

**Ever After...**
Continue to find ways to allow older siblings to help and feel involved and connected with baby. Find baby related tasks that they can help with and encourage smiling, talking, singing, playing with baby.

Try to find time for special one-on-one time with older children. While breastfeeding, have a special story, snack or activity ready for them. Invite them to sit with you.

Accept that this can be a frustrating time for you and your child. Allow your child to express his feelings, even those of jealousy. Understand that your task is not to eliminate jealousy but to understand the child's feelings, reduce situations which might give rise to jealousy and to encourage the safe expression of feelings.

Be generous with love and attention.

**This information has been adapted from the Siblings handout package that you can find in our lending library. Please do ask if it's available for loan if you would like more ideas and suggestions.**

Further, Chapter 8 of Mothering Magazine’s book *Having a Baby, Naturally* also focuses on children and the birth of a new sibling.

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

You are probably familiar with the pictures of newborns in their striped hats, eyes smeared with some kind of clear goop. That goop is an eye ointment - called erythromycin which is usually administered within 1 hour of birth.

**Why is eye ointment used?**
The intention of the eye ointment is to prevent newborn blindness from infection after birth ("ophthalmia neonatorum"). If the mother has an sexually transmitted infection (STI) like gonorrhoea or chlamydia, it can be passed on to the baby during a vaginal delivery. Specifically with gonorrhoea it can cause blindness if left untreated. To avoid this, throughout the 1900s laws were passed mandating that all newborns receive antibiotic treatment, assuring that any infections would be caught & treated.

**What do you need to know?**
Erythromycin is effective against gonorrhoeal infections and other eye infections that may present. Erythromycin is a gentler antibiotic...
than silver nitrate which what was used years ago. As silver nitrate is an eye-irritant that caused chemical infections, it is no longer in use in Canada for newborn eye prophylactic treatment.

However, antibiotics carry their own risks. As this study showed, babies actually need the bacterial exposure they receive from their mother's birth canal to correctly populate their digestive tracts and build up their immune systems:

"In a sense, the skin of newborn infants is like freshly tilled soil that is awaiting seeds for planting -- in this case bacterial communities," said Fierer of CU-Boulder's ecology and evolutionary biology department. "The microbial communities that cluster on newborns essentially act as their first inoculation."

Antibiotics upset the bacterial balance in our bodies, wherever they are administered.

**Why might you opt to administer eye ointment?**
If you know that you have an STI and you deliver vaginally, you will want to protect your babies eyes and opt in favour of administering erythromycin.

**Why might you opt out of this?**
Anything placed in a baby's eyes interferes with his vision, blurring it and usually causing swelling & irritation. Blurred vision interferes with the "sensitive window" right after birth when baby is alert & awake, so crucial in mother-child bonding as well as the establishment of breastfeeding.

If a mother is known to be STI-free, there seems little reason to administer any ointment at all. A randomized 1993 trial in Washington State states

"The results suggest that parental choice of a prophylaxis agent including no prophylaxis is reasonable for women receiving prenatal care and who are screened for sexually transmitted diseases during pregnancy." (emphasis added)

**What are your options?**
Be tested for STI infection in your 1st trimester of pregnancy. If positive, find out if intravenous treatment can eliminate risk of transmission to the baby during birth, and/or choose the eye ointment best suited to your infection. If negative, you may delay administration of the eye drops until after the sensitive 2 hour period, choose the gentlest eye-ointment you can, or refuse the ointment completely.

Have others wash their hands when touching your baby to minimize exposure to external bacteria.

**Please refer to this BC Women's Hospital Department of Midwifery Guideline for Newborn Eye Prophylaxis for current information regarding the use of erythromycin by BC midwives.
A Little Brother's Birth

We blew up the birth pool when I hit 37 weeks. It sat in our backyard, covered by a tarp, in the winter wind and rain and slowly lost air. Every night I went to bed dreading that labour would start that night. Every morning I woke up thinking, "phew, I made it through the night." And every day the mound under the blue tarp got smaller.

Clearly, we had a leak, and just as clearly, I was experiencing some late third trimester jitters.

I wasn't scared that I couldn't do it. I knew I could. I had already had two drug-free vaginal births. But I wouldn't say that those hours had been fun. When I wasn't pregnant, I often thought about what an amazing trip birth is and looked forward to doing it again. Oxytocin does a wonderful job of making you forget the challenging aspects. But in the weeks leading up to my due date, I remembered. Clearly. Vividly.

I felt pretty sure that this baby was coming in the middle of the night. I'd had a dream of giving birth to a baby girl in the birth pool very late at night. So every night, I'd climb into bed feeling nervous, take a deep breath and turn off the light, hoping tonight wasn't the night.

My daughter had caught us unprepared by arriving at 37 weeks 2 days. This time we had everything ready at 37 weeks just to be safe and we were half-hoping, half-expecting to have a baby any day, despite my fears.

Thirty seven weeks came and went. Thirty eight weeks came and went. By then the pool was flat in the backyard. Aaron decided to try to find the leak. We knew my labour would be quick. My second labour was only 2.5 hours of active labour and I didn't make it in the pool that time. We thought maybe if the leak was slow enough, I would have the baby before it became a problem. But as the days ticked by, I didn't want to take any chances. I didn't want a repeat of my midwife replying to the announcement that the pool was ready by saying, "Too late. The baby's here."

I had a labour to-do list running in my head at all times. I would recite it over and over so that I would remember the crucial order of every step required to give me half a chance of having a water birth when racing the clock.

We waited. I hobbled around. I napped. I planned all grocery shopping and meals around dessert. I let the kids watch far too much tv. I read them books and showed them Youtube videos about birth. Aaron found and patched the holes in the pool and we left it in the living room. It took up the whole room. I spent my days telling the kids to Leave. The. Pool. Alone. My Braxton Hicks contractions got stronger and stronger.

One Sunday while Aaron was out with the kids, I started feeling a little off and the Braxton Hicks were stronger and more frequent than usual. I started losing mucous plug. I couldn't say for certain that labour was starting. After my first baby was born, I had always
maintained that there's no mistaking it, you'll KNOW. But still, every labour is different and these contractions were leaving me guessing. By 10 pm I couldn't tell if it was going to ramp up or not. We decided to call the midwives and tell them that I'd been having Braxton Hicks every ten minutes and that our plan was to fill the pool half way and go to bed.

On Tuesday I was still pregnant and due to have my platelets checked again. I was worried about how far they may have fallen in the last two weeks (possibly losing my eligibility for homebirth) and I thought the baby would never come. I moped about the house and dejectedly told Aaron that he might as well drain the pool. That night after the kids were in bed, I got ready for bed myself. I climbed under the duvet and had that familiar feeling of dread wash over me, but I quickly shook it off. "I'm not having a baby tonight. I have to get my blood work done in the morning." Aaron came to bed early too and we watched an episode of Mad Men, our latest Netflix obsession. Then, despite it being a weeknight, we decided to watch another.

When we finally decided to turn off the light, it was 11:30pm. We said goodnight. I settled in to a comfortable position and as I shut my eyes, I had a contraction, a real one, not just the muscle flexing of a Braxton Hicks. This one peaked with the wringing pain of a menstrual cramp. My eyes shot open and I stared into the dark. My mind was blank. I waited. There was another one, similar in intensity. I reached across Aaron for the clock. It was 11:39pm. I knew. Time to get up.

I hauled myself out of bed and felt the need to go to the bathroom. "Here we go," I thought. As I left the room, I told Aaron I'd had two contractions. In the bathroom, I began emptying my bowels, creating extra space for the baby that would be making its way out soon. Not hearing reassuring movements from the bedroom, I called out to Aaron that he needed to get up and I had another contraction.

It was time to execute the action plan I'd been mentally rehearsing for the last two weeks. Aaron attached the hose to the bathroom faucet and began to fill the half-full pool the rest of the way using only the hot. I turned on the computer and found a website for timing contractions. I called Joanne, the midwife.

I tried to keep up with logging the contractions on the computer but was too busy gathering supplies. I brought a stack of towels to the living room. Contraction. I went to the bedroom to change and put on my birth beads. I got out the box of birth supplies. Noa, my 2 year old daughter, woke up crying from a bad dream. Aaron went to comfort her and see if she would go back to sleep. No luck. Contraction. Aaron called our friend Kate to tell her it was time to come over to watch the kids. Aaron cared for Noa while I continued getting our supplies organized. I gave up on timing contractions. I turned on our birthing playlist. I went to the bathroom to brush my teeth and felt another wave of diarrhea. Joanne and Paula, the student midwife, arrived as I sat on the toilet brushing my teeth. It was 12:30 am.

The contractions were coming closer together and lasting longer. I
began to pace the house. The pool was full but a little too cold. Aaron threw open the double doors in the living room that led to the backyard and began bailing pots of water out into the frigid February night air. Noa, eyes wide like platters, sat on the couch watching the steam flying in the cool breeze. I sat with her and put my arm around her to reassure her that everything was ok.

Aaron put pots of water on the stove to boil so we could bring up the temperature in the pool and I continued to pace the house, waiting, waiting. Contraction. I went to my knees in child's pose with my forehead on the floor and moaned through it as Kate came in the door.

The contraction was building painfully and there on the floor, I began to tense and resist, hearing the old familiar refrain of "I don't want to do this" in my head. Somehow, some sensible part of me responded by telling myself, "It's ok." As the word ok drawled in my mind, long oooooohh, long kaaaaaayyy, like a mantra, I felt myself give in to the contraction, which was still building, and the pain melted away with a feeling that I was melting into the floor.

As the contraction eased, I stood and said hello to Kate. Through the door to my bedroom, I could see the bed. I was feeling irresistibly drawn to it, but I knew that if I were to lie down on it, I wouldn't get up again until the baby was born. I kept walking around the three rooms of our tiny house but by now, it was becoming impossible for me to do anything but chat and keep moving. Every time a contraction hit I went down on the floor.

Finally, I could wait no longer. I asked the midwives if I could get in the water. The pool was only lukewarm and not quite full but it felt so good as soon as I was submerged. I sat on my knees with my head on the side of the pool and rested, flooded with relief, and beginning to feel tired. It was 12:50 am.

"I'll try not to disturb you too much-you look so peaceful-but I need to take your blood pressure." Paula said. I moved to get the cuff on and when she was done, returned to resting on the pool edge. Another contraction. I felt the need to poop again and mentioned this aloud, worrying about having to climb out of the pool to head to the bathroom.

"That's your baby," Joanne told me.

Everyone moved around me, bustling, busy, laughing and talking. Kate had managed to wake Rain with difficulty. At 5.5 years old, having cut the cord when his sister was born, he was adamant that we not allow him to sleep through the birth. He and Noa wandered in and out of the living room, each time with a different coloured popsicle - the ones that they knew were reserved for me, for my labour, the ones they had been begging for, for days. I was brought a cold glass of apple juice. Aaron and the kids sat beside me on the couch, watching, chatting to the midwives.
There were gales of laughter as Noa recounted in great detail her recurring dream about a scary giant Green Robot that she would fiercely tell to go away: "Do away Deen Robot!"

Kate had brought specially made Big Brother and Big Sister books with stickers and when the kids grew bored of hanging out with me, they would wander off to work on their books with Kate or to have another popsicle. Aaron stayed with me, not needing to worry about the kids.

The water on the stove was finally boiling. Aaron carried in huge pots of boiling water, I scooted to the far end of the pool, and he dumped them in. Then he, Paula and Joanne thrust their arms deep in the water and swirled waves of heat over my body. As the water warmed, I felt another surge of relief, surrounded by the swirling arms of people who were there to care for me.

Pressure was beginning to build uncomfortably with each contraction and Joanne suggested that I might just test how it felt to push gently at the peak of a contraction. I gave that a try on the next contraction and felt the pressure and resistance of the unbroken amniotic sac. The push felt unproductive.

This went on for a couple more contractions. The overwhelming
need to bear down was growing stronger. I was beginning to hold my breath at the height of contractions and gently trying to push. As I would encounter that wall of resistance, I began to shy away from the intensity of what was coming, and I held off for a few minutes. There was talk of me getting out of the pool, and knowing that this my last chance for a water birth, I resisted again by saying "I don't want to." Kate told me later that I had refused but it hadn't felt anywhere as confident as a refusal at the time.

Paula mentioned during the next contraction that she thought she saw the top of baby's head. Joanne moved to take a look and as the contraction ended I reached down with my hand to check. I felt a strange rubbery bulge and exclaimed, "what is that?!" Joanne told me that it was the bulging sac.

I suggested that we break my waters to see if that would speed things along. Joanne agreed and prepared to do the amniotomy but was finding everything too slippery.

At last ready to give in to the pushing stage, I reached down with my hand and using my fingernail tore open the sac. With the next contraction, I was completely overcome with the urge to push; my body took over, finally taking my mind out of the equation. I had wanted to catch my own baby, but in this state, I could do nothing but give in, and PUSH. I shut my eyes and roared. Kate, Rain and Noa, hurried in from the other room. The head was out and with another roar, out slipped the body into the hands of the midwives who scooped the baby up and onto my chest. It was 1:48am, two hours and eighteen minutes from my first contraction.
Cradled in my arms, I called Rain over to announce the sex. Everyone crowded around the pool, and I showed the baby to Rain. With a big grin he said, "There's a penis. It's a boy. I got my wish!"

After delivering the placenta, getting out of the pool, and showering, I nursed baby Silas in a chair, surrounded by Rain and Noa, while the midwives completed their checks.

Between the two of them, they had eaten ten popsicles in two hours; no one was tired. Aaron made extra beds on the floor of our room for Rain and Noa, and finally, in the darkness of the early morning, hearing the midwives let themselves out, the five of us cuddled up together for the first time to sleep. We woke a few hours later to snow out the window and spent the day in that giant bed getting to know the littlest brother.
Thank you to our clients. You are why we love what we do—even at 3:00 in the morning.

Sincerely,

Joanne, Emma, Cat & Amy.
Plum Midwifery