CENZ Z, C/- Charlie Saunders, 102a Queen Street, Waiuku, 2123    09 2352295    info@cenz.org.nz

E-Club Newsletter

October, 2011

Inside this issue.....

Pregnancy study links low-fat yoghurt to asthma in children  2
The babies and booze dilemma  2
Five Tips for Choosing a Childbirth Education Class  3
Ban on telling mums baby’s sex? (UK)  4
Mothers and babies at risk over craze for collecting umbilical cord blood  4
RCOG/RCM statement on umbilical cord blood collection and banking  5
‘Round and ‘Round the Mulberry Bush: Yet Another Medical Device to “Save” Women in Labor  6
Push and say cheese: woman to live-stream childbirth online  7
Is Breastfeeding Being Undermined By Hospital Freebies? (US)  8
St Mary’s hospital bans free formula milk to make mums breastfeed instead (UK)  9
Push to get new babies home in four hours (AUS)  9
Where did all those multiples come from????  10
Percentage of Births Attended by Skilled Health Personnel  10
The Milk Truck Rescues Breastfeeding Mamas in Pittsburgh (US)  17
Mother spotted breastfeeding while driving  17
Breastfeeding push excludes formula mums  17
Breastfeeding areas encouraged  18
Grannies are taught new parent skills as more pensioners become their children’s sitters (UK)  19
Making aroha work  19
Infant care practices related to sudden infant death syndrome in South Asian and White British families in the UK  20
Baby wipes pulled amid health risk  20
Breastfeeding tied to kids’ brainpower  21
New mum? No need to exercise...  21
Jailed mothers can now keep babies for longer  22
Baby’s death spurs slings warning  22
Why are more women depressed? Is this a real epidemic - or the result of cynical marketing by drug giants?  23

Editor’s Ramble

Have you received your latest Talking CENZ magazine? I hope that you enjoyed all of the lovely pictures of dads with their babies. It was a real treat to be able to share some of the dads that I’ve met over the years in my wonderful ‘job’.

The front and back cover pictures were of two very special men - my husband, Craig and my 3rd child, Riley. I thought that they both looked very handsome!

If you don’t subscribe to our magazine and only receive this newsletter then drop me a line as I might be able to send you a complimentary copy.

For some unknown - and very uncharacteristically - reason, I don’t have too much to talk about this month. It’s been pretty busy with various goings on and I’m on the cusp of attending the Parents Centre New Zealand Volunteers Symposium so perhaps I’m conserving some energy for this fun-packed and informative weekend. You might not be able to shut me up next week so perhaps savour this unusual occurrence.

I’d love to hear your comment on one particular subject! Baby wearing. You’ll see an article on page 22 about a baby who tragically died in a sling. This seems to have put the cat amongst the pigeons a little but, as a big fan of slings (more the wrap style), I was heartened to see a great response from various organizations, businesses and groups.

One response from Plunket’s National Safety Advisor, Sue Campbell was really good and so was the picture that accompanied it:

“While there have been no known deaths in New Zealand when a baby has been in a sling, parents need to know that their baby needs a clear face and an open airway in order to breathe. In a sling, as in a variety of places such as car seats and the crook of an adults arm, they need to have their face visible, mouth and nose free and chin up.”

In typing this and looking for some nice images of babywearing, I’ve realised that I didn’t take a picture of myself ‘wearing’ Zach. He was the lucky last but he was the first of my children to be in a sling and I so wish that I’d done it with the others. It’s a good job that I facilitate postnatal classes and can steal babies at whim!

Charlie

x
Pregnancy study links low-fat yoghurt to asthma in children

20th September, 2011

Women who eat low-fat yoghurt while pregnant increase their chances of having children who develop asthma and hay fever, a study has found.

Daily yoghurt consumption raised the odds 1.6 times of giving birth to a child who suffered from asthma by the age of seven.

Eating yoghurt almost doubled a mother’s chances of her child being diagnosed with allergic rhinitis, or hay fever. However, the same study of almost 62,000 women in the Netherlands found that drinking milk during pregnancy had a small protective effect.

The researchers wanted to see whether fatty acids found in dairy products could help prevent childhood allergies.

They are still investigating the surprising link and believe it may not be a direct causal association. One possibility is that yoghurt consumption acts as a proxy marker for other dietary and lifestyle factors.

It may also be that non-fat nutrient components in yoghurt play a part in increasing allergy risk.

Lead researcher Dr Ekaterina Maslova, from the Harvard School of Public Health in Boston, United States, said: "This is the first study of its kind to link low-fat yoghurt intake during pregnancy with an increased risk of asthma and hay fever in children.

"This could be for a number of reasons and we will further investigate whether this is linked to certain nutrients or whether people who ate yoghurt regularly had similar lifestyle and dietary patterns which could explain the increased risk of asthma."

Results of the study will be presented at the European Respiratory Society's annual meeting in Amsterdam in late September.

Researchers collected questionnaire and health registry data on 61,912 women.


The babies and booze dilemma

10th September, 2011

To drink or not to drink? That was the question that faced Ruth Cosgrove when she fell pregnant.

Like millions of mums-to-be she was advised to stick to the national guidelines which recommend pregnant women steer clear of wine, beer and spirits.

But given the lack of clear evidence about the risks of low to moderate drinking during pregnancy, Ms Cosgrove decided a glass of red wine "every week or two" was okay.

"I feel comfortable I am not doing any harm to my baby drinking at the levels that I do," Ms Cosgrove, who is 17 weeks pregnant with her second child, said.

"I'm not advocating drinking during pregnancy but I've spoken to four different doctors and the answer each one gave was the same - we are not allowed to tell you that you can drink anything but it's generally understood that low levels of drinking are OK.

"So I think there's an inconsistency in the information that's out there."

In an attempt to clear up the confusion, the Murdoch Children’s Research Institute in Melbourne has launched a major study to get to the bottom of whether low to moderate levels of alcohol are harmful or not to a baby.

They are recruiting 2000 pregnant women who will be quizzed throughout their pregnancy about their drinking habits, general health and diets.

Their babies will then undergo medical checks when they turn one and again at two to see if their brains, development and behaviour was affected by alcohol consumed by their mums.

Lead researcher associate professor Jane Halliday said while there was solid evidence about the dangers of heavy drinking for an unborn baby, it was not known if there was a safe amount of alcohol pregnant women could drink.

"The problem is that for about half of women that get pregnant it is unplanned, and a lot of women are drinking around the time they get pregnant and may drink for the first month or so and that creates a lot of anxiety," Assoc Prof Halliday said.

"From the few international and Australian studies there's conflicting evidence as to whether there's an adverse effect.

"We firmly believe that no drinking is the safest option, but our main aim is to provide an evidence base to the policy and answer questions about individual risks."

The latest study comes after research by the University of Newcastle published in 2010 revealed 80 per cent of Australian women drank during pregnancy.

Ms Cosgrove said she hoped the Melbourne study would once and for all clear up whether it was safe to enjoy the occasional drink.

"There seems to be a general understanding in the community that certain levels of drinking are okay but no one is sure what that level is," she said.

"I've spoken to women who had babies years ago and were prescribed Guinness and there were books in the 70s that said drinking was ok.

"I'd like there to be more information, and hopefully this study will provide it."

Five Tips for Choosing a Childbirth Education Class

14th September, 2011

[Editor's note: Have you ever wondered how to best compel your clients or would-be students into taking childbirth education seriously, and spending the time to research and seek out a solid, evidence-based childbirth preparation class? The following is from a recent Lamaze International press release. Share this with your colleagues and local birth networks. Heck, you might even want to print some copies off and post them in some visible public spaces in your community.]

-Best Courses Teach Evidence-Based Practices to Improve Chances of Having Safe, Healthy Birth-

WASHINGTON--A recent report from the World Health Organization set off alarm bells for many expectant parents. The report showed that newborns in 40 countries, including Cuba, South Korea and Poland, have a lower risk of death than newborns in the United States.

For expectant moms, one of the best, and often overlooked, ways of improving the odds of a safe and healthy birth is to take a good childbirth education class. But how do moms know whether they are choosing a class that will make a difference?

“A good childbirth education class can make the difference between feeling out of control and overwhelmed, and being able to handle the expected and unexpected on the day of your baby’s birth,” said Marilyn Curl, President of Lamaze International. “A really good class will also help moms-to-be avoid routine interventions like inductions and being confined to bed, which can actually increase the risks around birth.”

Here are some factors mothers-to-be should consider when selecting a childbirth education class:

1. Research the Class Curriculum
Ask to see the content covered in childbirth courses carefully before selecting one. There are a variety of curriculums, and different approaches may work better for different people. Some courses do little more than orient women to the procedures of the hospital, regardless of whether those protocols are backed by research findings.

Curl cautions that women should be wary of ‘patient obedience classes.’ “Any class that simply focuses on what women are or are not allowed to do according to the procedures of the institution is not going to equip them properly for labor and birth.” Curl said.

Expectant parents should consider what they want to gain from taking the class and make sure those points are part of the curriculum. Lamaze classes focus on educating parents about six safe and healthy birth practices that are based on extensive clinical research. “Women rarely receive all of the best care practices, so it is critical for parents to educate themselves about their options,” Curl said.

Typical topics covered in Lamaze childbirth education classes include:
- Normal labor, birth and early postpartum
- Positioning for labor and birth
- Pain management techniques
- Labor support
- Communication skills
- Comfort measures, including breathing strategies, relaxation and massage techniques
- Risks and benefits of medical procedures
- Breastfeeding
- Healthy lifestyles

If the instructor teaches the class in a hospital setting or in a doctor’s office, parents should ask whether the instructor feels she has the freedom to discuss controversial topics related to childbirth and whether the class will discuss strategies for broaching these subjects with their care providers. This information can help parents evaluate whether the class will focus on teaching the safest birthing practices, rather than explaining hospital policies.

2. Consider the Instructor’s Training
Check what kind of experience and background the prospective teacher has and ask about the instructor’s certification. Lamaze offers the only internationally recognized childbirth educator certification program that is accredited by the National Commission for Certifying Agencies (NCCA). Lamaze Certified Childbirth Educators must pass a rigorous examination to show they meet the highest professional standards and have the necessary knowledge and skills to teach courses. To find a local Lamaze Certified Childbirth Educator (LCCE), visit www.lamaze.org.

3. Invest Some Time
Between work schedules, family obligations and setting up the nursery, expectant parents may feel pressed for time. But parents-to-be need to make certain they devote plenty of time and attention to preparing for labor and birth. A one-day crash course might sound like the quickest way to get up to speed, but parents may not retain as much information from a course taught in this format. Online forums and TV shows focusing on birth do not offer personalized or in-depth information that’s found in a class.

Lamaze classes typically provide 12 hours of instruction and discussion. The classes are spread across six weeks to ensure parents have time to absorb the lessons and consider priorities as the big day draws closer. “It may seem like a big time commitment, but nothing is more important than preparing for a safe and healthy birth and a good start for the baby,” Curl said.

4. Plan Ahead
Classes fill up quickly, so start researching courses early. Try to sign up for a Lamaze class six to eight weeks ahead of time – around the first week of the second trimester.

5. Check Class Size
For first-time parents, in particular, having personalized attention from the instructor is an important part of a childbirth education class. Ask about the size of the class. Ideally, there should be a maximum of 12 couples enrolled to ensure each has a chance to interact with the instructor and ask questions.

Choosing a class with an informative curriculum, a knowledgeable instructor and personalized attention are crucial for ensuring expectant parents have their questions and concerns addressed before the baby’s birth.

http://www.scienceandsensibility.org/?p=3508&utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+science-sensibility+%28Science+%26+Sensibility%29
Ban on telling mums baby’s sex? (UK)

20th September, 2011

The day a flickering image appears on the screen and you find out if you’re having a boy or a girl is a key moment in many women’s pregnancy.

But a bombshell from Europe could put an end to hospitals telling mums-to-be their unborn child’s sex.

The proposed ban aims to stop the abortion of female foetuses, which has reached “worrying proportions” in some former Soviet states.

It is illegal in this country to have an abortion simply because a baby is the “wrong” sex, yet experts fear the sickening practice does occur in some areas.

Many women say finding out the sex helps them bond better with their baby. Others argue that parents should be happy to have any child, regardless of gender.

Then there are those who say a ban should be cautiously welcomed if it stops a minority having an abortion for the wrong reasons.

In this country, most hospitals tell mums who request the information at their 20-week scan. A handful, though, don’t routinely reveal the sex. Some may be concerned about parents from certain cultural backgrounds favouring one sex over the other. Others cite costs.

Niall Gooch, research and education officer of charity LIFE said: “There is a cultural problem in some areas of this country where sex-selective abortions occur and obviously we would like to see that being rigorously tackled. But people will always find another way to confirm the sex.

“The Government would be better off looking at education and tackling why people would be prepared to terminate a pregnancy because the baby is the ‘wrong’ sex.”

Ann Furedi, chief executive of the British Pregnancy Advisory Service said: “It’s outrageous to suggest that doctors should withhold any information about a woman’s pregnancy because they feel they cannot be trusted with it.

“In our experience, there is very little to suggest that women consider abortion on the grounds of sex, and to suggest otherwise really misunderstands how pregnancy decisions are made.”

http://www.thesun.co.uk/sol/homepage/woman/parenting/3823849/Ban-on-telling-mums-babys-sex.html

 Mothers and babies at risk over craze for collecting umbilical cord blood

22nd September, 2011

Mothers and babies are being put at risk by the craze for collecting blood from the umbilical cord to protect against future illnesses, doctors and midwives warn.

Thousands of women have the blood extracted minutes after giving birth. The blood, which contains stem cells, is then stored to be used to treat the child should they ever develop leukaemia or another life-threatening disease.

But according to the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists, the procedure ‘distracts’ midwives at a very risky time during births.

In their latest guidance, they say that midwives should be devoting their attention to checking the newborn is properly breathing and the mother is not bleeding heavily – rather than trying to extract blood from the umbilical cord.

The procedure involves clamping the cord minutes after birth while it is still attached to the baby. There are concerns the cord is sometimes clamped too soon, and the baby is deprived of a supply of blood containing oxygen and nutrients.

The midwives and doctors also point out that it is extremely unlikely the child will develop leukaemia. There are 7,000 new cases in Britain every year.

Over the past decade, about 11,000 mothers have had blood from the umbilical cord extracted.

There are about a dozen firms in Britain – including Virgin Health Bank – which carry out the procedure.

Some charge up to £1,500 to collect and store the blood, which is kept in a laboratory freezer for up to 25 years.

In addition, about 2,000 women a year donate umbilical cord blood to the NHS. Samples are used to treat leukaemia sufferers as well as patients with rare blood disorders.

This is only offered at three hospitals in Britain – Northwick Park and Barnet General, and Luton and Dunstable NHS Trusts. The RCM and the RCOG say the NHS scheme is safe as highly trained technicians extract the blood, not midwives.

But they are concerned some private firms may be putting mothers and babies at risk. Sue Macdonald, education and research manager at RCM said: ‘A lot of midwives are being asked to collect blood. The focus should be on the mother and baby.’

http://www.dailymail.co.uk/health/article-2040283/Mothers-babies-risk-craze-collecting-umbilical-cord-blood.html#ixzz1ZrCG9hkB
RCOG/RCM statement on umbilical cord blood collection and banking

The Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) reiterate the belief that there is not enough evidence at present to recommend routine private cord blood collection and banking unless there is a medically-indicated reason.1,2

The RCOG and RCM support the Human Tissue Authority’s (HTA) Licensing Framework and Quality & Safety Regulations which include the arrangements for the collection and storage of cord blood. This means, only individuals who are licensed by the HTA can collect cord blood in a designated area away from the delivery room; this will ensure that national standards are followed in line with the RCOG and RCM recommendations which state that cord blood collection is undertaken by a skilled technician after the placenta has been delivered.

The RCOG and RCM support medically directed and altruistic cord blood collection for public banking in the UK. This refers to cord blood that is collected, donated and stored in an NHS Cord Blood Bank or Anthony Nolan facility.3

The UK Stem Cell Strategic Forum reported in 2010 that the UK needs 50,000 cord blood units to meet the transplant demand in the UK. It is recognised that stem cell transplantation is a potentially life-saving treatment option for children and adults with blood cancers. NHS Blood and Transplant (NHSBT) together with Anthony Nolan, will be increasing collection in their centres around the UK to reach this target.

The RCOG and RCM support the recommendations from the UK Stem Cell Strategic Forum and welcome the funding for an increase in the UK cord blood inventory.

It is vital that the obstetrician or midwife are not distracted from the immediate care of the mother and baby during the third stage of labour; and the management of the third stage is not altered or compromised. There is also the issue of the timing of the clamping of the cord as this will have an effect on the collection of cord blood. Evidence suggests that immediate cord clamping in preterm babies may be harmful to them. In healthy newborns, deferred clamping may enhance placental transfusion and reduces jaundice and low iron stores at birth. Both the RCOG and RCM strongly believe that interference with the third stage of labour needs to be kept at a minimum to ensure good outcome for both mother and baby.

Parents wishing to collect and store their own cord blood privately have good advice on what is permissible and lawful from the HTA. In addition, they must ensure that all necessary arrangements for collection of the cord blood are made through the company concerned.

The added benefit to public banking through NHSBT and Anthony Nolan is the testing and processing of blood samples after collection. This ensures that the blood that is collected is of good quality and safe for future use.

August 2011

Notes

3 Currently, there are five NHS Trusts with dedicated staff that collect cord blood for NHSBT. These are: Barnet General Hospital, Northwick Park Hospital, Luton and Dunstable Hospital, Watford General Hospital and St George’s Hospital. These cord blood units are stored in a dedicated facility in Filton.

Anthony Nolan collects cord blood at three hospitals: King’s College Hospital in London and the Leicester Royal Infirmary and Leicester General Hospital. After collection, the samples are then tested and banked at the Cell Therapy Centre based at Nottingham Trent University.

A recent announcement from the Department of Health in July 2011 about new investment means a further collection site is expected to open at the end of 2011, with the existing sites expanding to offer a 24-hour collection service.

4 RCOG Scientific Advisory Committee Opinion Paper 14 Clamping of the Umbilical Cord and Placental Transfusion (2009)
5 See the HTA’s Position statement on cord blood collection (March 2010) and Guidance for licensed established involved in cord blood collection (March 2010).

For more information about the NHS Cord Blood Bank, click here.

For more information about the Anthony Nolan cord blood programme, click here.
The Trig Medical company has a seemingly altruistic goal in mind: to reduce the risks involved with childbirth while improving the outcome of pregnancy and lowering the overall cost of obstetrical care. Their newest product promises nothing short of this. The LaborPro is an ultrasound-based device created to accurately track fetal station and position upon entering the mother’s pelvis. Using GPS-like position tracking technology, the LaborPro promises to “improve the labor and delivery experience and outcomes of childbirth” by removing the “blind interpretation” of cervical dilation and fetal positioning by maternity care providers. In layman’s terms, Trig Medical believes maternity care providers are so in-adept at their clinical skills of measuring cervical dilation and fetal position and station, that they feel (another) technical device is warranted in the labor and delivery setting. Ultimately, the LaborPro is positioned as a tool which can reduce unnecessary c-sections and improve rates of fetal and maternal morbidity and mortality (and record progress of labor minute-by-minute in case this data becomes useful in a post-birth lawsuit).

Sounds compelling, right?

Two studies published in the American Journal of Obstetrics & Gynecology (200(4), 2009) provided data to back up the use of the LaborPro in the L&D setting. The studies, Determination of fetal head station and position during labor: a new technique that combines ultrasound and a position-tracking system, and How reliable is the determination of cervical dilation? Comparison of vaginal examination with spatial position-tracking ruler were conducted by Dr. Jacky Nizard et al.[1],[2] in multiple centers including sites in France, Israel and Brooklyn, NY. Interestingly, one of the other researchers, Dr. Yoav Paltieli, is not only employed by Trig Medical, but the developer of the device. The studies were small (N=166 women, fetal position/head station study; N=188 women, cervical dilation study) and clinical examinations for study data were conducted by midwives and physicians. The ultrasound scans were performed by midwives and midwifery students in the final stages of their training.

The condensed results of the studies are as follows:

- mean absolute difference between vaginal exam for fetal station vs. LaborPro assessment of fetal station: of 5.5 ± 6.1 mm
- Vaginal examination head-position evaluation, within a 45° interval, complied with the LaborPro system in 35 of 87 cases (40.2%)
- Mean error was 10.2 ± 8.4 mm and ranged from 7.5 ± 7.3 mm when cervical dilation was > 8 cm, to 12.5 ± 8.7 mm when cervical dilation was between 6.1 and 8 cm.

Indisputably, there were differences between the LaborPro and clinician measurements of dilation, station and position, and yet, I can’t help but to ask, how significant were those differences? An example, provided in the study article, is the mean difference in measurement of fetal head station between the clinician’s own estimation, and that of the LaborPro. Out of (only) 59 measurements, clinician measurements were -0.8 ± 0.89 millimeters different compared to LaborPro data. 0.8 millimeters is equivalent to 0.08 centimeters—less than a tenth of a centimeter. Can this difference in estimation of where the fetus lies in the mother’s pelvis really make a difference in clinical outcome? Even at its worst deviation (-0.8 + 0.89) the difference between a clinician’s estimation of fetal station is +1.69 millimeters (little more than one tenth of a centimeter). I have a hard time understanding how the knowledge of the fetus being one tenth of a station further down (or up and out of) the pelvis would actually alter clinical management of labor and birth.

“Mrs. Jones, according to the LaborPro, your baby is at negative one and nine-tenths station, rather than at o station, as we thought. We are going to need to do a cesarean section to get this baby out, safely.”

Am I the only one who thinks this is totally ridiculous?

And what about the non-measurement-based indicators as to where a woman (and her baby) are in labor? As I imagine any midwife and intuitively-geared maternity care provider will tell you, so much more than the results of a vaginal exam reveal how a woman’s labor is progressing: her self-derived body positioning, her vocalization, her behavior, the physical sensations she reports. Opting for more and more devices to tell us what’s going on during labor risks taking the art away from maternity care. Do we really want to trend toward a device-driven, artless approach to attending labor and birth?

And still, aside from the above-mentioned issues is the potential intrusion of yet another device to distract care providers from tending to the woman. I remember one sage piece of wisdom I heard during PA school again and again: treat the patient, not the monitor (test...scan...etc.) Investing in one more machine is tantamount to divesting in our clinical skills, our attention to the human subject before us, our concern for recorded data that might come in handy if things go poorly during a birth…we risk aiming our attentions in all the wrong places.

Maternity care providers, I urge you: Say ‘No’ to the LaborPro.
Push and say cheese: woman to live-stream childbirth online

28th September, 2011

Nancy Salgueiro videotaped the home births of her first two children, but this time she’s kicking it up a notch: she’s live-streaming her third child’s birth online.

The Ottawa chiropractor and birth coach, 32, is asking people to sign up on her website so she can email them when the birthing process starts. She is due on Oct. 7.

Nearly 1,000 people have signed up so far, with viewers registered from as far away as Japan, Australia, New Zealand, Europe and the United States.

The goal, Salgueiro said, is to promote childbirth as “a wonderful, empowering joyous experience,” that doesn’t need to occur behind a hospital curtain.

“We’ve taken it from homes and put it into hospitals, and made it this secret, private event where nobody has any idea what really happens,” she said. “The horror stories we’re told is all that women know about childbirth.”

Her husband Mike Carreira, also a chiropractor, said he supports the idea but it took some getting used to.

“All this is very new,” he said. “We’re sacrificing our family privacy to an extent for this. But my wife is very passionate about birthing,” he said.

Salgueiro, who first had the live-stream idea in April and hopes to be sitting in a pool during the birth, agreed the lack of privacy is a potential drawback and said having a wide audience might affect her.

“I’ve had my moments thinking ‘this could interfere.’ It’s not good for a labouring mom to feel watched,” she said. “It’s just a matter of me mentally not really paying attention to the fact that [the camera] is there.”

Women have broadcast births online before, but this is the first Salgueiro’s heard of someone live-streaming a home birth. The couple’s two children, Leilani, 5 and Taivus, 2, were both born at home and will be present, having already seen their own birth videos.

The webcam will be placed so the stream is appropriate for all audiences and avoids graphic imagery, Salgueiro said. The couple said they hope the live feed helps raise awareness about different birthing options for women.

“I hesitate, but the importance has me agreeing this is something that we should do,” Carreira said. “When I was first told about home birth for my first child I was like, ‘What are you talking about?’ But you inform yourself and it becomes a decision that makes sense.”

Joining the family in the living room will be at least two midwives and two camera operators. But many more people will be watching from outside the room.

“I’ve had many women say they would love to be able to be there at the birth, and obviously I can’t have a whole big audience of people in the house,” Salguiero said. “The whole point is to normalize birth so women know that they can do it, and it’s not scary.”


The Mama Manual
A down-to-earth, mom-to-mom, chat about the magical, marvellous and downright terrifying first years of parenting.

http://themamamanual.wordpress.com/

MEDICATIONS & MORE

MEDICATIONS & MORE monthly e-magazine | october 2011 | HALE PUBLISHING

**Is Breastfeeding Being Undermined By Hospital Freebies? (US)**

26th September, 2011

CHICAGO -- Jessica Ewald brought more than a new baby boy home when she gave birth earlier this year. Like many new moms, she got a hospital goody bag, with supplies including free infant formula and formula coupons. “We gave it away the moment we came home because I said I’m not having that in our house,” Ewald said.

Ewald, 32, of Oakbrook Terrace, Ill., is the daughter of a breast-feeding activist who fought to get those goody bags out of hospitals. Ewald was taught early on that “breast is best,” and even though as a teen she rolled her eyes when her mom asked pregnant women about nursing, Ewald knew she’d choose breast over bottle when her own time came.

Borrowing a line from a blogger, Ewald says hospitals sending newborns home with formula “is like giving somebody divorce papers at their wedding.” It can really undermine a woman’s determination to breast-feed, she said.

The head of the federal Centers for Disease Control and Prevention shares her concern.

“Hospitals need to greatly improve practices to support mothers who want to breast-feed,” Dr. Thomas Frieden said last month in releasing a CDC report card on breast-feeding. It showed that less than 5 percent of U.S. infants are born in “baby-friendly” hospitals that fully support breast-feeding, and that 1 in 4 infants receive formula within hours of birth.

Routinely offering new moms free formula is among practices the CDC would like to end. In some cases, hospitals agree to give out those freebies in exchange for getting free supplies for special-needs infants, Frieden said.

Exactly how many U.S. hospitals hand out formula is unclear. The American Hospital Association and the International Formula Council, a trade group for formula makers, do not keep statistics and formula companies contacted for this story declined to comment.

A nationwide study of more than 3,000 U.S. hospitals and maternity centers published last year in the Journal of Human Lactation found that 91 percent sent new moms home with free formula in 2006-07. A smaller 2010 study of 1,239 hospitals suggests that the practice has decreased, although most – 72 percent – still offered formula. That study is being released Monday in October’s Pediatrics.

“I don’t think hospitals are the right place to market anything and I don’t think hospitals should be marketing a product that is nutritionally inferior to breast milk,” said study author Anne Merewood, an associate pediatrics professor at Boston University medical school and editor of the Journal of Human Lactation.

“People do think if a doctor gives something it must be good for you,” Merewood said.

Some women and activists, though, say the move to end formula freebies is part of a breast-feeding movement that has gone too far, overstating the benefits and guilt-tripping new moms who have difficulty nursing or just choose not to. And even some breast-feeding moms don’t have a problem with the free formula.

“I think it’s fine to offer freebies to any mom, especially those who are undecided or have already made up their mind not to breast-feed. We are always free to refuse,” said the Rev. Camille Lebron Powell, an associate Presbyterian pastor in Little Rock, Ark.

Breast milk contains antibodies that strengthen babies’ immune systems and help them fight infections. Research has shown that breast-fed babies have reduced chances of becoming obese or developing diabetes in childhood, and sudden infant death syndrome is less common in breast-fed infants.

The American Academy of Pediatrics and other medical groups recommend that infants receive only breast milk for their first six months. The new CDC report shows that only 15 percent of new mothers achieve that goal, and only 44 percent of new moms breast-feed at all for six months.

Lebron Powell doesn’t dispute the benefits and chose to breast-feed her children, aged 9 months and 4 years old. But she says those who choose to use formula shouldn’t be demonized.

“Breast-feeding is free. It’s good for the baby and it’s good for the mom. But it’s hard and if you work and the employer doesn’t support your pumping needs, you are in trouble,” she said.

Hospitals have been offering formula freebies for decades, but they have a new incentive to abandon the practice.

The Joint Commission hospital accrediting group last year added “exclusive breast milk feeding” during newborns’ hospital stays as a measure that hospitals can be evaluated on. While formula giveaways won’t be evaluated, the commission mentions monitoring that practice when it educates hospitals on how to improve their performance, said Celeste Milton, an associate project director at the commission.

The goal is to discourage hospitals from giving infants formula when it’s not medically necessary, said commission spokeswoman Elizabeth Zhan.

The World Health Organization and the United Nations Children’s Fund established that designation to encourage breast-feeding, with 10 criteria hospitals must meet. These include allowing new moms and infants to remain together throughout the hospital stay and not giving newborns any pacifiers or formula.

Jennifer Smoter, a spokeswoman for Abbott Nutrition, makers of Similac formula, declined to disclose how many hospitals Abbott provides with formula samples and would not comment on the practice. Representatives of Mead Johnson, makers of Enfamil formula, did not respond to several email and telephone requests for comment.

Haley Stevens, a scientific affairs specialist for the International Formula Council trade group, said not offering new moms formula samples “is really irresponsible.”

New moms should have formula available, along with information on how to use it so they don’t water it down or make other mistakes that could endanger their babies’ health, Stevens said.

“We agree breast-feeding is the best, when you can do it,” she said. “There’s no question. But if one size doesn’t fit all, it’s good to have a backup.”

St Mary's hospital bans free formula milk to make mums breastfeed instead (UK)

24th September, 2011

Mums of newborn babies will no longer get free formula milk while in hospital – to encourage them to breastfeed.

Saint Mary's Hospital, which has the biggest maternity ward in Greater Manchester, will introduce the policy on November 1, the M.E.N. can reveal.

New mums will be told they must bring in their own cartons of milk if they choose not to breastfeed.

And they won’t be allowed to bring in powdered formula milk – because they say it is banned on the wards for ‘health and safety reasons’.

Hospital chiefs denied it was a cost-cutting exercise. They claimed they were still in favour of allowing mothers ‘informed choice’ about how to feed their children.

And they stressed mums who were medically unable to breastfeed, or had babies too sick to be breastfed, would still receive free milk. Leaflets explaining the new rules are being given out to pregnant women in clinics ahead of their introduction.

It says: “Breastmilk is the healthiest milk to feed your baby

“Breastfeeding also benefits mothers by reducing their risk of breast cancer, ovarian cancer and osteoporosis.”

The leaflet adds that staff will be on hand to support any women who decide to formula feed their babies to provide sterile bottles and teats. New mums will also be able to store their cartons in a locked fridge.

Similar policies have already been introduced in Bolton, Tameside and Salford.

A spokesman for Saint Mary’s said: "We can confirm that in line with several other hospitals in Greater Manchester we will no longer be routinely providing formula milk from November 1."

“We are still providing formula for babies and mothers whose medical needs mean that breastfeeding is not appropriate.

“We are continuing to provide bottles and teats, and we give daily demonstrations about the safe preparation and use of formula to support new mums."

Wythenshawe and Pennine Acute, which runs hospitals in Bury, Oldham, Rochdale and North Manchester, said they had no plans to scrap free milk.

Helen Thompson, the head of midwifery at Wythenshawe, said: "Like all other hospitals, we support the initiation of breastfeeding with all new babies.

“However, we recognise that some mums, prefer to bottle feed their babies, and we believe that is their maternal choice.”


Push to get new babies home in four hours (AUS)

2nd October, 2011

HOSPITAL to home in four hours? It would have been unheard of a generation ago when new mothers regularly spent up to two weeks in hospital, “lying in” post-birth.

But in the NSW maternity wards of the future, it won’t be unusual for women to give birth in the morning and go home in time for lunch.

Early hospital discharge for women with low-risk pregnancies, uncomplicated vaginal births, a healthy baby and good support at home, is part of NSW Health’s Towards Normal Birth directive, to be implemented by 2015.

Women who opt to go home early would be visited by a midwife for up to two weeks after the birth. The directive, which aims to normalise natural childbirth, also includes a target of 35 per cent of women receiving continuity of care from a midwife throughout their pregnancy, labour and postnatal period.

A spokesman for NSW Health said women already had the choice to leave hospital within four to six hours of delivery, "assessed on a case-by-case basis" and "the final decision is always made in the best interest of the mother and baby”.

Dr Hannah Dahlen, professor of midwifery at the University of Western Sydney, said there was no reason why more women could not leave hospital soon after giving birth, particularly when they were under the care of the same midwife throughout.

"I hope this is the future,” Professor Dahlen said.

"Many countries have shown us that it can work very well; Australia has lagged behind. I think we are starting to see the light and give women more choice.”

Dr Rupert Sherwood, president of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, said if women could be well cared for at home, it would alleviate pressure on maternity staff.

"If the postnatal care can be done safely in the community, that can have benefits in terms of freeing up those highly developed skills of the midwives in terms of labour room care,” Dr Sherwood said.

Fiona Lewis, a mother of three from Artarmon, left hospital within four hours of delivery of each of her children.

"I don’t really like hospitals and my feeling is that if you’re not sick there is no need to be in one,” she said. "I wanted to go home as early as possible if I was healthy and the baby was healthy. I would rather be in my own home, in my own bed.”

However, Louise Duursma, NSW president of the Australian Breastfeeding Association, had concerns about early discharge programs. She said the state was over-represented in calls to the association’s helpline, which she suspected was due to women leaving hospital before feeding was well established.

"[Early discharge] has escalated over recent years without a lot of planning and thought to it,” Ms Duursma said.

"I do feel that it’s groups like ours which are left to pick up the pieces when things go wrong."

21st August, 2011

At the New Zealand Multiple Birth Association we often get asked, “Why are there so many twins and triplets around these days?” The answer is that the numbers of multiples has increased, but only at the same rate as the general population. The number of multiples born in New Zealand has remained steady over the last 10 years at between 1.5-2% of all births. Of course with the New Zealand ‘baby boom’ over the last five years more multiples have been born.

The other factors that contribute to the number of multiples in the population include increasing maternal age, advances in medical techniques and technology and, to a lesser extent, assisted reproductive technologies.

As most people are aware the maternal age of first time mothers has been increasing over the last decade. In 2010 Statistics NZ published an article that showed mothers of multiples tend to be older still. We know that as women age, the chances of them having a multiple birth increase. In 2009, 58 percent of mothers of multiples were over 30 compared with 49 percent of mothers having single babies (or singletons as we call them). The median age of all mothers giving birth in 2009 was 30 years whilst the average age of mothers having twins was 34 years old.

Medical technology has improved significantly, resulting in increased survival rates for multiple birth babies. Antenatal monitoring (during pregnancy) and care after birth for premature infants has enabled babies born at earlier gestations to survive. Scanning technology has assisted in diagnosing multiples as soon as they are suspected, and the pregnancy can be more closely monitored. Lead Maternity Carers are then able to recommend a course of care that improves the chance of multiples being born safely. Babies from multiple pregnancies have an increased risk of being preterm. The 2006 Australia New Zealand Neonatal Network (ANZNN) perinatal report shows that over 20% of the total number of babies admitted to neo-natal intensive care units in New Zealand were from multiple births. In 2006 20% of all multiples born that year were admitted to NICU. This is compared to 2.7% in the total population. The improved technology and knowledge within the neo-natal area has meant that smaller and earlier babies are surviving. Of the ANZNN registrants from multiple births 1,051 (59.6%) were born before 32 weeks gestation and 1,730 (98.2%) were born before 37 weeks gestation and half the babies from a multiple birth, 1,050 (59.6%) weighed less than 1,500 grams.

The other area, often over represented by the general public as the ‘cause’ of twins and triplets, is assisted reproduction technologies, including IVF. The most important recent trend in Australsia is the reduction in the number of twins being conceived through Artificial Reproduction Technology (ART). The reduction in the rate of ART twins and triplets birth is due to more people taking up Single Embryo Transfer (SET). This increased from 40.5% in 2004 to 67.8% in 2008. In 2010 approximately 8% of all IVF babies were multiples, which in actual numbers is 46 sets of twins (and 2 sets of triplets) out of 887 sets born that year. This equates to only 5% of multiple births in New Zealand, being due to IVF.

Every year in the first week of October the New Zealand Multiple Birth Association celebrates Multiple Birth Awareness Week. Look out for your local club in your community and help them celebrate the special group of children that are multiples!

NZMBA Media Release

---

Percentage of Births Attended by Skilled Health Personnel

This map shows percentage of deliveries attended by health personnel (doctors, nurses or midwives) trained in providing life saving obstetric care, including giving the necessary supervision, care and advice to women during pregnancy, labour and the post-partum period; conducting deliveries on their own; and caring for newborns. Traditional birth attendants, even if they receive a short training course, are not included.

Training for Health Professionals:

Introduction to Contraception

This is a 6 hour workshop aimed at assisting registered healthcare practitioners to increase their knowledge of contraception. The Midwifery Council has allocated 5 points for midwives who complete this course.

Topics covered include:

- Discuss contraindications, efficacy and side effects and what to use when
- Combined oral contraceptive pill
- Progestogen only contraceptive pill
- Pill teach safely
- Depo Provera
- Emergency contraception
- Barrier methods
- Intrauterine devices

<table>
<thead>
<tr>
<th>When:</th>
<th>Thursday 3rd November 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>9.00am – 4.00pm</td>
</tr>
<tr>
<td>Where:</td>
<td>Family Planning Auckland Office</td>
</tr>
<tr>
<td></td>
<td>Level 2, 5 Short Street</td>
</tr>
<tr>
<td></td>
<td>Newmarket</td>
</tr>
<tr>
<td></td>
<td>Auckland</td>
</tr>
<tr>
<td>Cost:</td>
<td>$125 (including GST)</td>
</tr>
</tbody>
</table>

NB: This course is for those who do not meet the MoH funding criteria. Please refer to our website for details.

- Please provide your Practicing Certificate number.
- Please bring your own lunch. Coffee and tea provided.
- No cooking/reheating facilities available.

To register, please visit our website www.familyplanning.org.nz, click on [Education & Training] then [Clinical Training for Health Professionals].

Please email enquiries to: ctdadmin@familyplanning.org.nz
PERINATAL SOCIETY OF NEW ZEALAND

MONDAY 17th OCTOBER 2011
CLINICAL EDUCATION CENTRE,
AUCKLAND CITY HOSPITAL

The Perinatal Society of New Zealand is very pleased to host a one day meeting

*With the 2011 Thorburn visitor Professor, Karel Marsal*

"The Growth Restricted Fetus and Neonate"

Programme:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.30 - 09.00</td>
<td>Coffee and registration.</td>
</tr>
<tr>
<td>09.00 - 09.45</td>
<td>Intrauterine circulation and postnatal development of growth restricted foetuses. Professor Karel Marsal</td>
</tr>
<tr>
<td>09.45 - 10.15</td>
<td>Risk of hypoglycaemia and its management in the IUGR infant. Professor Jane Harding</td>
</tr>
<tr>
<td>10.15 - 11.00</td>
<td>Postnatal development of very preterm IUGR neonates delivered on fetal indication. Professor Karel Marsal</td>
</tr>
<tr>
<td>11.00 - 11.30</td>
<td>Morning Tea.</td>
</tr>
<tr>
<td>11.30 - 12.00</td>
<td>Experimental in-utero therapies for improving fetal growth.</td>
</tr>
<tr>
<td>12.00 - 12.45</td>
<td>Antenatal management of fetal growth restriction in New Zealand.</td>
</tr>
<tr>
<td>12.45 - 13.45</td>
<td>Lunch.</td>
</tr>
<tr>
<td>13.45 - 15.15</td>
<td>Workshop on clinical management of the growth restricted fetus and newborn. Case presentations, discussion and questions. Professor Karel Marsal; Professor Lesley McCowan and Associate Professor Frank Bloomfield</td>
</tr>
<tr>
<td>15.15 - 15.30</td>
<td>Afternoon Tea.</td>
</tr>
<tr>
<td>15.30 - 17.00</td>
<td>Continued Workshop.</td>
</tr>
</tbody>
</table>

Main Auditorium, Clinical Education Centre, Level 5, Auckland City Hospital.

Please complete attached registration form and return to: e.escobar@auckland.ac.nz

Cost: $30 PSNZ members $50 non-members

RANZCOG CPD points and Midwifery education points applied for.

Professor Karel Marsal is the 2011 PSANZ Thorburn Visiting Professor. He is Professor of Obstetrics and Gynaecology, Lund University, Sweden. He is also Head of the World Health Organisation Collaborating Centre for Development of Quality Indicators to Improve Perinatal Health Systems and Chief Medical Officer of Region Scania with responsibility for patient safety. His main research interests include: fetoplacental circulation; fetal physiology; fetal monitoring; Doppler ultrasound, and perinatology.

* For further information please contact Dr Katie Groom k.groom@auckland.ac.nz
FETAL MEDICINE UPDATE DAY

OPEN TO OBSTETRICIANS, GYNAECOLOGISTS, GPs, MIDWIVES, SONOGRAPHERS

**TOPIC**
Update on Diabetes

**Date and Time**
9\(^{th}\) November 2011
09h00 – 17h00

**VENUE**
CLINICAL EDUCATION CENTRE, MAIN AUDITORIUM, LEVEL 5, AUCKLAND CITY HOSPITAL

<table>
<thead>
<tr>
<th>COST</th>
<th>EARLY BIRD (before 7(^{th}) October)</th>
<th>LATE REGISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTORS</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td>MIDWIVES, NURSES, SONOGRAPHERS</td>
<td>$75</td>
<td>$100</td>
</tr>
</tbody>
</table>

INCLUDES – MORNING/AFTERNOON TEA AND LUNCH

RANZCOG AND MIDWIFERY COUNCIL CME POINTS APPLIED FOR
APPROVED FOR REGISTRAR TRAINING BY ARRMOs

REGISTRATION CLOSES: 4\(^{th}\) November 2011

FOR ENQUIRIES AND REGISTRATION EMAIL:
stephwilson@adhb.govt.nz
Breastfeeding Education and Support

“Supporting all breastfeeding mothers in our communities”

Come and join the Tamariki Ora Team

“Me & Baby – Whangai U”

10am-1pm
LAST Friday of each month
Light lunch provided

Venue:
Ruapotaka Marae
106 Line Road (behind Library)

Glen Innes

For further information, contact Tamariki Ora Team
P: 09 528 1700 P: 09 578 0941 M: 021 847 374
Attachment Theory in Everyday Life

A half-day workshop for parents and professionals

Learning to love is about living in relationships. It is where heart and spirit meet neurobiology. It is where science greets parenting and offers a conversation.

**Relationship**

‘Getting to know you, getting to know me’

- What are the features of a secure attachment relationship?
- Why is attachment not a parenting style?
- What does attachment have to do with brain development?
- How can I create a healthy relationship with my child?
- What if my own childhood wasn’t ideal?

**Discovery**

‘Learning about the world and my place in it’

- What do I need to teach my child about the world?
- What does play have to do with attachment?
- How do I keep my child safe while also allowing them freedom?
- How can my child learn best?

**Connection**

‘Learning about my feelings and the world of others’

- How do I help my child learn to sleep and settle without my help?
- What do I do about tantrums and meltdowns?
- How can I make sense of the feelings of guilt, worry, anger and confusion I have as a parent?
- What is the role of extended family and other carers?

---

**Christchurch: Saturday 8 October / Auckland: Saturday 19 November**

**When:** 10:00 am until 1:30 pm

**Where:**
- **Christchurch:** Helios Integrative Medical Centre, 275 Fifield Terrace, Opawa
- **Auckland:** Sherwood Primary School (Staff room), 40 Sartors Ave, Browns Bay

**Cost:** $45 per person

This workshop will be led by Lauren Porter. Lauren is the Co-Director of the Centre for Attachment (www.centreforattachment.com), a family therapist, and the Secretary of the Infant Mental Health Association Aotearoa New Zealand.

The workshop will address the questions listed above in an interactive style and will allow for ample time for participant questions and dialogue.

**To register** and for more information email Lauren Porter at Lauren@centreforattachment.com or ring 021 721 115
What is The Form?
The Form – Reality Practice, is a structured movement that opens a state of pure presence. Through the movements you connect with a place beyond thought, feeling, time and space, realigning with your true nature whilst engaging life at the cutting edge of evolution. The Form can be practiced alone or shared with another and is suitable for everyone, including children. Originator of The Form, Bernie Prior, and Accredited teachers, teach the Form worldwide. It is currently being taught and practiced in 12 countries by 38 teachers, in diverse areas of life such as schools, childbirth education, business, hospitality and therapeutic environments.

As a daily practice The Form:
• **Restores balance** and self-healing functions of the body
• **Calm the mind**, dissolves fear & stress
• **Soothes tension**, transforms deep-seated emotions
• **Realigns you** with inspiration and passion for life.

The Form is a movement practice for transformation. It brings stillness, stability and new life energy, growing your consciousness into a radically new inspired new place.

The base for the teaching of The Form - Reality Practice is near Christchurch, New Zealand. Following two major earthquakes in 2010 and 2011, practitioners and teachers of The Form offered free sessions and Part 1 training courses within the Christchurch area to support the transformation of trauma.

“My experience of The Form has been a truly remarkable transformation, deep within my physical, emotional, spiritual being. I feel a release of trapped energies enabling me to be open to new experience without fear. I feel a sense of calmness and safety. The Form has given me a sense of being grounded but also openness to being creative, wanting to evolve and learn new things. There is a feeling of utter love and therein lies a truth - that we are all one, and if we allow that to be, truly remarkable possibilities will evolve. The inner turmoil of my mind that is always fighting with the truth deep in my core is calmer and released, enabling me to be exactly who I should be and where I should be.”

Annie, Governors Bay, Christchurch

What does The Form do?
• **Realigns you with Being** (your deepest nature)
• **Transforms old beliefs and conditioning**
• **Brings in ongoing new potential**

**Being**: In the practice of The Form you realign with your essence and are moved beyond your personal identity, as pure life energy. This may be experienced as deep relaxation and the uplifting of one’s whole energy field into a new place.

**Transformation**: The movements of The Form open clarity of awareness. They literally speed your consciousness up. The Form demonstrates how to transform limited beliefs and emotions that no longer serve you, your life and relationships.

**Becoming**: The Form demonstrates how to engage the evolutionary impulse enabling you to create new responses to life. You learn how to live as unlimited potential, constantly bringing in higher inspiration and purpose.

A Moment of Reality Practice:
A moment of Reality Practice is a new initiative within The Form. It reveals how holding one of the movements from the Form for just a moment within the flow of your everyday life, brings greater clarity, stillness and presence. The Form can be an integrated practice in any environment, enabling you to uplift your daily experience into a profoundly open, inspired and joyous place.

Bernie Prior, originator of The Form – Reality Practice and Accredited Teachers teach this contemporary conscious movement practice worldwide. A proposed teaching book on The Form - Reality Practice will be published in late 2011. Watch The Form on YouTube:  [http://www.youtube.com/watch?v=f4yUeI6SWQY](http://www.youtube.com/watch?v=f4yUeI6SWQY)

---

For more information or to reserve your place in a workshop (NZ wide)
Visit:  [www.realitypractice.org](http://www.realitypractice.org)  Contact:  katrina@realitypractice.org
The Milk Truck Rescues Breastfeeding Mamas in Pittsburgh (US)

28th September, 2011

The Milk Truck is part art work, part public service. It was created by Jill Miller for an exhibition at the Andy Warhol Museum in Pittsburgh, Pennsylvania. It'll also travel the streets providing a safe place for nursing mothers.

The truck was converted into a mobile nursing station with cozy benches, chairs and rugs. Moms unable to nurse their baby in public can call, text or tweet and the Milk Truck will travel to their location. When it's not responding to nursing emergencies, the Milk Truck will cover a daily pump route for working mothers who'd rather pump in the comfort of the truck instead of a cramped latrine.

The Milk Truck is designed to make people aware of a mother's right to breastfeed. And with its giant pink breast and pastel paint job, the vehicle and its message is unforgettable.

Visit The Milk Truck webpage here: [http://www.themilktruck.org/Home.html](http://www.themilktruck.org/Home.html)


Breastfeeding push excludes formula mums

8th September, 2011

The push to promote breastfeeding has left women who bottle feed their babies feeling neglected and lacking the training needed to use formula milk correctly, a Queensland study (link) suggests.

Interviews with new mothers found that the one in five who opted to bottle feed were given little or no information or training in how to prepare and administer formula and, unlike breastfeeding mums, they were offered no support after leaving hospital.

Promotion of breastfeeding over formula feeding in hospitals means that mothers are now excluded from the “milk room” to prepare feeds, and they feel reluctant to ask nurses for access, the study in Women and Birth found. This means they do not get to see formula being prepared and are often sent home with just a leaflet on what to do, it claims.

The study authors say that promotion of breastfeeding is important, but women who opt to bottle feed deserve equal support.

Training in preparation, storage and administration of formula is needed “to avoid infants being compromised by bacterial infections, diarrhoea, hypernatraemia, undernutrition and possible future hospital admissions,” they say.

Another study (link) released this week shows that 23% of new mothers start using formula before leaving hospital. Early formula use was more common in older women, those from non-English speaking backgrounds, women who had caesarean or operative births and women who were underweight or obese, the Birth (Sept 6) study of Victorian and South Australian women found.


Mother spotted breastfeeding while driving

4th September, 2011

Police and child welfare authorities are hunting a woman who was spotted breastfeeding and driving at the same time - with three other children in the car.

In a move called “highly dangerous”, the woman attracted attention with her erratic driving at Kamo, near Whangarei.

Police, who did not catch her in the act, were called by concerned member of the public who took down her car’s registration, local radio reported.

The Child, Youth and Family Service would also investigate, after reports the woman had three other children in the car with her and the baby.

Health policy and breastfeeding expert Dr Judith Galtry said breastfeeding while driving was "very strange."

"It's highly dangerous," Dr Galtry said. "I'm all for breastfeeding but not while driving a car."

Dr Galtry said mothers could not have babies dangling in mid-air while breastfeeding.

"You have to be holding some part of the baby."

Galtay said the woman would have been driving awkwardly, probably with one hand.

She advised frustrated mothers with screaming babies to pull over and stop the car in a safe place before breastfeeding.

Dr Galtry said it was also dangerous for passengers in a moving vehicle to breastfeed.

"If you're sitting in the passenger seat and you've got a screaming baby, I can imagine the temptation, but I mean, really."

Sergeant John Fagan told NewstalkZB police knew the woman's car registration number.

Dr Galtry said the incident was highly unusual.

In 2009, a woman in Ohio in the US faced charges of child endangerment after breastfeeding her baby and talking on her cellphone while driving.

Breastfeeding areas encouraged

3rd October, 2011

An initiative aimed at encouraging businesses to provide environments that are supportive of breastfeeding is getting positive results in the region.

Initially some stores were concerned that they might lose business as some customers feel uncomfortable with mothers breastfeeding their infants in public, but this does not seem to be the case, says District Health Board promoter Rebecca Thacker.

“The project was recently evaluated and findings show people’s attitudes towards breastfeeding have shifted, citing retailers as a group who have come a long way. When an evaluation was done in 2005, women were very critical of a lot of Taranaki premises and felt totally unsupported to breastfeed.

Now the retailers are saying why wouldn’t we let people breastfeed? It’s the normal thing to do,” says Rebecca.

Stratford has four Breastfeeding Welcome Here sites including Urban Attitude, Plunket, the Inkpot cafe and the Stratford District and Centennial Library; Inglewood has Inglewood Library and service centre, Macfarlanes Cafe and Taranaki Playcentre Association. There are no accredited sites in Eltham but Taranaki District Health Board public health unit hopes to establish sites there next year.

The “baby friendly businesses” display a “Breastfeeding Welcome Here” sticker, which lets mothers know they are in an environment that supports breastfeeding, says Rebecca.

"The initiative was developed in partnership with local businesses, families and whanau as a way of accommodating the needs of breastfeeding mothers and their families.

"Sometimes it can be hard for families to venture out if a premises is not welcoming of breastfeeding or perhaps the environment is not supportive," she says.

Criteria for a business to be part of the programme include providing appropriate and comfortable seating, being easily located and accessible for strollers, a smoke-free environment and the provision of change tables away from breastfeeding areas.

For more information on the Breastfeeding Welcome Here project or evaluation contact Rebecca Thacker on (06) 753 7777.

Visit the conference page at www.sands.org.nz

Conference Co-ordinator: Catherine Brönnimann and Amanda Weck

Email: sandscon2011@gmail.com
Phone: 022 0930901
Grannies are taught new parent skills as more pensioners become their children's sitters (UK)

5th September, 2011

Grandmothers are to be trained in parenting as an increasing number are having to care for their children's babies.

A new course has been launched to provide updates to pensioners on the world of child development since they reared their own brood.

The five-week programme, one of the first of its kind, will cover topics such as resuscitation, weaning and community support, as well as modern equipment.

Midwife Sally Underdown is running the classes with Grannynet, a website set up to support the UK’s seven million grandmothers, in Burham, Kent.

It comes as reports suggest more grandparents being called upon by their sons and daughters to look after their children.

Often it is to enable single parents to work – or, in the case of teenage pregnancies, the parents are simply not mature enough to take care of a baby.

Experts have said the trend is a symptom of modern society, where the breakdown of the traditional family is passing the burden of childcare onto grandparents.

The classes, thought to be some of the first of their kind, offer ‘granny graduates’ the chance to refresh their parenting skills.

Midwife Sally Underdown is running the classes, along with Grannynet - a website set up to support the nation’s seven million grandmothers.

Grannynet Founder Verity Gill said: ‘Their instincts and their experience speaks volumes but what we did find is that sometimes mums would reject their advice because they would come out with something outdated and that would affect their confidence.

‘They wouldn’t want to be as involved with the baby in case they did something wrong.’

The course covers topics such as resuscitation, weaning and community support, as well as modern-day equipment.

Ms Gill added: ‘It’s things like lying a baby on their front or back, that’s obviously changed a lot, breastfeeding versus bottle, everything’s vaguely similar but there’s been a lot of important discoveries and research that’s gone on in the last 30 years.’

Earlier this year, a survey revealed the free labour of grandparents saves parents more than £33 billion a year.

Another study, by the Government’s Economic and Social Research Council, uncovered an ever-youthful army of grandparents.

People in their 30s were finding themselves caring for a second batch of babies after their irresponsible teenage children became pregnant, researchers found.


Making aroha work

28th August, 2011

A parenting course focusing on children’s "love languages" has been born in the face of climbing reports of child abuse.

Community organisation Whanua Marama has set up Connecting with Our Children Using the Five Languages of Aroha, or love, in Glenfield.

"Parenting can often be stressful especially when parents are required to work outside the home,” parent educator Elizabeth Cameron says.

The course is based on Social Development Ministry standards and focuses on parents connecting with their children in positive ways so they won’t seek negative attention.

"When children live in a stressful or abusive home environment they tend to react by being more demanding and are less able to behave well.”

The course teaches parents how to connect with their children through touch – hugs, piggy backs, massages or tickling, verbally – with praise, encouragement and guidance, through quality time, gifts, even picking a flower, and acts of service such as helping a child when they ask for it, she says.

Beach Haven father Tamiti Ihaka opted to do the course as a commitment to being a better partner, and father to his five-year-old twin girls.

While nervous about being singled out as a bad parent, he was pleasantly surprised to find other fathers doing the course, and by what he learned.

"You learn to appreciate what your kids do,” he says.

"Little kids don’t know the difference between good or bad attention, they’ll just do something that will get your attention.”

He has learned to connect well with both his daughters, as parents with twins can often end up with "his and hers" kids where each parent attaches more to one twin than the other, he says.

He would "definitely” recommend the course to others.

"The role of fathers has changed. It’s not like my dad who could just go to work and mum would do everything.

"For some it’s getting a lot harder to connect with their kids because they’re not home much.”

Visit www.whanaumarama.co.nz for information.

Infant care practices related to sudden infant death syndrome in South Asian and White British families in the UK

7th September, 2011

A study was carried out in Bradford to describe and explore the differences in infant care practices between White British and South Asian families (of Bangladesh, Indian or Pakistani origin). In the UK, infants of South Asian parents have a lower rate of sudden infant death syndrome (SIDS) than White British infants. Infant care and lifestyle behaviours are strongly associated with SIDS risk.

In Bradford the overall SIDS rate was reported to be 0.5/1000, being 0.2/1000 among South Asian infants and 0.8/1000 among white British infants (1998-2003). A large telephone interview study was conducted (n=2,560) of families with 2 to 4-month-old singleton infants enrolled in the Born in Bradford cohort study. Outcome measures investigated were: prevalence of self-reported practices in infant sleeping environment, sharing sleep surfaces, breastfeeding, use of dummy or pacifier, and lifestyle behaviours.

The researchers found significant differences in a range of care practices. For example, compared with White British infants, Pakistani infants were more likely to: sleep in an adult bed; be positioned on their side for sleep; sleep under a duvet; be swaddled for sleep; ever bed-share; regularly bed-share; ever breastfeed; and breastfeed for 8 weeks or more.

Additionally, Pakistani infants were less likely to: sleep in a room alone; ever sofa-share; be receiving solid foods; use a dummy at night. Pakistani infants were also less likely to be exposed to maternal smoking and to alcohol consumption by either parent. Night-time infant care therefore differed significantly between South Asian and White British families.

This is by far the largest comparative study of ethnic differences in infant care in the UK to date, and the size of the sample is a major strength. The researchers report that South Asian infant care practices were more likely to protect infants from the most important SIDS risks such as smoking, alcohol consumption, sofa-sharing and solitary sleep. These differences may explain the lower rate of SIDS in this population. The study also shows that South Asian families prioritise close proximity, breastfeeding and maternal behaviours congruent with infant health and low SIDS risk as normal cultural practice.


http://www.unicef.org.uk/babyfriendly/

Baby wipes pulled amid health risk

15th September, 2011

A leading supermarket chain has pulled several brands of baby wipes from shelves after revelations they contain a restricted preservative that may pose a health risk.

Progressive Enterprises - which includes the Countdown, Woolworths and Foodtown supermarkets - said yesterday that it was withdrawing baby wipes containing the chemical iodopropynyl butylcarbamate (IPBC) and offering a refund.

The Herald purchased, from a Countdown store, two brands of baby wipes containing the preservative - Woolworths Homebrand and Select Scented Baby Wipes - and one for toddlers, Precious Flushable Wipes.

Author Wendyl Nissen has raised concerns about IPBC - and other chemicals in baby cosmetic and bathing products - in her latest book, Mother’s Little Helper.

Nissen, the Weekend Herald what’s-in-our-food columnist, said IPBC was acutely toxic by inhalation and should not be used in products that could be inhaled.

"The chances of a baby inhaling this ingredient on a baby wipe are slim if the wipes are just used for the bottom area, but how many of us have grabbed a wipe to clean up a runny nose?"

The Health Ministry said last night that baby wipes containing IPBC "may pose a public health risk because of their potential sensitising and allergic effects".

"In 2001, Danish researchers found that the use of IPBC in cosmetic products ‘can lead to contact sensitisation and allergic contact dermatitis’. Results of patch-test studies ... in 2003 also showed that IPBC is considered to be a proven contact allergen."

The ministry praised the voluntary withdrawal of the wipes and said health protection officers would check to see if affected products were being sold elsewhere. The Foodstuffs Auckland supermarket group, which includes New World and Pak’nSave, said it had begun an investigation into the “potential breach” by Precious and another brand. It would withdraw products found in breach and offer a refund.

Both supermarket groups sell wipes that do not contain IPBC.

The chemical was originally used as a paint and wood preservative, then more recently in cosmetics.

Cosmetics standards administered by the Environmental Protection Authority set maximum levels for its use in deodorants and some cosmetics, including young children’s bath products, shower gels and shampoos.

But it is banned from other cosmetic products for children under 3, and from any-age oral hygiene and lip products, body lotions and creams.

Nissen applauded the withdrawal of the wipes, but lamented the fact that the industry and regulators had not detected the breach of standards. “As consumers we have no one to trust except ourselves and our own ability to read labels and interpret them."

THE CHEMICAL

• Iodopropynyl butylcarbamate.
• A preservative.
• Originally used in paint and wood.
• Now also in some cosmetics but banned from baby wipes.
• Linked to allergic skin conditions.

http://www.nzherald.co.nz.nz/news/article.cfm?_id=1&objectid=10751895
**New mum? No need to exercise...**

**7th September, 2011**

Stay-at-home mums lift the equivalent of nearly one tonne every day caring for their babies, an insurance company says.

Typically a nine-month-old baby weighing 10kg is picked up and put down about 90 times a day, equating to 900kg, analysis by Million Dollar Woman has found.

"When you factor in up to five feeds a day, two naps, a night time sleep and lifting your child for playtime and around the house, the weight really adds up," Million Dollar Woman CEO Lynette Argent said.

"We all know parents with young children are often tired, and we put it down to lack of sleep, but perhaps it is also the solid weights workout they get on a daily basis.

Then at five years, kids were brought in for tests that measured their vocabulary, reasoning and spatial skills.

Six or seven of every 10 babies were breastfed for some period of time.

Whether they were born on time or as preemies, kids tended to do better on the tests when they had been breastfed.

Those who were born on time and breastfed for four or six months were a few months ahead of their non-breastfed peers on vocabulary and picture-related reasoning tests.

Preemies who had been breastfed for as little as two months were also a few months ahead on picture and spatial tests compared to the other once-premature five-year-olds, and those who were breastfed for four months saw a vocabulary boost.

"These differences were very small when you think about it," Sacker told Reuters Health. However, for "kids who start off at a disadvantage, the gaps tend to get wider rather than narrower as they get older."

Some, but not all previous studies that looked for a link between breastfeeding and thinking skills or IQ have reported similar results.

Dr. David McCormick, a pediatrician at The University of Texas Medical Branch at Galveston, said that breastfeeding may benefit the immune system, development and brain function.

"There are so many advantages other than just the IQ advantage," McCormick, who was not involved in the new study, told Reuters Health.

While the current study could not look at differences between babies who were only fed breast milk and those who got a mix of breast milk and formula, "the evidence has always been exclusive breastfeeding is best," he said.


---

**Breastfeeding tied to kids' brainpower**

**1st September, 2011**

(Reuters Health) - In a new study from the UK, kids who were breastfed as babies had higher scores on tests of vocabulary and reasoning at age five than those who weren't breastfed.

Breastfeeding seemed to make the biggest difference for babies who were born early and therefore had more catching up to do in their brain development.

Though the practice has been tied to a range of health benefits early in life, such as lower infection risks, researchers aren't quite sure what about breastfeeding might boost brainpower. But they have a few theories.

"There are essential fatty acids in breast milk which are good for cell development and brain development in particular," said Amanda Sacker, one of the authors of the new study from the Institute for Social and Economic Research at the University of Essex.

Or, "there could be differences in hormones and growth factors which are lacking in formula," she added.

"The third (possibility) is a purely social explanation. Perhaps children who are breastfed get cuddled more, and this confers some sort of advantage to them as well."

Although Sacker and her colleagues were able to account for many factors, such as moms' education and how well-off the families were, the study can't prove that it was the breastfeeding, per se, that caused improved cognition in kids. For example, the researchers didn't have data on parents' IQs, which may have affected both whether or not moms breastfed and how well their kids did on thinking and reasoning tests.

But the findings, published in The Journal of Pediatrics, point toward a cause-and-effect relationship, Sacker said.

The data came from about 12,000 babies born in the UK between 2000 and 2002. When babies were nine months old and again at a later visit, parents were asked whether their child was breastfed and until what age.

Baby's death spurs slings warning

20th September, 2011

New Zealand parents are being warned of the risks of carrying a baby in a sling after a newborn boy died in South Australia.

In the latest Medical Journal of Australia, two pathologists report "[the baby] was placed into a cloth sling worn under his mother's shirt and jumper and was subsequently noted by his mother to be cold and not breathing".

Authorities in several countries are investigating ways to control the risks of baby slings, which suspend the baby in soft fabric from the carrier's neck or shoulder.

The Ministry of Consumer Affairs said it had not received any reports of injuries or deaths in New Zealand linked to baby slings but it was considering developing a safety standard for them.

The pathologists, Professor Roger Byard and Dr John Gilbert, said an autopsy on the two-day-old baby found no significant abnormalities and no injuries. The cause of death was listed as undetermined, "although the baby sling was considered a risk factor".

The boy, born two weeks early, might have suffered the reduction in oxygen levels that can also occur in car baby seats, a particular risk for pre-term and low-birthweight infants, the pathologists said.

Article continues below

"It appears a similar situation occurs with certain slings, albeit rarely, as the soft and rounded sleeping surfaces may promote a potentially dangerous posture that impedes normal respiration.

"Sixteen deaths attributed to the use of slings have occurred in the United States and Canada, resulting in calls for mandatory standards by the US Consumer Product Safety Commission."

The pathologists said parents and carers using slings - which could cause excessive bending of the baby's neck - must be told of the risks, particularly for very young infants.

Jailed mothers can now keep babies for longer

19th September, 2011

Women in prison are now able to keep their babies with them for longer, as a law change takes effect from Monday, 19 September.

The age limit for infants living in prison is now extended from nine months to two years.

Mother and baby units at Auckland Regional women's corrections facility and Christchurch women's prison open their doors this week, following construction and conversion work.

Plunket says the change is a step in the right direction, but says it should go further because international evidence shows the first three years of a child's development are crucial.

Some infant mental health specialists say splitting mother and child at the age of two has developmental risks and consequences.

The College of Midwives says the change is a rapid leap forward from an inhumane system to an inclusive one.


Why are more women depressed? Is this a real epidemic - or the result of cynical marketing by drug giants?

12th September, 2011

More women than ever are reaching for the happy pills, it was revealed last week. New research suggests there has been a massive increase in the number of women with depression.

Women are twice as likely to suffer from the illness than they were 40 years ago, and as many as one in seven will be affected by the condition at some point in their lives — more than double the number of men, according to a study published in the journal European Neuropsychopharmacology.

And the result of these soaring depression levels is becoming all too clear — a massive rise in prescriptions for antidepressant drugs.

Furthermore, modern-day men are suffering unprecedented job losses, their role as the head of the family is disappearing and their lives are also getting more hectic and harried. But men’s depression rates have not climbed nearly so high.

Meanwhile, there is a dearth of well-funded research or support for alternative forms of treatment for women suffering from emotional problems.

On top of that, there is the oft-quoted fact that men are much less likely than women to visit a doctor about emotional issues. This has traditionally been put down to the fact that men are too scared or incapable to describe their feelings of anxiety, depression or loneliness.

But a new study of nearly 2,000 children and adolescents has found a rather different answer — many males simply can’t be bothered with such thoughts.

‘When we asked young people how talking about their problems would make them feel, boys didn’t express anger or distress about discussing problems any more than girls,’ says Amanda Rose, a psychology professor at the University of Missouri, who was in charge of the research.

‘Instead, the boys’ responses suggest they just don’t see talking about problems to be particularly useful. It would make them feel as if they were wasting time.’

That still leaves us with the question: Are women really more depressed than ever?

Professor David Healey, director of psychological medicine at Cardiff University, thinks this is unlikely. Instead, he says, the leap in prescriptions for antidepressants may be seen as a triumph for drug company sales departments.

‘In order to market antidepressants you have to persuade people they are depressed,’ says Professor Healey.

‘It is a case of labelling. People are as stressed as they were. The reason they view the problem as depression is down to marketing.’

Drug companies certainly do continue to push antidepressants on to women — even if the women are not suffering from a mood disorder.

Pharmaceutical firms are always keen to find new uses for their existing drugs because they do not have to take them through another highly expensive round of trials to prove they are considered safe enough for human consumption.

Furthermore, it may well be that so many women take antidepressants that it seems normal and acceptable to be given them — for whatever use.

For example, an American study in June declared that the antidepressant drug escitalopram can ease hot flushes in healthy, non-depressed women.

The study concluded that 55 per cent of women who took the drug, which acts on the brain’s feelgood chemical serotonin, had at least 50 per cent fewer hot flushes. But since when were hot flushes a problem to be medicalised and drugged?

Antidepressants have also frequently been prescribed to women with menstrual problems. The practice has been criticised by Claudine Domoney, a consultant gynaecologist at Chelsea and Westminster Hospital in London.

‘Doctors should always explore other avenues before handing out antidepressants for premenstrual syndrome.

‘It shouldn’t be first-line treatment,’ she says. ‘Why give a young woman a drug with potentially serious side-effects when it might not be necessary?’

Meanwhile, there is a dearth of well-funded research or support for alternative forms of treatment for women suffering from emotional problems.

Research by five mental health charities found depressed patients were having to wait for six to 18 months for an appointment with an NHS counsellor, with many being forced to go private.

Other alternatives which show promise in small-scale trials include acupuncture and light therapy.

A study of 27 depressed mothers-to-be in the Journal of Clinical Psychiatry in April found that after five weeks of full-spectrum light therapy, of the type given to people with seasonal affective disorder, 13 of the women had at least a 50 per cent improvement in their symptoms and 11 were no longer depressed.

Clearly, we do need alternative forms of support and treatment for women who experience emotional problems.

It may be true that life is more hurried, but it is also true that women have always experienced mood problems as part of the natural highs and lows of life.

In the past, they would have been supported by large, close families. Nowadays, they may need to turn to their family doctors for help.

But the answer, surely, cannot be to prescribe ever more mind-numbing antidepressant pills.

http://www.dailymail.co.uk/health/article-2036632/Why-women-depressed-Is-real-epidemic-result-cynical-marketing-drug-giants.html#ixzz1jgxa3xh6
Snippets

Baby Loss Awareness Week takes place from 9th to 15th October every year, ending with International Pregnancy and Infant Loss Day on October 15th. It provides an opportunity for parents, families and whanau around New Zealand to come together and remember the lives of their babies who have died. We acknowledge the lives and deaths of all babies, no matter what their gestation, length of life or how they died. It is also a chance to highlight the work done by Sands around the country.


The health minister of South Africa recently announced that the government will no longer provide free infant formula to public hospitals and clinics. The new policy, which makes an exception for women deemed unable to breastfeed due to medical reasons, is a response to the country’s high child mortality rate. Health Minister Aaron Motsoaledi said he hoped the policy would encourage higher rates of exclusive breastfeeding in the first six months of life, calling the new policy a “child survival strategy.”


Brainwaves Trust and Neonatal Unity for Mothers and Babies

On Saturday 15 October Waipa King Country Provincial are hosting a very special event at Hamilton Airport Inn from 10.30am to 4pm. Guest speakers include Donna Booth, Dr Alison Barrett and Carole Bartle, the founders of NUMB (Neonatal Unity for Mothers and Babies). These three will cover up to date research on the benefits of skin to skin contact. Kangaroo Care will demonstrate the links between this and brain development.

Then in the afternoon Nathan Mikare-Wallis, a trustee of the Brainwaves Trust and lecturer in human and brain development at University of Canterbury College of Education will share advances in scientific research on child brain development.

Nathan combines the academic with practical applications all parents can use.

Registration and morning tea 10am. Cost of $40 includes morning tea and lunch. For more information email gwwservices@inspire.net.nz or verwood@xtra.co.nz, or phone 07 871 9859

Teach the Importance of an Alcohol-Free Pregnancy

Alcohol & Pregnancy: Making Healthy Choices
Price: $99.95
Length: 10 minutes
Format: DVD


Compilation of Pregnancy & Childbirth videos

http://www.mybirth.tv/

The Newborn Metabolic Screening Programme Policy Framework is now on the National Screening Unit (NSU) website: http://www.nsu.govt.nz/index.aspx

Parents of a Certain Age
Is there anything wrong with being 53 and pregnant?


WORK AVAILABLE

Invercargill Parents Centre (IPC) is looking for qualified educators.

IPC currently runs 10-11 CBE classes per year. The role that is available would cover 5 of these classes. The role works with IPC but is contracted by the national office and thus comes under a national contract.

All enquiries to Kylie Mason, President, Invercargill Parents Centre
Phone: 027 283 0915.
Email: invercargillparentscentre@gmail.com

Baby Essentials Online Learning

http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online

part of a health-funded programme to prevent sudden unexpected death in New Zealand
CENZ Effect Magazine
Subscription Form

Name:__________________________________________________________

Address:________________________________________________________

Phone: (Home)________________________ (Fax)_____________________

E-mail:________________________________________ Date: __________

Occupation: □ CBE □ Midwife □ Doctor □ Specialist □ Other___________

FOR CBE’s TO COMPLETE

Certified CBE: □ Yes □ No Qualification:__________________________

CBE in Training: □ Yes Intake No._______ Training Body:______________

Who do you educate for:

□ Parents Centre □ Hospital □ Private □ Other______________

Which area are you educating in?

□ Auckland □ Waikato/Bay of Plenty □ East Coast

□ Lower North Island □ Taranaki/Wanganui □ Canterbury

□ Nelson/Marlborough/West Coast □ Southern Regions

ANNUAL SUBSCRIPTION

CENZ Professional Membership $60.00 p.p. □

Magazine only $45.00 p.p □

PLEASE RETURN THIS FORM AND PAYMENT TO:

Childbirth Educators New Zealand (CENZ)
C/o Nicole McNab, 84 Stanley Road, Glenfield, Auckland, 0629

Direct Debit payments to 12-3042-0347903-00
(please advise payment via e-mail to info@cenz.org.nz)
We have supported women and their families/whanau in your local communities for over 30 years.

Pregnancy Help Inc is a vital link in a chain of helping that enables successful parenting by providing support and practical assistance. Our 9 branches throughout New Zealand provide the service that is needed in their particular community. This may include:

- Information
- Advice
- Pregnancy Tests
- Antenatal Classes/Parenting Programmes
- Loan of Nursery Equipment
- Advocacy
- Counselling
- Telephone Support
- Clothing, linen and bedding
- Home Help/Home Visits

In the past year Pregnancy Help have assisted approximately 7,000 clients.

ALL OF OUR SERVICES ARE FREE

We focus on the wellbeing of the whole family/whanau, by providing appropriate clothing, including woollen layettes, bedding/linen and safety checked nursery equipment.

Our service is: Non-judgemental; Non-religious; Non-political

For further information:

Have a look at our website: www.pregnancyhelp.org.nz
Email us: branch address available on the website or National Office national@pregnancyhelp.org.nz

Care, Concern and Confidentiality
Active Birth Taranaki is honoured to host the 2011 Home Birth Aotearoa National Conference: Today’s Choices, Tomorrow’s Parents — Bridging Hearts, Homes and Humanity

This important theme will be discussed over three days at the NPSUC, Ocean View Parade, New Plymouth, on 28–30 October 2011.

Today’s Choices, Tomorrow’s Parents will provide speakers and facilitate discussion to:

• Nurture and Inform — in Pregnancy and Birth
• Inspire and Educate — in Parenting
• Connect and Encourage — in the Community.

Come and discuss, commune and be inspired in beautiful natural surroundings as we hear from:

• **Maggie Banks** on “Our Births — Why are Today’s Choices under threat? The story of home birth in New Zealand & the challenges we face today.”

• **Pennie Brownlee** on “Step Up to the Sacred Partnership: Exploring the attitudes, skills and behaviours that foster the Sacred Partnership between parent and child.”

• **Dave Owens** on “Making New Zealand the Land of Great Fathers.”

• **Charissa Waerea** on “Maori tikanga (protocols) of pregnancy, birth and baby — building community through holistic practices.”

• **Angela Worthington** on “Our Way Home — Supporting women to feel empowered birthing at home.”

As a change-making event, this conference aims to energise parents, Lead Maternity Carers and other health professionals, including midwifery students and childbirth educators. So if this is you, or you are interested in community social services benefitting
E Moe Māmā
PREGNANCY SLEEP RESEARCH

Māori women needed

CAN YOU HELP?
We need 500 wāhine hapū (pregnant women) to take part in sleep research.
You will receive $40 in gift vouchers when you fill in questionnaires in late pregnancy and after your pēpe is born.

TO FIND OUT MORE CONTACT US AT
Sleep/Wake Research Centre, Massey University
FREE PHONE 0800 mumsleep (0800 686 7537)
FREE TEXT text SLEEP to 5222
EMAIL mumsleep@massey.ac.nz
WEBSITE www.mumsleep.co.nz

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
Prep 4 Parenting exclusively for young-parents-to-be

When: Starting October 31st
Where: Mt Albert Recreation Centre, 773 New North Road, Mt Albert (Behind the Rocket Park)

Free food and awesome people!!
Come and have a chat with other young parents, share experiences and ask questions

For more info, text Kate on 021 069 7105
Or E-mail kate@thrive.org.nz

Auckland Young Parents’ Breastfeeding Group

Every first Saturday and second Friday of the month

For more information contact katheringloven@rocketmail.com

Disclaimer: The views expressed in this publication are not necessarily those held by Childbirth Educators New Zealand (CENZ). Unless stated, products advertised are not endorsed by CENZ.