

mini CHILD

THE REAL GUIDE FOR PARENTS

Baby + Pregnancy

WHAT'S INSIDE:

- YOUR FIRST TRIMESTER
- ULTRASOUND ADVICE
- FIRST MOVEMENTS
- + MUCH MORE!

FREE

AUGUST 2016

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WAITING THROUGH THE FIRST TRIMESTER

WORDS **KATE TRIGLONE**

RIGHT NOW MY CHALLENGE IS WAITING FOR THE EARLY WEEKS OF MY PREGNANCY TO KICK ALONG SO THAT I CAN HAVE SOME RELIEF FROM THE ALL-DAY-AND-NIGHT SEASICKNESS.

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"I hate waiting!" is the phrase of the week in our house. My son yells these three words through gritted teeth several times a day. Usually it's because he has to wait until after dinner for dessert, or for a toy he wants to have right now, or for his birthday to arrive. Nothing too serious.

The thing is, every time he yells it, I hear myself thinking, 'Me too, buddy. Me too.' I'm not great at waiting either. In my own life, impulsiveness usually wins over waiting, if I have any say. Sadly, I don't have the excuse of being four years old.

I'm okay with waiting in supermarket queues or waiting for the doctor, because I see both as a chance to read magazines or to people-watch. It's the other kind of waiting I'm not great at: waiting to have something delivered that I've bought (usually on impulse); waiting to hear about a job; waiting to get somewhere on a long car trip; or waiting for my short haircut (that I've had on impulse) to grow out.

Right now my challenge is waiting for the early weeks of my pregnancy to kick along so that I can have some relief from the all-day-and-night seasickness. I also want to know if it's a boy or a girl – I'm definitely not one for waiting for that piece of exciting news. And I'm trying not to think about how long I have to wait until I can have a glass of shiraz again.

There's been a lot of waiting going on around me too. Not the type of waiting involved in getting through a first trimester. More like the scary 'What will we do if this is bad?' kind of waiting. The mother of one of my son's friends told me of the uncertain three weeks she and her husband endured recently in between being told her unborn baby girl had a one in three chance of having Down syndrome, and finding out for sure if she did. She didn't. Another good friend is always waiting to see if the latest round of IVF will work: after nine attempts, it hasn't. My cousin and his wife, the sleep-deprived new parents of a three-month-old boy, are waiting this week to find out if a "sinister-looking" lump in her breast is cancer.

I don't know how they have coped with their particular experiences of being forced to wait. I certainly have no answers about how to make waiting any easier. I use distraction to help my son when he is having trouble waiting, and sadly that is also my own fallback strategy when I find myself having to cope with something over which I have no control. I wish I could say

I meditate on the situation to reach a place of acceptance and calm. Instead, as my patient husband can tell you, I make long to-do lists and come up with 'projects' when I need to occupy my mind. If all else fails, I usually find myself getting a completely different hairstyle as a distraction. Then I spend the next few weeks regretting it – which is also conveniently distracting.

As for pregnancy, I've decided that counting the weeks makes time pass even more slowly. Instead, I'm taking the vague long-term approach – telling myself that I'm having a baby some time in the faraway future – in the hope that I can forget about it in the meantime. I haven't even googled to work out my due date or to find out which organ is forming this week.

On the days when the tiredness and nausea make it impossible to forget I'm pregnant, I will think of those around me, and the many people I don't even know, who right at this moment are facing an agonising wait of some kind – the outcome of which will determine whether or not their future will be as they'd hoped.

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This article originally appeared in the June 2010 issue of CHILD Mags.

WHAT HAPPENS AT



APPOINTMENTS

WORDS **BROOKE TASOVAC**

WHAT YOU CAN EXPECT WHEN YOU GET A SCAN DURING PREGNANCY.

In my experience, ultrasounds are one of the best things about pregnancy. You might only have one, or may require several during your pregnancy. “Generally a pregnant woman will be advised about the different ultrasound scans during pregnancy, and it becomes her choice as to which scans she has,” says Associate Professor Janet Vaughan, sub-specialist in obstetric and gynaecological ultrasound and spokesperson from RANZCOG (Royal Australian and New Zealand College of Obstetricians and Gynaecologists). “Australian sonographers follow formal protocols for each different type of scan.”

Here are the three ultrasounds most women have during their pregnancy:

Dating Ultrasound (usually done between six to 12 weeks)

A dating ultrasound measures your baby to determine the gestational age, and can also detect an ectopic pregnancy (one that develops outside the uterus).

Your baby's heartbeat can be seen after six weeks, and your baby will seem like a tiny bean in the large space of your uterus. The dating ultrasound is important for people who aren't sure when they fell pregnant (which I wasn't) and will give you your official due date. I was given different due dates at each ultrasound, so try to remember it's only an estimation.

Depending on how many weeks you are, you may have an external (transabdominal) ultrasound, where a device (called a transducer) is rolled over your pelvis, or an internal (transvaginal) ultrasound. Most pregnancies can't be seen by external ultrasound before seven to eight weeks. You'll be advised to drink lots of water so the bladder pushes the uterus outwards, making it easier to get a good image. If not, the sonographer will switch to a vaginal ultrasound and have you empty your bladder. As it's more invasive, you'll be asked to sign a consent form before it begins.

Both external and internal ultrasounds are quite uncomfortable due to the pressure on your bladder. Dating ultrasounds are usually quite quick and not always necessary, but Janet says most women have an early scan. "The advantage of a dating scan is that the first 12 weeks of pregnancy is the most accurate time to date the pregnancy," she says.

You'll receive films to pass on to your midwife, obstetrician or GP, but not necessarily a photo. Some centres may charge extra for a photo CD.

Nuchal Translucency Ultrasound (must be done between 11 and 13 weeks, six days)

If you choose to have this scan it needs to be done between 11 and 13 weeks to screen most accurately for any chromosome abnormalities, in conjunction with a blood test. There are some out-of-pocket costs associated with this scan, although a portion of it is covered by Medicare.

“In Australia it's recommended that all women be offered a nuchal translucency scan,” says Janet. “The advantage is that it gives the woman either reassurance that the pregnancy is low risk or choices if the pregnancy is high risk.”

The good news is, by this time external ultrasound is usually sufficient to see the baby, but the sonographer will still have to press down quite hard with the transducer to get a good picture. It's tempting to not drink as much water as you're advised, but if the bladder isn't full the sonographer won't be able to see as well.

This scan is definitely worthwhile, as by 12 to 13 weeks your baby looks much more like a baby. I could see my baby rolling and waving her arms and was amazed by how much she was moving, because at that stage I couldn't feel anything. Depending on your centre, there may or may not be a monitor visible to you. Even if you can see, it can be hard to know exactly what you're looking at without the sonographer pointing things out.

Once the scan and blood test are done, you'll be given your results as a probability. One in 1,000 or higher is considered low risk.

Anomaly Ultrasound (usually done between 18 to 20 weeks)

I saw this scan as the day I would find out my baby's sex, but my sonographer had plenty of measurements to take before she could tell me. When she did, instead of the "It's a..." announcement I had been expecting, it was a bit of an anticlimax when she said, "It looks like a girl, but I can't be certain."

"Finding out the gender isn't regarded as essential diagnostic information," says Janet. "It's possible to have a later scan to find out the sex if the mother wants, but she would still need to have a referral to an ultrasound provider and undergo a formal scan, so as not to miss any abnormalities or growth problems."

This scan can take a long time. The sonographer will check the cervix, umbilical cord, amniotic fluid, and the position of the baby and its organs, spine, head size and the placenta's location. They might ask you to drink more water or move around to get the baby in a certain position so they can get all their measurements. It's also not unusual to be asked to come back another day so they can see things better.

This scan can be the last one you have during your pregnancy. Some obstetricians may offer ultrasounds during check-ups at their practices, but from 20 weeks onwards, ultrasounds are only required to check on the health of the baby if complications arise, or if it's a high-risk pregnancy. It's more common for Doppler ultrasound (sound with no picture) to be used during antenatal check-ups with the doctor, midwife or GP, to detect the baby's heartbeat, which can be equally reassuring.

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Baby Movements
During
PREGNANCY

MOST BABIES ARE MOVING ABOUT IN UTERO LONG BEFORE THEIR MUM IS AWARE OF IT - BENDING A LITTLE TO ONE SIDE, WRIGGLING THEIR TOES, YAWNING OR TOUCHING THEIR FACE. LITTLE FLUTTERS THAT CAN BE MISTAKEN FOR WIND START EARLY IN PREGNANCY, BUT FEW MUMS FEEL ANYTHING BEFORE ABOUT 20 WEEKS.



Once you become aware of these movements, you may not feel them every day, but by about 24 weeks, stretches, pushes, kicks or hiccups should occur daily. Movement is a reassuring sign, as it's related to the baby's muscle and nervous-system development. But all babies are different, so avoid comparing yourself with other pregnant mums and become familiar with what is normal for your baby. If your baby moves at least 10 times over a two-hour period when they're normally active, this is within a normal range.

Was That A Movement?

Many factors, such as your being overweight or very busy at work, affect your baby's movement patterns and the way you sense them. Other factors, such as the amount of fluid around your baby or the placenta being at the front of the uterus, can affect your ability to sense movement. You might also think you're having a contraction when it's just your baby moving around. To find out, use your fingertips to feel your tummy – an uncomfortable feeling of firmness all over is probably a contraction, whereas if it's hard in some places and soft in others, it was probably just bub moving.

In between baby movements and real pre-labour contractions are Braxton Hicks contractions. These come and go, and don't become more regular. They're more common in the third trimester, but can occur earlier, and not all women will experience them. Braxton Hicks contractions aren't usually painful – expectant mums say they feel like a tightening in the abdomen – and they aren't strong enough to start labour. These contractions sometimes occur after a bout of activity such as yoga or walking up a flight of stairs.

You'll know it's the real thing when contractions get closer together, are longer each time, and increase with walking. Many women describe the uncomfortable feeling as a strong pulling around the vagina that rises towards the pubic bone. They will also be increasingly intense, but rarely take longer than a minute to pass. Talk to your midwife or doctor for more information.

Tune-In Time

If you're concerned your baby is not moving as much as expected, it's time to tune in to what's happening in your uterus. While there are many reasons why you might be unaware of movement, there are ways of finding out what's going on.

Tune in, or focus completely, on your baby's movements for a couple of hours. If the baby moves fewer than 10 times during this time, speak with your midwife. If you haven't felt your baby move during the course of a day, call your midwife or doctor immediately. Often the doctor or midwife will ask some questions and, if you've already spent two hours tuning in to your baby's movements, they will probably ask you to undergo an assessment.

This typically involves listening to your baby's heartbeat and performing cardiotocography (CTG), which traces your baby's heart rate on a monitor. The test takes 30 to 45 minutes, and will usually show your baby is fine.

Sometimes further tests, such as an ultrasound, are recommended, and this will be discussed with you before you head home. If you have an assessment one day and have the same concerns later, call your midwife or doctor and, if needed, arrange a reassuring check. Don't sit at home and worry.

Go to the next page for our

Baby Movement Timeline

WHAT'S GOING ON IN THERE?

A Typical Timeline Of Baby Movement

7-8 WKS	General movements, such as bending or startling.	32 WKS	Lots of activity, but less room in which to move.
9 WKS	Moving limbs, sucking and swallowing.	36 WKS	Movement will decrease around this time and for the remaining weeks, but not completely, so be sure to take note if movement stops entirely.
10 WKS	Head movement, opening jaw.		
11 WKS	Yawning.		
14 WKS	Eye movement.		
20-24 WKS	More activity and patterns of movement and sleep.		



Vicki Sharpe is nursing and midwifery unit manager for acute care, antenatal and pregnancy day stay at the Royal Hospital for Women in Sydney.

Maybe She Doesn't

NEED MY ADVICE



I WANTED TO TELL HER THAT THERE WILL BE BAD DAYS – WHEN YOU CAN'T BELIEVE HOW TIRED YOU ARE, HOW CRAPPY YOU FEEL, HOW MUCH CRYING A LITTLE ONE CAN DO – BUT THAT THERE WILL ALSO BE GREAT ONES.

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I recently caught up with an old friend of mine who, at 35 weeks pregnant, was about to become a first-time mum. It was great to see her and to hear her voice overflowing with excitement as she spoke of the upcoming arrival. We spoke about her future plans; how she intended to take three months off with her newborn, and then return to full-time work. How she was planning an overseas trip to attend a friend's wedding a few months after the baby was born. How "I won't change who I am for a baby; the baby can fit around our schedule, not the other way around."

I smiled into my glass of wine as I listened, and held my tongue when I was so tempted to do otherwise. The truth is that I'm only a few years down the track from her. I, too, remember this excitement, and the pre-baby plans. Oh, the plans. What life with a baby would be like. How I would "relax and finally get a chance to get back into running" (actually her words, not mine, as I have never been a runner, though I did harbour similar thoughts about relaxing and getting fit).

As the evening wore on, I began to feel torn. I desperately wanted to give her advice, to let her know, through my own experiences, how little you can know about a baby before it arrives. I wanted to explain how overwhelming the love is, how life turns around and your ideas and thoughts are changed forever by a tiny little being. I wanted to tell her that there will be bad days – when you can't believe how tired you are, how crappy you feel, how much crying a little one can do – but that there will also be great ones. And then, the baby you longed for will be a toddler and oh boy, the tantrums she will have!

When I was pregnant, women seemed to appear out of nowhere with a knowing look in their eye and words of wisdom that I did not ask for or want. I didn't understand it. Why was everyone trying to get so involved? And scare me about their birth stories? And warn me about how much babies cry?

The truth is, all those words of advice I received while pregnant floated above my head in a fog. I listened to everyone's advice and then stored it away in a different compartment, one I chose not to revisit.

The other day I watched, anxiously, as my daughter raced up a hill so fast that I was sure she'd fall. "Slow down!" I called out after

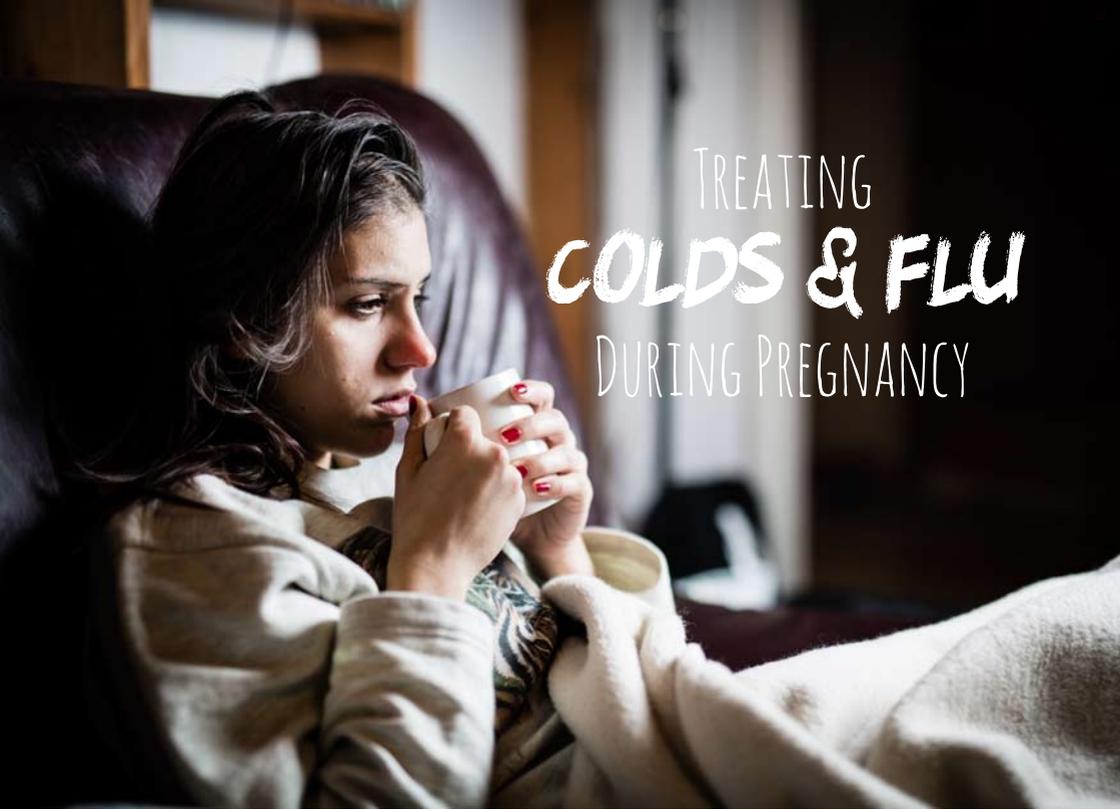
her. “Leave her, sweetie, she’s happy,” my husband said. “But what if she falls?” “So she falls.” “But what if she hurts herself?” “Then she hurts herself. Look, we can’t stop her falling, but we can be there for her if it happens.”

I remembered these words as I sat with my glowing friend. I wanted to tell her all the things I wish I had known before becoming a mum, but I could see how irrelevant they were to her now. I could see how she would view me as being another one of those women pushing their ‘words of wisdom’ onto her, when all she wanted was to revel in the joy of pregnancy. That, regardless of what I said to her, she would start her own journey, and no well-meaning advice could stop her from having bad days – nor prepare her for the beauty, exhilaration and exhaustion of life as a mum.

I couldn’t stop her from falling, but I could be there for her when it happened. And only then – and only if she asked for it – would I offer her advice.

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TREATING COLDS & FLU DURING PREGNANCY

WORDS **DR S. ROBSON**

ASSOCIATE PROFESSOR STEVE ROBSON PROVIDES SOME USEFUL ADVICE ABOUT WHAT MEDICATIONS CAN AND CAN'T BE USED TO TREAT COLD OR FLU SYMPTOMS DURING PREGNANCY.

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Winter is the season for colds and flu, and many pregnant women catch these illnesses and feel miserable, believing they can't use any medications to treat their symptoms. This isn't strictly true, but it is important to know the ingredients of 'cold remedies' when using them.

Treating Headaches, Aches, Pains And Fever

The first step is to rest, stay warm, drink plenty of fluids and have somebody pamper you. If this doesn't work, medication can be used. Paracetamol is very safe if taken correctly: no more than two 500mg tablets at a time, and no more than eight tablets in a day.

Some over-the-counter remedies contain aspirin-like, anti-inflammatory medications, such as ibuprofen. Although studies have not shown clear statistical evidence of any links with pregnancy complications, they are probably best avoided unless prescribed by a doctor.

High fevers and fevers that don't settle also warrant a trip to the doctor.

Runny Nose

Avoiding cold weather and winds, remaining well hydrated and getting plenty of rest are important. Breathing in steam and using eucalyptus and other inhaled decongestants can also offer relief.

Medications that settle a runny nose, such as phenylephrine, are commonly found in 'decongestant' tablets or mixtures available at pharmacies. Although research done on large populations has been reassuring, there have been a few cases of abnormalities in babies whose mothers took these medications in early pregnancy. While these cases are rare, it is probably not worth taking the risk.

Decongestant nasal sprays don't seem to be absorbed in great quantity, and studies have not shown any ill effect on mother or baby. These are probably best used for a few days only, after clearing the nose with eucalyptus steam inhalations. If problems persist, a doctor should be consulted to rule out bacterial infection in the sinuses.

Treating Cough

Cough can be very unpleasant, particularly in later pregnancy. While difficult to treat, avoiding cold air and not running or walking vigorously can help.

Pregnant women with asthma must be very cautious, follow their asthma plan, and make sure they use a preventer, if required. They should see a doctor if a cold sets off an attack of asthma.

Cough suppressants, in general, don't work particularly well. Studies of pregnant women who have taken cough-suppressant medication, such as dextromethorphan, have not shown any increase in the risk of pregnancy complications or malformations in their babies. However, if the cough is so intolerable the pregnant woman is contemplating using cough-suppressant mixtures, they should visit a doctor to rule out a chest infection.

Antihistamines

The older over-the-counter antihistamines (sometimes referred to as 'sedating' antihistamines) are quite safe in pregnancy, and have been used for many years. They can help settle sneezing, but tend to make most pregnant women quite drowsy, so caution needs to be taken. The newer, 'non-sedating' antihistamines (check with your pharmacist regarding specific brands) do not have as long a safety record in pregnancy.

In general, if the symptoms of a cold – fever, cough, runny nose and generally feeling unwell – don't settle after a few days, visit your doctor.

Influenza

Influenza, commonly called 'the flu', is a different condition from the common cold. It is a very contagious viral infection that can be extremely serious, particularly for pregnant women.

Influenza presents with high fever and episodes of shivering, along with a cough, sore throat and runny nose. Aches in the muscles and joints are commonly felt, along with headaches and overwhelming tiredness.

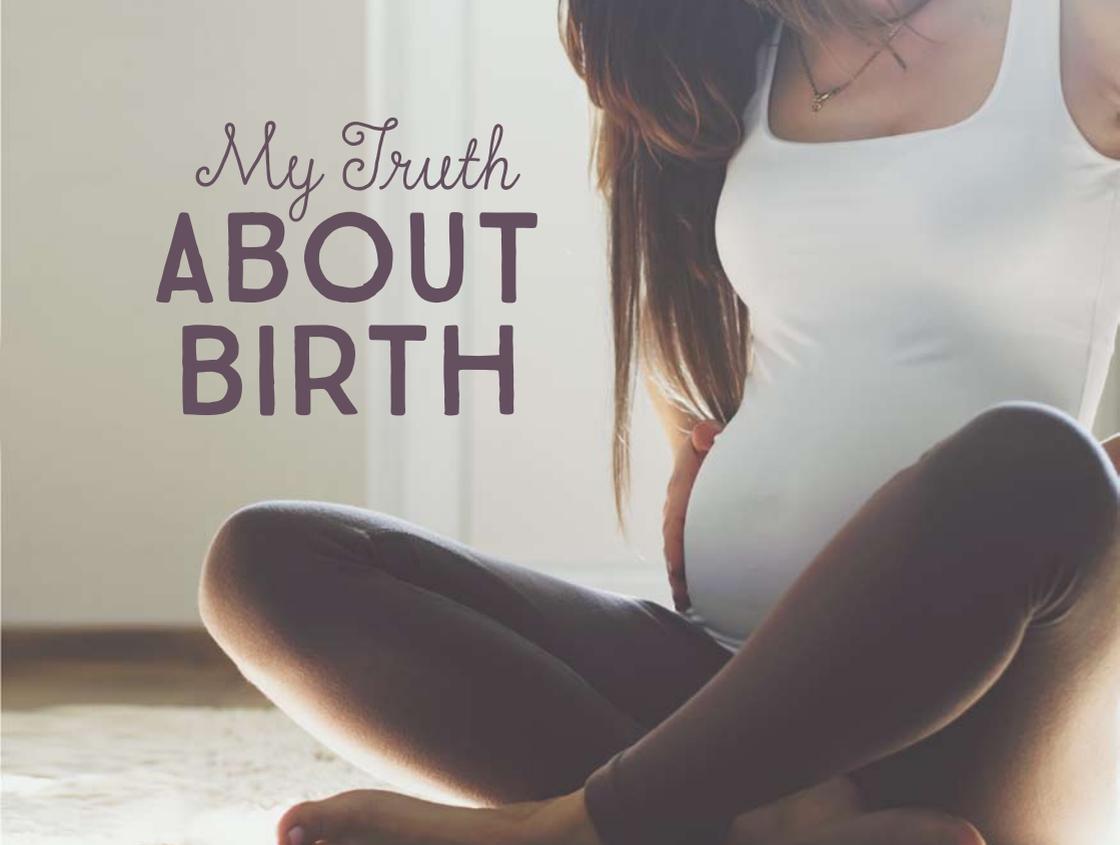
Pregnant women are susceptible to the complications of influenza, particularly severe chest infections such as pneumonia. Pneumonia causes difficulty breathing, chest pain, and sometimes women can become confused or light-headed.

Although there are specific antiviral medications that treat influenza (such as 'Tamiflu'), the condition is best avoided. Each year, a new immunisation is developed to treat the common types of influenza that have developed with the new influenza season. Influenza vaccination – the 'flu shot' – is very safe, and should be considered by all otherwise-healthy pregnant women after the first trimester. This can be arranged with any family doctor or practice nurse.

During an influenza epidemic, it can be difficult to avoid sick people. Pregnant women should wash their hands thoroughly and often, and avoid crowds and sick co-workers, friends or relatives. Any pregnant woman who thinks she has influenza should notify a doctor immediately.

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Associate Professor Steve Robson is President-Elect of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and a practising obstetrician.



My Truth **ABOUT BIRTH**

WORDS **BRON BATES**

FRIGHTENED ABOUT GIVING BIRTH? BRON BATES SHARES HER THREE LABOUR STORIES AND HOW THE MIND BODY CONNECTION CAN OFTEN GET LOST IN THE MODERN LABOUR WARD.

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At the age of 18 I became pregnant with my first child. I was surprised, but happy and enthusiastic. I researched infant care and development and poured over safety lists and layette recommendations. Meanwhile, my baby grew, turning and stretching in my impossibly large belly.

My then-boyfriend and I attended our first antenatal class. The instructor drew an imaginary line on the floor and asked the men to stand on either side based on how well they felt their partner dealt with pain, one end meaning 'very well' and the other 'not very well'. My boyfriend stood at the latter. Insulted and discouraged, I didn't go back to the class.

When the day came for me to give birth, I was simply armed with the vague knowledge that birth was a natural process. My mother had given birth to me naturally and seemed relatively unscathed by the experience. A close family friend told me it was a strong sensation, but not what she would describe as 'painful'. On the other hand, I'd read a few fiction books where birth was described as akin to experiencing white-hot fire through your body. Not to mention the countless movies and TV shows that portray women in absolute agony. What did I believe and did it even matter? The birth was going to happen regardless.

I arrived at the hospital with plans to hop in the bath (there was no birthing pool available), with a goldfish in a little travelling bowl for me to 'peacefully focus on'. (Yes, that really happened.) I was induced because I was 10 days overdue, and after a few hours of labour I went from being happy and excited to feeling anxious and angry. I had to get out of the bath as it was slowing down labour, so I lay flat on my back on the bed, mostly naked and unable to move. I coped by yelling through the contractions. Worst of all, people kept walking in and out of the room, talking to me and turning the fluorescent lights on. I asked for an epidural and when it came time to push I could feel the contractions, but not the baby coming out. But he did – I had done it. Just like countless women before me, I'd survived.

A decade later I was in a new relationship and preparing to embark on parenthood for the second time. It'd been so long that

I felt just as nervous as the first time, and desperately wanted to have a more positive experience. I asked my trusted girlfriend to help me through labour, along with my partner. The three of us attended a full-day hypnobirthing class where we practised getting into a state of hypnosis (a meditative state, not a state where you act like a chicken). I learned how to breathe for pain relief, which is surprisingly simple, but takes practice.

We watched videos of women giving birth in water. It looked natural; it looked great. I felt I'd been socialised to try be in control of every aspect my life – but pregnancy and childbirth are natural, animal processes. I started to understand that the only parts of me I could control were my mind. And my breath.

When I was five days overdue I woke to my waters breaking. I dealt with the contractions at home, before we made our way to hospital when they were five minutes apart. We felt good about what was happening and even hi-fived. We thought we were home free.

It was not to be. The midwife asked how I was doing; I told her I was fine and breathing through the contractions. “Let’s see,” she said. I felt angry at her intrusion on my breathing pattern. While I did spend a few hours labouring in the bath, I was again asked to get out as it was slowing down the labour. The gravity was too much after the weightlessness of water and I asked for an epidural. Again I was flat on my back in bed.

There were complications after birth, the baby was fine, but (unbeknownst to me until after I woke up from surgery) I nearly died and had to stay in acute care for several days. Despite this, I'd experienced nine positive hours of labouring naturally at home where I'd felt safe and peaceful despite the discomfort. I kept this in mind when I was preparing to have my third and final child four years later. This time I was ready.

I realised that giving birth was something I was ultimately doing alone. That's not to say the support didn't matter – it mattered a great deal. But when it came time to ride the muscle contractions and let the baby out there were only two people engaged in that process: the baby and me.

I found a wonderful obstetrician who was supportive of natural water birth and had a warm and informative manner. She said encouraging things like, “this baby likes you,” because it was optimally positioned for travelling through the birth canal. Before now I hadn't understood how much this affected the ease of birth, or that simply resting on all fours towards the end of pregnancy would help the baby move into this prime position.

I amped my preparations up a notch again. I'd heard how great Calmbirth courses with Peter Jackson were and convinced my partner to attend his classes for the weekend. We were introduced to a new way of thinking. Peter explained how our bodies worked when giving birth – exactly how the muscles moved, including line diagrams of where they sat and what they did through labour and birth. It allowed me to understand the physiology behind the extremely uncomfortable sensations of labour. I started thinking of the contractions that way: as surges and sensations – words that didn't carry negative connotations. I left the weekend feeling capable and relaxed.

Back home my partner and I prepared for birth together. In the evenings we darkened the room, put on birth music we'd chosen and I closed my eyes. I practised breathing slowly and consciously, while my partner practised the massage we learned. I visualised my muscles moving to give birth and imagined the baby moving with them. I imagined myself in a safe place. Most importantly, I imagined letting go.

Two days before the baby was due I felt a contraction. For a couple of hours I lay still, breathing and timing the contractions. Near midnight I woke up my partner and called our friend to come mind the kids. I still felt calm, excited and in control.

This time my partner was prepped to intervene if the midwives tried to talk to me. The birthing pool was ready and after an internal examination to see how labour was progressing, the lights were dimmed and the midwives discretely left. Soon I dropped to all fours on a mat on the floor. I felt like my whole abdomen from my ribcage to my vagina was being grabbed and squeezed. But I knew what was happening, and even though I wasn't sure if I could take the sensations for much longer, I didn't hold on. I let go. I imagined the pure, dark earth that I was being pulled towards. I reassured myself that I could ask for an epidural if I wanted. I stayed on all fours and reminded myself that the gravity was helping me bring the baby out.

I needed to go to the bathroom, which was also where the birthing pool was. My partner helped me, and after I used the toilet I felt my muscles wanting to push. I stood up, lent on the edge of the pool and bore down. I could feel the baby's head moving down through the birth canal. In that moment I wanted to get it out more than I'd ever wanted to do anything in my life. Soon the baby's head was out and there we were, a strange two-headed creature standing in a dark bathroom by an inflatable pool. I felt the baby's head turn. I knew we were nearly there.

My partner was dancing around trying to decide whether to come in or go get a midwife. He opted for the latter and by the time I felt the urge to bear down again, two midwives were there to catch the baby. We'd done it. Soon after the birth, the baby and I were able to get in the pool and have a warm bath together. It was one of the most beautiful moments of my life.

Looking back I see that in all three labours there was a critical turning point where I either continued down the path that my body and the labour was taking me and gave birth naturally, or where I started to feel anxious and afraid and sought intervention.

It took a lot of work to find a way to go through the birthing process peacefully, but in the end I found it. The strange truth I learned about birth is that the only way to stay calm and in control is to let go.

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5 MUMS TELL US THEIR

Hopes

FOR THEIR BABIES

WORDS **NATALIE RITCHIE** PHOTOGRAPHS **JERUSHA SUTTON**

THOSE FIRST FEW WEEKS WITH YOUR NEW BABY ARE MONUMENTAL; A MARKER OF A NEW JOURNEY INTO MOTHERHOOD. THESE FIVE MUMS ALL GAVE BIRTH IN APRIL AND SHARE THEIR UNIQUE BIRTH EXPERIENCES AND THE HOPES THEY HOLD FOR THEIR LITTLE ONES.



Tara Gilding and Nash

Nash was a homebirth. I had an accidental homebirth with my second, so this time we planned it. The only thing that wasn't part of my 'birth plan' was that it was daytime – my first two were at night. There is something relaxing about a night birth. I hope that whatever Nash's dream are, he gets to achieve them with our support. I hope he grows up in a fair world where he can be himself without judgement. I don't want to put any pressure on him to do things he doesn't want to do. My two older girls, five and two, love him. They think he's great. They couldn't wait to get to school and tell everyone, although they have trouble remembering his name.



Mia Southwell and Levi

Levi's birth was empowering. I had an emergency Caesarean with my first. This time I went to the birth centre at the hospital, and birthed naturally with the support of a doula. My first baby was a difficult sleeper; this time it's much easier. They're like chalk and cheese. Zachary is smitten, full of affection. What are my hopes for Levi? That he grows up to be happy, independent, family-orientated and healthy.



Tara Mahoney and Tabitha

The birth was extraordinary. It was everything I wished and hoped for. I gave birth standing up: I never thought I would do that! It was very healing for me, because my last birth was a traumatic, protracted, intervention-filled labour with an epidural. This birth was fast. Intense. I have never felt such raw phenomenal power. I was on a high for days. I want Tabitha to live in a world where she's happy and confident and knows she can do anything. Whether she is serious, creative or outlandish, I want her to grow up knowing she can be who she wants to be. I want her to be spirited, independent, challenging, complex and accepted for who she is, no matter what.



Leonie Percy and Luna

There is something very magical as a woman about having a daughter. It was an incredible experience to birth Luna VBAC, pain-free in water after all the medical intervention I had with my six-year-old son. I was quite traumatised by his birth. I know the importance of health in labour, so did a lot of preparation with my partner, and used acupressure points. Luna was conceived under a super-full moon in July, when there was a lot of energy circulating in the universe, and born on the lunar eclipse in April. I knew her name was Luna before she was even conceived. She's such a content little baby; she only cries when she's uncomfortable. She's very alert, opening her eyes, a real observer. We believe she's going to be of service, a change-maker in her own way. She's going to be helping and healing others. I took her to be blessed by a visiting guru from India when she was eight days old. She's off to a good start already.



Vanessa Varacalli and Olivia

The birth was really good, better than anything I ever expected, perhaps because I had an epidural after a while and it didn't last too long! Olivia is a very placid baby. I want Olivia to live in a better world, where she will be safe. Everyone wants their child to be safe. I was talking to my husband about my hopes for Olivia, and it's funny, but I don't have anything outstanding; just that she's happy, healthy, a good person, loved and appreciated. Feeling loved is the main thing.

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