

Parent Talk

CENTRAL AUCKLAND PARENTS CENTRE

October/November 2010



PARENTS CENTRE

MISSION STATEMENT

Positive birth experiences and informed parenting in a community where parents are supported and highly valued in their role.

Proudly Sponsored by: ASB Community Trust



ASB Community Trust

Te Kaitiaki Pūtea o Tamaki o Tai Tokerau

supported by **ASB**

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CENTRAL AUCKLAND PARENTS CENTRE

PO Box 24-520, Royal Oak, 1345. Telephone: 625 0065.

Email: ak.central@parentscentre.org.nz

Website: www.parentscentre.org.nz/Auckland

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SUPPORTING PARENTS
IN CENTRAL AUCKLAND
1960-2010

PARENTS CENTRE SHOPPING DAY

Present the coupon below and receive

20% off

on Saturday 13th, November 2010

Sorry specials, gift vouchers, instore promotions, laybys, hireage, Mountain Buggy & accessories not included.

0800 BABY FACTORY

www.babyfactory.co.nz



Your first choice in babygear!

Receive specials straight to your inbox - Join our online e-club!

Present the coupon below to receive the discount

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Sorry specials, gift vouchers, instore promotions, laybys, hireage, mountain buggy & accessories not included.

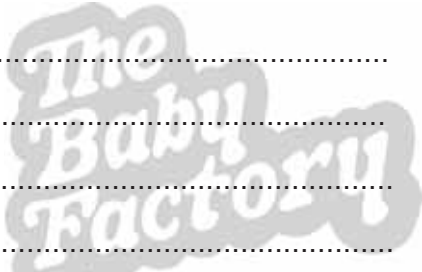
Name:.....

Address:.....

Phone:.....

Email:.....

If you would like to receive information from The Baby Factory via email, please tick this box.



President's Report

Dear Members,

We still haven't had a volunteer come forward to fill our vacant President role. So once again we have submitted a NON-Presidents report!

If you have completed any of our childbirth education or Baby and You courses this year you may well have experienced a very full class.

This is a positive thing for CAPC and confirms what we always strive to achieve; we are offering a much needed and sought after service to the Central Auckland community.

Our courses are very popular and fill up early, so we do advise LMC's to make sure their clients know to book early. When recommending us to pregnant family members and friends, please let them know to book early to ensure a place.

Over the past few years we have run an average of 15 Childbirth Education courses per year. Each course takes a maximum of 12 couples and encompasses seven sessions run over six weeks and is followed by a five session postnatal course 'Baby and You'. If you add in the other parent education courses we offer we are running over 200 sessions per year!

We would gladly run extra courses to offer more places to meet demand and to reduce class sizes to optimum levels.

Unfortunately there are a number of hindrances to running additional courses to cater for the obvious demand.

- There is a nationwide shortage of qualified Childbirth Educators (CBE) to teach the courses.
- As our point of difference from other Childbirth Education providers is to actively facilitate a coffee group from each course, we enlist the help of a volunteer host to assist the CBE through the course and set up the coffee group at the end. We continually struggle to find sufficient volunteers to cover the number of courses we currently run.
- Hiring venues with suitable facilities and availability in Central Auckland is a costly task for a not for profit organisation that does not receive any government funding to run a much needed

community service, that we strive to keep at an affordable cost.

- We are very conscious of the ever increasing workload that our volunteer committee members bear, to keep our courses and services running. We are feeling the effects of a nation wide shortage of volunteers across all sectors; and need to keep our operations at a level that our volunteers can bear without being overloaded with voluntary work on top of their parenting and paid employment.

Some things that are in place to help us continue to meet the demand for quality Childbirth Education are:

- The option of training as a Childbirth Educator, with CAPC supporting your studying – see page 2 for details.

This is an excellent opportunity that allows you to be at home for your children and contribute to your family income by teaching evening courses.

- If we have sufficient waiting lists to fill an additional course we will organise one off intensive weekend courses to meet demand, depending on Childbirth Educator, venue and volunteer availability.
- There are other Parents Centre's in the Auckland area that might be able to offer your friends a place. Visit www.parentscentre.org.nz to look for other local Parents Centres.
- Enthusiastic and committed volunteers are the key to the success of CAPC.

Have a look at the volunteer vacancies on page 10 and see where you or your friends may be able to help out.

The CAPC committee is holding its annual planning meeting on Monday, 4th October. Any ideas from our members are most welcome. Please join us at 7.30pm, 12b Bracken Ave, Epsom.

Kind regards

Debbie Booth

*Treasurer and Volunteer Coordinator
capc.volunteering@gmail.com*

Are you considering a change of career that fits in with being a full time Mum?

Parents Centre's Diploma of Childbirth Education (in conjunction with Aoraki Polytechnic, Timaru) trains those wishing to teach Childbirth Education classes and support women during birth.

This two-year home study course includes correspondence assignments, workshops and attending births. The programme trains you to become a childbirth educator and to teach prenatal classes to expectant parents in a wide variety of settings. Completion of all modules means that you will be able to work as a childbirth educator.

Central Auckland Parents Centre can offer trainee childbirth educators classes to meet the observation requirements of the course, assist with workshop attendance costs and evening classes to teach on the completion of the course.

Course Enrolment and Information: For information about the Diploma In Childbirth Education course visit <http://www.aoraki.ac.nz/courses/distance-learning/diploma-childbirth-edu/>



Magic Moments

Register your interest in our next course running February 2011.
Email capc.bookings@gmail.com

Committee Meetings

Our committee meetings are held on the second Monday of the month at 7.30pm.

If you would like to join us please email us at ak.central@parentscentre.org.nz for further information.

TENS machine hire

A TENS machine can help reduce your pain during labour and childbirth.

We have five TENS machines available for hire by our members. You can make a booking for the two weeks prior to your due date until two weeks post. All machines are hired with new pads. Please supply your own 9 volt batteries.

Cost: \$50.00 plus \$50.00 bond. Your bond will be refunded within 7 working days.

YOU are responsible for collecting and returning the TENS machine. We appreciate that early days with your baby are busy, but as others are waiting to hire the machine, we ask that you return it as promptly as possible.

To Book:

Contact Jane McEntee (Lending Coordinator)
Phone: 625-1579, Email: janemcent@gmail.com

Are you receiving your CAPC E-news?

If you aren't receiving yours, get signed up today and stay updated with everything we have going on. Email us at ak.central@parentscentre.org.nz or use the signup box on our website under newsletters.

Check out our website

www.parentscentre.org.nz/auckland

Need Labels?



Need labels for your little one's things? Go to www.stuckonyou.biz and type Central Auckland Parents Centre into the referral field when you make your purchase. CAPC will receive up to 20% of your purchase price.

Membership Renewals

CONGRATULATIONS! to Jennie Parker

Jennie renewed her Central Auckland Parents Centre membership in August 2010 and won the draw prize of a \$30 petrol voucher.

Renew your membership subscription before **31st October 2010** and go in the draw to win a copy of the delightful children's book "Stand Tall like a Mountain" by Dr Shara Ray.

Did you know? If you renew your membership for 2 years you pay only \$100. If you are a community services cardholder you can renew your membership for 1 year for only \$20.

Automax Offer

Automax is an automotive group of Auckland's best MTA Assured workshops. Their 15 participating workshops within Auckland offer free and discounted services via the Automax membership card.

Automax membership costs \$39.90. A membership card is posted to you which entitles you to:

- 2 x Free Warrant of Fitness, WOF (\$80)
- 1 x 10% off any service (up to \$45 off)
- 1 x Free Vehicle Safety Inspection (\$50)
- 1 x 15% Off any service (up to \$70 off)
- 1 x Free puncture repairs (\$30)
- 25% off Wheel Alignment (\$20)

\$295 of VALUE!!!

Savings on unavoidable costs - vehicle owners are legally obliged to get a WOF, so why not save on it.

Convenience - our workshops are located across Auckland, with six in the central city area.

Great Service - All Automax approved workshops have been carefully selected - they are MTA Assured, professional and of the highest calibre.

100% Money Back, Customer Satisfaction Guarantee - Automax stands by its mechanics and reputation. Automax will refund the full purchase price of the card if any of our customers are at all unsatisfied.

Automax Membership cards are fully transferable

- The card can be passed on to family members, friends or colleagues to use.

Automax will donate \$5 to CAPC for every card sold.

Order online at www.automax.co.nz using the promotional code CAPC.

Committee Baby

Congratulations to Cheryl, Rob and Eden Tinholt on the safe arrival of the gorgeous **Vincent Johnny Greg Tinholt** born 2 June 2010 @ 3.25am, 7lb 7oz.

Cheryl is not only our newest Childbirth Educator, she is also an active committee member who looks after our fundraising and events.

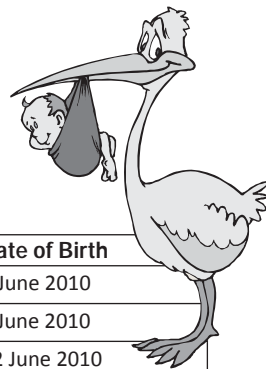
Need a new cookbook?



You will notice with this issue of Parent Talk a flyer on our Christmas Fundraiser. If you are looking to update your recipe or cookbook collection, need a new diary for 2011 or perhaps pick up a few Christmas gifts at great prices then check it out! The prices are fantastic and a portion of each book sold goes to support Central Auckland Parents Centre.

Once you have made your selection, you return the order form with payment attached and we will let you know when your books and gifts are ready for collection. It is that simple. Your support will be appreciated and the money raised for us will be put towards continuing our ante-natal and new parenting education classes in 2011.

New Arrivals



AN15/10

CBE: Cheryl Tinholt

Course Host: Anna Kavalenka

Name of Parents	Name of Baby	Date of Birth
Debbie and Alan Berkeley	Shona Berkeley	8 June 2010
Melinda Calderwood and Andrew Collins	Victoria Jane Calderwood Collins	6 June 2010
Sarah Bishop and Michael Hawes	Hugo George Hawes	12 June 2010
Kylie and Danny Brown	Poppy Joce Brown	1 June 2010
Kiri Gould and Rod Haag	Arlo Karl Gould	1 June 2010
Carolyn and Clinton Lawgun	Emily Lawgun	2 June 2010
Angela and Jack Dixon	Hugo Benjamin Dixon	15 June 2010
Andrea Cummerfield and Andrew Nalder	Mackay John Nalder	5 June 2010
Anna and Matthew Atkinson	Harry Michael Atkinson	13 June 2010
Helen and Adrian Fitzgerald	Samuel Adrian Fitzgerald	21 May 2010

Moving to Learn Book & CD

Moving to Learn is a musical, dancing, playing, and movement resource designed to stimulate your child in their early years

The book covers an extensive range of topics from birth to three years including the importance of movement, music and play; physical stages of development; the importance of tummy time.

Packed with lots of ideas of things to do with your baby and child; this book also comes with a 63 track music CD.

We have three copies available for CAPC members to borrow. The loan period is for two weeks for a gold coin donation.

If you are interested in borrowing please call Jane on 625 1579 or email janemcent@gmail.com.

The set is also available for purchase through the PCNZ online shop www.parentscentre.org.nz/shop





birthcare®

...for the very best start in life

Birthcare Maternity Hospital is situated on Titoki Street in Parnell, with tranquil views looking out over the Domain, and the Museum. It is a primary care maternity hospital available for both birthing and postnatal care. Birthcare is a secure facility offering free undercover parking and easy access.

Use of Birthcare is free to all birthing and postnatal women who are New Zealand residents, but you may upgrade to a private or premium room, should you choose. We have 45 beds, 24 are in twin share rooms, 17 are private rooms and 4 premium rooms with queen beds. All rooms have ensuites. However the same high quality midwifery service is available to all women using the facility.

Our new birthing suite has four birthing rooms, three with pools for pain relief and relaxation as well as water births. We are close to Auckland Hospital for transfer over should this be necessary.

We have 2 teams of midwives, who provide continuity of care for those women choosing to birth at Birth care. We have an ante natal clinic being built on our new Level 3 at Birthcare which is due for completion at the end of July this year. The team are passionate about supporting and promoting natural birth at Birthcare. There is also a great team of professionals who provide postnatal services. These include physiotherapists, visiting paediatricians, and lactation consultants. The core midwifery and nursing staff are highly skilled in all aspects of postnatal care. They give special attention to parentcraft, and education to assist in that transition to parenthood. They liaise closely with the LMC's who are providing care for the women here and enjoy working in a close relationship with them.

We have a lactation clinic which is held twice a week and is free for up to 4 weeks postnatally with a written referral from the woman's LMC otherwise there is a \$60 charge.

There are regular tours of Birthcare for prospective parents.

**For further information call 09-3740800,
or visit www.birthcare.co.nz**

Parenting Classes and support

Central Auckland Parents Centre



Baby and You

A morning course run over 5 weeks for parents of babies up to four months old. Covers feeding and sleeping, infant health, postnatal exercises, postnatal depression, CPR, first aid and child development.

The start dates for our next courses are: 12 October, 4 November, 16 November. These courses fill very quickly so contact Caroline on 845 0020 to reserve a space.



Moving and Munching

Targeted at parents of 4-8 month olds, over two mornings this course discusses introducing solids, baby development and baby safety with a free baby recipe book for all attendees. The next course dates 18/25 November, 9/16 December.

For more information or to book, phone Katie on 528 6134.



Tinies to Tots

A two session course aimed at parents of children 9-18 months. The next course will be on 11 and 16 May 2011. The course will cover fitting first shoes, caring for first teeth and preventing tooth decay, learning/development/safety and play and nutrition and behavioural habits towards eating.

For more information and bookings, phone Katie on 528 6134.

In the community

Birth Care

Preparation for Breastfeeding

- Care of you and your breasts before and after pregnancy
- Getting off to a good start
- How to avoid and manage common problems
- Expressing and storage of breastmilk
- Introducing solids and weaning
- Where to get support and help
- Other resources

Venue: BIRTHCARE - 20 Titoki Street, Parnell, Education Room, Level 1

10.30am - 12.30pm Tuesday once a month

\$30.00

Fresh Perspective

www.freshperspective.org.nz

Freephone 0800 555 300

Everybody needs a little help at some time in their lives. This is especially true for parents and caregivers raising young families. Whether it is learning about managing a child's behaviour and providing boundaries, feeding your family well on your weekly budget, managing challenging family situations, connecting with others in your community or just needing someone to talk too. Fresh Perspective is there to help.

Fresh Perspective is a subsidiary service of the Open Home Foundation developing a network of family mentoring services in partnerships with various Christian churches throughout New Zealand. This free mentoring service aims to help parent(s)/caregiver(s) in families to recognise their strengths and abilities and to link them with supports that are available in their community to improve their lives and their parenting.

Plunket Family Centres

159 Landscape Road, Mt Eden
Phone 620 8539

7 Meadowbank Rd, Meadowbank
Phone 09-521-5024

Centres are staffed by Plunket nurses, community karitane, Plunket kaiawhina and volunteers.

Family centres offer support and information on different parenting issues. They also run various group discussions and one-on-one consultations on the following topics:

- New born tired signs video
- Settling and sleep for babies
- Feeding and behaviour
- Breastfeeding - lactation consultants
- Baby massage
- Maternal health support
- Development

Call your local centre to make an appointment.

Karitane Cribtalk™

First Thursday of every month
9.00am - 3.00pm

1 Wallingford Street, Grey Lynn
Telephone (09) 5757174

Free coffee and free advice.

Karitane Nurses and Nannies Bureau invite you to Karitane Cribtalk™ - an informal gathering for new parents. Karitane Cribtalk™ will be casual and relaxed and is as much about gaining valuable advice from an experienced Karitane Nurse as it is about meeting other new families.

Karitane Nurses are trained in working with new-borns and have become renowned among parents needing assistance with their baby's unique circumstances. Our Karitane Nurse has many years of experience and is happy to assist with any queries that you may have about your little ones. So come along on the first Thursday of every month with your baby, enjoy a coffee, and get one-on-one advice with a trained Karitane Nurse.

Space

Email: space@aucklandplaycentres.org.nz

Phone: 815 0866

The SPACE programme is for (mainly) first time parents with newborn babies. Sessions run weekly at a Playcentre or suitable community venue, for 3-4 terms extending through the first year of the child's life.

The sessions are held in a relaxed and baby friendly environment, and include:

- 1 Opportunities for parents to meet and get to know one another.
- 2 Discussions and information sharing on relevant child development and parenting topics.
- 3 An introduction to rhymes, music, and books for infants.
- 4 Play sessions with age-appropriate equipment that supports infants' learning and development.

SPACE provides a quality curriculum in order that the parent may maximise on this valuable time with their child.

Parent Aid

Central West Auckland - Avondale, Point Chevalier, Blockhouse Bay, Hillsborough, Lynfield, Waikowhai, Mt Roskill, New Windsor, Mt Albert, Owairaka.

Phone 815 0330 Mon-Fri 9am-4pm

Email: parentaidcentralwest@gmail.com

Free practical help to families with pre-school children in Central West Auckland who need a helping hand due to: the birth of a baby, illness, accident, tiredness, stress.

A Parent Aid fieldworker will assist your family in a friendly and supportive way by providing childcare, light housework and baby minding in your own home while you rest or attend an appointment.

Support Services

Allergy New Zealand

Phone 623 3912 www.allergy.org.nz

Barnardos Parent Help Line

(Mon – Fri 9.00am – 5.00pm)

0800 4 PARENT / 0800 472 7368

www.barnardos.org.nz

Healthline (24 hours per day)

0800 611 116

www.moh.govt.nz/healthline

La Leche League (Breastfeeding)

846 0752 www.lalecheleague.org.nz

Miscarriage Support Auckland

378 4060 www.miscarriagesupport.org.nz

National Poisons Centre

0800 POISON / 0800 764 744

www.poisons.co.nz

Parent to Parent Special Needs Children Support

0508 236 236

www.parent2parent.org.nz

Plunket Car Seat Rental

620 5791 www.plunket.org.nz

Plunket Line (24 hours per day)

0800 933 922 www.plunket.org.nz

Post Natal Distress

836 6967

www.postnataldistress.org.nz

SKIP

Phone 04 916 3300

www.familyservices.govt.nz/skip

Starship Hospital

307 8900

www.starship.org.nz

Trauma and Birth Stress Support Group

575 7404

www.tabs.org.nz

Women's Refuge

303 3939

www.womensrefuge.org.nz

Work and Income (WINZ)

Phone 0800 559 009

www.workandincome.govt.nz

Working for Families

Phone 0800 257 477

www.workingforfamilies.govt.nz

Parent to Parent

Parent to Parent is a support and information network for parents of children with special needs. Support is provided voluntarily by Trained Support Parents who have a child with the same or similar needs. Through a network of regional groups and trained volunteer Support Parents, Parent to Parent provides information and emotional support to families who have a child with a disability, special need or health impairment.

There are more than 3600 different conditions covered by the service, ranging from the very common through to the most rare condition. By contacting Parent to Parent, families can access written information relating to their child's condition, and also receive emotional support through talking with a trained volunteer Support Parent who knows and understands from personal experience the challenges, frustrations and special joy that comes from parenting a child with special needs.

Plunket Car Seat Rentals

Plunket car seat rental schemes offer a variety of affordable infant and child restraints available for short- and long-term hire. Prices vary depending on the area. A bond is charged in addition to rental, and this is refunded when the seat is returned in good condition.

Our car seat rental scheme representatives are Safe2Go trained which means they can give the best advice on the safe use of child restraints.

Plunket Line

PlunketLine is a toll-free telephone advice service available to all families, whānau and caregivers 24 hours a day, seven days a week. Call 0800 933 922.

When you call PlunketLine your call will be answered by a Plunket nurse, who can give you advice and information on parenting issues and your child's health and wellbeing.

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PORSE Grey Lynn Ph 376 3724

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•Uncover hidden skills and talents



URGENT!

PARENT EDUCATION COURSE CO-ORDINATOR

It is the Parent Education Coordinator's job to oversee the smooth running of our parent education courses (Moving and Munching, Tinies to Tots and Conscious Parenting courses)

The role includes:

- setting the course dates annually
- organising the speaker contracts annually
- reviewing the course evaluations
- maintaining course handout supplies
- being a main point of contact for the volunteer host and speakers

15 courses are run each year with a time commitment of approximately 3 hours per course and monthly committee meeting attendance.

If we can not fill this role our parent education classes are at risk of being cancelled.

Please call us ASAP if you can help Parents Centre continue their awesome work in the community.

These roles may be job shared between two people.

WANT TO HELP!

THEN CALL OR EMAIL TODAY!

Debbie Booth

Phone 624 1877

capc.volunteering@gmail.co.nz

ANTENATAL COURSE HOSTS

We are looking for people to host **CHILDBIRTH EDUCATION** courses in 2011.

Did you enjoy your antenatal course? Have you found the friendship and support of your coffee group invaluable? Great refresher for 2nd babies!

Childbirth Education courses run throughout the year on Tuesday, Wednesday and Thursday evenings. Each course runs for 6 weeks from approx 6.30pm to 9.30pm.

Duties include:

- Setup and pack down venue
- Coordinate product sales to class
- Organise supper
- Set up Coffee Group at end of course

Training is provided and \$150 is paid for each course hosted.

GRANTS COORDINATOR

The Grants Coordinator is responsible submitting all funding applications.

The role includes:

- compiling all grant applications by the application deadline
- liaising with the committee about amounts and purposes to be applied for
- completing grant accountability reports
- acknowledging the receipt of grants with donor

Approximately 9 grants applications are made per year with a time commitment of about 4 hours per application and monthly meeting attendance.

VOLUNTEER COORDINATOR

It is the Volunteer Coordinators role to oversee the volunteer workforce and be the main contact point for new volunteer enquiries.

The role includes:

- maintaining the volunteer contacts lists
- ensuring all volunteer vacancies are advertised
- issuing new volunteer information packs
- coordinating role handovers

The role is closely supported by the President and the time commitment is approximately 3 hours per week and monthly committee meeting attendance.

•Feeling Lonely or Isolated?

There are many reasons that people give for volunteering with Central Auckland Parents Centre. For many of us it was a way to meet new people, who were also new parents. For others, volunteering can be a route to employment, or a chance to try something new which may lead to a career change. From this perspective, volunteering can be a way of:

- Gaining new skills, knowledge and experience
- Developing existing skills and knowledge
- Enhancing a CV
- Improving one's employment prospects
- Gaining an accreditation
- Using one's professional skills and knowledge to benefit others (usually described as pro bono)

For others, volunteering appeals because of its social benefits. These include:

- Meeting new people
- Making new friends
- A chance to socialise
- Getting to know the local community

On top of this, many people volunteer for a variety of other reasons, such as:

- Giving something back to an organisation that has impacted on a person's life, either directly or indirectly
- A desire to make a difference
- Good karma
- Helping others less fortunate or without a voice
- Feeling part of a team
- Feeling valued
- Having quality time away from work, home or a busy lifestyle
- Building up trust
- Gaining confidence and self-esteem
- Finding a volunteering role that suits one's own needs and lifestyle

With the wide variety of volunteering opportunities that are available today, there is bound to be something for everyone. Another reason for its popularity is that volunteering is open to all.

It's official: Volunteering is good for you!

CENTRAL AUCKLAND
PARENTS CENTRE



Moving and Munching

A course for parents of babies preparing for solid food and crawling

HOST REQUIRED

We are looking for a committed person to host all our Moving and Munching courses planned for 2011.

Each course runs over two consecutive Thursday mornings bi-monthly from 9.30am to 12.00pm. *Duties include:* Setup and pack down venue, Organise morning tea, Maintaining course resources held at the venue

Training is provided and \$50 is paid for each course hosted. This is a baby friendly environment and you are welcome to bring your baby along to the sessions. You will need to report back to the committee at monthly meetings.



The following retailers offer discounts to Central Auckland Parents Centre members.

To get the discount, please remember to take your membership card to the store.

3 Wise Monkeys

Website: www.3wisemonkeys.co.nz

Discount: 10% when quoting PSDIDAKL

All About Buggies

Phone: 09 533 7802

Website: www.allaboutbuggies.co.nz

Discount: A minimum of 10% but larger discounts may apply with tailored packages.

Adelina Photography

Phone: 09 576 3969

Email: adelina@adelina.co.nz

Website: www.adelina.co.nz

Discount: \$25 sitting fee for Parents Centre members (usually \$150) and 25% of sales donated to Central Auckland Parents Centre

Baby Factory

Discount: 20% off shopping day.

See coupon in CAPC bi-monthly newsletter

Baby on the Move

Phone: 0800 222 966

Website: www.babyonthemove.co.nz

Discount: 10% off 6 month capsule hire (Sales goods, specials not included)

Big Bed Bumper

Phone: 537 3706 / 533 5901

Email: bigbedbumper@yahoo.co.nz

Website: Trade Me/Big Bed Bumper

Discount: 10% off the \$29.95 price. Mention "Central Auckland Parents Centre discount" when you contact us



Egg Maternity - Newmarket, Albany and Botany

Phone 523 0398 for addresses

Discount: 10% discount off all non sale stock.

Fatso.co.nz

Website: www.fatso.co.nz

Discount: Free 3 week trial visit www.fatso.co.nz and enter the promo code 'parentscentre'

Hive of Activity

Inside Pumpkin Patch, 377 Manukau Rd, Epsom

Discount: 10% off non sale stock (does not include Little Tikes)

Kid Republic

2 Kent Tce, Newmarket

Phone 522 8334

10% off full priced items

Library Cafe

5 Princes Street, Onehunga

Website: www.librarycafe.co.nz

Discount: 10% discount weekdays on spends over \$15

Molly Moo Cow

Phone: 09 817 6458

Email: info@mollymooow.co.nz

Website: www.mollymooow.co.nz

Discount: 10% off all term fees, any venue.

Neat Kids

www.neatkids.co.nz

Discount: 15% off products. Enter the word *aklpc* in voucher box, and add your parent centre membership card number in the comments section.

Pepsicles

Phone: 0508 737742

Website: www.pepsicles.co.nz

Discount: Free postage on our nappy hire kits or when buying these nappies through us. Quote "Auckland Parents Centre discount" in subject line when emailing.

Singing Rainbows

Website: www.lewisedy.co.nz

Phone: 524 4119

Discount: Free trial valued at \$15.

Snug as a Bug

Website: www.snugasabug.co.nz

Discount: 10% discount on all our products (except already discounted)

Teeny Tiny Consulting Early Childhood Specialist Wendy Perera

Phone 443 4668, Email: wendy@teenytiny.co.nz

Website: www.teenytiny.co.nz

Discount: 10% discount on all products and services

YMCA—Jordan Centre, Onehunga

Phone: 636 8825

Email: Y-Kids.Jordan@nzymca.com

Discount: 10% on any Y-Kids term programme

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Molly Moo-cow's Moosic

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- 12 months membership with Central Auckland Parents Centre
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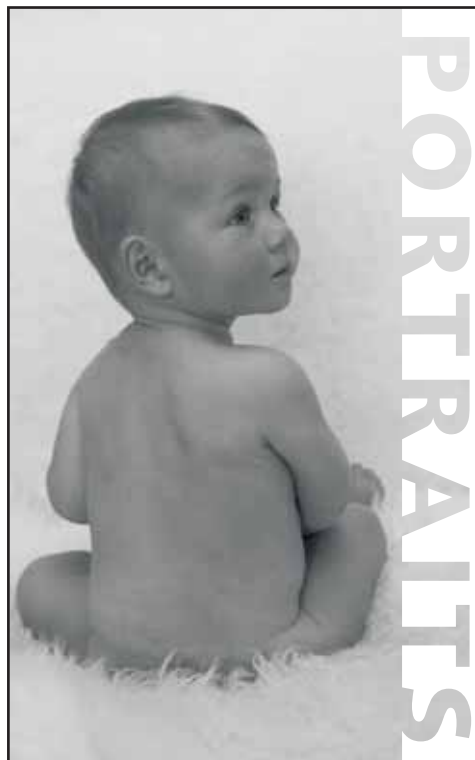
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Can your family survive a disaster?

The recent earthquake in Christchurch is a timely reminder to us all. If a disaster happened now, would you be ready?

Due to its location and environment, New Zealand faces many potential disasters. In some cases, such as a weather related or volcanic disaster, there may be time for a warning.

But an earthquake or a tsunami close to land could strike without warning. All disasters have the potential to cause disruption, damage property and take lives. So it's vital that you prepare now.

Your Emergency Survival Kit

If you prefer to keep your Emergency Survival Kit items in the house for everyday use, make sure you know where to find them when an emergency occurs. Your Kit should contain:

Food and Water – Enough for 3 Days

- Canned or dried food
- A can opener
- A primus or BBQ to cook on
- Bottled water (3 litres per person per day)
- Check and renew the food and water every 12 months

Emergency Items

- First Aid kit and essential medicines
- Spare toilet paper and plastic rubbish bags for your emergency toilet
- Pet supplies
- Waterproof torches and spare batteries
- Radio and spare batteries
- Check the batteries every three months

Emergency Clothing

- Wind proof and rain proof
- Sun hats
- Blankets or sleeping bags
- Strong shoes for outdoors

Supplies for Babies and Small Children

- Food and drink
- Change of clothing
- Favourite toy or activity

Special Supplies for those with Disabilities

- Hearing aids
- Mobility aids
- Glasses

Your Emergency Plan

Develop a household emergency plan which includes:

- Where to shelter in an earthquake, flood or storm
- Who is responsible for checking essential items in your Emergency Survival Kit
- How to turn off gas, water and electricity at the mains
- How to maintain contact with each other during an emergency
- How to contact your civil defence organisation for assistance during an emergency
- Know your neighbours and what you can do to assist each other.

Your First Aid Kit

You should have a complete First Aid kit available in your home.

Your Getaway Kit

Everyone should have a small bag for a Getaway Kit, ready for evacuation. Most of the items are part of your Emergency Survival Kit. Other items include:

- Family documents (birth/marriage certificates, drivers' licences, passports, family photos and insurance policies)
- Personal hygiene items (towels/soap & tooth-brushes, and a change of clothes)

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To purchase please contact Tracey Turner
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Our Little Angel Born at 25 Weeks

We found out we were pregnant at 6 weeks. We were so excited but nervous at the same time as we had already had the dream taken away from us before at 12 weeks.

My due date was December 31, 2009, and we had decided to wait until the end of September before buying and setting up the nursery, but our beautiful daughter decided to make an early appearance on the 20th of September, 15 weeks early, weighing 1 pound, 11 ounces, and 10 inches in length.

My husband works away, so after I got home from work on Thursday, September 17, I started to get stomach cramps. I thought I had just been overdoing it a bit at work so I had a warm bath and an early night. I woke up during the night and realised my waters had broken so I got myself along to Auckland Hospital and was put in a ward and examined. I was then hooked up to the heart and contraction monitor, which was not reading any contractions, but I was still having the pains. This was very frustrating and scary as nobody could tell me what was happening. I was kept in and by Saturday night the pains started to get worse and closer together.

By the early hours of Sunday morning my temperature was soaring and my blood pressure was low. I was told they were taking me to the labor suite. The doctor came in and told my husband that they needed to induce our baby straight away. That was at 4 a.m. A very scary eight hours and 44 minutes later our little angel came into the world.

She was taken straight up to the NICU where we spent the next 13 very long weeks. We decided to name our precious girl Katie. The first month was tough. Katie had CLD (chronic lung disease) and spent 19 days on a ventilator followed by 21 days on Bi-pap and a further 21 days on C-pap, along with various infections and a PDA, which eventually closed after eight weeks.

At 10 weeks Katie was promoted from her incubator to a cot and transferred from intensive to spe-



cial care on nasal canula and monitors. I managed to produce milk for 12 weeks, which was tube fed. Unfortunately Katie was 10 weeks old before I could try to breastfeed and I had to make the agonising decision to bottle feed as I was struggling to produce enough.

After she had her first bottle feed, she came on in leaps and bounds and after two weeks in SCBU she came off the oxygen and monitors, leaving just a mobile respiratory monitor.

Then five days later we moved into transitional care, and two days later on December 23, 2009, we finally took our precious bundle home, weighing exactly 5 pounds, the best Christmas present ever.

Now she is approaching her first birthday weighing 21 pounds and 71 centimeters in length and is doing great. Though she has not caught up on her cognitive and physical development yet, we are sure that by the time her next birthday comes around she will have.

We are blessed to have such an amazing little girl in our lives and we thank all the doctors, nurses and staff who helped in taking care of Katie from the bottom of our hearts.

Carol

Your baby's labor and delivery is like no other in the world. Let others know what your experience was like. Contributions always welcome. Contact capc.newslettereditor@gmail.com to find out more or to submit your story for publication.

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Email: mteden.auckland@babyonthemove.co.nz

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This comfortable practical wrap, is specifically designed for labour and birth, made from super soft cotton, allows for quick easy access for skin to skin contact once your baby is born.

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"Newborn and young babies breath better, breast-feed better, bond better and have lower levels of stress hormones when they are held naked on their mothers bare chests. This process supports the baby's natural inborn instincts and enhances the baby's transition into the outside world" says La Leche League New Zealand.

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This gorgeous wrap has a silver screen printed empowering print on the inside neck line - this will inspire you through the tougher moments of birth!

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Christmas Heirloom Evening



*Due to the success of the previous years Central Auckland Parents Centre is once again pleased to bring you a demonstration evening at the **Christmas Heirloom Company**.*

Walking into their showroom is itself an amazing experience as it is chocka full of trees, amazing ornaments to suit all tastes and budgets and much much more.

One of the company demonstrators will take us through a variety of Christmas decorating tricks and tips and for every \$80 you spend you will receive a \$10 voucher!

***The demonstration evening is being held on
Thursday 4 November from 7.00pm.
Tickets are \$15 each.***

***Please contact Cheryl Tinholt to purchase tickets or for further
details phone 620 7446 or email cherylg123@hotmail.com***

*Another fantastic fundraising event from
Central Auckland Parents Centre*

Riding the Emotional See-Saw

My experience with post-natal depression

Before our son, Harrison, was born our obstetrician rated me as low risk for post natal depression. I am a process orientated and organised person who enjoys being in control: why on earth would he think I was low risk, I was having our first baby for goodness sake!

I had decided to stay home from work for three months after Harrison was born. So, after he arrived I began a flurry of activities to keep me busy during the day (I do not enjoy sitting around “doing nothing”) and educational programmes to teach me what to do with this new person I knew nothing about. This was on top of maintaining the house in its usual tidy state and generally being a domestic goddess.

Harrison was a great sleeper and eater from day one: he was on a regular four hour cycle. And bottle feeding meant I could go to bed at 8 pm and my husband could do the 11 pm feed before Harrison woke me up at 3 am for the next meal. In between feeds he simply slept. We used self-settling techniques from an early age so Harrison was independent. I was on a new parent high.

My husband went back to work when Harrison was two weeks old, two weeks earlier than planned so I was flying solo during the day from then on. Harrison and I continued to keep busy to make the days pass quickly. I felt really happy and successful at my new job being a mother.

When Harrison was six weeks old I realised I was getting a bit tired and started trying to sleep when he did. I found it very hard to get to sleep during the day, and just as I drifted off it was time to get up and attend to Harrison again. For me, lack of sleep is a trigger to bad moods. Weeks of broken sleep was starting to take its toll. I had started looking at how tiny Harrison was and thinking how easy it would be to injure him. I truly understood how people can shake a baby just to stop them crying. Thankfully one molecule of reason was still in place so I never acted in a way to harm Harrison.

When Harrison was seven weeks old I hit rock bottom. After another night of broken sleep I decided I had had enough. I tried to tell my husband how I was feeling over breakfast the next morning. He seemed not to listen. So I had it



all planned out: how I was going to leave my husband and Harrison. When my husband left for work I was going to pack a bag for Harrison, drop him off at my husband's work, turn my mobile off and just drive. But I had appointments this morning so this would need to happen in the afternoon.

My first appointment was a regular (Parents Centre) coffee group. I walked in and burst into tears. This group of professional women have the most amazing support capacity. We traded tears, war stories and hope, and I left having decided to ask the Plunket Nurse, my second appointment of the day, for a referral to a mental health worker. Alison from Plunket was awesome. She walked in, I burst into tears again, a recurring theme at this time, and she arranged for me to see my doctor immediately while she babysat Harrison.

My doctor diagnosed me with severe depression. There is a scale that depression is assessed on and I scored very highly, the one time a high score is not the ideal result. My doctor explained how there was simply a chemical imbalance in my brain that was causing the depression and I was not a failure. I kept repeating this to myself over the next few weeks as I truly felt like a failure: I was not coping, and the thing I do best in life is cope. I was put onto anti-depressants immediately and my level of depression was so bad I was referred to the Mental Health Crisis Team. My doctor also called my husband and my mother. Mum was planning to come over anyway as my husband had called her that

morning to let her know I was in really bad shape. He had been listening after all!

For the next few days I was not allowed to be left alone and had daily check-ins from the Crisis Team. My mother-in-law was due to arrive two days later and thankfully she is the sort of mother-in-law you want. Between her, Mum and my husband, Harrison was looked after and I was left to sleep and start to recover.

I was warned the anti-depressants take a couple of weeks to kick in, and that they are not designed to give me a false high, they are simply designed to rebalance the chemicals in my brain and take me off the see-saw that is depression. Over the next couple of weeks a combination of support from family, friends and the public mental health service, combined with the anti-depressants, saw me

balance out. A month later I was a different person. I was "normal"!

Almost six months later I am back at full time work, the right place for me to be, still on anti-depressants with no desire to come off them, and feeling like my usual balanced and coping self. I still consider myself to have depression and to be in recovery, and I am very proud of myself to have had the courage to reach out for help and take it: this was the hardest part of all for me.

I am now in a place where I love my husband again, think Harrison is the most wonderful baby in the world, and smile on a regular basis. I'm still on the see-saw, and now it's fun having the ups and downs, and I know we'll average out somewhere in the middle. It's a good place to be.

A huge thank you to Miranda Young for sharing her story. Do you have a birth story or parenting journey tale you wish to share? Our members love to read them. You can remain anonymous. Contact capc.newslettereditor@gmail.com with your contribution.



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Post-Natal Distress

What is it and what to look for

“Postnatal distress” is the term that describes and incorporates antenatal and postnatal depression (PND), postnatal blues and pinks, postnatal psychosis and PTSD.

Hormonal and biochemical changes associated with pregnancy clearly play a very large part – women who have a family history of depression and a personal history of depression are more at risk and certain psychological and social factors can also increase her risk. The bottom line: all new mothers are potentially at risk.

PND has no boundaries and is not prejudiced. It affects women of all ages, social and ethnic backgrounds, those who work at home and those who go out to work, those that are married and those that are single. But however devastating it may seem it is treatable and you can recover from it. You can't prevent it but you can help yourself or someone else from continuing to suffer in silence. Untreated PND may result in depressed mood continuing for several years. As well as directly affecting the health and wellbeing of many mothers untreated postnatal depression eats up relationships and spits them out and has the potential to interfere with the development and wellbeing of your baby. Up to 20% of women after giving birth suffer from PND. And don't overlook antenatal depression!

Mums With Twins:

PND is five times more common in mothers of multiples than mothers of singleton newborns. (La-Trobe Twin Study 1991 calls this twinshock). 76% of all mothers of two or more newborn babies felt constantly exhausted as compared to only 8% of mothers of singletons in the La Trobe study. The onset of PND may be later and it may last longer. The sheer physical demands of having to cope with two or more babies at once make a mum more prone to distress. PND in mothers of twins is largely due to insufficient support at home, and the degree of disruption that twins cause to a family situation. Not only is having multiples physically and emotionally stressful there is also the increased risk and trauma of obstetric complication, intervention.

Maternal anxiety is increased. These feelings can be made worse by postnatal exhaustion.

Mums of multiples may be affected by:

- The increased stress of the reality of looking after more than one baby.
- Anxiety over their relationships or added financial pressure.
- Additional worry over poorly or premature babies.
- Unsynchronised sleep patterns, feeding and crying patterns
- Isolation, due to the practical difficulties of getting out and about.
- Less time to cuddle and enjoy each baby individually.
- Exhaustion due to frequent feeding and baby care tasks and adjusting to new family relationships
- Babies' sleep problems
- Jealousy and behaviour problems in older siblings
- Medical problems: Complications after birth and/or separation from babies while they are in Special Care, allowing babies home at different times.
- Some mothers have experienced a difficulty in bonding with the smaller baby where there is a significant difference in their birth weights.

The myth vs. the reality:

Having a baby is a life-altering event that is generally anticipated and looked forward to with excitement, hope and joy. Sometimes the reality of having a baby is in stark contrast to this idealized image, and to the images that appear in adverts on TV and in magazines. Becoming a parent does not require any training, qualifications or supervision; it can at times be daunting and stressful. The fundamental tasks of mothering are invisible and it can often be difficult to describe in language what it is that a mother does because practical tasks are only one aspect of mothering. The home may be in disarray, she may feel exhausted yet have

been a brilliant mother that day.

All mothers find the first few months with a new baby demanding and exhausting. With time and support most women settle in to their new roles and to the changes having a baby requires. But some women find this more difficult and become depressed and/or anxious; and some women are traumatized from the birth event.

Many new mothers experience the postnatal blues (lows) or postnatal pinks (highs) in the days following the birth of their child. For some women this will develop into postnatal depression, a common problem affecting up to 20% of New Zealand women. The onset of PND can manifest during pregnancy (referred to as “antenatal depression”); or occur immediately after the birth or any time during the first year, however it most commonly occurs within the first six months.

No one sign or symptom in the following list indicates PND but a new mother who experiences or exhibits many or only a few of the following symptoms may have PND:

- Sleep disturbance
- Anxiety
- Low mood, crying or feeling sad
- Loss of interest in previously enjoyed activities, including sex
- Appetite disturbance
- Negative and/or obsessive thoughts
- Irritability and/or sensitivity to noise

- Memory problems and loss of concentration
- Exhaustion and fatigue
- Inability to make decisions
- Excessive feelings of guilt and inadequacy and feelings of shame - wanting to isolate and withdraw
- Loss of confidence and self-esteem; fear of being alone
- Thoughts of suicide and death

Post-Traumatic Stress Disorder following childbirth is another very real illness, which requires urgent treatment. “Birth trauma lies in the eye of the beholder. Mothers perceived that their traumatic births often were viewed as routine by clinicians” (Beck, 2004a: 28). Symptoms can include:

- Nightmares and flashbacks to the traumatic event
- Exaggerated startle response/hyper vigilance
- Anger/anxiety/ depression and isolation as a result of the trauma
- Avoidance

The difficulty in knowing whether you or someone you know has PND is complicated by the fact that some of these symptoms are common experiences of being a new mother, especially with the lack of sleep. However, when these symptoms of depression begin to have an impact on the mother, her baby, her other children and her partner – and are lasting for more than a week - it is time to get help!

Susan Goldstiver is a Registered Psychotherapist in private practice at the “The Postnatal Distress Centre”. She specialises in Antenatal and Postnatal Distress.

For further information please contact Susan 09 8464978, or email susan@postnataldistress.co.nz or go to the website www.postnataldistress.co.nz.

“At first I thought what I was feeling was just exhaustion, but with it came an overriding sense of panic that I had never felt before. Rowan kept crying, and I began to dread the moment when Chris would bring her back to me. I started to experience a sick sensation in my stomach; it was as if a vice were tightening around my chest. Instead of the nervous anxiety that often accompanies panic, a feeling of devastation overcame me. I hardly moved. Sitting on my bed, I let out a deep slow guttural wail.”

Brooke Shields a Hollywood actress wrote her story on postnatal depression called “Down came the rain”.

Post-Natal Distress

Treatment and Help

There are several very effective treatment options available, ensuring that most mothers suffering with PND make a full recovery.

These include support groups, individual counselling and psychotherapy, and medication. Often a combination of any of these treatment options is used. Alternative medicines may also offer solutions for relief of symptoms.

Psychotherapy will help to develop strategies for coping, to reduce and manage anxiety, build a woman's self confidence and self-esteem, identify negative thoughts and address relationship issues. Most importantly a therapist such as myself, who specialises in postnatal depression, will be able to offer you support and understanding. You will be able to talk about your intimate fears and express your feelings in a safe, confidential environment without fear of judgement.

Sometimes it can be hard to make the appointment for yourself or to have the energy to attend appointments. Sometimes it can be extremely hard to ask for help. However, rather than thinking of yourself as a failure, know that you have taken the first courageous step forward to being able to enjoy your mothering experience. If it is your partner or friend that is suffering, sometimes you need to take the initiative and make the appointment yourself and go with her, however always involve the mother.

It is important to remember that health professionals can effectively treat depression and most women fully recover! The sooner treatment begins the sooner she gets better and therefore the fewer consequences there will be for herself and her family.

Where to get help:

Do not delay getting help! If you suspect that you may be suffering from PND or someone that you know is suffering from PND then the following people and places could offer some help.

- You can directly phone and make an appointment with a therapist like myself who specialises in postnatal distress. You do not need to be referred by your doctor.
- Your GP could make an initial assessment and if necessary make a referral to other professionals, such as your local Maternal Mental Health service and/or a private psychiatrist.
- Call the Postnatal Distress Support Network on 09 836 6967 for a support group near you.

Remember, if you feel that the person you have told hasn't heard you, don't give up - try again until you are heard. Keep on 'shouting' until someone hears and understands you! You will get better!!!

Susan Goldstiver is a Registered Psychotherapist in private practice at the "The Postnatal Distress Centre". She specialises in Antenatal and Postnatal Distress. For further information please contact Susan on 09 846 4978, or email susan@postnataldistress.co.nz or go to the website www.postnataldistress.co.nz.

The Baby Blues

50 to 80% of women experience the 'blues' within the first week after the birth of a baby, around the time the milk comes in. The common symptoms are tearfulness, low mood, anxiety, and poor concentration. Difficulty with breast feeding can accompany these changes. Although upsetting, Baby Blues is very common. Usually no other treatment other than reassurance and support is required and the condition is typically mild and short lived.

Post-Natal Distress Support Network Trust

The Post Natal Distress Support Network Trust offers you free support services for parents who are affected by all degrees of symptoms of; baby blues, antenatal and postnatal distress and depression (PND), anxiety, stress and birth trauma. We offer a support group, telephone support, and drop-in support.

Post Natal Distress Support Group

This is a gentle, safe environment for you to be with other women who have similar experiences and feelings. It is a time for you to share what's going on for you. You can attend as often as you feel you need to and you can be from anywhere in Auckland.

It is a free service and we provide a free crèche for the duration of the group. Permanently established, child care workers take care of pre-schoolers on the premises, while mums enjoy a relaxed, safe and flexible atmosphere in a professionally facilitated, peer support group of fellow women at various stages of recovery. You do not need a referral from your doctor or any other practitioner or specialist.

When: Tuesdays (during school terms), 10.00am to 12.00pm (ish). We recommend you come at 9.45am if you have children to settle into the crèche.

Where: Waitakere Women's Centre, 111 McLeod Road (cnr McLeod and Te Atatu Roads), Te Atatu South, West Auckland.

Telephone Support

During office hours you can speak with our coordinator, Anniina Ballantiner. If you wish, you will then receive telephone support from our group facilitator Meegan Hirst. An answer service is available if you call outside office hours and the messages are cleared every office day. All calls are private and confidential. Contact Anniina Ballantine.

When: Tuesday and Friday, 9.30am – 12.30pm and Wednesday and Thursday, 9.30am - 1.30pm.

Drop In Support

Our office is open for 'drop-in' visits. Please phone ahead if possible as the coordinator does attend meetings away from the office.

www.postnataldistress.org.nz

A new mother might not recognise depression or anxiety because she is tired, overwhelmed, or simply adjusting to life with a baby.



Come and join the fun!

Soccer 4 tots
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Our high energy structured play programme is specifically designed for boys and girls aged 2 – 4 years. Our indoor sessions are all about your child learning through fun using a variety of ball activities and games.



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Post-Natal Distress

Recovery

The course of postnatal depression is very variable. Without treatment, an episode may last six months or more. With treatment, 70 to 80 percent of women will recover much sooner. In the majority of women, there is complete recovery.

Twenty to 30 percent of women will improve but still have some symptoms of depression persisting for months or even years later. For a minority (five to ten percent) there is no improvement and the woman remains unwell for two or more years.

Early access to treatment increases the chance of full recovery. Over time, some women have a single episode and remain well following the birth of future children. However, some will have postnatal depression following any future births, particularly if the risk factors persist. Others will go on to have other episodes of depression outside of the specific post-childbirth period.

Important strategies for recovery:

- Learn about postnatal depression and psychosis, and the treatment options. Get information to help make sense of what has happened, and learn what to expect, so you can make informed choices about what is best for you.
- Participate in decisions about your treatment.
- Become familiar with any early warning signs of relapse, and be part of developing a plan for maintaining wellness. Health professionals involved in your care will help with this.
- Receive treatment and support from people you trust, who expect the best for you and are able to accept how you are at any time.
- Have the continuing support of family or whanau and friends, who know about the condition and understand what they can do to support your recovery. Practical support with running the house, child and baby care, and opportunities for time out are important.
- Take the opportunity to recuperate – to sleep more if you need to, relax, after an acute epi-



sode be encouraged to become active as you are able.

- Take steps to improve your general health. If at all possible exercise each day, eat a healthy diet, and have plenty of fluids - these will help you to recover and keep well.
- Be realistic in what you expect of yourself, especially during the episode. When things seem too hard, take them on one step at a time.
- Do something enjoyable each day, and try to focus on positive thoughts and memories.
- Find the ways of coping that work best for you. These are different for each person, but are a critical first step on the path to recovery.
- Avoid or really cut down the use of alcohol and illegal drugs, as these may worsen your condition and increase the chances of relapse.
- Talk to your health professionals if you are considering stopping treatment and work together with them to find some compromise that will ensure continuing wellness but address your concerns about the treatment. If you are on medication, it is very important that the decision to stop taking it is made with the input of your doctor and anyone else involved in your treatment

Information kindly supplied by the Mental Health Foundation of New Zealand

For more information, please contact the Mental Health Foundation of New Zealand, or visit their website: <http://www.mentalhealth.org.nz>

Depressed dads

Post-natal depression, or PND, is thought to affect 1 in 10 new mothers but current research now suggests that up to 1 in 25 new fathers may also be affected by the condition.

Symptoms can be similar to those found in women, although it has been noted that men potentially can become more hostile in attitude as they react to their depressive state.

The pressures of fatherhood, increased responsibility at home, financial worries and a change in lifestyle, as well as the obvious change in their relationship with their partner, can all contribute to feelings of depression in dads, which are often overlooked by healthcare professionals. This alone can lead to problems. Research has shown that families in which fathers were depressed soon after the birth, were more at risk of their children developing behavioural and emotional problems. Boys were more affected than girls.

Risk factors

What puts a dad at increase risk of PND? Having a partner who suffers from PND increases the father's risk from 3% to 7%. Other risk factors include:

- First time fathers
- Older fathers
- Less educated fathers
- Repeated and current stressful situations
- State of relationship with the baby's mother

Depression can kick in during pregnancy, when their relationship with their partner already starts

to change. Additionally all the attention heaped on to their partner can leave men feeling lonely and left out.

Self-help tips

Many leading psychiatrists claim that men cannot suffer from postnatal depression, a condition thought to be caused primarily by female hormones and, therefore, to have a physiological basis. However, they do accept that fathers can suffer from depression after the birth of a baby and suggest the following self-help ideas.

- Allow some time for yourself, away from work and family
- Talk to friends and family about how you are feeling
- Try to maintain any important hobbies or social events

Where to get help

Social support, and making contact with other people who have been through the same experience, can play an important part in your recovery from postnatal depression.

Your GP and midwife should be able to put you in touch with local support groups where you can talk frankly with other PND-sufferers, listen to their accounts of living with postnatal depression and gain comfort from the knowledge that you're not suffering alone. It can also be helpful to exchange practical ideas for coping with PND.

Tony's story

"I always thought that Donna and I were close. We had been together for two years before having a baby but then it seemed almost to tear us apart. I'd had some problems with my back and was out of work when our son Matthew was born.

Donna began to get very close to the baby and I began to feel more and more useless - I felt like a spare part. Donna knew several other mums in the area and would like to meet up. When they came to our flat, I didn't know what to do with myself. I began to leave the house, just to get out of the way.

Donna and I had some terrible rows - she would tell me I should get a job and I felt I was trying my best. It seemed so unfair. I also found it really hard to get close to

Matthew - he would always cry for his mum and she would take him away from me.

I found I couldn't sleep and began not to enjoy anything. I was really irritable and not eating properly. In the end, my best mate said I looked really rough. It took a lot of courage, but I eventually went to see my GP.

He suggested I see a counsellor and take anti-depressants. I wasn't too sure about either but thought I might as well try. I think they both did help and at the same time my second son, Ryan, was born. I began to feel happier at home and that Matthew at last now really needed me."

Did you know your baby would cry so much?

This may be some of the most important information we have ever given in this publication.

We are able to do so because Dr Ronald Barr, MDCM, Professor of Paediatrics at the University of British Columbia developed this programme in partnership with the National Centre on Shaken Baby Syndrome, USA.

In British Columbia every family of a new baby is given this information in a booklet, and a copy of DVD as well. The information and understandings in this article are based on over twenty five years of research by Dr Barr and other scientists, and funded by the Doris Duke Charitable Foundation, the George S and Dolores Dore Eccles Foundation and the B.C. Ministry of Children and Family Development.

Central Auckland Parents Centre and Kidicorp hopes by printing this valuable information, and giving it to all our parents, that they in turn, may be able to pass it on to other new mums if they don't need it themselves.

Crying is Normal

"I didn't know having a baby was so hard", one young father was overheard to say to another. We've all been there - taken by surprise by the tiredness, the crying and the anxiety. Nothing prepares us for it.

But knowing that how our baby is behaving is normal, even when he's crying himself crazy, and driving us mad at the same time, helps us to cope. This article is all about how babies cry, and how we can help them, and help ourselves. We feel guilty and helpless, and finally angry and despairing when our baby cries, and we don't know why, and can't seem to help him. Sometimes in our despair we forget he's a helpless baby, and start to see him as a demanding little bundle having a battle of wills with us. But it isn't like that really, all babies just want to be happy with their mothers, they don't even know about battles of wills at this age.

So the first thing to remember and comfort ourselves with, is to know and accept that healthy babies can cry a lot in the first five months of life. Doctor Barr has

evolved a word to remember which helps new parents to understand their baby's crying.

He uses the word PURPLE:

- P = Peak of crying.** Your baby may cry more each week. The most at 2 months, then less at 3-5 months.
- U = Unexpected.** Crying can come and go and you don't know why.
- R = Resists soothing.** Your baby may not stop crying no matter what you try.
- P = Pain-like face.** A crying baby may look as though he's in pain, even when ye's not.
- L = Long lasting.** Crying can last as much as 5 hours a day, or more.
- E = Evening.** Your baby may cry more in the late afternoon and evening.

All babies cry, and after about two weeks some babies may start to cry more each week. By two months, some babies often cry more than at any other time, and then start to cry less as the weeks go by. Babies can still be healthy and normal and cry five hours a day. It's a hard time for mother and baby (and father too). But the period of PURPLE crying does come to an end.

How to comfort your crying baby

Do the obvious things, like checking to see if he's hungry, tired or needs changing. Hold him and walk and sing to him, maybe give him a warm bath, or take him for a walk, or a ride in the car. Hold your baby close to you with skin-to-skin contact. (This is often the most soothing of all for him). These things don't work every time, they may help sometimes, but soothing doesn't work all the time. (It often helps you, though, when you feel you're doing something for him).

And of course, if you're really worried, you can always check with the doctor or ring Plunket. (Baby may be milk intolerant, for example).

Why crying bothers you so much

You never expect your baby to cry, and it all becomes so much harder than you thought. You feel that because your baby won't stop, no matter

what you do, that you're a bad parent, or doing something wrong. You are tired with night feeds and all the other challenges of becoming a mother, and you feel guilty that you can't take care of your baby. Worse still, you feel like a failure, and sometimes it's easy to blame baby for making you feel this way if you get things out of proportion.

It's important to remember that feeling angry or upset is okay. It's normal. It's what you do with your anger that's important. So take a break from the crying, look after yourself, make a cup of tea, ring a friend, walk round the garden. Even take baby for a walk in his push-chair. Above all, stay conscious. Don't without thinking, shake your baby.

Coping when crying is bothering you

First, Dr Barr suggests carry, comfort, walk and talk to your baby. He says when baby is crying, comfort him, and do everything you can. And he also says that sometimes this will stop the crying, but sometimes it won't.

Second Dr Barr says, if it's too frustrating, it's okay to walk away. Put your baby in a safe place, and take a few minutes to calm yourself, and then go back and check the baby.

Third, he says "Never shake or hurt a baby."

Why is shaking a baby so dangerous?

Crying is the number one reason parents shake or hurt their baby, when they get desperate, and frustrated. Without thinking, they can shake him, saying things like "why won't you stop crying?"

Shaking a baby is very dangerous and can cause blindness, seizures, brain damage and death.

Keeping your baby safe at all times

Sometimes others help to care for our baby, and it feels good to have a break. The important thing is to tell anyone who cares for our baby about the period of PURPLE crying, so they know how to handle it too.

Tell them how normal it is, and also how frustrating it is. Talk about the dangers of shaking the baby. Tell them that it's okay to put the baby down and take a break. Tell them that it's definitely okay to call you if they find it too hard to cope.

Dr Barr warns parents to be careful who cares for your baby, especially in the first five months of life. If the person caring for your baby has problems handling frustration or has a quick temper, it may be dangerous to leave your baby with that person.

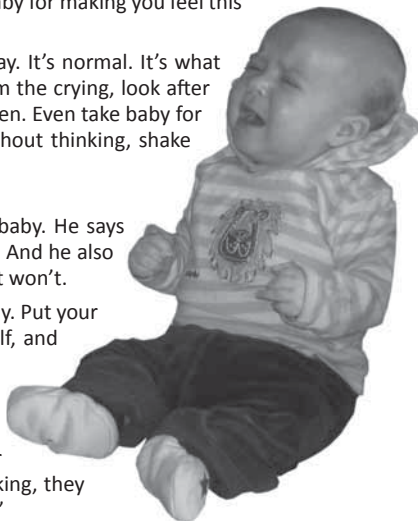
When we know that something is normal, we can cope. When we think what is happening is a sign that something is wrong, that's when we start to feel stressed. So knowing that our crying baby is okay, and we are both going through the same challenges as everyone else, at least helps us to feel we're not failing; we are just coping with being a parent.

And as every mother or father who has been there before knows, it gets easier with every week that passes and even gets to be fun! If PURPLE crying makes you feel blue, then talking to other parents, and sharing the frustrations with a laugh is a great way to raise your spirits, and get things into perspective.

One baby a week is admitted to hospital with injuries in New Zealand, more than a third of them admitted because of being shaken. So this information really matters. All mothers with new babies need support from us all. Research has shown that babies who are comforted when they cry, cry less than other babies by the time they are a year old. Other research has shown us that the more babies are cuddled and talked to, the more the connections they make in the brain, leading to greater intelligence later, whether emotional or mental.

For more information on the Purple Crying Programme go to www.dontshake.org.

Thank you to author Valerie Davies and Kidicorp's own magazine Bright Start for kindly allowing us to reproduce this article.



Staying fit in pregnancy

Moderate exercise is one of the best things a mum-to-be can do for herself. It's well known that regular leisure-time physical activity during pregnancy reduces the risk of gestational diabetes and preeclampsia. But there may be one caveat. According to research on Danish women, strenuous exercise—especially intense, “jolting”-type activity—early in pregnancy may increase the risk of miscarriage.

The study of 92,000 women showed there was no increased risk of miscarriage from exercise performed after 18 weeks of gestation. Before 18 weeks, the risk was closely related to the amount and type of exercise. For example, women who swam during any phase of pregnancy showed almost no increased risk. But newly pregnant women who worked out intensely more than seven hours per week and performed high-impact activities, such as jogging and racquet sports, were 3.7 times more likely to have a miscarriage compared with similar women who didn't exercise.

Exercise during pregnancy deserves further study, says co-author Jorn Olsen, M.D., Ph.D., chairman of the department of epidemiology at the University of California, Los Angeles, School of Public Health. “We should make sure we base our recommendations on evidence, and that evidence is still too sparse,” he says. For one thing, researchers don't yet know if the risk of miscarriage may be lower among women who were avid exercisers before becoming pregnant.

Until more studies are done, any woman who has had a previous miscarriage may wish to avoid high-impact exercise in early pregnancy, Olsen says.

So is it safe to exercise?

Just 50 years ago the exercise recommendation for pregnant women was a mile of walking per day, and even then it was suggested this should be broken down into several sessions. Thankfully those days are gone, and despite these new research findings most experts believe

that in the absence of complications, it's better for both mum and baby to keep active throughout pregnancy.

A recent Saint Louis University study found that only 16% of pregnant women get the recommended amount of exercise

If you've been thinking you'd have to cancel your gym membership this could be excellent news. However, you shouldn't just continue with your pre-pregnancy exercise program. Research has shown that during pregnancy some types of exercise

are more beneficial than others – so let's take a look at what you should and shouldn't do...

What's on the menu?

First of all, it's very important that you talk to your OB/GYN before starting or even continuing an exercise

program during pregnancy. There are several relative and absolute contraindications related to pregnancy exercise, and for safety's sake you must make sure that none of these apply to you. Once you get the go-ahead there are also some clear guidelines to follow.

Firstly, the goal of a pregnancy exercise program should be to maintain your fitness level, never to increase it. You should also never use it as a way to prevent or limit pregnancy weight gain. Proper nutrition for you and your baby is extremely important, so the calories you'll burn exercising will need to be replaced. It won't always be possible, but try whenever you can to make good choices, eat healthfully, and keep well hydrated. When you exercise, aim to drink more water than usual.

The most thorough research in the field of pre and post natal fitness is by Dr James Clapp, who states that women who perform activity for 45 minute sessions at least five times per week will get the most benefit from exercise during pregnancy. He also goes on to say that the exercise must be weight bearing and aerobic for the benefits to be

“Weight-bearing exercise can help counteract some of the most common pregnancy niggles, such as gestational diabetes, high blood pressure and leg cramps.”

appreciated. Weight-bearing exercise includes running, walking, weight training and dancing.

Obviously weight-bearing exercise doesn't include swimming, and many women I speak to find swimming very relaxing, especially the weightlessness of being in the pool during the latter stages of pregnancy. That's great, and if you enjoy swimming by all means keep it up – but weight-bearing exercise has been found to be more beneficial in helping to counteract gestational diabetes, high blood pressure, leg cramps and a whole host of other pregnancy induced symptoms.

Simple precautions

Warming up before exercise is more important than ever when pregnant. Aside from reducing the chance of injuring a muscle or joint, warming up for 10-15 minutes and slowly cooling down again afterwards prevents sudden and dangerous changes in blood pressure. Stretching is also important – but you must be extra careful because of the hormonal changes in your body. Relaxin, the hormone that softens your connective tissue in order to aid the birth process, is present in all your joints. Overstretching could result in permanent damage, so gently stretch to 'biting point' and hold it for 30 seconds. Any sort of developmental stretching to actually lengthen the muscles should be avoided.

Working out

Now on to the exercise itself. If you have access to a gym there's a huge choice of equipment you can use. Treadmills are great for a good aerobic workout, and elliptical trainers can also be used with less impact on your knees – but do listen to your body. The twisting movement of the pelvis could have a detrimental effect, so if pain in the pelvis is felt, stop immediately. No pain, no gain is

not a sensible philosophy while pregnant! During pregnancy we don't recommend using a heart rate monitor anymore, as research has found the 'talk test' to be a better guide to exertion levels. The 'talk test' basically states that if you can't carry on a normal conversation during exercise, you should slow down until you can.

Your workouts should always include some strength training as this will help greatly when your baby comes along! It's probably best during pregnancy to opt for fixed weight machines rather than free weights, as fixed weight options are extremely stable and operate within a fixed range of motion, meaning you won't overextend your joints (the only real exceptions are the inner and outer thigh machines that may put too much pressure on the symphysis pubis joint).

If you're not a gym member don't despair. There are plenty of things you can do at home or in the park, such as running, walking and calisthenics (press ups etc). Swiss balls (or birthing balls) are also fantastic for getting and staying in shape, and are highly recommended by midwives for improving 'core stability' and helping to relieve back pain during pregnancy and labor.

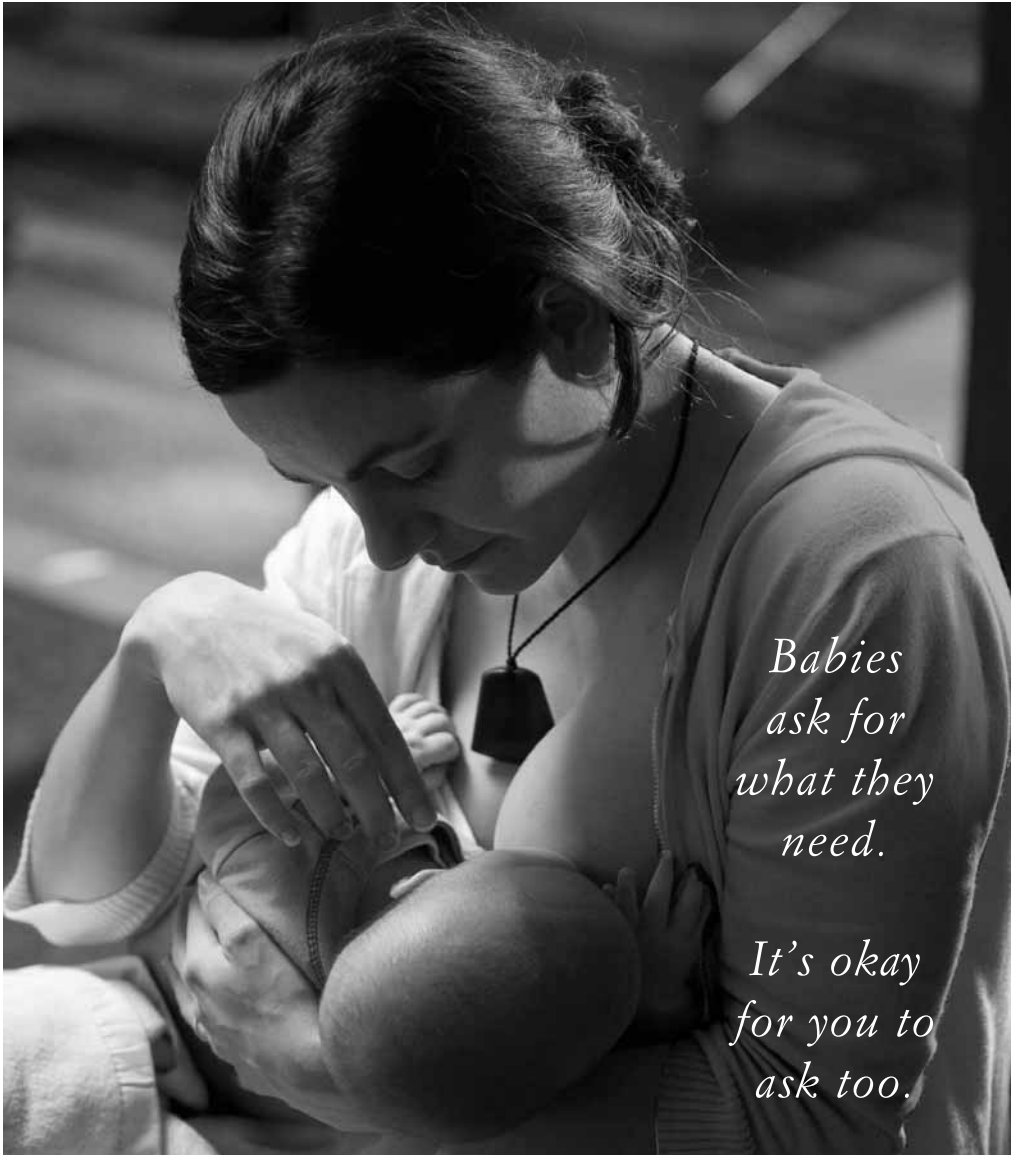
No-go areas

High risk activities you shouldn't be doing while pregnant include:

- Snow skiing and waterskiing
- Rock climbing
- Snowboarding
- Ice skating and ice hockey
- Diving and scuba diving
- Horseriding
- Road or mountain biking
- Bungee jumping

**Ten tiny little fingers that always want to play,
That never stop exploring the wonder of today.
Ten tiny little fingers that from the very start,
Will reach out for tomorrow yet always hold your heart.**

-- Author Unknown



*Babies
ask for
what they
need.*

*It's okay
for you to
ask too.*

Breastfeeding is the natural, healthy option for both mother and baby. But it can be demanding and stressful at times.

Asking family and friends for a little help and support when you need it can make all the difference.

Remember, it's okay to ask.



For help and information please call **0800 111 116** or visit www.breastfeeding.org.nz

CAPC Top Tips for new parents

Your CAPC committee felt that we'd like to start an advice column from those of us who have been there for those of you who are embarking on your parenting journey.

How did you beat those baby blues?

Get out and about to coffee group, wiggle n rhyme, a walk, the mall, anywhere to stop going insane at home alone.

Even though with a new born baby you would think they are a wee bit young to head on down to your local park, I found it really reviving to use the occasion to get some fresh air and sunshine. Have a chat to the other Mums and Dads. And nothing beats the sound of happy children's laughter. Puts things into perspective and reminds you that all too soon your little bundle will grow up and be running around too.

Exercise - walking, gym, mum and baby yoga.

My coffee group was a helpful place to listen and talk with others who understand what you are experiencing (and still is).

Getting out in the fresh air everyday. Going for a walk with baby in the pram, maybe only a short 15 minute walk when he was very little but longer as he got bigger.

A long hot bath, glass of wine, a good book and ear plugs.

I joined a gym with a creche, not only did I get an hour of exercise, it was time just for me and at the end I was able to have an uninterrupted shower, while my baby was looked after in the creche.

Accepting help from anyone and everyone who is willing to give it.

Sleep!!!

Positive affirmations such as "I am a good mother" and "I am calm and relaxed" throughout the day.

Catch up with friends who have been there, done that. They can help you see the funny side and let you know that you and baby will survive.

Getting involved with the community, keeping busy, keeping brain active - best thing was volunteering for Parents Centre with other like minded mums.

Next months question is: What Christmas traditions are you passing down to or starting with your children?

Email your top tip to capc.newslettereditor@gmail.com

Somebody said a mother . . .

Somebody said a mother is an unskilled laborer . . .

Somebody never gave a squirmy infant a bath.

Somebody said it takes about six weeks to get back to normal after you've had a baby . . .

Somebody doesn't know that once you're a mother, normal is history.

Somebody said a mother's job consists of wiping noses and changing diapers . . .

Somebody doesn't know that a child is much more than the shell he lives in.

Somebody said you learn how to be a mother by instinct . . .

Somebody never took a three-year-old shopping.

Somebody said being a mother is boring . . .

Somebody never rode in a car driven by a teenager with a driver's permit.

Somebody said teachers, psychologists and pediatricians know more about children than their mothers . . .

Somebody hasn't invested her heart in another human being.

Somebody said if you're a "good" mother, your child will "turn out" . . .

Somebody thinks a child is like a bag of plaster of Paris that comes with directions, a mould and a guarantee.

Somebody said being a mother is what you do in your spare time . . .

Somebody doesn't know that when you're a mother, you're a mother ALL the time.

Somebody said "good" mothers never raise their voices . . .

Somebody never came out the back door just in time to see her child wind up and hit a golf ball through the neighbor's kitchen window.

Somebody said you don't need an education to be a mother . . .

Somebody never helped a child with his math.

Somebody said you can't love the fifth child as much as you love the first . . .

Somebody doesn't have five children.

Somebody said a mother can find all the answers to her child-rearing questions in the books.

Somebody never had a child stuff beans up his nose.

Somebody said the hardest part of being a mother is labour and delivery . . .

Somebody never watched her "baby" get on the bus for the first day of kindergarten.

Somebody said a mother can do her job with her eyes closed and one hand tied behind her back . . .

Somebody never organised seven giggling Brownies to sell cookies.

Somebody said a mother can stop worrying after her child gets married . . .

Somebody doesn't know that marriage adds a new son or daughter-in-law to a mother's heartstrings.

Somebody said a mother's job is done when her last child leaves home . . .

Somebody never had grandchildren.

Somebody said being a mother is a side dish on the plate of life . . .

Somebody doesn't know what fills you up.

Somebody said your mother knows you love her, so you don't need to tell her . . .

Somebody isn't a mother

Bonnie Peters - Natural Yummies

I have three children with food allergies and intolerances. I have found it to be an enormous struggle to find recipes for food that they can have. As I could not just buy packet food for them from the supermarket it was imperative that I found recipes that I could use. Over the past 13 years I have spent countless hours adapting and creating new recipes and the end result has been my two cookbooks which I have written in the hope that they will help other families not to have to go through what we have. All the recipes have been devised using inexpensive and accessible ingredients and all are very simple and quick to make. Although focused on food allergies such as gluten, dairy, sugar etc they are equally as good for parents who want their children to eat healthier.

www.naturallyummies.co.nz

Choco Spread

Ingredients

½ cup nut butter

1 tsp carob or cocoa powder

A few drops of pur vanilla essence

Method:

Put all ingredients into a small bowl and stir until well mixed. Keep in a small container in the fridge.

Sweet Spread

Ingredients

½ cup flavoured yoghurt

2 mashed bananas

1 tsp honey, molasses or rice syrup

1 Tbspn coconut

Method:

Add all ingredients together and stir until blended. Spread onto bread, flat bread or crackers.



You come first!

www.cadencehealth.com.au

Sneaky Tips

Commercial baby foods tend to have a familiar soft and smooth texture. Although this helps lessen the chance of choking on the product, if used for too long it may slow the development of a babies oral mechanics. By nine months bubs need chunkier foods and finger foods. If you are using commercial baby foods, ensure the texture is appropriate for your child's age, or improve the texture by stirring through some cooked rice, pasta, steamed veggies or chopped meat.

Milk in moderation... Just small amounts of energy-dense milk can fill a little tummy quickly. Feeling sated, your little one might turn away from other foods and meals, thereby causing them to become deficient in other nutrients. For example, toddlers and young children require between 1200 and 1500 calories a day. If a two-year-old drinks just 300ml of milk, they've consumed 20% of all their calories for that day – from just one food source.

10% off for CAPC members



We are excited to announce a fantastic new partnership between Teeny Tiny Resources and Central Auckland Parents Centre.

Wendy, an Early Childhood Specialist can attend your coffee group, share her expertise and profession advice on an excellent variety of quality children's products.

Her range includes books, puzzles and games to cater from birth to 8 years. All products have been carefully selected to promote development and support your child's education.

Contact Wendy on email: wendy@teenytiny.co.nz for more information or to arrange a suitable time and venue. Evening sessions are also an option.

Every CAPC member is entitled to 10% off all products!



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Central Auckland Parent Centre (CAPC) is a voluntary organisation run by parents for parents. In order to produce this newsletter we rely on advertisers to help pay for the production costs. Our newsletter is distributed to over 350 families in the Central Auckland area.

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