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midwives

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NO. 164 JANUARY-FEBRUARY 2011
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Wisdom? Answers?

Just plain knowledge? No. I'm just muddling through. Half the time my children come to me with questions, I don't begin to know how to answer. I sit them down and do my best, but I wish I had whatever it is *real parents* have.

Serene smiles. Silk shirts.

Certainty.

—Kyla Hanington
"The Good Enough Parent," page 30



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Our cover cutie, nine-month-old Malaea Tate Hale, was photographed by her father, Tim Hale, at their home in Temecula, California. You can see more of Tim's work at www.timhale.com.



digital bonus!

See *Mothering's* January–February **digital edition** for a bonus feature article, “**Cabin Fever Cures,**” by Michelle Vackar. Here’s an excerpt:

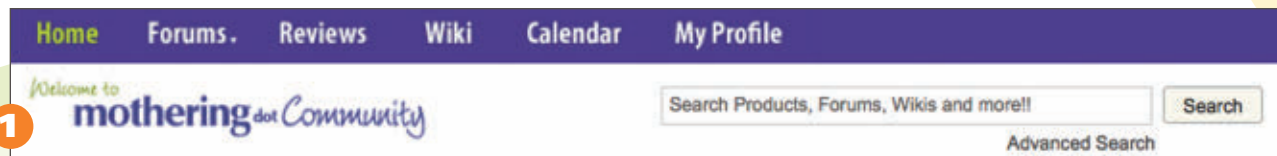
When the weather outside is frightful, kids can get cabin fever. Indoor activities are great ways to connect with your children, and will be treasured memories in the future. I often share stories with my children about the activities my grandparents and parents did with me, even as we create new memories of our own. Here are a few of our favorite things to do when it’s cold outside.

Make an activity container. Fill a container with “tickets,” a different activity written on each. When boredom strikes, have your child select a ticket. Ideas for activities include: make a life-size drawing of yourself; invite over some friends for a craft playdate; do a science experiment relating to water; make a sun print; camp in the house; make a tent out of blankets; and picnic time! Activities can be anything your child enjoys doing, or something totally new.

See our **digital edition** for the complete article (or, if you’re reading the digital edition now, click anywhere on this box).

Below: an activity container made by Michelle Vackar and her kids





mdc brings you more!

The MotheringDotCommunity (MDC)

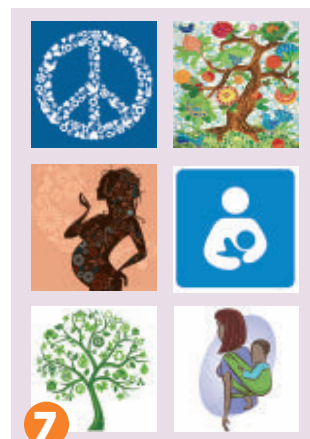
has long been the place to go for thoughtful conversations of a natural bent. Now we have even more to offer you. In November we moved our forums to a new platform designed by the company Huddler. The MDC homepage now has a more visually pleasing design, with a **photo carousel** that features images of our moderators and some members, as well as **top stories from the community**. The homepage also links to the most recent threads—you can set your preferences to **display the threads that most interest you**.

For the first time, you'll be able to **create wikis** from all the great resources on the forums and thus make them accessible to more users. Some of the new wikis include

"Adoption and Foster Parenting Resources," "Child-Led Weaning Resources," "Families in Need Resource List," and "Fertility Awareness Method." Go to MDC and create a wiki on a subject dear to your heart.

Yet another new feature of MDC is the ability to create product reviews—when you're **researching a new product** for your family, you can see what members of *Mothering's* on-line community have to say about it. In addition to the uploading of your own product reviews and wikis, the forums offer many other interactive features, such as **photo and video sharing**. And we have **new avatars** you can use with your posts, or you can upload your own.

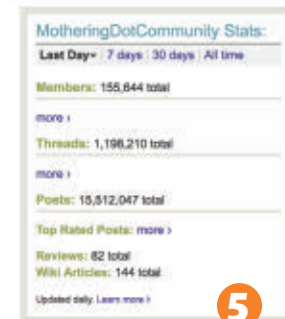
Head over to MDC and see why we're the **largest parenting forum** on the Web.



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Just some of what's new at MDC: **1** The nav bar gives you easy access to several new features; **2** The photo carousel; **3** It's quick and easy to

join; **4** MDC is also connected through *Mothering's* Facebook and Twitter pages and the MDC newsletter; **5** A peek at our stats; **6** It's easy to

tell who's online at any given time; **7** Just a few of the avatars you can choose from—or you can upload your own.



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A QUIET PLACE

Why we need more midwives now

| by Peggy O'Mara, Editor and Publisher

In 1973 I was living in southern New Mexico, pregnant with my first child and looking for a midwife. I didn't know how to find one, so I went to a local obstetrician for prenatal care, all the while still hoping to find a midwife.

A woman my husband worked with had been a midwife in England, and two of my friends, who lived 200 miles away, were planning to become midwives. I called the New Mexico Department of Health, only to find that the state no longer licensed midwives.

My friends and I all wanted to have homebirths, but there were no midwives where we lived. We were awestruck by *The Birth Book*, the first book to publish graphic, step-by-step photos of birth for the layman, and were reassured by the National Association of Parents and Professionals for Safe Alternatives in Childbirth (NAPSAC), an organization that held conferences on and published evidence about the safety of homebirth. Having a do-it-yourself mentality and trying to live lives of self-sufficiency, we naturally began to birth our babies ourselves.

Six months before our own first baby was born, my husband and I saw our friend Stephanie birth her son, Aram, at her home. We later helped to deliver the babies of three friends. I love birth, and was on my way to becoming a midwife, starting out, as had so many women before me, by helping a friend or neighbor. As **Shafia Monroe**, president of the International Center for Traditional Childbearing (ICTC), says, "Every woman is a potential midwife waiting to be born."

As it turned out, while I loved helping the laboring mom, I was afraid of catching the baby. My husband always did that. Nor could I figure out how to be a midwife while being the mother of my own babies. In short, my life went in other directions.

Many of my contemporaries entered midwifery in a similar fashion and actually went on to become midwives. **Elizabeth Gilmore**, who cofounded the Northern New Mexico Birth Center and the Midwifery Education Accreditation Council (MEAC), and created the National College of Midwifery, began by helping her friends deliver their own babies on Martha's Vineyard. Gilmore was instrumental in preserving and improving New Mexico's licensure of midwives in the late 1970s, but when I interviewed her and her midwife partners in the early '80s, they knew nothing about the legal status of midwifery in other states; they were too busy developing their own practices.

Supporting midwifery was part of the original mission of *Mothering*. I realized that, for midwifery to grow, we had to know what one another was doing, which legal strategies were working, which licensure processes were most effective. Parents and midwives alike needed to know the legal status of midwifery.

In 1981 we compiled our first edition of *Midwifery and the Law*, at first a special section in the magazine and then a small book. I remember how fellow editor Pacia Sallomi and I pored

over the distinctions between the legal statuses of midwives in different states until we had distilled them down to a concise taxonomy. We published this book from 1981 to 1988, until the newly formed **Midwives Alliance of North America (MANA)** and other advocacy groups took over the task of identifying the legal status of midwives; they still use the taxonomy we created.

In 1982, sociologist Barbara Katz Rothman wrote her seminal work, *In Labor: Women and Power in the Birthplace*, in which she contrasts the midwifery and medical models of care. She put the yearning for midwifery care felt by so many of us within a context of human rights.

While that larger context of human rights may come as a surprise to those of us in the US, accustomed as we are to inferior care, it is not lost on Amnesty International. Their March 2010 report, *Deadly Delivery: The Maternal Health Care Crisis in the USA*, trains a spotlight on the US crisis in maternal health care. According to the report, a total of 1.7 million women a year—one-third of all pregnant women in the US—suffer from pregnancy-related complications. At greatest risk are minorities, Native Americans, immigrants, non-English speakers, and those living in poverty. "Good maternal care should not be considered a luxury available only to those who can access the best hospitals and the best doctors," said Larry Cox, executive director of Amnesty International USA. "Women should not die in the richest country on earth from preventable complications and emergencies."

According to the Centers for Disease Control and Prevention (CDC), US infant mortality failed to improve from 2000 to 2005. This plateau represents the first time since the 1950s that US infant mortality has seen no improvement. Even though the US spends more on health care than any other country in the world, we are ranked 33rd in the world in infant mortality. A baby born in Cuba, Slovenia, the Czech Republic, or South Korea has a greater chance of surviving the first year of life than a baby born in the US. In fact, a baby born in Singapore is *twice* as likely as a US baby to survive that first year.

The rate of infant mortality among non-Hispanic black women is 2.4 times what it is among non-Hispanic white women. One of the chief contributing factors to infant mortality is premature birth. In 2005, 36.5 percent of all infant deaths in the US were due to preterm-related causes; among the non-Hispanic black community, nearly half (46 percent) of infant deaths were related to prematurity.

Maternal mortality, too, is on the rise in the US, as it is elsewhere. In a joint statement, the World Health Organization (WHO), UNICEF, and other groups called maternal mortality the



REEVE TAYLOR

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—LARRY COX
Executive Director,
Amnesty
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MIDWIVES AND ACTIVISTS (clockwise from bottom left): Rep. Lucille Roybal-Allard speaks at a Los Angeles-area gathering to honor midwives in October 2010; actress and midwifery advocate Carrie-Anne Moss hugs Peggy O'Mara after presenting her with an award for her efforts on behalf of midwives around the world; ICTC president Shafia Monroe speaks at the Seventh International Black Midwives and Healers Conference; Peggy and Makeda Kamara, a certified nurse-midwife from the Boston area; Eleanor Hinton-Hoytt, president of the Black Women's Health Imperative, speaks at the ICTC conference; Ricki Lake, Peggy, and Carrie-Anne Moss pose for a photo at the L.A. gathering of midwives.

"largest health inequity in the world." Ninety-nine percent of women who die in childbirth do so in the developing world, and 50 percent of those deaths occur in Africa. The WHO estimates that we need 350,000 more midwives to meet this global crisis. According to the International Confederation of Midwives, there are currently some 250,000 licensed midwives worldwide, and only 13,000 in sub-Saharan Africa.

We also need more midwives in the US, where each year approximately 10,000 midwives attend just 10 percent of births—about 430,000. If midwives attended 75 percent of US births, as they do in New Zealand—a country with a 12 percent lower rate of infant mortality than the US—we would need 75,000 more midwives.

The ICTC has a fast-track training program for midwives, but many more midwives are needed, especially from the African American community—**evidence suggests that women of color birth best when attended by midwives of color.** In fact, one of the criteria for a mother-friendly birth established by the Mother Friendly Childbirth Initiative is what is called culturally competent care: "that is, care that is sensitive and responsive to the specific beliefs, values, and customs of the mother's ethnicity and religion."

Eleanor Hinton-Hoytt, president of the Black Women's Health Imperative, and other presenters recounted to attendees of the **Seventh International Black Midwives and Healers Conference** (held in Long Beach, California, on October 8–10, 2010) that it is commonplace for pregnant black women to experience racism in hospitals and doctors' offices. These women report routine instances of white doctors who do not touch them or look them in the eye.

The ICTC conducted a pilot study in which 300 black women were asked about their care during pregnancy. Ninety percent of the women in the study reported being left alone during birth, and none was offered a doula. The ICTC intends to follow up the pilot study with a national survey.

While we have great affection for midwives, we may not fully realize how important their model of care is in the saving of actual lives. In 2007, the *Journal of Perinatal Education* (Vol. 16, Supplement 1, Winter 2007) published an extensive review of the research into maternity care done by the **Coalition to Improve Maternity Services (CIMS) Expert Work Group.** The group found that the use of midwives is associated with:

- longer prenatal visits
- more education and counseling during prenatal visits
- fewer hospital admissions
- less need for analgesia and/or epidural anesthesia
- increased use of alternative pain-relief methods
- more freedom of movement during labor
- more intake of food and drink during labor
- decreased instances of rupture of the membranes (amniotomy)
- fewer IVs
- less electronic fetal monitoring
- fewer inductions and augmentations of labor
- fewer injuries of the perineum
- fewer episiotomies
- fewer rectal tears
- more intact perineal
- fewer cesarean sections
- more vaginal births after cesarean (VBACs)
- fewer preterm or low-birth-weight babies
- more infants exclusively breastfeeding at two to four months after birth

The key to improving US maternity care is to provide midwifery care for all normal pregnancies. On July 21, 2010, **Representative Lucille Roybal-Allard (D-CA)** introduced House legislation for a sweeping reform of maternity care. **The Maximizing Optimal Maternity Care Services for the 21st Century Act (HR 5807)** authorizes a public-awareness campaign about

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evidence-based maternity practices, expands federal research into these practices, and authorizes data collection to pinpoint those most in need of maternity-care providers.

According to a press release from Roybal-Allard's office regarding the MOMS bill, as it has become known, "Finally, the measure puts in place **a concerted effort to create a more culturally diverse and interdisciplinary maternity care workforce.** It establishes loan repayment programs for providers in maternity care shortage areas. It authorizes grant programs for maternity professional organizations to recruit and retain minority providers. It also calls for the development of core curricula across maternity professional disciplines to better ensure that providers are better trained and able to inform patients about all of their maternity care options."

In addition to federal aid, **it needs to be easier for women to become midwives.** Currently, one of the most exciting models for midwifery training is at the community-college level. **An exemplary model of midwifery education is Southwest Tech, in Fennimore, Wisconsin,** where one can earn an associate degree in direct-entry midwifery that combines classroom instruction with apprenticeship. The program is accessible because it offers tuition assistance, affordable housing, and liaison with preceptors. And it can be replicated at other colleges.

If you're interested in being a midwife, **know that there is no type of professional more needed at this time.** Here are some helpful resources for getting started:

Resources

FAQs for aspiring midwives: Midwifery Education Accreditation Council, http://meacschools.org/prospective_students.php

Information about Certified Professional Midwives: National Association of Certified Professional Midwives, www.nacpm.org

Information about Certified Midwives and Certified Nurse-Midwives: American College of Nurse-Midwives, www.midwife.org

Find a midwifery preceptor: see Citizens for Midwifery's list of state midwifery organizations, <http://cfmidwifery.org/states/>

Watch for our special May-June Midwifery issue.

Tell us about a midwife you would like to honor. Send us her name, e-mail address, photo, and 100 words or less on why you would like to honor her. We'll post these tributes on Mothering.com and will feature a selection from them in the print edition of our May-June issue.

Send your tributes to tribute@mothering.com by March 1.

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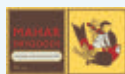


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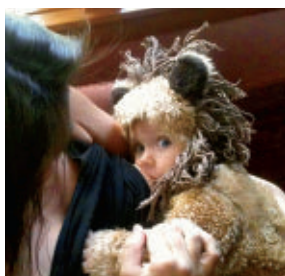
Happy New Year, *Mothering* readers!

We are looking forward to an amazing 2011, abundant with free gifts, valuable prizes, and deep discounts for you.

mothering



YOUR LETTERS



I love the other mamas' nursing photos, and finally found the one I want to share! Mama's milk can tame even the most ferocious of beasts.

MEGAN TOBEN

Chapel Hill, North Carolina

LOVE LETTERS

Peggy O'Mara and I had our babies around the same time, and I was an avid *Mothering* reader. I was also a breast-feeding, family-bed, cloth-diapering, homebirthing mom, and these values were supported by reading *Mothering*, including Peggy's editorials.

Now I have grandchildren, and one of my daughters and a granddaughter live with me, so I get to read *Mothering* again. I love reading her words; I feel like I'm reconnecting with an old friend. It's just nice to know that we aren't the only "crazy" ones out there (crazy like a fox!).

BARBARA
E-mail

I am sitting here pumping milk for my five-month-old son, Clayton, and reading your September–October 2010 issue while Clayton is having heart surgery.

Clayton was born with several defects in his little heart, and spent the first two weeks of his life at Children's Hospital Los Angeles. I pumped around the clock to bring in my milk and get my supply going.

My son Maxwell, three and a half

years old at the time, brought me many laughs and smiles while I pumped in the nursing chair in Clayton's room.

From dancing around Madonna-style with the cones to bringing me water and snacks to actually offering to wash my feet when I said they were dirty (and he did it!), he reminded me of how commitment will pay off.

MELISSA ROSEN
La Canada, California

I am a mother of two boys now four and six years of age, a wife, a full-time educator, and a writer. One of the things that I appreciate most about your magazine is your support of poetry. It is refreshing to see. For myself, in those brief moments that are just mine, reading a poem written by another woman and mother is connective. One finds support, a smile or tear, a knowing that you're not alone in this wonderful, amazing endeavor of raising thoughtful people.

DANAN MCNAMARA
E-mail

I am so thankful for each and every issue of *Mothering* that I receive. The

articles and information throughout every issue have guided, comforted, and empowered me to trust and believe in myself as a woman, mother, wife, daughter, and friend. They have even given me the confidence to start a natural-parenting group (www.naturallyparenting.org) for the mamas in my area. I am sure that I am one of many to say that I read each issue from front to back. Thanks, *Mothering* and natural mamas everywhere, for speaking up, showing support, and being a friend.

MARISSA ASTE
Loveland, Colorado

BREASTFEEDING GUARDS AGAINST PPD

I read "Breastfeeding Beats the Blues" (by Kathleen A. Kendall-Tackett, September–October 2010) through teary eyes. The article poignantly articulates what I never could—that mothers with depression need to be given meaningful support rather than told to stop nursing. I suffered from severe postpartum depression after my midwife-attended homebirth turned

Statement of purpose

Mothering celebrates the experience of parenthood as worthy of one's best efforts, and fosters awareness of the immense importance and value of parenthood and family life in the development of the full human potential of parents and children. As a readers' magazine, we recognize parents as the experts and wish to provide truly helpful information on which parents can base informed

choices. *Mothering* is both a fierce advocate of the needs and rights of the child and a gentle supporter of the parents, and we encourage decision making that considers the needs of all members of the family. We explore the realities of human relationships in the family setting, recognizing that raising the heirs of our civilization well is the prerequisite of a healthy society.

into an emergency C-section. I was consumed with feelings of failure. I had failed to deliver at home as I had planned, and I worried that everyone was going to figure out that I was failing as a mother, too. Being told that I should stop nursing so that I could "get some sleep" or "go on antidepressants" just reinforced my insecurity, and made me further doubt my own ability to know what was right for my baby at a time when I was already paralyzed with anxiety and confusion. With the benefit of time and hindsight, I can see that breastfeeding was the only thing that kept me bonded and attached to my daughter. It was my lifeline. Had it been severed during those dark days, I'm not sure I would have made it through the first six months of my daughter's life.

HEATHER C. KERR
E-mail

I am a tandem-nursing mother of a three-year-old and a five-month-old. When I tell friends or family that I am exhausted, their first questions are almost always *Why? Why don't you wean? Why don't you send your son to preschool? Why don't you sleep-train? Why don't you use a bottle? Why are you doing this the hard way?*

I'd rather the questions be *How? How can I help you be the kind of mother you want to be and know your children need? May I cook you a meal, do laundry, hold the baby or play with the preschooler, give you a hug, make you a cup of tea, tell you you're doing a great job?*

As I read "Breastfeeding Beats the Blues," I cried for those mothers who were not supported to continue breastfeeding; they were being "why'd" instead of "how'd."

JENNIFER CARMACK
Moody, Texas

Although I am pleased to see an article boasting supportive options for women with postpartum depression (PPD), I must admit that I was displeased by the misrepresentation of Dr. Shoshana S. Bennett's *Postpartum Depression for Dummies*. This article makes it look as if Bennett is, across the board, encouraging mothers to cease and desist when it comes to

breastfeeding, which is certainly not the case: Bennett in no way suggests a cessation in breastfeeding. However, she suggests setting up a temporary plan to pull the mother from the depths of PPD. Bennett actually goes on to discuss sleeping when the baby sleeps, and specifically encourages readers to lie down with the baby while breastfeeding.

TIFFANI LAWTON, RN
E-mail



BIRTH — YOUR WAY

I was very happy to see Jennifer Margulis's beautiful personal account of her unassisted birth in the September–October 2010 issue ("Do-It-Yourself Birth"). In the article, Margulis touched on my unassisted birth experience—a 40-hour labor and a big baby. While the article was in production, I had another unassisted birth: Devon Wilder was born August 8, 2010. Like his brother Bjorn, he was a big boy (10 pounds, 8 ounces), but my labor with him was only a few hours, and he was born smoothly into the water (see photo above). Each birth is a unique mystery! Thank you for expressing a wide range of "normal" birth stories in your magazine!

JENNY JOHNSON
E-mail

Write
to us

If you would like to respond to any of the writers in Your Letters, please write, fax, or e-mail us, and we will forward your letter. We will also consider it for publication unless you indicate otherwise. Remember to include your full address so that we can send you responses in the event your letter is published. Letters are condensed and edited for clarity, but this is a readers' forum; we do not censor topics addressed in Your Letters. Write to Your Letters, PO Box 1690, Santa Fe, NM 87504; fax: 505.986.8335; e-mail: letters@mothering.com. We do not pay for images published in the Your Letters section.



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I believe strongly that women should have the right to have an unassisted childbirth (UC) at home. Some women are forced to choose UC because their doctor won't allow them to have a VBAC, and there are no midwives in their area or willing to attend their birth. For many of these women, UC isn't their first choice, but they feel it's their only choice, and I think that they should absolutely be supported in it.

Our bodies are made to birth, and it's a natural process. But to say that we have the knowledge and power we need, and to reject any outside support or wisdom, seems like a product of today's independent, go-it-alone mentality. I think we have really lost a sense of the value of being interconnected and interdependent. Traditional wisdom was passed down between women, and there was a shared sense of the difficulties and significance of birth and motherhood. We have largely lost the women's birthing culture, and I think the UC attitude of "if you *really* trust yourself and trust birth, you'll birth alone" is an illustration of this fact.

One of my favorite books, *Pushed: The Painful Truth About Childbirth and Modern Maternity Care*, by Jennifer Block (Da Capo, 2007), sums up my thoughts on UC exactly: "Women who feel wholly disempowered and demoralized by an interventional birth often find power in that sentiment, and yet I find a sad militancy, too, in holding up a woman alone in childbirth as the ideal. Giving birth is a natural bodily function, but even in the best of environments it is not always easy and not always harmless, and historically, across cultures, women have sought support."

MELISSA MAILLY
St. Paul, Minnesota

Your article on unassisted birth is timely for us here in Nova Scotia, Canada. In March 2009, our provincial government regulated midwifery and began covering midwifery services under our public health-care system. Although it seems like a positive move toward increased access, midwives are available in only three areas, effectively cutting off services in the rest of the province. The irony is that our government regulated midwives as a public-safety measure, but their implementation has led to more unassisted births, a practice I am sure they consider much less safe than unregulated births attended by midwives.

ERICA DE SOUSA
Annapolis Valley, Nova Scotia, Canada

I support women's self-determination in their births, but your article on complications for unattended births was one-sided and

subjective ("What About Complications?" by Jennifer Margulis, September–October 2010). One of my clients decided at the last minute to have a homebirth attended only by her husband. I had attended her two previous births. The last one was a big baby with stuck shoulders. I had to use my skills to gently and safely release the baby's shoulders. I don't know why they decided not to call me for this labor, but I received a frantic call from her husband ten minutes after the baby's head was out—he couldn't release the shoulders. The baby died. She weighed exactly the same (10 pounds, 5 ounces) as her older sibling. We grieved long and hard over this needless tragedy. The parents are now divorced. Please consider carefully what a skilled attendant can bring to a birth.

MARY ANN BAUL, LM, RN, CPM
Flagstaff, Arizona



LOVE'S SMILE

I really appreciate the thoughtful articles and advice on holistic, natural parenting, and especially the beautiful photos of breastfeeding and babywearing. It is very empowering to see other parents who share your values. I'm offering a photo of myself wearing my daughter, Eve Mojisola Knight. I think other mothers of African descent might be heartened to see our community represented in the pages of this great magazine.

SONYA
E-mail

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NEW FATHER MYSTIQUE

I would completely agree with Ryan Miller ("There's a New Dad in Town," September–October 2010): My husband and son both get stopped all the time because of the love they show for the younger boys. Here's a recent pic-

ture of my eldest boy carrying our youngest at the local Salmon Days. He managed to do this *and* sink a quarter into a cup at the bottom of a bowl of water—and win a prize! Already, he's learning to do everything with baby in arms, just like his papa.

TIFFANY BRATRUDE
Fall City, Washington



After reading Ryan Miller's article, I couldn't agree with Miller more! I'm a father of two boys who are now two and five. Because my wife and I have opposing schedules, I've been taking care of both of them on the weekends

by myself since they were infants. The looks and comments that Ryan received happened to me everywhere I went—a lot of "Oh, what a cute baby!" followed by "Where's Mom?" I think that a 6-foot, 5-inch man wearing a bright-colored sling with a three-week-old baby is really hard for [some people] to relate to. I think it's great that we as men are taking this time to be with our kids. I always hear people from our generation saying, "Oh, my dad worked a lot, so I didn't see him much." I hope those words will never be spoken by my boys!

BRETT LARMON
Lenox, Massachusetts

PROTEIN POWER—ACTIVATE!

Thank you for the great recipes in "Protein Power for Pregnancy," by Francie Healey (September–October 2010). The timing couldn't have been better: Our second baby is due in March, and I've been having a hard time finding ways to make quick, nutritious, well-rounded meals that use up our garden vegetables *and* appeal not only to me but also to my

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carnivorous husband and picky 15-month-old. The Spinach Mushroom Frittata and Coconut Carrot Soup disappeared in short order. Healey's point about craving carbohydrates when you're short on protein was a nice reminder to me to go for a bite of protein before snarfing a muffin; it really helps!

TORI REGO
Copper Center, Alaska



WELCOME TO THE WORLD

We have been *Mothering* readers for more than four years and love the articles, which mostly reflect our lifestyle. We are a lesbian and mixed-

ethnicity family, two varieties that are lacking in your magazine, so I thought I would write and send you this picture. We had planned a home-birth for our older son, Ewan, who is three, but he was born in a hospital due to complications in the last trimester. This August our second son, Taj, was born at home in less than three hours, with love and support from his other mother, Mary, and big brother. Here you can see Mary applying counter-pressure to my back while Julia, the apprentice midwife, checks on Taj, and Ewan enjoys the birth pool.

AMY NELSEN
Southampton, United Kingdom

CLOTH DIAPERS, PADS... TOILET PAPER?!

I never thought that cloth diapering would be a good fit for me as a full-time first-grade teacher. After reading the May-June 2010 article "The Diaper Dilemma," by Jennifer Margulis, I was convinced that I needed to at least try it, especially for its environmental benefits. I've been successfully cloth-diapering for the past

two months, and I can honestly say that I am really enjoying it! I'm sure I would never have made the change had it not been for all the informative *Mothering* articles about cloth diapering I have read over the past several years.

JEANINE MULLER
E-mail

Every time I sit to use the toilet in our tiny bathroom, I'm wedged against the wall by our changing table and a shelf of cloth diapers and flannel wipes. A few times, when the toilet-paper roll went empty, I reached for one of my son's wipes, then put it in the diaper pail next to me, to wash along with his diapers. After reading Jamie Lynn Dunston's "A Planet-Friendly Period" (March-April 2010), I suddenly wondered why I had never heard this option mentioned as an alternative to toilet paper.

SARAH
E-mail

Editor's note: See the conversation on *MotheringDotCommunity* about reusables at www.mothering.com/community/forum/thread/1182251/family-cloth-support-plz.

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A big thank-you to Jennifer Margulis for both her well-researched article on cloth diapers and her response to Miranda A. A. Ballentine's letter regarding the water use associated with using cloth diapers vs. disposables (Your Letters, September–October 2010, page 29). I agree with Margulis's perspective that choosing cloth diapers is always an environmental win over disposables.

If parents are considering cloth diapering but are concerned about total water usage or the resulting impact on global climate change, there are endless ways they can reduce their energy and water consumption in many areas of their lives. For instance, as I mention in "Dumping Disposable Diapers," an article I wrote for the March–April 2008 issue of *Mothering*, parents can choose to use a water- and energy-efficient washer and dryer and/or find other ways to conserve household water and energy. In my family, I use hot water to wash my son's diapers, but take shorter, less frequent showers and wash all other laundry on cold. Nearly everything reusable is a better environmen-

tal choice over its disposable counterpart, especially when the throwaway version is made from nonrenewable petroleum products.

LINDSAY EVANS

E-mail

ADOPTION AND ATTACHMENT PARENTING

As a mother to a beautiful two-year-old who was adopted by her father and me at her birth, I would *love* to have more articles about adoptive families. As an adoptive mom, I stimulated production of breastmilk and breastfed. We also cloth-diaper, delay vaccinations, practice attachment parenting, and family-sleep when our ladybug so desires. We are wholeheartedly confident in the choices we have made for our daughter and our family, but it would be an awesome gift to see other families who have adopted children and have the same beliefs.

ERIN

E-mail



MILK FOR TWO

I thought you would enjoy this picture of me tandem-nursing my four-year-old and one-week-old boys. Being able to do this has made for a nice, smooth transition!

CRIS NICOLE

Oakland, California

MOM'S FINAL GIFT

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the May–June 2010 issue for my work conceptualizing and pioneering the profession of lactation consultant. I thought you might be interested in knowing that in doing so you provided me with a second gift.

My mother has been on hospice care for a very long two and a half years. She has progressive supranuclear palsy, a rare degenerative neurological disease that is on the worst end of the Parkinson's spectrum. It takes both the brain and the body, leaving the person alive and a vegetable. Mom has been confined to a hospital bed, in diapers, and since being placed on hospice has received care 24/7. She can no longer sit, stand, walk, or even feed herself. She does still know who immediate family members are, but can no longer remember her seven great-grandchildren, and sometimes even confuses my daughter and me. But every once in a while there is a spark, and I know that my mother is still in that shell of a body/brain.

I took the May–June 2010 issue of *Mothering* with me to show Mom, not at all certain that she would grasp the honor bestowed on me, or the article's significance. Her caregiver was feeding her when I arrived and showed Mom. The caregiver exclaimed, "You're famous!" My mother's immediate response was "Well, at the very least, she's my living treasure!"

I knew that Mom had just given me what is most likely the last gift I'll ever receive from her. And I'll treasure it, and the article, always.

So thank you, *Mothering*, from the bottom of my heart, for both the gift of honoring me and the gift you enabled my mother to give me.

CHELE MARMET

E-mail



ECSTASY OF BIRTH

Our doula took this picture of our beautiful daughter's homebirth. It captures the moment perfectly: pure bliss. We are so lucky to have such a perfect picture to commemorate one of the most wonderful days of our lives: the homebirth and waterbirth of Farrah Grace.

JENA RICHTER

E-mail

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DON'T JUDGE FORMULA FEEDERS

I live in New Zealand and have a digital subscription to *Mothering*; I devour each issue as soon as it arrives. I am a cosleeping, babywearing, cloth-diapering mother. However, I have felt that if any of your other readers knew that I formula-feed my son, I would be ostracized in the *Mothering* community. Indeed, I used to look down on mothers who bottle-fed.

I passionately believed in breastfeeding, and didn't plan to wean my son until he was at least two years old. Then, at eight weeks, my angelic baby turned into a screamer who refused to breastfeed but would take a bottle. My husband and I visited a lactation consultant, nurses, my midwife, and two GPs, but no one could help.

So, please, don't judge mothers who formula-feed; it is not always by choice.

CHARLETTE WESTON
Auckland, New Zealand



I DID IT!

Eight years ago, our daughter was born naturally in a mother-friendly hospital; then, six years ago, my son was born at a wonderful birth center. When I became pregnant for the third time, I knew I wanted to birth at home. This is a photo of me looking gleefully at my husband just seconds after our son, Ray Tomás, was born in the comfort of our own bedroom. (Earlier this summer, my older children and I had made his tie-dyed hat and blanket in preparation for his birth.)

LAURA FIGUEROA
Berkeley, California

NURSING A PREEMIE

My daughter was premature. I couldn't take her home for two and a half weeks after giving birth. I was at the hospital six hours a day, so it was extra-important that I nurse her for her health and our bonding. I know this helped tremendously with both. I make sure I tell every new or expecting mother I meet how important I think nursing is. It's easy, once you get the hang of it!

CHRISTINE
E-mail

If **Ina May Gaskin, Ricki Lake,**
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VOICES FROM OUR FACEBOOK COMMUNITY

Things are hopping on the *Mothering* Facebook fan page. Here's a peek at what people are saying.

What's the buzz on our Facebook page? A **sweet thread** on how our readers met their honeys—and their first impressions of their future life partners. And in another conversation, moms reveal how they said **"I'm pregnant."**

We went to high school together.

I thought he was the "cute one" in the senior class.

My then-fiancé introduced us.

I remember that he had kind eyes, good posture, and a great smile. I felt a connection; that he was genuinely a good person, and I immediately wanted to know him better so I could call him a friend. My relationship ended a couple of years later, and we met again randomly. We've been together for four years.

We had mutual friends. When I first met him, I was still with my ex-husband! I never thought anything would happen. After my divorce, we

hung out together a lot more, and a few years later we realized there was something more there! Been happy ever since.

I was out of the country when I found out [I was pregnant]. It was so hard to keep it to myself—seriously, the longest flight ever. I got home and gave him a bib that read CUTE BUT MESSY, JUST LIKE DADDY. Hard to believe, but he didn't get it! I then had to tell him the joke. It was so far from his mind as an option that he thought I got him the bib because he often spills on his shirt during dinner!

My pale face, with my eyes rolling back in my head, pretty much said it all!

For both of our babies, we took the test together. My husband is very involved in our fertility awareness and knows my cycle, so we both suspected something both times.



NEW BABY LOVE

Photographer Sharon Mammano of Naples, Florida, posted this beautiful shot on our Facebook page of Joey and Amber adoring their sweet newborn, Xander. See more of her work at <http://sharonmammano.zenfolio.com>.

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Raising kids who are **kind**

Three new studies show a relationship between childrearing practices and **better mental health**, development of **empathy** and **conscience**, and higher **intelligence** in children.

Want to raise compassionate kids? Hold them.

That's what's indicated by new research by Darcia Narvaez, at Notre Dame University. Three new studies led by Narvaez show a relationship between childrearing practices common in hunter-gatherer societies and better mental health, greater development of empathy and conscience, and higher intelligence in children.

Narvaez identifies six characteristics of childrearing that were common to our ancestors:

- 1 Lots of positive touch:** no spanking, but nearly constant carrying, cuddling, and holding.
- 2 Prompt response to baby's fusses and cries.** This means meeting a child's needs before he or she gets upset and the brain is flooded with toxic chemicals. "Warm, responsive caregiving like this keeps the infant's brain calm in the years it is forming its personality and response to the world," Narvaez says.
- 3 Breastfeeding,** ideally from two to five years.

4 Multiple adult caregivers: people beyond Mom and Dad who also love the child.

5 Free play with playmates of different ages.

6 Natural childbirth, which provides mothers with the hormone boosts that give them the energy to care for a newborn.

The results of Narvaez's three studies were presented at a conference at Notre Dame in October titled "Human Nature and Early Experience: Addressing the 'Environment of Evolutionary Adaptedness.'"

—Susan Guibert



ALL IMAGES: ISTOCKPHOTO

Cycling for change

Bike 280 miles in five days through the Beijing region of China.

This was the challenge of Women for Women Cycle China. Susie Hewson, founder of Natracare (a company that makes organic feminine-hygiene products) and her sister, Theresa White, took the leap and biked to raise money for Women for Women, a nonprofit organization that supports female scientists doing research into improving the health of women and babies. It's not too late to make a donation—for details, visit www.natracare.com and click on "Events."

—Laura André



In Spain, dads get “breastfeeding” leave

Father-baby bonding just got a thumbs-up in Spain, where dads now have the same right to “breastfeeding” leave as moms. A recent ruling by the Court of Justice of the European Union means that Spanish **fathers are entitled to the same amount of time off** during baby’s first nine months as new moms. They may leave twice a day—60 minutes total—or have a half-hour sliced from their workday.

Though, obviously, there is no relationship between fathers and breastfeeding, a CNN article indicates that lawmakers hope the new legislation demonstrates government support of **male participation in parenting**.

Source:

CNN Wire Staff, “Spanish Fathers Entitled to Breastfeeding Leave” (2 October 2010): <http://edition.cnn.com/2010/WORLD/europe/10/01/spain.breastfeeding.fathers/index.html?ref=allsearch>.

—Laura André



Bedsharing may benefit breastfeeding

Even though parent-infant bed-sharing is common, risks associated with the practice have led some health professionals to advise against it. But a new study that points to a possible positive relationship between bedsharing and breastfeeding advises that, rather than dismiss bedsharing altogether, professionals should teach people about unsafe bedsharing practices.

Researchers investigated characteristics and patterns of bedsharing, as well as the relationship of breastfeeding to bedsharing, using data from an established cohort of parents and their children in Avon, England, who have been monitored since 1991. The bedsharing habits of 7,447 children and parents were studied from the birth of the child to four years of age.

The researchers identified four mutually exclusive groups: those who didn’t share beds, 66 percent; early bedsharers (only in infancy), 13 percent; late bedsharers (after the first year), 15 percent; and constant bedsharers (throughout the four years), 6 percent. Whether parents and children shared beds late, early, or for the entire four-year period, bedsharing was “significantly” related to breastfeeding when children were 12 months old. The occurrence of breastfeeding was notably higher among

those who bedshared only during the baby’s infancy, or who bedshared constantly for each of the first 15 months of the baby’s life.

The authors stated that “it is difficult to be precise about the dominant direction of the relationship” between bedsharing and breastfeeding and questioned whether mothers share beds because they are breastfeeding, or if bedsharing makes breastfeeding more likely to occur. The researchers concluded that bedsharing “likely” benefits breastfeeding rates and duration, so, rather than dismiss the practice, parents should be warned

about unsafe actions such as “sleeping on sofas, bed sharing after the use of alcohol or drugs, or bed sharing by parents who smoke.”

The study, “Relationship Between Bed Sharing and Breastfeeding: Longitudinal, Population-Based Analysis,” by Peter S. Blair, PhD, Peter J. Fleming, FRCPCH, and Jon Heron, PhD, was published in the November 2010 issue of *Pediatrics*. To view a free abstract of the study, see <http://pediatrics.aappublications.org/cgi/content/full/126/5/e1119?ijkey=d45c9af37e652coda853c43209e6e8f4f283a27b>.

—Laura André





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A for-profit Prolacta Bioscience affiliated milk bank.

Bill would make it easier to pay for breast pumps

The federal government has a message for moms who pump their breastmilk: Don't expect a tax break. In response to a request from the American Academy of Pediatrics (AAP), the US Internal Revenue Service (IRS) has reaffirmed that breast pumps do *not* qualify for a form of tax exemption.

The IRS has long held that breast pumps do not meet its definition of *medical care*, and therefore cannot be purchased with flexible spending accounts (FSAs), which let individuals save on medical expenses by using pretax dollars.

In January 2009, the AAP sent a request to the IRS asking that it "consider revising current . . . Internal Revenue Service (IRS) policy to allow breast pumps and related equipment to be reimbursed" under FSAs. In its reply, made public in September 2010, the IRS stated:

The Internal Revenue Code defines medical care to include the diagnosis, cure, mitigation, treatment or prevention of disease. Medical care includes medicine and drugs, but does not include goods or services that are merely beneficial to general health and do not mitigate or treat a disease. Under current law, therefore, the cost of purchasing or renting a breast pump

and related equipment would *not* come within the definition of a medical care expense for FSA purposes, even though the mother's usage of the breast pump may have the health benefits mentioned in your letter.

The IRS maintains that changing the tax status of breast pumps is not within its power, but is instead a legislative responsibility.

Congress could do that job with the Breastfeeding Promotion Act of 2009 (BPA). One provision of the BPA amends the IRS definition of *medical care* to include "qualified breastfeeding equipment and services," which would allow the purchase of breast pumps with FSAs.

Both the House and Senate versions of the BPA are at present stalled in committee and in need of more cosponsors.

To see if your representatives have signed up to cosponsor the BPA, check www.govtrack.us/congress/bill.xpd?bill=h111-2819 for the House version, and www.govtrack.us/congress/bill.xpd?bill=s111-1244 for the Senate version.

—Jake Aryeh Marcus



Honor your favorite midwife

In our May–June 2011 issue, we will be **celebrating midwives**—but we need your help. Know a midwife you would like to recognize? Please send us her name, e-mail address, and photo, and 100 words or less on why you believe she deserves recognition. We'll post these tributes on *Mothering.com* and feature a selection in our May–June issue. **Send your picks to tribute@mothering.com by March 1.**

And to read more about the state of midwifery today, see Peggy O'Mara's editorial on page 8.





Get the **facts** about flu shots

Thinking about getting a flu shot? SafeMinds wants you to think again. The mercury-based preservative **thimerosal** is still used in some flu vaccines, including those given to pregnant women, infants, and young children.

“While there are mercury-free flu shots available, consumers are often unaware that they **still need to be cautious**. We hope to change that,” said Lyn Redwood, RN, executive director of SafeMinds, an organization devoted to eradicating the adverse health effects of mercury and other toxins.

SafeMinds’ new “Don’t Take the Risk” toolkit includes a three-minute informational video, a 30-second video for use as a public-service announcement, and a brochure about the 2010–2011 flu vaccines, all of which can be downloaded; the brochure is also available by mail. The brochures and the website include **lists of which flu vaccines are mercury-free**. The website has links to the package inserts of flu vaccines, vaccine information from the Centers for Disease Control and Prevention, and related research. All resources are available free of charge at www.safemindsflu.org.

—Laura André



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Bullying affects mental health

The recent spate of suicides among young lesbian, gay, bisexual, and transgender (LGBT) people has raised awareness about the high levels of bullying these individuals endure. New research published in the November 2010 edition of *Developmental Psychology* has found that **LGBT youth who do not conform to societal gender norms have compromises in mental health** that are clearly linked to the harassment they receive in school.

Analyzing data from San Francisco State University's Family Acceptance Project, the authors examined the school-related experiences of 245 LGBT people aged 21 to 25. They found that LGBT young adults who did not socially conform to gender roles as adolescents reported higher levels of anti-LGBT victimization, with **significantly higher levels of depression** and **decreased life**



the of LGBT youth

satisfaction in young adulthood. Most crucially, the findings show that this psychological harm is largely accounted for by anti-LGBT bullying in school.

The study, "Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment," by Russell B. Toomey et al., **calls for schools to take action** to address the bullying, violence, and social isolation faced by gender-nonconforming LGBT youth. These actions include implementing education programs for students and faculty, offering support programs such as gay-straight alliances, and protecting students with robust anti-harassment policies.

For more information, visit <http://familyproject.sfsu.edu>.

—Laura André

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| by Kyla Hanington

The good enough parent

She may not be the picture of a perfect mom, but to her kids, she has it all.

I'm confused. Flipping through another parenting magazine, I see lots of pictures of beautiful women in clean clothes, looking serene and at peace while strolling along with their babies in slings. I'm happy for them, these women whose images both grace the ads and accompany the articles, but what they're showing has not been my experience. *Ever.*

I lived in Denmark when my older daughter was born, and one of my dear friends there would stroll around her house without bra or breast pads, leaking milk all down the front of her shirt. Now *that* I understand. Milk stains, oversize shirts—most of the time, I'm one step away from sitting around in my underwear,

sharing food with the cat. It doesn't matter how clean I get my clothes—within about two seconds they're covered in snot and dribble and dirty handprints, and I couldn't tell you if they came from my kids or from me. I have no idea—I really don't. I just sigh, and try to decide whether I can go to the store like this or if I should risk a change.

I don't get the serenity embodied by the women in these photographs—that I've-got-it-all-together, gorgeous-wise-intelligent-mum mojo. There's pretty much none of that in *my* house, where we're just . . . crazy, like little worlds orbiting around one another. I brush my daughter's hair, and 30 seconds later she still

Above: The author and her daughters enjoy a fancy candelit dinner of—what else?—grilled cheese.



looks as if she's been raised by wolves. When I preemptively mention this to her school principal, just to make it clear that it's *not my fault*, he looks at me with benevolent amusement. Only when I've left his office do I notice that I have incorrectly buttoned my shirt: The left side hangs two inches lower than the right. His amused glance means only one thing: *I see where she gets it from.*

It's just the three of us here, me and my two children; I've realized that the best I can offer them is bewildered affection—now that I have kids, I realize that I am competent at *nothing*. So I love them like mad, and take them swimming and draw them pictures and tell them stories, but when it comes to keeping the perfect house or constructing burgers out of carrots and zucchini, I've got nothing. I *try* to do stuff like that, but every time I walk into a room, it looks as if *Peanuts'* Pig Pen swirled through just 10 seconds before me. My kids stare mournfully at their soggy vegetable patties and weakly ask if we could, please please *please*, just have grilled cheese tonight. So I make grilled-cheese-and-tomato sandwiches and we sit at the table, grinning at one another, because they know that this is pretty much all I have to offer: grilled-cheese sandwiches and a faint aura of incompetence. That's what I've got.

Philosophy-wise, I probably match up with a lot of other parents. Sure, I believe in thoughtful parenting. I believe in being honest with my children when they ask me questions, answering every one to the best of my ability. When I'm angry or sad or lonely, when I'm stressed out, when I yell—when I just don't behave well—I sit them down. I tell them I love them, I apologize to them, I explain my feelings. "I'm just a person," I tell them, "trying to raise kids without actually having that much of a clue." My children slept with me when they were infants, and still often sleep with me now that they're not. I wore them in a baby sling until my back

couldn't take it anymore. I have never, not once, carried my kids around in a car seat when they weren't actually in a car, and my heart breaks a little bit whenever I see some poor new mum trying to carry one of those clunky, ridiculous things through a grocery store. I always just want to give her a hug.

But cleanliness? Pretty blue blouses free of child markings? Tidy pressed trousers? Children with perfectly coiffed hair? My God, my own hair sticks straight up so often that, even on a good day, I wear the look of the chronically surprised. Wisdom? Answers? Just plain knowledge? No. I'm just muddling through. Half the time my children come to me with questions, I don't begin to know how to answer. I sit them down and do my best, but I wish I had whatever it is *real* parents have. Serene smiles. Silk shirts. Certainty.

Pictures in magazines tell me that such parents exist. Parents who dust their baseboards and look perfectly put together. Parents who make their own yogurt and mill their own wheat. Parents equally at home at PTA meetings and on executive boards of large, important corporations.

But I'm ready for pictures of the rest of us: milk-stained, sweaty, and loving how we just get through the day.

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Want more on single parenting?

See www.mothering.com/links and check out the Web exclusives "Celebrating Single Moms," by Erica Miner; "My Playa Boy: One Single Mom's Adventure to Burning Man," by Zélie Pollon; and "The Most Thoughtful Gift," by Jeanmarie Devinney.

Kyla Hanington is a student, a writer, and a mother of two daughters. She has lived in so many places she's beginning to lose track, but now makes her home on Vancouver Island. Her work has previously appeared in Hip Mama, in UA/ University Affairs, and on CBC Radio's The Sunday Edition.

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| a photo essay by Ali Smith

CAUGHT IN THE ACT OF *mothering*



There are so many words and phrases you can use to express the challenges [of motherhood]—*exhaustion, loss of control, time management, lack of support, career compromises*—but no words that adequately express the joys. I just know that since Lizzie's birth I've had more laughs—more genuine, joyful belly laughs—than I had in the previous 36 years of my life.

—HANNAH BRIGHT

To check out the writing of some of the powerful women featured here, go to www.mothering.com/links and see "Caught in the Act of Mothering."

The fierce, the tender, the just-holding-it-together—portraits of women who triumph in the face of the everyday challenges of parenting



When I had my child, lots of people told me that I'd never be able to pursue my personal dreams. Even my mentor . . . told me it was the end for me and my career goals. That depressed me so much. But I'm not afraid of hard work, and I feel I can still pursue my dreams. I decided to start home-schooling my daughter individually. Next year, I'm going back to school to get my MFA.

—OLA AKINMOWO (above)

Between the time I found out I was pregnant with my first child and when she was seven months old, my husband and I didn't have sex more than twice. At the end of my second pregnancy, my husband and I had some really good 'heavy, deep, and reals' about our sex issues. For the first time, we really got honest. Ever since those conversations, Marco has been extraordinarily romantic and affectionate. I'm taking the time to take care of myself more, and I look good and feel good about myself.

—SHANNON RIVERO



Ali Smith is a photographer whose personal work centers on issues that affect the lives of women. Her first book of photography, *Laws of the Bandit Queens*, has been called "this generation's quintessential homage to strong, smart, groundbreaking women." She is working on her next book, *Momma Love: How the Mother Half Lives*. Smith lives with her husband and son in New York City. See more of her work at www.alismith.com.





Choosing a father for your baby is one of the most important decisions a woman can make. So what started as a funny 'What if?' conversation with Darren, [a gay man and] my best friend of 20 years, became a 'Should we?' conversation. I didn't choose Darren and Sam [his partner] because they were my only choice to father my child. I chose them because they were my best choice!

—KITTY STILLUFSON



The contracts my band, Betty, uses have a rider that says 'experienced, reliable babysitters with references' where once we had listed a dozen different kinds of cocktails. Having been the star of my own life for so many years, how absolutely challenging it was to become a bit player in my own movie, and at times only an extra! What I am compelled to put into the

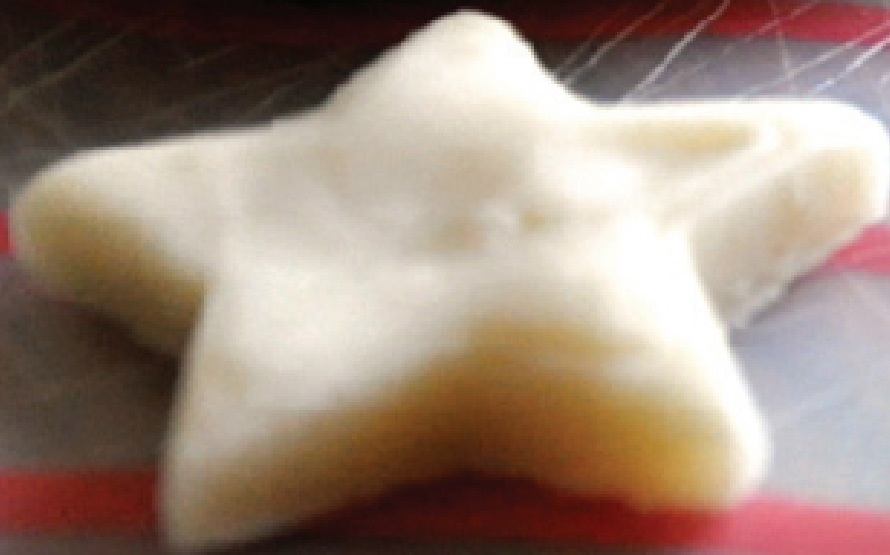
world is richer now that these two new lives have intertwined with mine and Tony's. My voice is less strident, more mellow. I am more confident about the sum of my ability, even though I never dreamed my ass would be so big. My compassion is vast for all women.

—ALYSON PALMER

| by Michelle Vackar

Cabin fever cures

Channel your kids' creative energy with safaris, scavenger hunts, and a recipe for homemade marshmallows.



PHOTOS PROVIDED BY THE AUTHOR



...indoor safari...pinecone bird feeders...coasters...

Indoor activities

are a great way to connect

with your children, and will be treasured memories in the future.

I often share stories

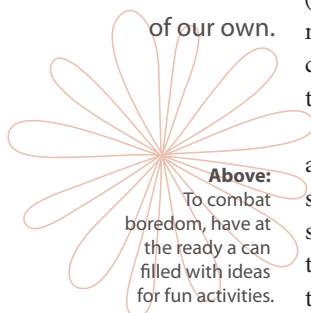
with my children about the activities my

grandparents

and parents did with me, even as we

create new memories

of our own.



When the weather outside

is frightful, kids can get cabin fever. Indoor activities are a great way to connect with your children, and will be treasured memories in the future. I often share stories with my children about the activities my grandparents and parents did with me, even as we create new memories of our own. Here are a few of our favorite things to do when it's cold outside.

Lead an indoor safari. If you or your children collect small toy or stuffed animals, you can place these, and drawings or photographs of animals, around a room or the entire house. Have the children dress up in hats, vests, toy binoculars, etc. Pretend you're on safari, and explore various areas of your home. Craft ideas: Make a vest from a paper bag and decorate it to look like a safari vest, cut out a simple hat from newspaper, and make "binoculars" from cardboard tubes, or rolled-up sheets of cardstock stapled or taped together.

Make pinecone bird feeders to hang on trees or from windows outside your house. Only a few supplies are needed: pinecones, creamy peanut butter, birdseed, and string. Tie a string or ribbon or pipe cleaner to the tip of a pinecone, and carefully spread peanut butter over the cone. Roll the cone in a shallow dish filled with birdseed until it's covered with seed. (To fill all "open" peanut-butter areas, you may need to sprinkle some of the birdseed over the cone.) Hang the pinecone in a tree and watch the birds flock to it.

Make a braided fabric coaster. Cut fabric of at least three different colors into 1-inch-wide strips about 2 yards long. (If needed, you can sew together the end pieces of several strips to make them longer.) Knot the three strips together at one end and anchor them: Have



your child or a friend hold the end, or attach a rubber band at the knot and then insert the rubber band into a drawer, or hang it on a doorknob. When the end is secure, begin braiding the strips. Don't braid too tightly, or your coaster may not lie flat later on.

Periodically, you'll want to coil your plait of fabric strips to see how large your coaster is becoming. Keep braiding and adding strips. Once the coaster is big enough, bend the ends over the braid and sew them together. With a threaded needle in hand, begin to coil the braid snugly. Orient the coil so that the loose ends show on the underside of the coaster. (You'll be sewing on the underside.) Wind the braid, and place a stitch every half-inch. Continue winding the braided strips around the circle, securing it with stitches every half-inch, until your coaster is the desired size. To complete your project, be sure that the ends of the braid are sewn flat to the underside of the coaster.



Make an origami bookmark

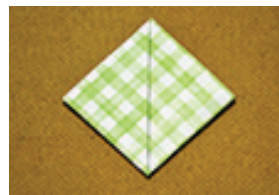
Follow these quick and easy steps to create this handy place-holder.



Step 1: You will need a square sheet of paper measuring 3 by 3 or 4 by 4 inches. Fold paper diagonally in half so that it forms a right triangle.



Step 2: Fold left side up to apex of triangle.



Step 3: Fold right side up to apex of triangle. Paper is now in the shape of a diamond.



Step 4: Unfold the two flaps you have just folded, so that paper is again triangular.



Step 5: In middle of triangle you will see a perfect diamond. Fold down upper layer of top half of this diamond until point reaches bottom fold of paper.



Step 6: Bring left side of triangle toward top of diamond. Fold and tuck top half behind center fold in middle of diamond, almost as if you were forming a pocket.



To use bookmark, just fit it over the top of a page.



Step 7: It's done!





Above: The author's daughter Alexandra (6) delights in making a pinecone bird feeder from birdseed and peanut butter. Of course, for extreme cases of cabin fever, there's always the great outdoors; here, the author's younger daughter, Sydney (3), plays in the snow.

Creative writing and drawing for all ages. Cut pieces of paper to whatever sizes you want, write a different story or statement on each piece, and put them all in a "creative jar." Children can then pull ideas from the jar and use them as starting points for writing a descriptive short story or drawing a picture. For example: "One day, Drew decided that he wanted to learn how to fly an airplane, and he dreamed of traveling to . . ." The child then comes up with the rest of the story by writing and/or drawing it. It's a great way for kids to let their imaginations soar. The finished stories and pictures can be kept in a journal or three-ring binder so that the children—and you—can admire their work later.

Make homemade marshmallows to be enjoyed with hot cocoa—a great way to warm up after spending time outdoors! (See recipe in "Sweet and Sticky Stuff" sidebar.)

Make a bookmark, perhaps using a newly learned craft. Add a ribbon or string with beading to the top.

Winter book club. Parents set a goal of a child reading a certain number of books; when the books have been read, the child receives a prize. Craft idea: You



can construct an origami bookmark to make it easier to keep your place (see sidebar, "Make an Origami Bookmark").

Make an activity container. Fill a container with "tickets," a different activity written on each. When boredom strikes, have your child select a ticket. Ideas for activities include: make a life-size drawing of yourself; invite over some friends for a craft playdate; do a science experiment relating to water; make a sun print; camp in the house; make a tent out of blankets; and picnic time! Activities can be anything your child enjoys doing, or something totally new.

Make cards for birthdays and special celebrations, and stash them away for the future. This way, even if you don't have time to make a handmade birthday card before a party, you can pull from your collection one that was crafted when you had lots of time on your hands.

Make a mural. Attach large pieces of paper to a wall (craft paper works well). Paint or draw according to a theme. Examples: your travels, under the sea, what you see when you look out an airplane window, portraits of loved ones.

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 ♦ **Want more on creativity and kids?** Go to www.mothering.com/links and see the past article "Small Hands, Big Art," by Jean Van't Hul, and the Web exclusive "Finger Painting," by Sharon Lake-Post.

Michelle Vackar is a mother of two daughters and a contributor to the online publication Modern Handmade Child (www.modernhandmadechild.com).

Sweet and sticky stuff

Corn-Syrup-Free Marshmallows (vegan)

3 tablespoons unflavored gelatin
(or 2 teaspoons agar powder,
or 3 tablespoons agar flakes)
1 cup chilled, filtered water
1½ cups organic cane sugar
1 cup agave nectar
¼ teaspoon kosher salt
1 teaspoon real vanilla extract
¼ cup powdered sugar
¼ cup cornstarch

In refrigerator, chill metal mixing bowl and whisk attachment(s). Place chilled bowl on base of stand mixer and attach whisk. Pour gelatin into bowl and add ½ cup chilled water.

In medium saucepan, combine remaining water, cane sugar, agave nectar, and salt. Cover and cook about 3 minutes over low to medium heat to prevent burning or scorching. Uncover and continue to cook, stirring, until mixture is thoroughly blended.

Set mixer to Low and slowly add hot mixture to gelatin. When all syrup is added, set mixer to High. Continue to whip until mixture is thick and has cooled. Add vanilla and whip 10–15 minutes more.

While mixer is working, spray 13-by-9-inch baking pan with nonstick cooking spray. In small bowl, combine powdered sugar and cornstarch. Sprinkle mixture into pan, then shake pan to fully coat bottom.

Add whipped mixture to pan. It can be difficult to spread evenly over bottom of pan; use rubber spatula coated with nonstick spray or oil. Sprinkle with more sugar-cornstarch mixture, cover with cheesecloth or thin towel, and let sit overnight. Next day, cut into 1-inch-square pieces, then store in tightly sealed container at room temperature.



Homemade Play Dough

3 cups flour
1½ cups salt
3 cups water
2 tablespoons vegetable oil

1 tablespoon cream of tartar
natural food colorings (optional)

Combine all ingredients in large saucepan. Cook over medium-low heat, stirring occasionally with spoon, until dough comes away from edges of pan and is difficult to stir. Remove from heat and cool until dough can be handled. (At this point you can work natural food coloring into dough, if desired.)

Place dough on counter or waxed paper and knead 3–4 times. Store in airtight container to keep moist.

Above:
Alexandra
and Sydney
frolic outside.

Once a common childhood illness in the US, pertussis earned its popular name from



the characteristic *whooping* sound of the cough associated with the disease.

| by Lauren Feder, MD

Straight talk on the 100-day cough

What are the symptoms of pertussis? Who's at risk?
And is the vaccine right for your family?

In June 2010, news reports confirmed that whooping cough was now an epidemic in California.¹ Physicians were inundated with calls from concerned parents. As the disease spread in California and across the nation, it became important that people inform themselves about what whooping cough is, and their options for vaccines and treatment.

Having had whooping cough does not provide lifelong immunity. Adolescents and adults who had the infection in childhood might get milder forms of whooping cough that can go undetected, or be diagnosed as bronchitis or a simple cough. The several stages of whooping cough can last a total of two to three months, earning it the nickname “the hundred-day cough.”

WHAT IS WHOOPING COUGH?

Whooping cough, aka pertussis, is a contagious illness caused by the *Bordetella pertussis* bacterium. Once a common childhood illness in the US, it earned its popular name from the charac-

teristic *whooping* sound of the cough associated with the disease. The pertussis bacterium is easily spread by contact with an infected child or adult in the first two to three weeks of infection, usually before the illness has been accurately diagnosed. The incubation period is commonly 7 to 10 days, with a range of 4 to 21 days.

Like many illnesses, pertussis begins with a cold-like stage in which the sufferer is most contagious, with the familiar symptoms of runny nose, sneezing, low-grade fever, and mild cough. Within one to two weeks the cough worsens, developing into attacks or spells or fits: a rapid series of coughs followed by a long inhalation with the characteristic crowing sound or high-pitched whoop. Choking, gagging, or vomiting while coughing can be triggered by the buildup of thick mucus in the lungs. In more severe cases, a child can turn blue in the face (aka cyanosis). Although a child may be exhausted immediately following a coughing spell, he or she often appears and acts normal between spells.

Whooping cough,

aka pertussis, is a contagious illness caused by the *Bordetella pertussis* bacterium.

Adolescents and adults who had the infection in childhood might get milder forms of whooping



HOW COMMON IS WHOOPING COUGH?

By the 1970s, the Centers for Disease Control and Prevention (CDC) reported, the incidence of whooping cough had decreased by 99 percent since the inception of the whole-cell DTP vaccine.² In the holistic medical community, it is generally felt that individual cases and symptoms of pertussis are less severe now than in the past, due to improvements in sanitation, nutrition, and education and because of more sophisticated medical treatments for complications. In the US, pertussis epidemics happen every three to five years; approximately 17,000 cases were reported in 2009.³ According to the CDC, pertussis is “one of the most common

vaccine-preventable childhood diseases” in the US.⁴ From 1999 to 2004, 91 infant deaths in the US were attributed to pertussis.⁵

However, since the 1980s, the number of reported cases of pertussis has increased.⁶ That whooping cough is becoming more common in adolescents and adults than it was in the past^{7,8} may be due to improved abilities to recognize, diagnose, and report cases of pertussis.⁹ In general, pertussis cases are vastly underreported.¹⁰ Increases in whooping cough among adolescents and adults since the 1980s are most likely attributable to their immunity waning in the years following their vaccination.¹¹

Outbreaks of whooping cough are also caused

If you suspect that your child has whooping cough, see your pediatrician.

Because pertussis is contagious, avoid contact with others.

NATURAL TREATMENTS for WHOOPING COUGH

From your pantry

CHAMOMILE TEA for chest congestion, bronchitis

LEMON TEA for watery, thin discharges, tickly coughs, bronchitis

ONION breaks up thick mucus and congestion. Place sliced onion on a plate by the bed at night.

Homeopathic remedies

ACONITUM NAPELLUS for sudden attacks of croupy coughs at the beginning stages of illness and cough

ANTIMONIUM TARTARICUM for rattling in the chest with a strong, loose cough when chest feels full of mucus

BRYONIA ALBA for dry, racking, painful cough in chest and head, made worse by motion and better by being still

COCCUS CACTI for winter coughs with tickling in the throat, and strong fits of coughing that end in choking or vomiting

CUPRUM METALLICUM (CUPRUM) for spasmodic coughing fits

DROSERA for violent coughing spells ending in choking, gagging, or vomiting. Sometimes these coughs are so strong that the child can hardly catch her breath. Drosera is indicated for barking coughs, whooping cough, croup, and coughs that are worse after midnight, commonly accompanied by a bloody nose and a hoarse voice.

HEPAR SULPHURIS CALCAREUM for croup that is worse in the morning and evening (until midnight); indicated following *Aconitum napellus*, especially with croup with rattling mucus in chest that is worse in the morning

IPECACUANHA for whooping cough and other severe suffocative coughs that end in retching, vomiting, or cyanosis, with stiffness in the body; the child feels nauseated and has an aversion to food (including the smell of food)

PULSATILLA for coughs with yellow-green mucus; cough is worse at night and interferes with sleep

SPONGIA TOSTA for dry coughs that sound like a saw going through wood; often used for croup. Useful for croupy coughs that are worse before midnight, accompanied by a dry, barking cough that can sound like a seal.

—Lauren Feder, MD

The pertussis vaccine should not be given to children who have a history of convulsions, brain disorder, or abnormal development.

In the US, pertussis epidemics happen every three to five years; approximately 17,000 cases were reported in 2009.

by *Bordetella parapertussis*, which is closely related to *Bordetella pertussis*. The symptoms of *B. parapertussis* are usually milder than those of *B. pertussis*; because of this, both infections remain underestimated. In general, infection by *B. pertussis* and/or *B. parapertussis* in the immunized population is common, and *B. parapertussis* is more prevalent than was previously known.¹²

THE VACCINES

The original pertussis vaccine was the whole-cell diphtheria-tetanus-pertussis (DTP) vaccine. However, the severe complications of the whole-cell DTP vaccine led to the development of the acellular pertussis (aP) version of this vaccine (DTaP). In fact, the publicity surrounding the complications of the original pertussis vaccine is, to a large extent, responsible for the public's current awareness of vaccine injuries in general.

The DTaP vaccine grants immunity for 5 to 10 years.¹³ However, according to a study that compared the success rates of the two vaccines, the incidence of pertussis was lower in children who were given a combination of DTP and DTaP than in children who received only DTaP. This suggests that the rate of failure to immunize is higher in the DTaP vaccine.¹⁴ According to the CDC, while the rate of pertussis immunization in the US has remained high,¹⁵ whooping cough continues to reemerge. One theory for this is that the strains of the *B. pertussis* bacterium have evolved since introduction of the vaccines, much as other bacteria have evolved to become more resistant to commonly used antibiotics.¹⁶

Despite widespread programs of vaccination, epidemics of pertussis continue to occur every three to five years. While the reason or reasons for this remain unclear, what is known is that immunity from vaccines wanes over time, which can result in increased incidence among adolescents and adults.¹⁷ In addition, many children and adults are carriers of pertussis while showing no symptoms of the disease.

Thus far, the worst case of pertussis I've seen was in an eight-month-old girl who was hospitalized for a few days despite having had two DTaP shots. Following the hospitalization, the patient and her family came to my office for homeopathic treatment to expedite her healing. Now she is fine.

VACCINE REACTIONS

Nowadays, the pertussis vaccine is given to children as part of the DTaP series. The five doses of this series are given at the ages of 2 months, 4 months, 6 months, 15 to 18 months, and 4 to 6 years. The pertussis vaccine is given only to children younger than seven years because it can cause severe reactions in older children.

The complications of the pertussis vaccines are well documented and include local swelling at the injection site, fever, high-pitched screaming, convulsions, mental retardation, and death. Although reactions to the acellular form of the vaccine are milder than to the whole-cell vaccine, severe reactions to the DTaP vaccine have occurred, including encephalitis and death.

Although the *B. pertussis* bacterium can cause ear infections, dehydration, convulsions, and, in rare instances, even brain damage or death, one of the complications most commonly associated with whooping cough is pneumonia. Pertussis poses the greatest risk to infants and small children; their air passages, which are much narrower than those of older children and adults, can be more quickly blocked by mucus.

On rare occasions, DTaP can cause serious complications. These include:

- fever higher than 105° F (1 child out of 16,000)¹⁸
- nonstop crying (1 child out of 1,000)¹⁹
- seizure (1 child out of 14,000)²⁰
- serious allergic reaction (fewer than 1 in a million)²¹

The pertussis vaccine should not be given to children who have a history of convulsions, brain

narrower than those of older children and adults, can be more quickly blocked by mucus.



ISTOCK PHOTO

Smart SHOT STRATEGY

CONVENTIONAL TREATMENT

Typically, your doctor will recommend acetaminophen or ibuprofen before and after the shot, to prevent or relieve fever and fussiness.

HOME TREATMENT

Vitamin and herbal remedy

In an attempt to use a more natural preventive approach, I prefer a different course of action. With any vaccination, I recommend administering the following vitamin and herbal remedy seven days before and after the shot, to generally strengthen the body. They may also help reduce any side effects of the vaccine.

Remember, your child should not receive a vaccination if she is cranky or ill. At our office, we prefer that, when possible, people take only one vaccine at a time. Contact your practitioner if unusual symptoms occur following the shot. You can use this protocol in conjunction with any other medications you give your child.

Each day, for seven days before and after the shot, give your child the following:

BRIAR ROSE This gemmotherapy herb is a general immune strengthener.

VITAMIN C Less than two years old, 100 milligrams, twice daily; two years and older, 250 mg twice daily.

Homeopathic remedies

LEDUM PALUSTRE 30C One dose one hour before shot, then one dose immediately following the shot, and then one dose 12 hours later.

THUJA OCCIDENTALIS 30C Three pellets twice daily for three days following shot.

HOMEOPATHIC NOSODES If, for example, your child receives the DTaP vaccine, give three pellets of homeopathic DTaP 30C once a week for three weeks, beginning the day of the shot (three doses total). For the Hib vaccine, give Hib 30C; etc. You may need a physician's prescription to obtain a nosode from a homeopathic pharmacy.

ARNICA MONTANA 30C Three pellets twice daily, as needed, for muscle soreness following shot.

CHAMOMILLA 30C For fussiness, three pellets every two to four hours as needed, following shot.

—Lauren Feder, MD

The **pertussis vaccine** is given only to children younger than seven years because it can cause severe reactions in older children.

From 1999 to 2004, 91 infant deaths in the US were attributed to pertussis.

Holistic medicine and homeopathy may shorten the course and severity of the illness.

disorder, or abnormal development. Some of the families in my practice have refused the pertussis shot because of a family history of seizures.

TREATMENT FOR WHOOPING COUGH

If you suspect that your child has whooping cough, see your pediatrician. A case of whooping cough usually lasts about six weeks. Because pertussis is contagious, avoid contact with others.

The standard treatment includes the general support of rest and liquids. Your doctor will probably prescribe erythromycin or azithromycin, as it is felt that such antibiotics render a child less contagious. While it is still in question whether an antibiotic changes the course of the illness, people with whooping cough are generally considered no longer contagious after the fifth day on antibiotics. Holistic medicine and homeopathy may shorten the course and severity of the illness.

But again: If you suspect that you or your child has whooping cough, see your healthcare provider.

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a frequent lecturer to parents and professionals. She is the author of *Natural Baby and Childcare and The Parents' Concise Guide to Childhood Vaccinations*. Her website is www.drfeder.com.



DR. JAY GORDON, noted attachment-parenting-oriented pediatrician and author, comments on the pertussis vaccine in his online column "Behind the Scenes with Dr. Jay" at <http://mothering.com/all-things-mothering/author/dr-jay-gordon>.

| by Barbara Loe Fisher

The problem with pertussis vaccines

Why the DTaP shot may not protect you or your community from whooping cough.

Reports of whooping-cough

outbreaks in California^{1,2} and other states this summer are nothing new. Every four to five years, no matter how high the rate of vaccination, there are reports of increases in whooping cough.

Whooping cough is a respiratory disease. Toxins in the *Bordetella pertussis* bacteria stimulate the production of large amounts of thick, sticky mucus that can clog the airways of tiny babies and children, making it difficult for them to take a breath without vomiting, choking, and sometimes making a *whooping* sound³ as they struggle to breathe.

An acellular pertussis vaccine, DTaP, was licensed for American babies in 1996.⁴ DTaP replaced an older, very reactive whole-cell pertussis vaccine in DTP that was associated in the medical literature with frequent reports of high fever, collapse/shock (aka hypotonic-hyporesponsive episodes, or HHE), convulsions, brain inflammation, and permanent brain damage.^{5,6}

It is well known that pertussis vaccines used in the US, which can contain various amounts of bioactive toxins⁷⁻¹¹ as well as additives of aluminum¹²⁻¹⁴ and, until 1999, mercury,¹⁵ have injured the brains of some children and killed others. More than half of the 2,480 awards for vaccine injuries and deaths made under the National Childhood Vaccine Injury Act of 1986, which totaled \$2 billion, involved pertussis vaccines.^{16,17}

The rates of vaccination for pertussis are very high in the US. According to the Centers for Disease Control and Prevention (CDC), 84.6 percent of children between 19 and 35 months of age born during January 2005 and June 2007 had received four DTaP shots.¹⁸ By the time American children enter kindergarten, the vast majority of them have gotten all of the CDC-recommended pertussis shots.¹⁹ In 2009, the CDC said that the proportion of US children who have received no vaccinations of any kind is only six hundredths of 1 percent (0.06%).²⁰ But even with this universal coverage by the pertussis vaccine in the US, and in other countries such as the Netherlands, Australia, Finland, and Canada, whooping-cough disease still has been present in these highly vaccinated populations.²¹ There are two main reasons for this.

First, pertussis vaccines, widely used since the 1950s, have not prevented whooping cough from circulating in vaccinated populations. Unknown numbers of children and adults who have received all of the



government-recommended pertussis shots can and do develop whooping cough, or are asymptomatic carriers of *Bordetella pertussis*.^{22,23} Because the immunity granted by the pertussis vaccine is only temporary, health officials now tell teenagers and adults to get more booster shots.²⁴ But that will not matter if the scientific research indicating that the *B. pertussis* organism has mutated and become resistant to vaccines turns out to be correct.²⁵

A second important reason is that whooping cough can be caused by other *Bordetella* organisms, including *Bordetella parapertussis*.²⁶ The symptoms of *B. parapertussis*, while often milder, can look exactly the same as those indicating *B. pertussis* infection. But doctors rarely recognize or test for *B. parapertussis*—and there is no vaccine for this bacteria. The DTaP vaccine, normally given five times to children under age six, and in booster doses to teenagers and adults, *does not* protect against whooping cough caused by *B. parapertussis*. Studies conducted in highly vaccinated countries suggest that perhaps 30 percent or more of whooping-cough disease is now caused by *B. parapertussis*.^{27,28}

So which *Bordetella* organism was associated with whooping-cough cases seen in California during the summer of 2010: *pertussis* or *parapertussis*? How many of the suspected cases of whooping cough were confirmed as *B. pertussis* by health officials using expensive PCR (polymerase chain reaction) lab tests?²⁹

The truth is that, whether or not you've been vaccinated, you can get a mild or serious case of whooping cough.

Above: The author speaks at NVIC's Fourth International Public Conference on Vaccination in October 2009.

Pertussis
vaccines used
in the us, which
can contain
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bioactive toxins
as well as additives of
aluminum and,
until 1999, mercury,
have injured the brains
of some children and
killed others.

The DTaP vaccine,
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B. parapertussis.

Above: The author and
her son, Chris, in 1981—
shortly before his
fourth birthday
Opposite: The author
and Chris in 2009

Another question: Are public-health officials being transparent with the public about precisely how many children and adults reported to have whooping cough have been fully vaccinated? In 1985, when there was a great deal of publicity about whooping-cough outbreaks in eight states, much of the blame for these outbreaks was put on parents of children injured by the DTP vaccine, who were publicly calling for a safer pertussis vaccine. The allegation was that the bad publicity about the risks of DTP vaccination had caused many parents to avoid getting their children vaccinated. But 25 years ago, when I investigated those outbreaks, I found that 50 to 80 percent, or more, of the children and adults with symptoms of whooping cough had received one or more DTP shots.³⁰

Bordetella organisms can live in pigs, cats, and dogs, as well as humans, and have been part of the earth's ecosystem for thousands of years,^{31, 32} but the mass administration to humans of pertussis vaccines has been going on for only 60 years. So why are the unvaccinated being blamed for outbreaks of whooping cough in California,³³ Oregon,³⁴ and other states? After all, most Americans alive today have received three to five pertussis shots.

The truth is that, whether or not you've been vaccinated, you can get a mild or a serious case of whooping cough from the *B. pertussis* or *B. parapertussis* organisms. And both whooping cough and the pertussis vaccines carry a risk of injury or death, which can be greater for some people than for others. There are no guarantees.

It is time for public-health officials and doctors to look at themselves, and to stop pointing fingers at those who have examined the benefits and risks of pertussis vaccine and come to different conclusions.

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♦ **For more information on vaccines,** go to www.mothering.com/links and find a link to the shop where you can purchase our reprints "Vaccine Debate" and "Vaccines: Still an Issue for Our Time." Also at www.mothering.com/links find the past articles "Show Us the Science," by Lisa Reagan, and "In the Wake of Vaccines," by Barbara Loe Fisher, as well as the link to the Vaccinations forum on our discussion boards.

Barbara Loe Fisher is cofounder and president of the National Vaccine Information Center (NVIC). She is the coauthor of the book DPT: A Shot in the Dark (Harcourt Brace Jovanovich, 1985), author of Vaccines, Autism & Chronic Inflammation: The New Epidemic (P.B. Industries, 2008), and editor of Show Us the Science & Give Us the Choice: Proceedings of the Fourth International Public Conference on Vaccination (2010). She has served on the National Vaccine Advisory Committee (1988–1992), the Institute of Medicine Vaccine Safety Forum (1995–1998), the FDA Vaccines and Related Biological Products Advisory Committee (1999–2003), and the federal Vaccine Policy Analysis Collaborative (2002–2005).

hot & healthy winter drinks





| by Tanya Carwyn | food preparation, styling, and photos by Melyssa Holik

When you need
to thaw out with
something steamy,
try these easy-to-
make, wholesome
takes on old favorites.

You just came in out of the cold and are longing for a nice hot drink to wrap your numb hands around. Are you willing to deal with the jitters that can result from caffeinated drinks, or give your children a sugary powdered-chocolate drink? Chances are you'd rather not. What other options are there?

There are traditional winter drinks from everywhere in the world where winters get chilly. In Olde England they drank wassail, in Russia *sbiten*, and let's not forget our own beloved hot chocolate, which originated in South America. Traditional winter drinks offer real comfort in cold weather, warming you from the inside out. They also pack a nutritional punch, so you can avoid guzzling empty calories with the warming liquid.

Recipes

Winter drinks are often somewhat sweet. Unlike the artificial sweeteners of today, traditional sweeteners were not refined, and actually added to a drink's nutritional value. We can follow that practice today, avoiding refined sugars and chemical sweeteners in favor of such natural sweeteners as maple syrup, honey, or agave nectar. For those of us who try to avoid all sugars, even natural ones, the herb stevia, available in powdered or liquid form, is another good option. But whichever sweetener you use, don't let it overpower the flavors of the drink itself. These creations aren't meant to taste like candy.

In areas where it was available, milk was often the basis of winter drinks. But while cow's milk is nutritious, and gives a drink a comfortably creamy texture, many of us are unable to digest it comfortably, or choose to not drink it for other nutritional or philosophical reasons. Luckily, the cow's milk often used in these drinks can be easily and deliciously replaced by milks from other animals and plants, such as goats, almonds, rice—even hemp. All of these, like cow's milk, have great nutritional value and a lovely creamy texture. And if you use sweetened milks, you probably won't have to add any other sweetener to your drink.

In addition to afternoon pick-me-ups, the drinks in the recipes that follow are also wonderful when served with breakfast. So get to the kitchen and brew up a nice pot of warmth!



Inner-Fire Chai

The spices in this drink are all known for their warming properties.

- ½ cup dried ginger pieces
- ½ cup dried cinnamon pieces or sticks
- ½ cup green cardamom pods
- ¼ cup whole cloves
- milk or nondairy alternative
- vanilla extract to taste
- honey, agave nectar, or maple syrup to taste

Combine ginger, cinnamon, cardamom, and cloves in jar and mix well. Mixture will keep 6 months if stored in a cool, dry place.

Bring desired amount of water to boil, then add 1 heaping teaspoon spice mixture per cup of water. Simmer over low flame 5–10 minutes. Strain liquid into container. Chai can be refrigerated up to 3 days.

To make a steaming mug of chai, heat ½ cup spice infusion with ½ cup milk (cow, goat, rice, almond, or hemp milk all work well). Add a few drops of vanilla extract and a little honey, agave nectar, or maple syrup to taste. Also lovely served chilled.

Above: Ginger and cloves give Inner-Fire Chai its tasty kick.

The **cow's milk** often used in these drinks can be easily and deliciously **replaced** by milks from other animals and plants, such as **goats, almonds, rice**—even **hemp**.

Dandy Latte

Dandelion root has been used for centuries to benefit the liver, and its slightly bitter flavor helps digestion. This caffeine-free, coffee-like drink is reminiscent of a nice latte.

- 1 cup dried dandelion-root pieces
- milk or nondairy alternative

Spread roots out over cookie sheet and roast in 400° oven. Stir occasionally, until roots are a rich brown—just as with coffee beans, the darker the roast, the deeper the flavor.

When the roots are roasted, let cool, then store in glass jar (will keep 3–4 months). Use 1 level tablespoon of root pieces per cup of milk or nondairy alternative.

Grind roots in regular coffee grinder, and simmer in milk 5–10 minutes. Strain into cups and serve with honey or agave nectar, if desired.



The primary ingredient in the Dandy Latte is the surprisingly delicious (and coffee-like) dandelion root.

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weather,
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Coco Cocoa

Coconut milk contains healthy fats, including lauric acid, which is also found in breastmilk and is known to have antiviral action. You can replace the cocoa powder in this recipe with an equal amount of carob powder, or omit the cocoa altogether and add a teaspoon of almond extract to the steaming milk.

- 1 14-ounce can coconut milk
- 2 cups water
- 2 heaping tablespoons cocoa powder (or to taste)
- honey, agave nectar, or maple syrup to taste
- 2 teaspoons vanilla extract
- dusting of cinnamon powder

In saucepan, mix coconut milk and water and bring to boil. In separate container, mix cocoa powder with sweetener and a little of the milk-and-water mixture, and stir until smooth. Add this mixture to coconut milk in saucepan and continue to heat until piping hot. Add vanilla and stir briefly.

Pour into mugs and top with dusting of cinnamon powder.

Serves 4



What's hot cocoa without marshmallows? Find out how to make your own in *Mothering's* digital edition.

Coconut milk contains healthy fats, including lauric acid, which is also found in breastmilk and is known to have antiviral action.

Anise Milk

This traditional winter drink from Holland is enjoyed by young and old, especially after a day of ice-skating on the canals. Anise is warming, and has been used as an expectorant and to increase milk production in nursing mothers. It may also help to calm colicky babies, who ingest the anise through mother's breastmilk.

- 4 cups milk (cow, goat, almond, or rice work best)
- 2 tablespoons anise seeds tied in piece of cheesecloth
- honey, agave nectar, or maple syrup to taste

Add milk and bundle of anise seeds to pot and simmer over very low heat for 20–30 minutes, stirring occasionally. Make sure milk does not boil.

Remove anise, add sweetener to taste. Serve steaming hot.

Serves 4

Anise is warming, and has been used as an expectorant and to increase milk production in nursing mothers.

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Wassail

The name of this traditional Northern European winter drink, which was used in salutations and toasts, comes from the Middle English wæs hæil, from the Old Norse ves heill (be well). This recipe is easily doubled or tripled; leftovers can be kept in the fridge for up to 3 days. When you need a warm pick-me-up, simply reheat.

- 3 cups apple cider
- 1 cup blueberry or cranberry juice
- 1 tablespoon lemon juice
- ½ cup strong black tea (decaffeinated if preferred)
- ½ teaspoon whole cloves
- 1 teaspoon fresh ginger, chopped
- 2 sticks cinnamon

Pour juices and tea into pot. Tie spices into square of cheesecloth and add to pot. Simmer over very low heat for at least 1 hour, up to 3 hours.

Serves 4



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♦ **For more tasty cups of comfort,** go to www.mothering.com/links and find recipes for Cathe Olson's Carob Hot Cocoa, Peggy O'Mara's Homemade Chai, and Aztec Hot Chocolate. Also visit our Peggy's Kitchen page and sign up for the Peggy's Kitchen newsletter.



Tanya Carwyn is a mother, writer, herbalist, and nutritionist who lives in an eco-village in the mountains of North Carolina.

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| by Melissa Chianta

Full steam ahead

Media for the strange new land of parenting



Don't let anxiety hamper you on your journey as a new parent. Stay informed, and take care of yourself. Start with Geeta S. Iyengar's prenatal yoga expertise in *Iyengar Yoga for Motherhood*, then move on to the uplifting birth stories in *Birthing a Better Way*, by Kalena Cook and Margaret Christensen. Looking for a soundtrack for your unique birth experience? Consider soothing yourself with Snatam Kaur's *Divine Birth*, an album of beautiful chants for mothers. After baby is born, discover all the lactation information you could ever need in La Leche League's *The Womanly Art of Breastfeeding*. In addition to these media, you'll find smart children's books, CDs, and DVDs to keep kids and parents entertained as you all attend to the work and play of becoming a family. Enjoy!

Iyengar Yoga for Motherhood: Safe Practice for Expectant & New Mothers, by Geeta S. Iyengar, Rita Keller, and Kerstin Khat-

tab, is everything you'd expect from a manual co-written by the daughter of the founder of Iyengar yoga. This impressive book provides precise instructions and photographs for asana sequences for each trimester, as well as a section on eating an Ayurvedic diet during pregnancy. (Sterling, 2010)

Birthing a Better Way: 12 Secrets for Natural Childbirth, by Kalena Cook and Margaret Christensen, MD, serves up positive birth stories with a side of evidence-based, expert advice on such procedures as epidurals, inductions, and birth positions. If you need some encouragement on your way to a natural birth, this may be the ticket. Also included are a couple of birth stories with less-than-perfect outcomes, offered as encouragement for overcoming challenges. (University of North Texas Press, 2010)

The lactator's bible, La Leche League International's *The Womanly Art of Breastfeeding*, eighth edition, by Diane



Above:
Illustration by
Rebecca Dautremer,
from Carl Norac's
Swing Café



Wiessinger, Diana West, and Teresa Pitman, has the 411 on just about every imaginable mommy-milk issue, from latching on to the most recent research demonstrating why breast is best. It's a must-have for any nursing mama. (Ballantine, 2010)

Breastfeeding in Combat Boots: A Survival Guide to Successful Breastfeeding While Serving in the Military, by Robyn Roche-Paull, BS, IBCLC, LLLL, is a comprehensive guide to the myriad logistical details involved in nursing while enlisted in the armed services. Along with addressing such issues as managing pumping while working in a lactation-hostile environment, Roche-Paull includes an abundance of exceptionally inspiring stories about women who succeeded at breastfeeding while on active duty, including those who shipped their milk to the US while deployed overseas. (Hale Publishing, 2010)

The Autism Book: What Every Parent Needs to Know about Early Detection, Treatment, Recovery, and Prevention, by Robert W. Sears, MD, FAAP, skillfully summarizes multiple theories regarding the causes and cures of autism spectrum disorders. Learning that your child has autism is overwhelming enough without having to then make sense of the volumes of research and information available on the topic. Sears does it for you, with an eye toward fairness and an ear for reader-friendly prose. (Little, Brown and Company, 2010)



Smart by Nature: Schooling for Sustainability, by Michael K. Stone and the Center for Ecoliteracy in Berkeley, California, profiles independent and public schools around the country that have implemented diverse programs to educate kids about environmental stewardship, including farm-to-school lunch programs, courses in making rain gardens and building greenhouses, and hands-on instruction in wastewater management. This book crackles with creative, feasible how-to lists for instilling eco-awareness in children. (Watershed Media, 2009; www.watershedmedia.org)

MUSIC

The soothing Sikh chants on *Divine Birth* seem to effortlessly float on air. The honeyed voice of Snatam Kaur (joined on some tracks by her mother, Prabhu Nam Kaur) conveys the beauty of the ephemeral bond between mother and child, in honor of which these ancient songs were composed. (Spirit Voyage, 2010)

DVDS

The excellent *Pregnant Pauses: Movement for Moms*, with Alan Questel, features six DVDs of lessons in the Feldenkrais Method for moms-to-be. Each segment of about 40 minutes teaches the student to make subtle, gentle shifts in how she moves, so that everyday activities such as rolling over, pressing and lifting, and even breathing become easier. Questel, who was trained by Moshe Feldenkrais, provides highly skilled, fluid instruction that encourages viewers to tune in to the processes of their own bodies. (Uncommon Sensing, 2010; www.uncommonsensing.com)

In *Latching On: The Politics of Breastfeeding in America*, Katja Esson interviews physicians, social workers, lactation consultants, activists, and moms to create a detailed picture of the many social, cultural, and economic forces that impede breastfeeding in the US. This well-made documentary packs a



lot of solid information into 36 minutes, and sheds light on an issue that needs more discussion: the reasons for the low rates of breastfeeding among African Americans. (Women Make Movies, 2010; www.wmm.com)

CHILDREN'S BOOK

The utterly unique *Swing Café* chronicles the adventures of the Brazilian cricket Zaz as she chases her dream of being a jazz singer in the Big Apple. Carl Norac's imaginative story and Rebecca Dautremer's sensuous, fantastical illustrations make for a sophisticated piece of children's literature. Bebel Gilberto and David Francis narrate the story on the accompanying CD, which includes classic swing tunes performed by the greats—Duke Ellington, Ella Fitzgerald, and Cab Calloway. Ages 7 to 10. (Folle Avoine Productions, 2010; www.thesecontmountain.com)

CHILDREN'S MUSIC

On *World of Dreams: Soothing Songs and Lullabies*, Charlie Hope's languid, lilting voice, together with a slowly strummed guitar and reverberating synth, make for an album that earns its title, pulling listeners into an ethereal soundscape that evokes clouds, balloons, and other objects prone to float away. These tunes may have been crafted for kids, but the fine songwriting will appeal to adults, too. (Little Maple Leaf Productions, 2009; www.charliehopemusic.com)



On *Rise and Shine*, Key Wilde and Mr. Clarke blend traditional folk music, original alternative rock, and Pogues-esque punk tunes with witty lyrics about the ridiculous: for instance, an identity-confused Dog who would rather be a Frog, or fashionable purple llamas with a flair for silk pajamas. The CD is accompanied by a board book illustrated with Wilde's quirky line drawings and watercolors, both of which have an appealing comic-strip sensibility. (Little Monster, 2009; www.littlemonsterrecords.com)



CHILDREN'S SPOKEN WORD

The Best Candy in the Whole World and Other Stories, the latest album from Grammy-winning artist Bill Harley, is simply superb. No one can so empathetically portray the poignant, frustrating, and (let's not forget) hilarious dynamics between parent and child as can Harley. These laugh-out-loud-funny short stories and songs about the vagaries of an unending supply of candy, or the adventures of a boy who slips inside a peanut shell, will entertain kids and parents alike. (Round River Music, 2010; www.billharley.com)

CHILDREN'S DVD

Big Bird, Little Bird, a collection of music videos for children, features the soaring, soulful voice of musician and attachment-parenting mama Sara Hickman, of Austin, Texas. Her moving songs about family life and the disc's uncomplicated animation together convey a simple, sweet message to the child heart in each of us: that the most important thing in life is love. (Sleeveless, 2010; www.sarahickman.com)



Melissa Chianta is Mothering's managing editor. The best part of her job is checking out terrific new media.

strokes of Genius



28

Keep your family warm, healthy, and nurtured this winter with the best natural products available.

Warmth is key as we begin the new year; I'm all about hot tea, and the ① **Libre loose-tea cup** (www.libreteat.com) has a stainless-steel filter that keeps the leaves contained (and makes a tea ball unnecessary). Try it with ② **Weaver's Chamomile Lemon Blossom Herbal tea** (www.weaverscoffee.com).

Recently, on my blog (www.mothering.com/candacewalsh), we featured Vyssan Lull Scandinavian children's clothing. The mamas went wild for it, so here are some newer pieces: their ③ **Röda Hund organic cotton preemie set** and the super-dapper organic-cotton ④ **Stars long-sleeve shirt** (www.vyssanlull.com). Olive Juice, another favorite of mine (www.olivejuicekids.com), offers natty striped pieces like the ⑤ **Marin Tee** and the Patches frock (not pictured). Beef up the warmth factor with ⑥ **Longbockers Underouts**: undies and long underwear in one (www.knickerbocker-glory.com). If you love the softness of bamboo fabric, you'll adore ⑦ **Kickypants' bamboo velour coverall** (www.kickypants.com). Tired of losing scarves and hats at preschool? ⑧ **BabyBox's monogrammed custom hand-knit scarf and hat** should safeguard against that (www.babybox.com). ⑨ **Heart & Stone's personalized rings** of recycled silver are also custom-made . . . and of heirloom quality (www.heartandstonejewelry.com). Also silver: Khombu's stylish ⑩ **Kaymen rubber**

rain boots for girls (www.khombu.com). ⑪ **DLL Rainwear's rubber boots** are canvases for all sorts of fun

motifs—like this Kids at Work pair, with matching raincoat (not pictured; www.dllrainwear.com).

If breastmilk, not rain, is soaking you, consider the ⑫ **Milkies Milk-Saver** (www.mymilkies.com). Place the streamlined, BPA- and phthalate-free Milk-Saver over your nipple and it will catch all the milk that comes out during let-down, whether you're nursing or just trying to get through the checkout line. It encourages your milk supply, protects your clothing, and lets you collect and store precious breastmilk that would otherwise be wasted.

Nurture your kisser through the winter with tasty, fragrant ⑬ **Hurraw! lip balms**, in chai and coconut flavors (www.hurrawbalm.com)—and, for dessert, apply ⑭ **Mad Gab's Chocolate Moose Smooch lip balm** (www.madgabs.com). Mad Gab's line also includes **Baby Moose Balm** and my favorite lip shimmers (not pictured). I'm also loving ⑮ **Beecology's Honey & Lavender soap** (www.beecology.com), ⑯ **Clean Well's Hand Sanitizing Wipes** in Orange Vanilla (www.cleanwelltoday.com), ⑰ **emerginC's Scientific Organics Phytocell Detox Mask** (www.emerginc.com), ⑱ **Living Nature's Hydrating Gel Mask** (www.livingnature.com), and Harnn's aromatherapy line, including their ⑲ **Comfort aromatherapy oil and burner set** (www.harnnusa.com).

⑳ **Maty's Kids All Natural Cough Syrup** with buckwheat honey is a throat soother with a banana-caramel flavor (www.matyshealthproducts.com).

㉑ **Urban Moonshine's Digestive Bitters** tame the indigestion, bloat, and even queasiness that can mar an otherwise lovely day (www.urbanmoonshine.com). My own high-maintenance tummy

has taken to it like a bee to honey. (Note: These bitters are not recommended for pregnant women, as they contain angelica.)

Speaking of bees, the Portland mama brand beloved of so many, Queen Bee Creations, has designed the ㉒ **Chickpea Baby diaper bag**—one that will carry you through the years. It's a laptop bag, tote, diaper bag—whatever you need (www.queenbee-creations.com). Some new entrants to the sandwich-wrap category are ㉓ **Eco Ditty's Velcro-closure pouch** of organic cotton (www.ecoditty.com) and ㉔ **Keeper Sacks'** version in lightweight nylon (www.keepersacks.com). ㉕ **Envirosax** provides a fun, graphically punchy line of roomy, reusable shopping bags that can also serve as gift wrapping; here's the ABC style (www.envirosax.com).

Don't have time to pack lunch?

㉖ **Orgain** is an organic meal-replacement drink with whey protein, omega-3s, and the antioxidant equivalent of ten servings of fruits and veggies (www.drinkorgain.com). Simplify your baby-food making with the ㉗ **Oxo Tot Baby Food Masher**—no electrical outlet necessary (www.oxo.com).

Apple Park's plush toys are adorable, engaging, and all organic, including this new ㉘ **monkey hand puppet** (www.applepark.com). The ㉙ **Sleepy Owl musical pull toy** is from miYim Simply Organics' nursery collection (www.miyim.com).



Candace Walsh, mom to Honorée and Nathaniel, is Mothering's features editor and product reviewer.

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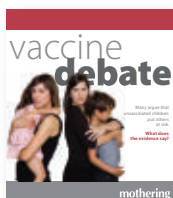


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BACKSTAGE *The Mothering Bunch*



The staff show off their smiles, à la the Brady Bunch. **Top row:** Shirl Ervin, Simone Snyder, Melyssa Holik, Adina North. **Second row:** Cynthia Mosher, Lally O'Mara McMahon, Peggy O'Mara, Melissa Chianta. **Third row:** Bridget Loomam, Laura Egley Taylor, Melanie Mayo, John McMahon. **Bottom row:** Candace Walsh, Bob Rosen, Sarah Patamia, Amy Briggs.



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