

Questions.” The cross-referencing system is extremely thorough, providing quick access to the heart of a matter and guiding the reader to other appropriate sections.

The book is accurate in its information. There are a few areas, however, which require elaboration. Two such points are nipple confusion and growth spurts. Nipple confusion is experienced by an infant when he/she has been exposed to both artificial and human nipples. It is especially prevalent in the first six weeks of life. In the section “Things You Might Need to Know,” nipple confusion is mentioned briefly. There also is no information provided on growth spurts. These occur around the second week, sixth week, third month, sixth month, and every six months thereafter. Most crucial to sustained breastfeeding is the realization that a baby is in a growth spurt during the second week of life. For a period of approximately 24-48 hours, a baby will want to feed frequently. While the authors discuss the supply-and-demand mechanics of breastfeeding they do not mention the specific times when a baby is working to increase a mother’s milk supply. Frequently it is during these intervals that mothers are told, they are “running out of milk.” Many women supplement with formula at this time, which is counterproductive to increasing their milk supply.

It would have been helpful to include a list of common irritants to an infant when ingested by the mother; for example, chocolate, strawberries, cabbage, and cow’s milk. In addition, the lack of reference to licenced homeopaths and naturopaths as viable health practitioners continues to advocate the established medical community as the only voice of authority.

Overall, this book is a useful publication which sheds light on the interconnectedness between successful breastfeeding and a supportive culture. By questioning cultural norms and women’s ability to make an informed choice, the book explores the assumptions and myths prevalent in our society which jeopardize the breastfeeding relationship.

In Her Own Voice: Childbirth Stories from Mennonite Women

Katherine Martens and Heidi Harms, eds.
Winnipeg: University of Manitoba Press, 1997

Reviewed by Heather Mains

What can we learn from three generations of women recounting their birth stories? This is the question that I repeatedly asked myself as I read *In Her Own*

Voice: Childbirth Stories from Mennonite Women. Of the few journals, books, texts and magazines we have on Canadian childbirth experiences, this is the most recent. It is also one of the few collections of stories told by women in the first person.

Many books contain snippets of birth stories, but few allow women to tell their stories as testament. Worldwide, over the past four decades, there has been much anthropological writing on birth. Yet in these works, there always is a veil between the reader and the mother. First, the anthropologist's interpretation removes the story from the teller. Second, the use of pseudonyms increases the distance between the mother and the reader, and often leaves the reader wondering if the story itself is not fabricated.

In Her Own Voice shows how tales and experiences of pregnancy and birth have changed over generations. It is a living record of changes in the location of birth, from home at the turn of the century, to hospitals in the 1930's and 1940s, back to home in the 1970s. Although not all Mennonite women today give birth at home, the community seems to do so more often than the general population. According to the Association of Ontario Midwives, the home birth rate in Ontario hovers below one percent.

Earlier generations of Mennonite women were not told of what to expect in pregnancy and birth, and while childbearing was considered a woman's duty, there were few women to confide in. For Maria Reimer, born in 1902, even the word "pregnant" was taboo. She called it "being in the other time." Elsa Neufeld tells us that a pregnancy was kept secret as long as possible. Another woman's husband chided her for not being sufficiently friendly to his parents, whom they were entertaining the evening she went into labour. At the time, she didn't reveal that she was experiencing strong labour pains; only after her in-laws left did she ask her husband to hitch up the horse and take her to the hospital.

I was struck by Joan Thomas's statement in the forward to this book that childbirth is a "joyous" occasion. Since I found this to be a dubious claim, I noted as I read whether the women reported feeling joy at birth. In fact, "not happy," "dread," "anxiety," "scary," "terrible sense of responsibility," "indignity," "drugged," and "foggy" were the terms used to describe their birth experience, as often, if not more often, than "joy." Perhaps feeling "joy" at birth is Thomas's social construction of the experience. Birth was not joyful the majority of the women in this book.

So where does "joy" enter into our interpretation of giving birth? Perhaps it lies only in the hope we place in the child born and not in the experience of birth itself. Or perhaps it lies in the relief and sense of accomplishment felt upon delivery. The concept of joy in birthing is problematic and needs further exploration. These stories engage the reader, however, and move us away from a biomedical consideration to a social consideration of birth.

Other collections of first person childbirth narratives, in addition to those listed at the end of the book:

Kitzinger, Sheila. 1987. *Giving Birth, How it Really Feels*. London: Victor Gallancz.

Davis, Linda, Jo-anne Byrne and Susan Cullen. 1992. *Women in Labour: 32 Personal Accounts of Childbirth*. Melbourne, Australia: The Text Publishing Co.

The internet also is a source of birth narratives. A sample of stories told in the first person can be found at the following web sites:

<http://boards.parentsoup.com/messages/get/psbirthstories19.html>,

<http://unassistedchildbirth.com/stories.htm>

<http://pages.ivillage.com/misc/coatlicue/index.html>

http://www.compleatmother.com/birth_stories.htm

Sleepless Days: One Woman's Journey Through Postpartum Depression

Susan Kushner Resnick
New York: St. Martin's Press, 2000

Reviewed by Faulkner Fox

This is a harrowing book. Susan Resnick describes her descent into full-blown postpartum depression (PPD) after the birth of her second child, Max. She also describes her recovery, aided primarily by the anti-depressant Zoloft.

Sleepless Days is an informational memoir, meant to help PPD sufferers—past, present, and future—understand this oft misdiagnosed disease. Resnick appears to position herself as a feminist—although she never uses this word directly—shedding light on a critical women's medical issue that has been underestimated, ignored, and ill-treated by the male medical establishment. When Resnick goes to her family doctor with “an obvious set of PPD symptoms”—insomnia, constant anxiety, fear of hurting her baby, thoughts of suicide—he tells her she is suffering from “housewife's anxiety” and needs a good vacation.” He probably would have added that I needed a good bang had he not been trying so hard to appear sensitive,” she comments wryly.

Indeed, this book sheds light on the nature, prevalence, and terror of PPD. I initially came upon this book when a friend recommended it a year after I fell into a depression I never fully understood, saying “Check this book out. I think you had PPD.”

Reading *Sleepless Days*, I found myself thinking that I had suffered from PPD, but according to some of Resnick's designations of normal and pathologi-