Dear Mr. Murray,

I recently had the pleasure of bringing my daughter, Isabella, into the world in your hospital. I hadn't planned or wanted to give birth in a hospital but because my baby was in a breech position and nothing was going to make her turn, being in a hospital was the responsible thing to do. All four nurses who attended to me during our stay, Elaine, Meredith, Becky and Brooke, were fantastic as well as Midwife Lynn who works with Dr. Fischbein. Lynn and Meredith were particularly amazing. They were extremely attentive and caring and were very respectful of the requests I made in my birth plan. I would also like to say that Dr. Rao was really great as Isabella's pediatrician and did her best to accommodate my birth plan, which was all I could ask for.

But the main reason for my letter is to express my profound gratitude for being able to deliver my baby naturally and it's all because of Dr. Stuart Fischbein. We even drove up from Hollywood so he could deliver her. There aren't many obstetricians today who are willing, and many who aren't qualified, to deliver a breech baby. It's truly regretful that knowing how to deliver these babies is becoming a lost art. There is a wealth of evidence of the benefits of normal, spontaneous labor and vaginal delivery to both mother and baby, which shouldn't be a surprise as the best way has always been the natural way. The routine use of cesarean sections circumvents this beneficial process. Of course, not all breeches are good candidates for vaginal delivery but many are.

I have become very passionate about this issue and am getting more involved with other 'Breech Baby Advocates', as I call them. I am pleased that there has recently been a shift in the way breech presentations are being viewed. Canada's Society of Obstetricians and Gynecologists (SOGC) has released new guidelines stating that c-section for breech babies is no longer considered the safest way. The new approach was prompted by a reassessment of earlier trials. 'It now appears that there is no difference in complication rates between vaginal and cesarean section deliveries in the case of breech births.'

"Our primary purpose is to offer choice to women," said André Lalonde, executive vicepresident of the SOGC. With the release of the new guidelines, the SOGC will launch a nationwide training program to ensure that doctors will be adequately prepared to offer vaginal breech births. We should follow suit. Dr. Fischbein makes it possible for women delivering in your hospital to have that choice and that alone puts St. John's Pleasant Valley Hospital at an advantage over other hospitals. We are deeply grateful for our experience there.

Sincerely,

Lindsay Sauvé

cc: Stuart Fischbein, Laurie Bingham, Gene Fussell