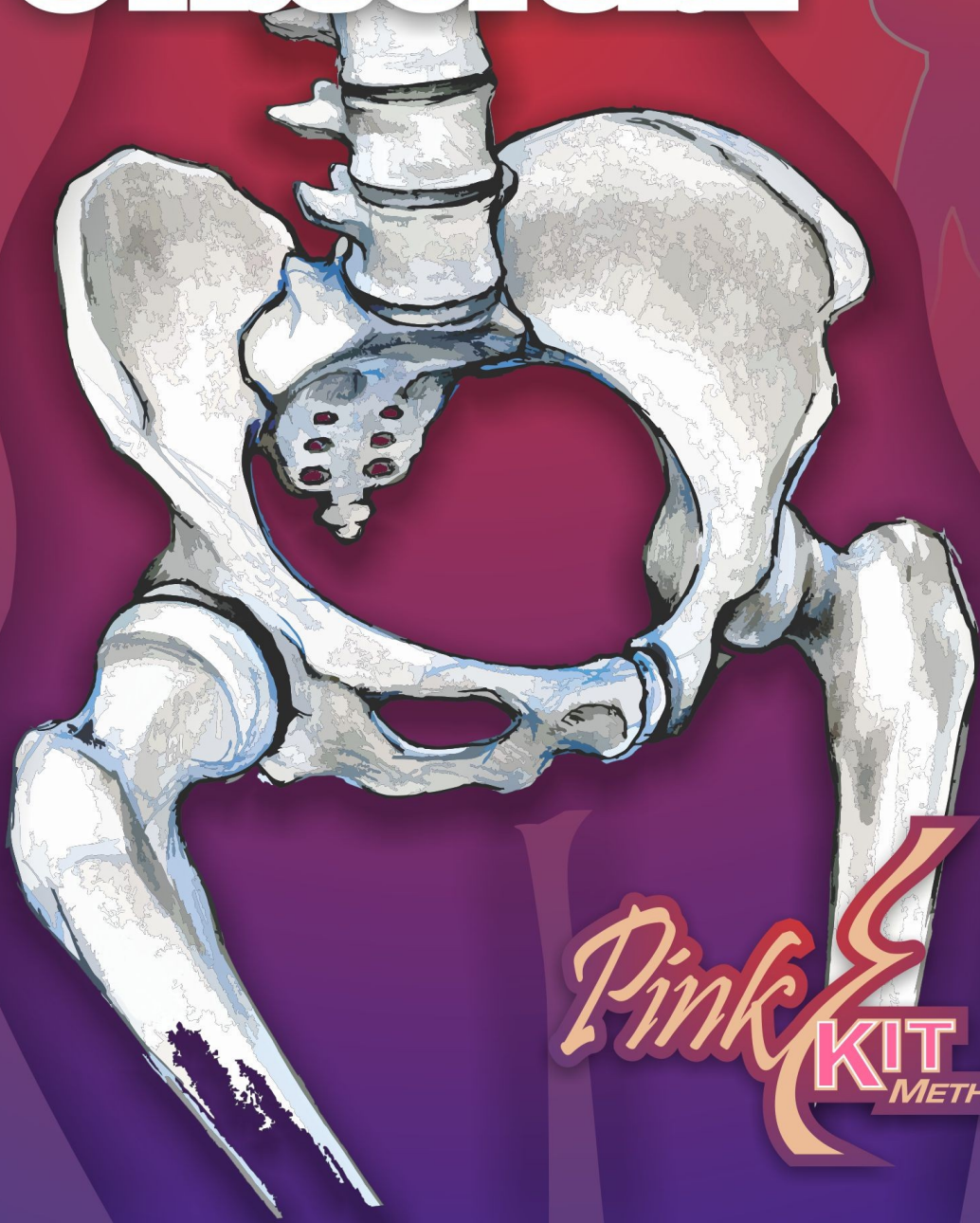


BODY SKILLS

# Bony STRUCTURE



*Pink* **KIT**  
METHOD<sup>®</sup>

## Bony Structure

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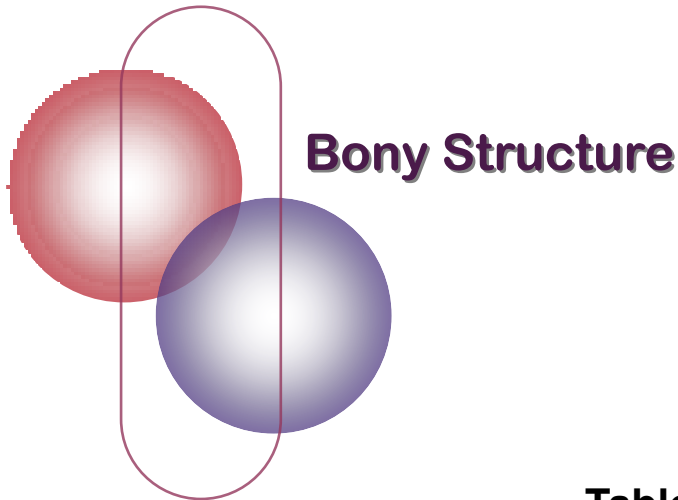
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The information in Birthing Better with The Pink Kit Method® is not intended to be used for the diagnosis, treatment, or prescription for any medical disorder. Please consult with your medical care provider before beginning this program.



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## Our Bony Structure

This resource is tied to the DVD and the body skills found there. If a picture's worth 1,000 words, a video replaces 10,000 words. The DVD is paced very slowly so you can learn along with each section, spacing the sections several days apart. This resource fills in the details. There's nothing more annoying than "Where do I put my hands?" or "How far apart do I put my feet?".

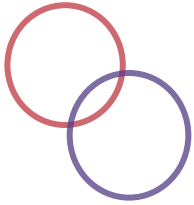
Many people are tempted to look the DVD sections and say "Yup, got that." But if asked later to find the landmarks on themselves or do any of the exercises, they tend to struggle. It's vitally important you transfer what you see and read to your own body. The DVD and the *Body Skills* resources are merely tools to help you learn. Learn so you can do everything comfortably and easily when the time comes for your baby to be born, without fiddling around or guessing.

You'll first be taken through the pelvic zone knowledge. Then you'll be taken through the pelvic zone exercises/skills.

### **Each exercise has a story**

Birthing Better Pink Kit stories have been collected over 35 years. Often, people ask "How did this exercise or skill develop?" Each exercise in this particular resource has its own beginning story for you to read. Once something was discovered, it was passed on to the next and next and next expectant family.

Hopefully, you will feel inspired to be creative in your birth. Once you have skills, you can easily adjust the knowledge and skills to your own experience. Share your Birthing Better Pink Kit Birth Stories on the top menu of [www.birthingbetter.com](http://www.birthingbetter.com). Let other families know about your Birthing Better Pink Kit experience.



## Pelvic Zone Knowledge

If you read the “Overview,” you know an object has to move down, through, and out of a container to complete the birth journey. You might also know this happens in Stages. Much of the “information” about the process of labor you can find in other childbirth books and in your childbirth education class. However, when you see illustrations of our three-dimensional body, it’s very tricky to interpret what you see into what you feel. You have to understand these Stages as a relationship between the container and your baby.

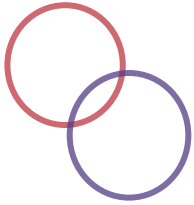
### What Babies Do

Your baby stimulates your container to open up. This is called labor. If you were in control and in charge, you’d choose how often you have a contraction, how long each would last, and how painful each would be. Since you have no control over any of these factors, just accept the fact that your baby’s in charge of this. Understanding the Stages of labor from your baby’s viewpoint will add to your ability to work skillfully with these Stages.

**1<sup>st</sup> Stage:** Your baby moves down through the hole in your container (your pelvic tube) and stimulates your uterus to pull open your cervix. At the end of this Stage is a period called Transition. During this short and often intense part of 1<sup>st</sup> Stage, your baby moves through the open cervix and brings its head or bottom into its birth canal (your vagina).

**2<sup>nd</sup> Stage:** Your baby moves into, down, and out of your vagina/its birth canal, by stimulating your uterus to change tactics and send waves of “bearing down.” This is an ejection reflex.

**3<sup>rd</sup> Stage:** Your baby is now born, but birth is not finished until the afterbirth/placenta delivers.



During labor and birth, a natural process called “molding” occurs. The bones of your baby's head have sutures (small spaces) between them. These sutures permit the bones to mold and overlap one another so that your baby's head size can become slightly smaller. Molding is an adaptive mechanism so your baby can fit more easily into and come through the space in a container that might be snug. You see this molding right after birth and for several hours afterward.

### **Discover our bony pelvis**

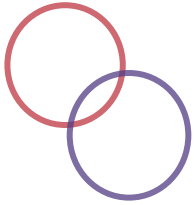
Unless you stubbornly stick to the belief that men and women are separated by the deepest chasm, highest mountain, and widest river, chances are you cannot differentiate easily between the male and female skeleton on the DVD until you are educated about what to look for. Nearly the same skeleton is inside all of us, with only small variations. Both mothers- and fathers-to-be just need to find the bones among all the soft tissue and muscles. Most of that is also exactly the same, which you'll investigate in the “Soft Pelvis” resource.

Knowing that we have a common human body means we can share a common understanding, experience, and language.

Nature has put your baby in a very protected place during its growth. Your baby is surrounded by the bones of your pelvis, spine, and ribcage. The large muscles of your belly protect the uterus. Until recently, all babies came into the world out of a vagina. We know that no baby has ever come out a woman's mouth, top of her head, or toes. It's the pelvis you need to know. Unfortunately, the bones of our pelvis, whether we're male or female, are the ones we are least likely to be familiar with. After this resource, you'll know your bony pelvis really well.

### **Your Pelvic Tube**

Let's talk about the space inside our bony pelvis first. Follow along on your DVD to take a look down into a bare-bone pelvis: *Landmarks* and *Map Your Pelvis*. You can see that the landmark bones form the outside of a rough, thick-walled circle. The entire



space within that circle is called the *pelvic opening*. That's its official name. We refer to that space as the *pelvic tube*. The pelvic tube is not a smooth, symmetrical tube, as you'll notice on the skeleton of the DVD.

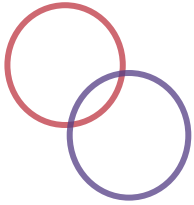
The fact is, your pelvis has an "inlet," or top of the tube, which is where the baby enters the pelvis. This part of the pelvis obviously can't be felt from the outside. Then there's the mid-pelvis or middle of the tube, often the narrowest part of the tube. The mid-pelvis is where the tissue of the lower uterus and the tissue of the top of the vagina attach (see "Soft Pelvis"). Last is the "outlet," which is the bottom of the tube and also has its own shape. This can be measured from the outside of your body, which is what you're about to do now.

Put your thumb on the top of your pubic bone where your pubic hair starts, and reach with your index finger down to your crotch and find the pubic arch; that's the length of the pelvic tube. Your thumb is placed at the front of the inlet. Your index finger is placed at the front of the outlet. It's also the distance your baby must travel once it enters the top of the tube (pelvic inlet).

Once your baby moves out of the outlet, it enters the soft tissue of its birth canal. You'll further discover the shape and space of the birth canal with the audio CD *Internal Work*.

A tube is a good visual concept (and it also explains the plumbing analogy), because any tube has an inlet, mid-section, and outlet, no matter how long it is. Even a hole can be like a donut-hole, a two-dimensional circle, or a hole in the ground. But a tube has three-dimensions. You can see this quite easily on the DVD. This pelvic tube is part of the inside of your container. Men have the same tube but it's smaller, as you'll discover when you map this space and see the differences on the DVD. Men have the same bones and same shape, but not the same size, and size matters.

Now let's find the landmarks of the bones in your pelvis. Landmarks are either an entire bone or the parts of a particular bone. Most of us have touched our pelvis or parts of it at some point, but we aren't usually aware that this piece is connected to



that piece. It's a lot like finally fitting pieces of a puzzle together. The landmarks will help you connect the dots. The landmarks give you knowledge of the physical boundaries of the container.

### Your Pelvic Landmarks

#### **Beginning story of landmarks**

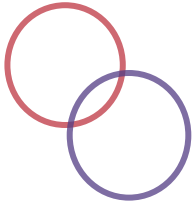
*At the very beginning of the evolution of Birthing Better with the Pink Kit Method®, we discovered that few of us had a clue about our pelvis at all. This part of our body is covered by fat and muscles, more so than most other bodily parts, and it is associated with some very private goings-on. When we thought about our bones, if we did, we pictured the bones in our hands, feet, arms, and legs. Most of us knew we had a ribcage. Most thought our head was one bone, which it isn't. Many of us had never seen or paid attention to a skeleton and, if pressed, would say that the pelvis was just one bone, which it isn't, either.*

*Finding the landmarks was the simplest way to become familiar with our own body, even if we didn't have a skeleton to look at. In fact, looking at skeletons gave us only the information and knowledge without the feeling and awareness. To fully understand our baby's journey through our body, we had to become aware and feel. We learned we could touch different landmarks of our pelvis and now know what pieces belonged to which parts. The landmarks are only on the outside, but that was the first step to becoming aware and feeling the inside of our pelvic tube.*

In your bony pelvis, you will find

- two big hipbones — there are several landmarks even on these two big bones:
  - hip blades
  - pubic bones
  - sit bones
  - bumps at the back where the backs of the big hipbones slightly overlay the sacrum
- sacrum: the large triangular bone at the base of the spine
- tailbone: commonly known as the coccyx





### **Hipbone parts**

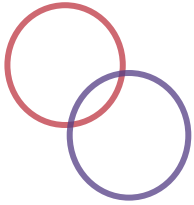
Both of you have two large, identical hipbones. These two bones make up the largest part of the pelvic tube. Keep in mind that the pelvic tube, opening, space, and hole are used to mean the same thing.

#### ***EXERCISE: HIPBONES***

Here are the details that complement the DVD.

- 1) Notice on the DVD that the tops of your hipbones sweep down the front of your body, then turn toward your belly's midline and form the pubic bone found across the lower part of your belly, under your pubic hair. You're probably familiar with your hip blades and your pubic bone. Aside from those, the landmarks on these big bones may be more obscure.
- 2) Less-familiar landmarks are on the back of these two big bones. Follow the DVD. Start again from the top of your hip blades and move toward your back. There you will discover two bumps that might be tender to touch. Sometimes they are very prominent and sometimes quite hard to find, but the area is often tender. As you can see on the DVD, these bumps overlay the triangular bone called the sacrum. These have a long anatomical name but are affectionately called the PSIS bumps.
- 3) The back landmarks on the big hipbones are not familiar to most of us, nor are the landmarks of the bones felt underneath when we sit on a hard chair. These are our sit bones. When we stand, our legs straighten out, and those bumps can now be felt deep inside our bum muscles. These are the last landmarks on the big hipbones.

These two hipbones are the only bones in our body that have landmarks on the top, front, back, and bottom of our pelvis, yet are still on the same bones. Really get these hipbones planted firmly in your mind's eye and be able to mentally go to those landmarks. Don't forget.



### **Pubic bone**

You'll see on the DVD that the two hipbones meet in the front of your body and make up the pubic bone. This is another word that confuses people. Because we call it the "pubic bone," people assume it's only one bone and has no movement. This is inaccurate. The seemingly singular bone is actually formed from two separate bones that descend from each big hipbone.

Between these two pubic bones is cartilage, a soft tissue that is softer than bone, so it is only partially rigid. You also have cartilage at the base of your nose and in your ears. Pubic cartilage softens in the last few months of pregnancy by action of the birth hormones, which are very, very powerful. This softened cartilage permits the area to spread apart to create more space for your baby.

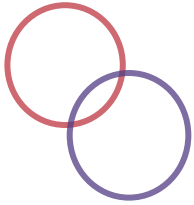
### **Sacrum**

Going back to the DVD, follow your spine or backbone down and find the large, flat bone at the end of your spine that is shaped like an upside-down triangle. This is your sacrum. The two bumps on the big hipbones slightly overlap the top corners of the sacrum. This overlay is not fixed or stuck. It's a sort of joint on each side of your sacrum as it meets each bump from both hipbones. The birth hormones increase this joint's ability to slide the two parts over one another.

Therefore, the movement capability in your container exists in the front, where the pubic bones succumb to the expansion and softening of the cartilage, and in the back, where the sacrum meets the bumps on each big hipbone. This is all good news. The birth container is not rigid and fixed; it is designed to open! Along with the molding of your baby's head, your body and your baby can work together.

### **Tailbone**

As you see on the DVD, your tailbone is at the tapered end of the triangular sacrum. Your tailbone is also attached to your sacrum with soft tissue and has the ability to



move backward. You might have a short tailbone or one that is quite long and curved under. Later in the DVD and this resource, you'll learn how to increase mobility in this small joint if you have a long tailbone.

You now know the landmarks that give you the outside of your container. The inlet of your pelvic tube cannot be directly touched or explored. The middle part of your pelvic tube can be touched and explored as you do the *Internal Work*. The outlet is what we'll next explore. Everyone can map their outlet, while only in women can the middle part of the tube be touched. Isn't it exciting to get to know yourself and how your baby relates to you?

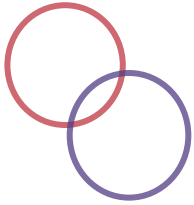
### Mapping Your Pelvis

It's important to map your pelvic tube outlet so you know what shape and space your baby must pass through, are realistic about the relative fit of your baby to your body, and establish a baseline during pregnancy of this space so you can optimize it during labor.

With the DVD, you will map these different dimensions:

- the side-to-side distance between your sit bones (*Finding Sit Bones* and *Partner Finding Sit Bones*)
- the curve of your pubic arch (*Mapping the Pubic Arch*)
- the front-to-back distance from your pubic arch to your tail bone (*Finding Front to Back*)
- the length of your tailbone and whether it curves under (*Your Tailbone*)
- the width, length, and curve of your sacrum (*Your Sacrum*)

Become as familiar with your pelvic map as the back of your hand. It's crucial that both of you can touch/feel the different dimensions of your pelvic map. Your map is the starting point for all of your pelvic zone exercises/skills. The connection between the brain and the body is incredibly important, something we live with all the time but don't always use to our greatest ability. This connection is how Mindfulness (see



“Staying in The Now”) becomes evident during the birthing process. It is grown through practicing skills by doing exercises.

**Woman:** “I knew *exactly* where my baby was and what was happening inside me.”

**Coach:** “I could see exactly what parts of her pelvis were tense and help her relax.”

Take your time. Be determined to really get this. You must use both definitions of “practice” (see the *Body Skills* “Overview”).

- Go over this section several times in the next few days so you become knowledgeable about your outlet. If you have a lot of difficulty, skip this part and come back again later. Sometimes it’s the next thing you do that produces that light-bulb moment.
- Remind yourself several times a day to create space between your sit bones while you’re going about your daily activities.

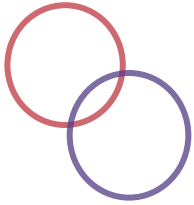
All of your map’s dimensions can be modified to some degree, as you’ll experience in your pelvic zone exercises.

### **Distance side-to-side**

*Finding your Sit Bones* and *Partner Finding Sit Bones* on the DVD are different from what you’ll read below, due to this story. Use both of them. Both work well. The DVD exercises work well for the two of you together, while the ones here are easy for individual learning.

### **Beginning story: Gotta do it myself**

*A single mom got the Pink Kit and found mapping her pelvis to be very difficult. Her big belly got in the way, and she couldn’t quite find the best positions to feel. She felt angry with the baby’s father for not being there to help her, so she did something about it. She devised a new way to learn about her map. She actually learned about all her dimensions by sitting on a flat, hard chair. She played the video and interpreted what she saw with what she felt. Then she passed that way of doing this back to us.*



Notice that woman didn't give up and say "I don't get it, so I won't do it." Sometimes, it's easy to feel your own body. Sometimes it's quite difficult at first. Sometimes it's better if you have your partner map your pelvis first. Whatever way you find the dimensions of the pelvic map is not important.

### ***EXERCISE: IDENTIFYING YOUR SIT BONES***

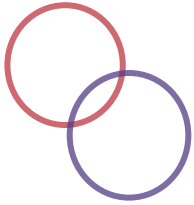
Below are the details to find your side-to-side dimensions differently than with the DVD. Both of you should do this exercise.

- 1) Sit on a hard chair with no arms, facing the front.
- 2) Pull your legs together so you're sitting in a very proper manner.
- 3) Feel the hard bones that are pressing into the chair (you might have to wiggle around to identify them).
- 4) Notice the space between the bones you are sitting on. An "adequate space" between these sit bones is big enough to get your fist through.
- 5) Stand up. Notice how that space changes!
- 6) Reach down to each sit bone and spread them apart. You'll notice you have to move your legs.
- 7) Hold on as you sit down.
- 8) Your legs will no longer be together or facing forward, but out to the side. Does the space between your sit bones feel bigger?

This gives you pelvic zone knowledge right away. For most people, just doing this simple exercise makes them aware they can create more space in their map.

- 1) Now stand up again.
- 2) Hold on to your sit bones.
- 3) Tighten your bum muscles. What happens?
- 4) Sit down with the muscles tight.

Does this close the distance between your sit bones? Yes. Could this hinder your baby's efforts to pass through this space? Yes. Could a woman in labor tighten up her



bum muscles if she feels the naturally occurring pain? Yes. Should the birth coach help the woman not tighten up? Yes.

### ***BASIC PRACTICE: SIT BONES***

Whenever you sit, walk, stand, or lie down, pay attention to the space between your sit bones, and try how to make that space more opened and relaxed. While walking or standing, you often just need to consciously relax or let go of your bum muscles. Those naturally tense up when we stand or walk because that's what our structure does. However, we can let go of that weight-bearing muscle tension by just relaxing the muscles.

### **The curve of your pubic arch**

Your DVD shows you the simplest way to find the curve of your pubic arch with *Mapping the Pubic Arch*. However, you can also use the trick right above to suss it out. But then go back to the DVD and actually find how many fingers can fit into that arch. If you have a narrow one, there is a *Pubic Arch Spread* in your pelvic zone exercises/skills further on in this resource that is a must do for you.

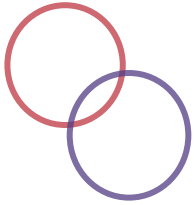
You've found your side-to-side dimension and your pubic arch: you've discovered the front of your pelvic map. Congratulations!

### ***BASIC PRACTICE: PUBIC ARCH***

Notice how different body positions change this area. The change is often subtle, because there are no big muscles that control this area. However, you now know there is cartilage between the bones that softens during pregnancy and permits more movement between the bones.

### **Distance front-to-back**

Now you have to find the front-to-back dimension between your pubic bone and sacrum. On the DVD, you'll find one way to do this, in *Finding Front to Back*. However, you can also find this distance by sitting on the hard chair again. Instead of



paying attention to the space between your sit bones, just pay attention to the front/back space.

When you map each other's pelvis and discover that a male pelvis is smaller, this will probably boost your confidence as a birthing woman.

### **The length of your tailbone**

You won't be able to tell how long your tailbone is by sitting on your chair. You'll have to feel it, so go to the DVD and work through that section (*Discover Your Tailbone*).

Do you have a long tailbone, one that turns under, or a very curved sacrum? If you do, the tailbone exercise below is a must do for you. You'll find another way to make your tailbone mobile on the *Internal Work* CD.

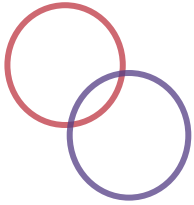
### **The width, length, and curve of your sacrum**

You have to touch and feel your sacrum to find its width, length, and curve (if there is one). The DVD section *Discover Your Sacrum* will guide you; *Internal Work* deals with this, as well.

Because your sacrum is the bone with the most mobility in your pelvis, you need to know yours. You need to maintain your sacrum's ability to be mobile throughout labor and birth. Your sacrum makes up the back of your container, and it's important to know how this back space impacts the whole pelvic opening. This is the bone your baby is most likely to move if it needs more room in your pelvic tube. You'll learn more about your sacrum in *Kate's Cat* and *Sacral Maneuver*.

### ***BASIC PRACTICE: SACRUM***

Every day until you go into labor, notice how you sit, stand, walk, and lie down and what happens to your outlet space in general and each of the dimensions. Pay particular attention to the tension in your sacrum, and remind yourself to relax



inside the bone. As you discover what positions keep you open, please show them to your partner. Don't make your birth coach guess!

### **Coach**

Develop your observation. During your daily life together, notice whether she looks open or closed down there. Ask her to get into an open position so you can see. Keep in mind how big your baby's head is. Has she chosen a position big enough? If not, help her open more. Pain drives women into acts of tension. Your job is to help her overcome her instinct to tense up and to accept the need to create more space and openness, big enough to let a big object out. Birth is not a toothpaste effect wherein the baby squeezes out as a narrow object, then pops into the size of a grapefruit once out! Get real about this, and help your partner overcome the anxiety associated with this reality.

## **Comparing Size and Space**

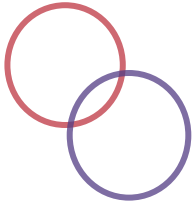
### **What if I'm too small?**

In the 1970s, when the Pink Kit was evolving, it was not uncommon for women who were told by their doctor that they might need a Caesarean because they were "small" to wonder if anything could help them. Most of us didn't have a clue what that meant, anyway. A few women were told the opposite: "You've got plenty of room; you could get a freight train out of there." The fact that the majority of us women didn't have a clue about our internal size was the motivation to map our pelvis. This has had remarkable benefits.

### **Beginning story: Size matters**

*I'm only 5 feet tall and weigh about 90 pounds. My husband is 6'5". When I got pregnant, my midwife was very concerned that I might be too small to give birth vaginally. She recommended I see an obstetrician, who told me she was accurate and that I was unlikely to have a vaginal birth. This meant we were frightened the rest of the pregnancy, until we found the Pink Kit.*



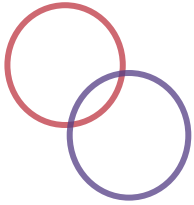


*We struggled to map my pelvis. I think we just didn't want to know the truth. What we discovered shocked us. I certainly had a bigger hole than my husband, so relative to him, I could get a baby through mine. But we also discovered that I had a broad pubic arch, not a very pronounced or curved sacrum, and I certainly could get my fist between my sit bones... and so could my husband. I was huge! But our baby dropped into the pelvis two weeks before our due date. We had thoroughly learned the skills so we could give labor our best shot and also to have skills in case. Whichever way our baby would be born, we would use our skills. Did I need a Caesarean? Nope. I had a five-hour labor and 10lb, 6oz baby, no tears, easy birth, wonderfully skilled husband. Do I think our midwife and obstetrician were wrong? No. I think our ability to know my body, to learn skills so I could open up, and to use skills that kept me open made the difference.*

A pelvic map defines the space through which a baby must navigate: the pelvic tube. That knowledge has helped us make decisions in labor how to use our skills to maximize the space. There is no doubt that some babies are big relative to the space; however, when we know this and have skills, we are much more likely to work with our baby over the time he/she needs and often are very successful in giving birth vaginally, if there are no other medical issues that require a surgical delivery. The delayed labors associated with CPD (head too big for pelvis) are less frequently experienced by Pink Kit families.

### **How big is my baby, really?**

You must now connect the space of your pelvic tube to the reality of your baby's size. You probably know the weight of babies can vary, especially if they are premature (which yours hopefully won't be). Most term babies weigh 5-11 pounds, average from 7-8. You won't know the exact weight before birth, and you won't know the relative size of your baby to your pelvic tube until the last few weeks of pregnancy. However, by learning all your Birthing Better Pink Kit skills from 24 weeks onward, you'll have more idea how you'll cope if your baby feels big relative to your pelvic tube. If your baby moves deeply down into your pelvic tube in the last few weeks, you also know more about its fit relative to your body shape.



Your baby's head can be the hardest part to birth:

- It's made up of bones.
- It's the biggest part to fit through your body.

Although their weights vary, babies' head sizes are about the same. Unless you've given birth before, you might not be aware how big your baby's head is. One good estimate is to place your thumbs and your pointer fingers together, creating a circle. Another way is to bend your arms, drop your elbows, and bring your fists together so your middle knuckles and thumbs touching each other, with your thumb nails pointing up. Most babies, regardless of their weight, have a head about this size. They are not the size of a watermelon or a golf ball, but a medium grapefruit.

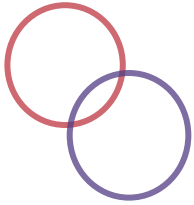
You've already learned your baby's head can "mold." As you map your pelvis,

- look at the map you create and how the grapefruit-sized circle fits.
- imagine where your pubic arch, sit bones, sacrum, and tailbone are in relationship to this circle.

### **How much space do I really need?**

Remember that doctors have told women they are "small" or "could get a freight train out." If your baby's size fits without difficulty through your skeleton AND there is no resistance from your soft tissue tension, your baby should come through your pelvic hole and open your cervix easily. This will exhibit itself in a progressing labor. If your baby needs time to move through your tube or there is internal tension, the labor will be slower. Babies are kind. They can slowly open a woman. In fact, for some women, a slower labor is more manageable rather than a full-on one.

As you'll learn on the *Internal Work* CD, the tissues of the cervix and your baby's birth canal are NOT the same as the map of your bony pelvis, and therefore not the same as bony pelvic tension. Tension in your vagina is in your soft pelvis, while tension in your sacrum is in your bony pelvis. Your baby may come easily through



your pelvic space because your bony pelvis is ample relative to its size and because your pelvic tension neither impedes your cervical dilation or the baby's movement through the pelvic hole, yet get hung up by tight tissue in your vagina. This is why a diversity of childbirth skills is necessary. You need to know about your bony structure, your soft pelvis, *and* how to prepare your birth canal. Knowing where to work in your body can make all the difference in the world.

If your baby gets stuck and labor stops progressing, you need to reduce tension and create more space. When asked, "How much space do you think your baby will need if it's stuck?" most people say one or two inches. With that inaccurate assumption, it's simple to see why people feel overwhelmed at the thought of getting labor going again.

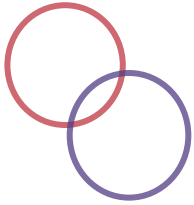
The difference between stuck and unstuck explained:

- 1) Place your thumb and index finger together tightly, and notice they can't slide over one another. They feel stuck.
- 2) Keep your thumb and index finger together while you just slightly relax the tension so they can slide over one another. They feel unstuck.

In reality, your baby will benefit from even the smallest amount of more space, just as your fingers did. As you'll discover in this resource's pelvic zone exercises/skills and in the "Soft Tissue" resource, the **slightest tension**—whether you're aware of it or not—can produce a huge reduction in mobility. Reciprocally, the **slightest softening** or relaxation can create plenty of space.

### **Beginning story: Why didn't squatting work?**

*One woman lived in a country where birthing advice was to "get off your back" during labor. She took on the idea to squat and was encouraged to do this. However, after many hours of pushing, she had a Caesarean for obstructed labor. She was quite upset, considering that she felt she had done everything possible.*



*The next time she got pregnant, she hoped she could have a vaginal birth. When she learned to map her pelvis, she discovered that she was quite narrow between her sit bones and very long in the front-to-back dimension. She realized that squatting was not a good position for her, as it made the space between her sit bones even narrower and contracted the muscles that ran from behind her sit bones to her lower sacrum. She played around with finding alternative positions that would maximize her space instead. She paid attention internally to this area during the birth and readjusted her body positions to stay open, and succeeded in birthing a larger baby vaginally.*

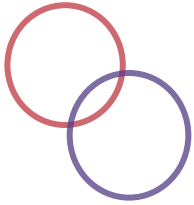
Knowledge coupled with skills builds power. The more you know, the greater your confidence grows. You become confident that your body can get your baby out.

As you go through the next section, pelvic zone exercises/skills, we advise you to take with you what you learn in the “Directed Breathing” resource. Breathing is one of those bodily functions we do all the time, mostly without thinking about it. *Directed Breathing* is the foundation of all Birthing Better Pink Kit breath knowledge and skills. Once you learn to use your breath in a conscious manner, you have a huge amount of control over your ability to relax, let go of tension, and manage pain.

## **Pelvic Zone Skills**

With the exception of *Kate’s Cat*, all the pelvic zone skills below are shown on the DVD. *Kate’s Cat* will be fully explained in this section. As mentioned above, many people just want to work with the DVD without any need for the details given here. Ask yourself right now whether you know more about your pelvis than you did before you started working through this resource. Most likely, your answer is “YES!”, so use the rest of this text.

In this part of the resource, you want to FEEL the exercises in your body. Catch yourself if you whip through one exercise after another, saying, “Well, that’s done.” That usually means you have worked too quickly and not taken enough time. You want to integrate your mind to your body so that, at any time during your daily routine, you can recall these exercises in your body.



Remember, you don't have to learn everything all at once. It's much more important to learn one skill at a time and know you have integrated it into your body. The skills you've integrated are more likely the ones you'll use.

This is how to work through all these exercises so they become your skills:

- First, do each exercise as shown on the DVD and explained here, and just observe how your body feels.
- Then **repeat** the exercise, while you intentionally **tense up** inside your pelvis.
- **Repeat** the exercise again, while you intentionally **relax inside** your pelvis as much as possible.
- Once you become familiar with each exercise, couple your *Directed Breathing* so you **expand with your inhalation** to create space inside your pelvis.
- Then use your *Directed Breathing* **exhalation to relax inside** your pelvis, as well.
- To refine your skills further, create sentences that verbally explain what you'd like the Receiver or Doer to do.

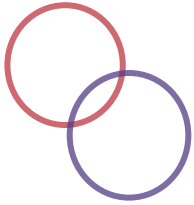
### Woman

Please acknowledge that, when you tense up in response to pain during labor, that tension will hinder your body's ability to be mobile and open. This then may hamper your baby's ability to navigate through the three plumbing constraints.

The more you and your partner **feel** the differences in your body as you intentionally tense up specific areas and then relax, the closer you will be able to consciously relax your body when you feel pain. Because your coach also takes the role of Receiver and feels the difference between tension and relaxation in their own body, they can then use their empathetic touch to feel the difference in your body.

### Coach

In the "Communication" resource, you will learn many more skills to verbally and non-verbally communicate to help your partner relax inside her pelvis. Although you're about to learn a lot of hands-on skills to make space in the pelvis, many times



they are not necessary to use in labor, because the extensive Breath, Communication, and Touch skills work so very well.

### **Introducing common language**

Here are your first examples of the common language you can use during labor. As in so many other areas of life, communication is everything!

#### **Woman**

- √ *Please tell me if you see me close my sit bones.*
- √ *Please help arrange furniture and pillows that I can use to keep myself open.*
- √ *Sometimes it's hard to stay open because the sensations are intense — please keep encouraging me.*
- √ *Please remind me not to sit back on my sacrum.*

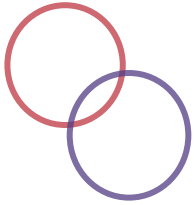
#### **Man**

- √ *Do you feel open in this position?*
- √ *Remember to keep your legs apart.*
- √ *Would you like to try another position that keeps you more open? (Then show or name a few.)*

We'll provide a few examples of common language with the first several skills/exercises to get you started building your childbirth communication. After those, it's up to you! Develop a vocabulary *together* that makes sense to *both of you* and is easy to remember under pressure.

### **The Hip Lift: Must Do**

You found your sit bones by sitting on a hard chair and created more space between them by spreading them apart as you sat down. The *Hip Lift* also increases side-to-side space. This is done with a hands-on skill that moves the sit bone on one hipbone away from the sit bone on the other hipbone. You do this by gently pressing down on the hip blade while lifting the sit bone. Remember, both the hip blade and sit bone



are part of the same big hipbone. Now you understand why knowing your pelvic landmarks is SO important.

This is a WOW exercise for sure. Both of you will be able to feel the movement! And doing a *Hip Lift* creates much more space than just sliding your thumb and index over one another.

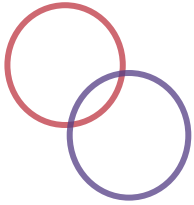
### **Beginning story: Let's try something weird**

*A first-time mother labored at home for a long time. Eventually, she got fully dilated, but her baby got stuck. The 2<sup>nd</sup> Stage just didn't progress, and she could feel her baby was stuck. The midwife attending her did an internal exam and noticed that the woman had a very tight vagina and told her. The woman said, "Can't you just do finger forceps and just reach in and pull the baby out?" The midwife couldn't do that, and the decision to go to the hospital was made. Once in the hospital, a very large episiotomy was done and forceps were used.*

*After the birth, the mother met another woman who had used the Pink Kit skills many years before. They discussed the birth (yes, women love to dissect their birth if someone will listen!). The woman first told the mother that she should have been told about the Internal Work, and that might have prevented the problem to begin with. The woman wasn't angry with her midwife or herself. She just didn't know she had to do anything other than the perineal massage she had learned, which only stretched her vaginal opening. She told her friend she had no clue there were even muscles inside her vagina. As she and her friend talked, they decided to try some things on her body. When her friend lifted her hip, the woman felt that motion might have helped even if she hadn't done the Internal Work. This was then passed on to others and has been used successfully for many years.*

### **Benefits**

- You can totally relax.
- You are able to create more space on one side of your body or the other.
- Helps rotate your baby from posterior (baby's face to your belly) to anterior (baby's back to your belly).
- Relieves hip pain and tension in the pelvis.
- Helps dilates a stubborn cervix that hasn't continued to open.



### ***EXERCISE: THE HIP LIFT***

Remember you have to each take the Receiver and Doer role.

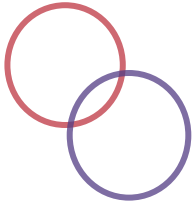
- 1) **Receiver:** Lie down on your side, supported by lots of pillows: between the legs, under the belly, and even to lay your arm across. This way, you will totally relax your body and not feel as though you're holding yourself up. You take all the weight off your body that exists when we stand up or even sit which creates "weight-bearing tension."
- 2) Notice the hip on the floor is fixed; the space you'll create in the container is from moving the top hip.
- 3) Keep in mind how the object might respond to more side-to-side openness.
- 4) As a person being touched, move the other person's hands, when necessary, so you are comfortable. That teaches them how to touch you.
- 5) **Doer:** Place one hand onto the hip blade (not the waist) of the Receiver. **Receiver:** Adjust their hand if necessary.
- 6) **Doer:** Ask your partner to find their own sit bone and place your other hand there.
- 7) The fulcrum or center of this movement occurs where the leg bone sits in the socket of the hip. The hip blade is on one side of this socket, and the sit bone is on the other side.
- 8) Press straight down GENTLY AND EVENLY on the hip blade, and lift straight up with the sit bone. Repeat. Do this gently and smoothly. It should not be a can-opener approach to movement.
- 9) Notice how much internal space is felt inside (**Receiver**) and how much internal space is felt from the outside (**Doer**).
- 10) Help the Receiver to switch sides and get comfortable and relaxed again, and repeat the exercise.

Do the *Hip Lift* on each other, and notice the difference in how mobile or stiff your different bodies are.

### ***EXERCISE: THE HIP LIFT + TENSION/RELAXATION***

- 1) **Receiver:** Create the slightest amount of tension inside your pelvis or rectal area before the whole *Hip Lift* sequence from above is repeated.





- 2) Hold the tension while the Doer repeats the above sequence. Discuss the difference in how tension stops the movement. Both of you should feel the difference.
- 3) Next, relax everywhere inside your pelvis or rectal area before the Doer repeats the whole sequences again. Maintain this relaxation throughout the sequence.
- 4) Repeat a few times, tensing up different places. You'll notice that tension ANYWHERE can stop the easy movement of the *Hip Lift*.

### **Coach**

By doing the *Hip Lift* with intentional tension and intentional relaxation, you'll get a baseline of your partner's pelvic mobility.

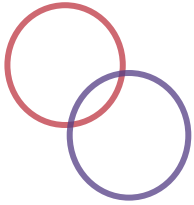
- Keep in mind that the sliding ability of the hipbone bumps that override the sacrum is involved in the *Hip Lift* movement. This sliding joint becomes more mobile as pregnancy advances and even more mobile during labor as the birth hormones reach their peak.
- Keep in mind that tension might not be conscious during labor but merely a reaction to pain felt. However, relaxation increasingly becomes more conscious, and your job is to help your birthing partner accept letting go of tension. Praise her—it's hard to do when you're feeling pain.

### **Details for the *Hip Lift* in labor**

- During labor, hold the *Hip Lift* for a slow count of three.
- **Then get into an upright position for at least the next three contractions.**
- If there is no change, repeat it on the same side, or try it on the other side.
- Use your teamwork to determine which hip to open first and how creating space changes the labor contractions and sensations.

The above are very important considerations:

- Getting into an upright position after a *Hip Lift* gives the baby time to adjust to any reduction in tension.



- You need to keep your mind on the task so you become aware of any adjustment the baby makes.
- Be committed to responding to any change in intensity that this adjustment may create. A change of intensity indicates the tension has been removed either permanently (and the labor progresses toward birth) or temporarily (the tension returns and you have to repeat the *Hip Lift* again).

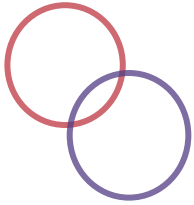
If your baby is posterior, he/she will most likely turn sometime during labor. Posterior babies start off with their back to one side of the mother's back. In order to turn, they must move from that position and rotate inside so the back is to one side of the mother's belly. The rotation can occur before the baby enters the pelvic tube or as it comes into its birth canal.

When a baby turns while inside the pelvic tube, sometimes, the baby can get stuck with their back to the woman's side. In the DVD, there is an adaptation of the *Hip Lift* called *Lying Rotating Hip* that can especially help to turn your baby.

The *Hip Lift* can also help you work your way out of a plateau during labor. A plateau is a period when nothing seems to be changing. It indicates a period of negotiation between you and your child. Your baby is telling you one or more of three things:

1. The baby is a snug fit and needs you to just create a little more room: reduce internal tension and create space.
2. The baby doesn't like the position you are in and needs you to change your position: get into positions or modify the one you're in to create a Bell-Shaped curve in each contraction (see "The 5 Phases and the Bell-Shaped Curve").
3. The pelvic tube is being compressed, such as through pressure being applied to your sacrum: create space and reduce internal tension.

And remember, change can occur rapidly, or it may take time. Doing the *Hip Lift* and other skills gives you something to fill the time with!



The *Hip Lift* addresses the three factors that determine whether your baby can move easily through your bony pelvis: size, tension, and time. You have to try different things to get the labor moving along again.

A plateau requires you to be intensely present, bringing forth your ability to sort things out. It is truly a BE-IN-THE-NOW stage (see “Staying in The Now”). (SEE *Mindfulness*)

### **Common language for the *Hip Lift***

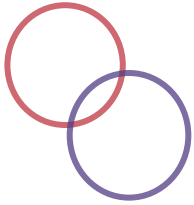
#### **Woman**

- √ *I've got a pain in my hip. Do that hip thing on me.*
- √ *The baby feels stuck.*
- √ *Oh, this has just been dragging on; I've got to do something.*
- √ *My back hurts.*
- √ *Just do that Hip Lift—it feels so good.*

If you want your care provider (doula/midwife/staff or even doctor) to do the *Hip Lift* on you in labor, you will have to show them how to do this if they are not familiar with the information. Just say, “Please put one hand on my hip [show them where and keep your hand on theirs] and the other one there [put their hand on your sit bone], and gently push down on the hip and pull up with the other hand. Not so hard. Yeah, that’s right.”

#### **Coach**

- √ *If you feel tension in your hips or pelvis, just lie down and I'll do the Hip Lift. Which side do you want me to work with first?*
- √ *Would you like me to do the Hip Lift between contractions, or during them?*
- √ *After we've done a Hip Lift, get into an upright position for the next contraction, and let's see after three contractions whether you feel a difference.*
- √ *Does this reduce the discomfort in your pelvis?*
- √ *Can you tell me where you feel the baby might be hung up?*



- √ *Your hip wasn't as flexible that time. I'll talk you through it again, and you just let the tension go. It's all okay.*
- √ *[Say these as you do the Hip Lift.] Just soften in your belly [pause], your bum muscles [pause], around the rectum [pause], on each side of the tailbone [pause], down the inside and back of your legs [pause], or any other place you might feel tension.*

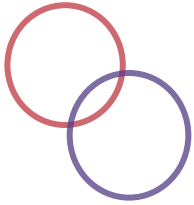
### **Kate's Cat: Must Do**

The muscles that run from our lower sacrum/tailbone to our sit bones are what we call the Minnie Mouse muscles (MMMs). The reason we call them that, as you discover when you see the shape of the outlet on the DVD, is that a woman's pelvic outlet looks like a mouse's head with big ears. The ears are covered by the Minnie Mouse muscles. The male pelvis has a slightly different mouse shape; thus, the men's are referred to as the Mickey Mouse muscles.

These muscles are strong and play a huge part in birth. The slightest tension there can stop the sacrum moving and hinder the baby's movement both through your pelvic tube as well as through your vagina.

From the DVD, you will see that your sacrum can rock up and down or diagonally. Both of you take time trying to do these three things before you get stuck into the specific exercises. Use these instructions to see how easily you can create movement in your sacrum.

- When you rock the sacrum downwards (by tucking your tailbone between your legs), you create more room in the pelvic inlet and some room in the mid-pelvis.
- When you rock the sacrum upwards, you create room in the outlet and in the mid-pelvis.
- When you rock it diagonally, you create room in one side of the pelvis or the other. Every time you take a step forward, your sacrum slightly moves diagonally.



Remember, the place where the sacrum and the bumps from the big hipbones meet is a flat, sliding joint, or “hinge.” This joint

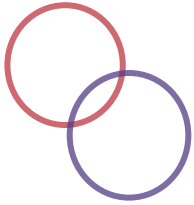
- allows for the movement you felt in the *Hip Lift* and *Sit Bone Spread*,
- permits the sacrum to be pushed outwards if your baby needs more room (keep in mind the molding), and
- just moves the sacrum back a little; it doesn’t actually come outside of the hip bones.

### **Beginning story: I can’t do it standing**

*This movement was invented by a woman named Kate as she prepared for her first baby. When she and her husband did the Sacral Maneuver below, her sacrum moved very easily. In fact, she had no trouble tilting her sacrum while lying down. One day, she tried to rock her sacrum while standing and holding on to the back of a chair and found she wasn’t able to, so she worked out all the steps to a new skill. She had to pay close attention to which muscles actually controlled the movement of her sacrum without thrusting her hips forward. This took about 10 minutes. It was a huge victory for her. Once she discovered which muscles did what, she could easily make this movement while standing up. She went on to have a wonderful labor and used this movement quite often to reduce her back labor and as soon as she felt herself tightening up. Kate was creative—you can be, too!*

A skeleton has no life in it. Our brain makes the many decisions for our body. We might think we just move our muscles and bones, but it is our brain’s capacity that initiates and coordinates these movements. This is why Kate could put her mindful intention into her sacrum and figure out what muscles contracted and expanded to create mobility of this bone in her body. Then she used that knowledge intentionally during her birth.

If you develop a backache any time before or during labor, it is likely caused by your baby pressing on the nerves that run down your spine and through your sacrum. Back labor is exhausting because the pain nags between contractions, making it so much harder to rest. Back labor can occur in any labor, but may be associated with a baby who is in a posterior position. However, any big baby can cause a backache,



because it's trying to make room to move down and through your pelvic tube. A backache is annoying, but it's manageable with your Birthing Better Pink Kit skills, this one in particular.

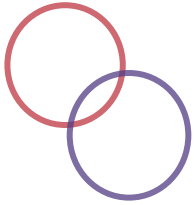
The trend in back labor management is to get your support people to apply strong pressure inward on your sacrum. You might demand they press "harder, harder" —it feels better, so it seems to make common sense and be working. But think about it. The cause of the back labor is your baby creating space. Pressing inward on your sacrum closes the space for your baby. This works against your baby's efforts to navigate his/her passage through your body. Instead, you need to both reduce your back pain AND help your baby move through your body. You do this by using either *Kate's Cat* or *The Sacral Maneuver*.

Sometimes, the baby can be slow to enter the pelvic inlet. Usually, before labor, your baby will move into the pelvic inlet and into the mid-pelvis. This is called "engagement." Remember that your baby will enter your pelvis on a diagonal. If your sacrum is tight at the inlet of your pelvis, your baby will stay high, and you need to open that space. If your sacrum is tight in the mid-pelvis, your cervix may not dilate effectively or your baby might feel stuck, so you have to create space there. If your sacrum is tight in the outlet and your baby doesn't move down into your vagina and out, you have to create space at the bottom of your sacrum, in your Minnie Mouse muscles.

Figure out where you feel discomfort, and then work with your sacrum to try to relieve it.

### **Benefits**

- Educates us about a part of our body we pay little attention to (our sacrum) and teaches us to respect its importance in labor and birth.
- Keeps the space open in the back of your container. This is where the most mobility is possible.
- Brings high babies into the pelvis before labor, especially when used in conjunction with *Thai Massage*.



- Reduces back labor.
- Helps rotate a baby from a posterior to an anterior position.
- Helps dilate the cervix.
- Helps bring your baby into your birth canal after the dilation of the cervix.

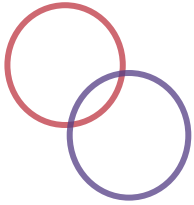
Notice that there are many benefits for *Kate's Cat*. As you heighten your awareness of your pelvic zone, you'll realize the importance of the pelvic tube and how it is put together with the three large bones: two big hipbones and one sacrum. If necessary, go back to the Landmarks on the DVD to remind yourself what a pelvis looks like, how the bones interact, how the bumps on the hip bones overlap the sacrum, and how this overlap permits movement of the sacrum.

There are three separate facets of this exercise/skill for you to learn. Do one at a time. There's no rush. Have a good laugh and talk about your own experience. Kate didn't break the skill down into all these parts, but there's a reason you should. When you can feel what portion of your pelvic tube opens as you move your sacrum, you will be more likely to know how you need to move in labor if you feel back pain in specific places along your sacrum. This might not make much sense until you put your plumbing analogy to work.

### ***EXERCISE: KATE'S CAT, PART 1***

Create space at the top, then at the bottom, of your pelvic tube.

- 1) Stand up with your feet shoulder-width apart.
- 2) Put your hands on your hips. Throughout this exercise, you don't want to feel your pelvis thrust forward under your hands.
- 3) Take a moment to become aware of your sacrum, the triangular bone at the base of your spine.
- 4) Now tuck your tailbone between your legs and keep it tucked.
- 5) Don't thrust your pelvis forward. Your hip blades should stay pretty still while you tuck your tail.
- 6) Feel how this action opens up the top of your sacrum, where it meets the spine,



and closes the distance between your tailbone and your pubic bone, where your vaginal opening is.

- 7) Now move your tailbone back out. This opens the bottom of the sacrum between your pubic bone and lower sacrum.

### **Well, that makes sense**

*One pregnant woman felt very irritable as she was doing Kate's Cat, part 1. She didn't have a clue what she felt and said to her husband, "I DON'T GET IT." Her husband replied, "When you tuck your tail under, your a\*\*hole points toward the floor. When you untuck your tail, your a\*\*hole moves back toward the wall." "Got it," she said, "why didn't they [the Pink Kit] just say that?"*

You've now learned to notice what part of your pelvis opens when you move your sacrum.

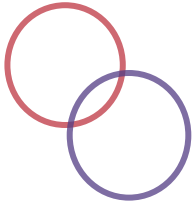
### **EXERCISE: KATE'S CAT, PART 2**

Get to know which muscles make this movement possible.

Perhaps you know which muscles you primarily use to tuck or untuck your tail. For most people, the muscle group they mainly focus on are the belly muscles, because we want to have flat abs. But for birth, most of the muscular focus has to be on the Minnie Mouse muscles. Look back at the DVD. Those muscles run from your tailbone (no matter how long it is) and the lower edge of your sacrum (no matter how curved, long, short, or wide it is) to your sit bones (no matter how far apart they are). That's a good chunk of the area involved in birth!

- 1) Keep your hands on your hips to stabilize them. Focus your attention on these muscles.
- 2) Tuck your tail and pay attention to how your MMMs contract. Contracting them pulls the bottom of your sacrum forward. Pay attention to how you must relax/expand those muscles to move your sacrum back and out.
- 3) Now place your fingers on the MMMs (between your tailbone and sit bones) and tuck your tail. Feel them contract.





- 4) When you move your sacrum out and back, feel them relax/expand.

Think about the size of your baby's head and the space inside your container. Can you see how very important it is to keep a mobile sacrum, particularly if your baby needs more space in one area or other?

### ***EXERCISE: KATE'S CAT, PART 3***

Acknowledge the importance of your knees.

- 1) Remain standing and hold onto your hip blades.
- 2) Lock your knees and do *Kate's Cat*. How does that affect your sacrum's movement?
- 3) Soften your knees. How does that affect your sacrum?
- 4) Experiment with how far apart your legs must be to create the most movement.
- 5) What happens if your feet are pointing outward or straight ahead?

### **Woman**

As you work through the "Body Positions" resource, you will have to find positions that keep you open as well as allow you to mobilize your sacrum. You should be able to do *Kate's Cat* in any position. However, some positions do hamper the extent of the mobility. With subtle adjustments to position and figuring out how to let go of specific muscles, you should be able to keep your sacrum free and mobile AND be in positions you know are best for your baby.

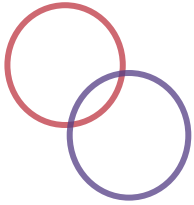
### **Coach**

You can help her focus on her sacrum and its movement by placing your hand over her sacrum. You'll learn more about that in "The Right Touch" resource.

### **Common language for *Kate's Cat***

#### **Woman**

- √ *I can't seem to relax in my back.*
- √ *My back HURTS!*
- √ *The baby feels stuck.*



### Coach

- √ Remember Kate's Cat if your back is sore.
- √ I can see that your bum muscles are really tight. Do Kate's Cat so you can relax down there.

### The Sacral Maneuver: Might Do

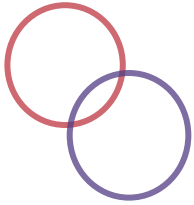
This is a hands-on skill that permits you to be totally relaxed (lying down) while your partner creates mobility and space in your sacrum. You may never use this skill. *Kate's Cat* might be the only sacral skill you need. However, a hands-on skill frees you to totally concentrate on relaxation without creating weight-bearing or movement tension in your own body. As soon as we create any movement, something tenses. When another person creates the movement for you, you can relax in more places all at once. There are more benefits, as well.

### Anterior lip and your sacrum

Your baby comes through the tube in your pelvis. Below your baby's head is the cervix. As the cervix draws almost all the way open, your baby will have the opportunity to move further down the tube in order to arrive in its birth canal. As it passes this last little bit of the cervical ring of tissue, you can imagine that sometimes a small section of this tissue ring can be compressed between the head and the inside of your pelvic tube. This is felt when an internal exam is done or when you check yourself. An anterior lip is felt between your baby's head and the inside of your pubic bone.

This can cause frustrating sensations. You feel like pushing, yet your baby doesn't descend from the outlet of your pelvic tube into your vagina. In other words, there is no progress into 2<sup>nd</sup> Stage.

For women who use *Kate's Cat* periodically throughout labor, an anterior lip is less likely to occur, because they continually create space in the back of their pelvic tube.



### **Beginning story: English isn't important**

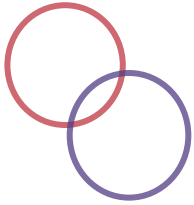
*A couple who didn't speak a great deal of English learned a few Pink Kit skills before their birth. A friend who attended the birth had used the Pink Kit in her own birth. This turned out to be quite an unusual birth. The obstetrician and midwives could feel that the baby's head was well down into the woman's pelvis, but her labor went on for many hours with no progress. During the labor, the couple was taught a few more skills, and they worked hard to use them but still her cervix didn't dilate. Even when several Hip Lifts were tried, nothing changed. Eventually, the woman talked about a car accident she had had and how she had hurt her lower back. After all that was translated, it was decided that some effort should be made to mobilize her sacrum. At first, it was very stiff, but soon she began to relax more, and the mobility increased. After the sacrum became more mobile, the husband did the Hip Lift, and their friend moved the sacrum.*

*After several efforts, she said she felt her baby move. Shortly after, she was fully dilated and pushing. But the progress was very slow. Her birth canal was very tight, as she hadn't learned the Internal Work. The person who was delivering the baby felt that the head had an unusual shape. When the baby's head delivered, it turned out that her bent elbow was in front of her face. No wonder it took more time: her head, her forearm, and upper arm all came through the woman's pelvis at the same time. That's a lot bigger than just a head. The mother and her husband felt very strongly that the sacral work had made the difference between having a vaginal birth or a Caesarean.*

When you work together, you'll notice that a man's sacrum is usually not as mobile as a woman's. However, many women still have very stiff sacra and don't feel them move, or they thrust their hips forward to create "sacral movement." Don't be discouraged. Keep investigating which muscles you need to relax to allow your sacrum to move. Follow along with the DVD.

### **Benefits**

- Helps the baby to move further down into the pelvis during late pregnancy and labor.
- Creates space in the back of your container, where it's most mobile.
- Reduces tension in the pelvic area.



- Reduces pubic bone pain because your baby is more able to move backward in the pelvis.
- Can reduce back labor.
- Can be used with *Hip Lift* to create maximum internal space.
- Might prove incredibly helpful to keep your labor moving along.
- Can reduce an anterior lip.

### ***EXERCISE: THE SACRAL MANEUVER***

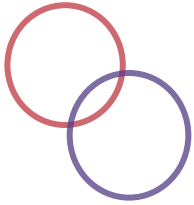
- 1) **Receiver:** Lie on one side with cushions supporting you.
- 2) Bend one leg and place that leg over some pillows.
- 3) Become aware of the hole in your pelvis and where your sacrum is.
- 4) Totally concentrate on your inner relaxation.
- 5) **Doer:** Place the fingers of one hand on the top of the Receiver's sacrum at the base of their spine, with your fingers pointing toward their head.
- 6) Place your index finger on one set of Minnie Mouse muscles (to one side of the tailbone) and your middle finger on the other set (on the other side of the tailbone). This means the Receiver's tailbone is between these spread-out fingers.
- 7) Now gently and smoothly PRESS IN on the top of the sacrum and PULL OUT with the fingers at the bottom of the sacrum.

### **Woman**

Try combining the *Sacral Maneuver* with the *Hip Lift* to create even more room inside. One person has to do the *Hip Lift* while the other person does the *Sacral Maneuver*. It was mentioned in the *Hip Lift* section that, if you want your doula or midwife to do a *Hip Lift* and they don't know how, you have to take their hands, put them where you want them, press down with them, and do it on your own body with their assistance. If you need to have both of these skills done at the same time, the new person should do the *Hip Lift*. A coach who is familiar with the *Sacral Maneuver* should do that, because sacral work is harder to do than the *Hip Lift*.

### **Coach**

This is where your ability to think clearly and three-dimensionally helps, because you are more likely to think of *Kate's Cat*, *Sacral Maneuver*, *Hip Lift*, or even *Sit Bone*



*Spread*, depending on what you see at the time and what positions your wife/partner is in or has been in. Your job is to create more space for your baby to move either back or down—remember the thumb and finger exercise. You can do any of these skills at any time, just because they feel good.

After doing the *Sacral Maneuver*, also get up for three contractions to find out how opening the back dimension of the pelvic tube changes the contractions.

Never forget to be patient—progress takes time. On the other hand, change can occur very quickly. Think creatively as you continue to negotiate with your baby through any challenge presented in labor.

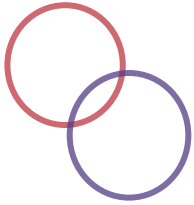
### **Common language for the *Sacral Maneuver***

#### **Woman**

- √ *I feel so much pressure on my sacrum—work on it.*
- √ *Oh, my back hurts. Work on it!*
- √ *That feels really good, don't stop.*

#### **Coach**

- √ *Remember to relax and soften inside your sacrum.*
- √ *Just check whether you can easily tuck your tail between your legs, then push it back out. This helps you make certain you aren't holding tension in your sacrum.*
- √ *Let me know where the back pain is, and I'll place a hand over the area, and you can just soften inside.*
- √ *The pain in your back will move down your sacrum as the baby moves further through your pelvis.*
- √ *Just take a deep breath in and expand the soft tissue inside and around your sacrum.*
- √ *Let's do a Sacral Maneuver to keep your sacrum mobile and help reduce the back pain.*
- √ *I'll work with someone else as well if we need to do the Hip Lift and Sacral Maneuver at the same time.*



## **The Sit Bone Spread: Must Do**

This is clearly shown on the DVD, so here are just some added pointers.

Sometimes, the *Sit Bone Spread* has to be repeated after another three contractions, if you have tightened up again down there. If it doesn't work to bring your baby well down into its birth canal, this usually indicates your baby is still higher up and you need to work with your sacrum. If this is the case, use *Hip Lift*, *Kate's Cat*, or *Sacral Maneuver*. Be prepared for a dynamic change if it's exactly the right skill done at the right time.

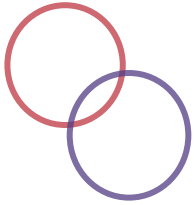
This skill was one of the first discovered as the Pink Kit skills were evolving in the 1970s.

### **Beginning story: Sit into my support**

*A young woman was in labor with her first baby. She had a very short labor and had done the Internal Work religiously with her partner. In the hospital, she squatted on the bed, holding onto a bar, because everyone was talking about how squatting was good for opening the pelvis. She pushed for hours with no progress. Eventually, the resident obstetrician went to get the staff obstetrician. They felt she might need a Caesarean. She was exhausted. When the doctor left, she got off the bed and walked to the window. Her partner put his hands on her sit bones and suggested she sit down into his support. As she did, he moved the sit bones to the side. He said he thought he could feel the muscles down there spread open, but he wasn't sure. Very shortly afterwards, she had another massive pushing contraction and sat down onto the floor. The two doctors walked in at that moment. They could see the baby's head on the perineum! Soon, she gave birth to her son. After the birth, they discussed what had happened. They felt that the squatting had tightened some of her internal muscle without her realizing it. The skill her partner had accidentally discovered worked wonders with the baby being well down into the vagina but still hung up somewhere.*

### **Benefits**

- Brings the baby deep down into the birth canal during 2<sup>nd</sup> Stage.
- Creates more side-by-side openness.



### ***EXERCISE: THE SIT BONE SPREAD***

While you'll be able to follow the *Sit Bone Spread* on the DVD, these are the details you want to keep in mind.

- 1) **Receiver:** Pay attention to your body posture. Hold onto something so you can stand straight up and not bent over: chair, wall, window frame, table, etc.
- 2) Find a balance between supporting your own weight and sitting into your partner's hands.
- 3) Also engage your awareness: Do you feel more open when your partner moves your sit bones apart?
- 4) Do you feel yourself close up as you stand?
- 5) **Doer:** If the Receiver creates tension before they squat down into your hands, DO NOT move the sit bones out. Let them create their own internal relaxation and see what happens.

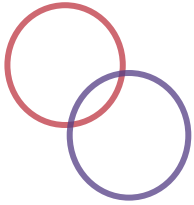
### **Common language for the *Sit Bone Spread***

#### **Woman**

- √ *Ooh, I don't like this feeling.*
- √ *I don't know where to push.*
- √ *Ohhhhhhhhhhhhhhhhhhh [grunt].*
- √ *I can't do it.*
- √ *The baby won't come out.*

#### **Coach**

- √ *If you feel "pushy" and the baby doesn't seem to move down easily, we can do the Sit Bone Spread.*
- √ *Try to relax in the muscles on each side of the tailbone.*
- √ *Why don't we try the Sit Bone Spread?*
- √ *Just sit into my hands and let me gently spread the sit bones.*
- √ *As you sit into my hands and I spread the sit bones, just relax between them and in the muscles around your tailbone.*



*Hip Lift* and *Sit Bone Spread* work with the side-to-side dimension of the pelvis. The first works to create more space inside the pelvic tube, while the second works more with the muscles of the soft tissue of the birth canal. The next two skills work with your front-to-back dimensions.

### **The *Pubic Arch Spread*: Might Do**

When you mapped your pelvis, you might have discovered your pubic arch is very broad, which makes you exempt from this pelvic zone exercise. If you discovered you have a narrow pubic arch or aren't certain, put this exercise on your priority list.

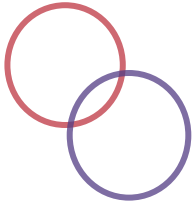
#### **Beginning story: So *that's* why it hurt**

*A couple worked through "Mapping Your Pelvis" and discovered the woman had a very narrow pubic arch. Suddenly, the reason sex was sometimes painful became clear, as well as why an internal done by her gynecologist had hurt. When they started the Internal Work, they also discovered she had a very tight, rigid muscle that ran alongside the pubic arch on one side. They focused a great deal of attention to make that soft tissue less rigid. The woman didn't like the feelings at first, but she and her husband worked well in their teamwork and communication. Her obstetrician had noticed that she was quite tight inside and had some concerns because her baby was quite big. Along with the Internal Work, the woman began to play around with a variety of positions to find the ones that kept her pubic arch open and those that also kept her sacrum free. She knew if her baby needed space, it would be in the back of her container. Because they were doing the Internal Work and she had been able to identify which muscle was tight, she grew in her ability to mentally relax that muscle in different positions.*

*Their work paid off. She had an eight-hour labor (first baby) and 45 minutes of pushing without a single tear. After the birth, their sex life improved, and she never had any pain from her checkups with her gynecologist.*

Remember we talked about the birth hormones that soften the cartilage between these bones? Although you won't be able to create a lot of movement in your pubic





arch, because the birth hormones increase throughout the rest of your pregnancy and through labor, this area can spread quite a bit.

### **Benefits**

- Creates more room if you have a narrow pubic arch.
- Reduces, eliminates, or prevents pubic bone pain during labor.
- Makes you very aware of the importance of keeping the back of your container open and mobile.

You'll find this exercise on the DVD.

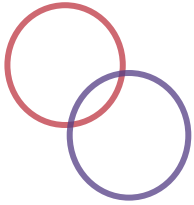
Your focus is to create more space in your pubic arch, as well as stay away from positions that close off the back of your container. If you close off the back in any way, you force your baby toward your pubic arch and thus into and through a narrower, smaller, more restricted area.

### ***Moving the Tailbone: Might Do***

Some women complain of pain around the tailbone after birth. This can last for years and be a problem whenever you sit or even have sex.

In the section "Map Your Pelvis," you felt your tailbone. The nerves that run down your spine and then through your sacrum continue all the way down through your tailbone. If your tailbone is long or tucked under, you might feel pain in this area during 2<sup>nd</sup> Stage. Or you might feel your baby get hung up on your tailbone. The position you choose for 2<sup>nd</sup> Stage, such as sitting back on your sacrum, can prevent your tailbone from flexing out and back.

The joint between the tailbone and sacrum is a sort of hinge that can be flexible if the muscles aren't contracted. It doesn't allow a huge amount of movement, but as we've said before, a little bit of movement might be all that your baby needs.



### **Beginning story: That didn't use to look like that**

*The impact of tailbones was discovered quite early in the evolution of the Pink Kit skills. A woman had a very, very long labor. Everyone became frustrated and wanted her to have medical intervention. She refused. Her baby was fine, but her labor just kept going. At the beginning of labor, her baby's head hadn't move into the inlet of the pelvis, and she thought he was very big. She labored for 20 hours until full dilation, but her baby had only begun to move into the outlet. As long as her baby was fine, she wanted to continue. She did a lot of marching in place while lifting her knees very high. Eventually, her baby was born, weighing almost 11 pounds with a head much bigger than the average.*

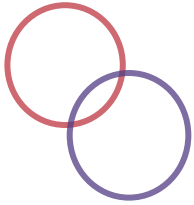
*After the birth, she said that her tailbone felt different. She had known that her tailbone tucked under, but she could easily feel it now. In fact, the flat shape of her sacrum had changed to a curve. Her doctor told her that birth hormones are so strong they can actually change the shape of the bones. For weeks after the birth, she experimented with how she might have opened up the muscles around her tailbone during pregnancy. Once she figured it out, she passed it on through the Pink Kit.*

### **Benefits**

- Makes a long tailbone more flexible.
- Creates mobility in the muscles around the tailbone.
- Makes more room for your baby in your birth canal.
- Reduces, eliminates, or prevents delay in 2<sup>nd</sup> Stage due to a long tailbone.

### ***EXERCISE: TAILBONE AND INNER TENSION***

- 1) Massage the area around and behind your rectum.
- 2) Tighten and relax the muscles around your tail.
- 3) Sit on a hard chair (this puts your tailbone close to the chair).
- 4) Hold your breath, and slowly push your tailbone down to the chair.
- 5) Now try the same thing after tensing up around your tailbone.
- 6) Repeat this "pushing" of your tailbone in different positions. You can control this wee bone's movements.



***EXERCISE: TAILBONE AND DIRECTED BREATHING***

Review *Directed Breathing* on the DVD, and use it to work this area. Remember, as you do this, you have to direct your breath down to this area. This is another act of Mindfulness, bringing intention and action together.

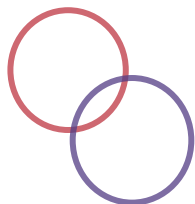
- 1) Sit on a hard chair.
- 2) Inhale through your nose, expanding your tailbone outwards as you breathe in.
- 3) Exhale gently through your mouth, relaxing around the tail bone.
- 4) Repeat this twice more. You can use this tailbone directed breathing during the dilation stage of labor
- 5) Now reverse your breath. Inhale through your nose, just remaining relaxed around your tailbone.
- 6) As you exhale out your mouth, expand around your tailbone. Notice how much movement you achieve expanding on the exhalation.
- 7) Repeat twice more. This is helpful during the bearing-down phase of giving birth. Remember your baby will move down and out your body better when you use your exhalations to work with its efforts.
- 8) Notice the difference when you cough and when you exhale and expand your tailbone. These work together, opening up both the front and back of that space down there.

## **Let Your Inner Awareness Grow**

You are at the end of the “Bony Structure” resource. You’ve learned a lot. Your pelvic zone knowledge and skills should be vastly improved from when you began with this resource.

As you work through the DVD, your understanding of internal tension and relaxation will grow as you experience how your muscles, ligaments, and tendons either create or restrict movement in the bony pelvis. With practice, you will find that you can move the bones while using your mind to relax all the muscles inside.

## Bony Structure



As you practice the “Bony Structure” skills, you will have many interesting moments when you notice that the bones don't move independently; they move in relation to one another at the joints, because of the mobility of the soft tissue. You will experience the tiny amount of movement they allow and feel the extra space this can create throughout your pelvic zone. This is exciting!!

In the “Soft Pelvis” resource, you’ll experience relaxation skills that will allow for even more structural movement. Now’s the time to put all of this together for your labor and birth—integrate “Bony Structure” with the skills in “Soft Pelvis” and your 5 Phases skills.