

BREATH, COMMUNICATION, AND TOUCH

Communication



Pink **KIT**
METHOD[®]

Communication: Right Place, Right Time, Right Way

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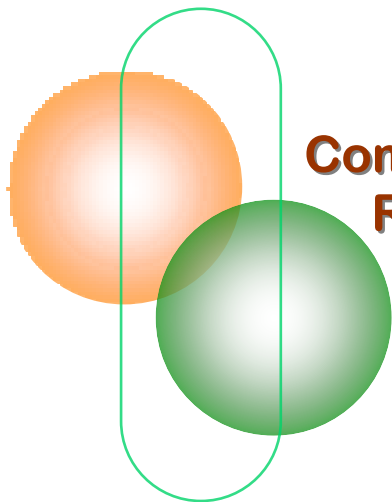
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Birthing Better with The Pink Kit Method®
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Communication: Right Place, Right Time, Right Way

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Communication Is Everything

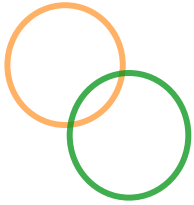
Communication is a vital part of all our lives and often so very subtle. Most of us won't think that communication is how close we tend to stand next to strangers, yet that is a form of non-verbal communication. We communicate or use language (verbal and non-verbal) all the time. Without necessarily thinking about it, you modify your language and communication to suit different situations.

This unique activity of giving birth requires unique and specific communication skills. During labor, a woman's mind and senses will be very acute, and the slightest noise, smell, touch, thought, or tone of voice can have a huge impact. It is vital that everyone maintains effective communication throughout the birthing process, no matter what is happening to you or around you. To do so requires learning specific skills about the following:

- Your ability to communicate with each other as a team.
- Your ability to communicate with your birth providers as you use your skills.

It also requires you to be skilled with your inner dialogue—both women and men have this going all the time (see “Positive and Negative Voice”). These communication/language skills will help you develop your Birth Plans, enabling you to articulate the visions you have of your forthcoming birth day and of what skills you're learning and plan to use in front of your birth provider. In other words, the conventional Birth Plan is a communication about what you want or don't want from them, while your skills-based Birth Plan is a communication to yourselves and your birth provider about what you'll “do” and what they will see you “do.”

Childbirth is LOADED with words that have not been defined well or seem to mean one thing but imply another. And of course we all know that effective communication is often as difficult as it is important. In this Birthing Better with the Pink Kit Method® resource, both of you will learn about the language and communication that are specifically suited for your birthing and coaching roles.



This involves

- using short sentences,
- being very specific, and
- using non-verbal options.

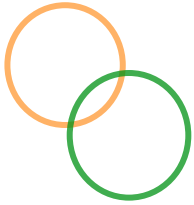
Planned Caesarean

As with all the other Birthing Better Pink Kit resources, the more you learn, the more connected you will feel. You'll also know you have skills to use. Many times these resources refer to "labor," which is what you won't have. But both you and women who labor will give birth. This means your "labor" will be the day before your surgery as you prepare and continue on your way to the hospital. If you are admitted the night before the surgery, that's when your labor starts. Certainly, many women who labor will do so at home for many hours before they go to the hospital or have their midwife come, and going to the hospital is an equally defined timeframe; that means you can use this time as your labor.

Once you're in the hospital, the birth providers will admit you and do very similar assessments, monitoring, and procedures as would happen with a woman in labor. The only difference is she has to cope with them while having contractions at the same time she is trying to communicate. This means, in some ways, you are actually in a better position than laboring women to use your skills to focus on what is happening, because you don't have the distraction of labor pain.

Emotional Shifts

Birth is powerful, imposing, difficult, enlightening, empowering, and thoroughly engrossing. Don't be surprised if you experience emotional shifts during the birth experience. This is true for whatever you birth you have, including a Caesarean delivery. Labor is certainly as emotional a roller coaster as your pregnancy has been; after all, giving birth to your child is a major experience.



Emotional shifts during labor can be very positive. Birth hormones are very strong, and many women get an exhilarated feeling while giving birth, whether a surgical one or vaginal. Sometimes that emotion is just “I’m so glad it’s over!” And a woman can internally acknowledge with pride that she is managing herself very well, even when it’s challenging.

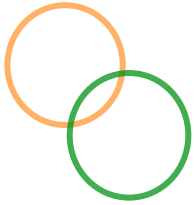
At times, a woman might fight the labor, cry, whine, or swear. The more skills she has, the fewer negative emotions she’ll have—but all birthing women have very emotional periods.

Old habits don’t work

Many of us teach our loved ones to either leave us alone or cuddle us when we hit the wall or have heightened negative emotions. This often doesn’t work well in labor, because these habitual ways of responding to negative situations are often a shutting down from the process, rather than facing the challenge and working through it.

Labor is constant in its presence. Many women hit their wall once or a few times. Those left with incredibly positive birth memories will say this sense of empowerment and achievement came from the work they did to get to the other side of their emotional habits. In other words, they felt liberated from previous fears, anxieties, senses of incompetence or laziness, or the many other reasons we feel weak and incapable of coping.

Remember that pregnancy and childbirth are the “Gateway to parenthood,” and a part of that process is learning to endure the most difficult and challenging moments in life. Our children will depend on us to maintain our emotional equilibrium, just as we depended on our parents. Managing any negative emotional aspects of labor can strengthen our ability to be a better parent, because we discover the benefits of positive management style even when we have bad thoughts. We behave our way to wellbeing, rather than believe we have to have positive emotions in order to behave well.



Your Pink Kit skills give you the practical means by which to work with and around negative emotions. When negative emotions come up, respect them, give them a bit of acknowledgement, and then dig in and do the work, individually and as a team.

When you conclude this resource, you will have learned the personal and partnership communication skills to rise to the challenge and feel confident in doing so.

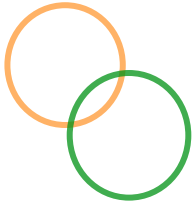
Developing Your Common Language

If you and your partner grew up speaking the same mother language, you already share a common language, yet it's amazing how much effort it takes to learn any language. The common language of childbirth you are learning now in your Pink Kit is fundamental, because it's based on our shared human experience of pregnancy and birth. However, it is not a commonly shared or known language, which means you do have to put effort into learning it, because it's new to you, too! With simple, consistent practice, you will have a special coach language and a birth language that coincide with each other.

Coach

The benefits of sharing a common language are phenomenal. When you see tension in a woman's body, you can immediately tell her where (specifically) to relax. When you hear her making stressful sounds, you can specifically tell her how to breathe in a more relaxed manner. Instead of saying "Don't moan" or "Your breathing is ragged," you'll be able to use common language such as "Breathe in through your nose, and as you breathe out through your mouth, soften wherever it hurts" (see "Breathing"). She will follow your suggestion thankfully as the path toward birthing better opens up again.

You can model the best breathing pattern, a form of your non-verbal communication. You can also use touch as your common non-verbal language (see "The Right Touch"). Because you both know what you are doing (even if no one else



understands!), you will appear to others to be a very close-knit couple. The people around you will see your birthing partner coping well with labor pain rather than just getting through or panicking. These same people will see you as an incredibly capable man, father, and partner! They want more like you! They want more like your partner, too!

Other resources are all common language

Now some insight should be rising up inside your mind: all the separate and discrete Birthing Better Pink Kit resources have their own common language. Not only that, but you can also see how this common language gives you access to blending and adapting any number of skills during the activity of birth. This should encourage you to become fairly fluent in birthing/coaching common language.

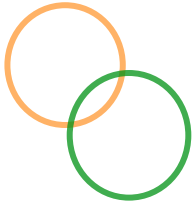
Non-Verbal Language

Coaches can communicate non-verbally through modelling (see “Breathing”) and touch (see “The Right Touch”). But they also have to know how to respond to non-verbal language. Childbirth is such intense and concentrated work that sometimes a woman just can’t get a full sentence (or even a short one) out of her mouth. During labor, it will be easier for her to push your hand away, say “Sshhh,” grab you and hold on, or put your hand on some part of her body than to talk. Sometimes she can THINK something so loudly that she’s certain she’s said it aloud.

I can spell!

A birthing woman asked a friend who knew this information to be at the birth and to deliver the baby. As the baby came onto the perineum, the tension was obvious, and it took a bit of time for the tissue to stretch. The friend turned to the midwife and spelled T-I-G-H-T.

Later, the birthing woman said that had really annoyed her, and she was absolutely certain that she had spoken up then and said, “I CAN SPELL!” Her friend disagreed, so the woman insisted “Yes I did, and it’s on the video.” But lo and behold, not one peep from her on the video of her birth. Her dialogue had gone on only in her head, so her friend hadn’t gotten the message.



Coach, when words don't work, or are not wanted or needed, use your non-verbal language. 90% of communication is body language, anyway. It's not too difficult to read her body language. Because you can't read her mind, you have to learn how to respond to her non-verbal communication, doing so either verbally or non-verbally yourself.

Responding to non-verbal communication

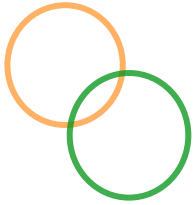
In the resource "3 Births," there is a Birth Story as perceived by a woman and man and from three viewpoints: pretty difficult experience, pretty good experience, and a Birthing Better Pink Kit experience. These stories use our human mind's ability to see pictures and put yourself in the picture. The best way to learn about communication in labor is by taking a very common labor scene and breaking it down into how it's often played out in millions of birth ineffectually. It is from this frequently observed situation that many of our Pink Kit communication skills came.

When you review a common scene, you are either left with the feeling that that's the way it is and there's no way to do something different—or you figure out how to create a different experience. We broke down the communication and replaced it with a different type of communication.

Imagine a woman in the middle of a really intense and painful contraction, standing on her toes, holding onto the wall, shoulders hunched up to her ears, and with tight bum muscles.

Curiously, this laboring woman could be very quiet, or breathing in a deeply focused manner, or groaning, moaning, and screaming. The woman's verbal communication might or might not align with what you see and what she is doing. But her coach is rightly not focusing on her silence or swearing right now; he is focusing on what her body is doing (actions speak louder than words).

It's apparent she is instinctively tensing up. No one wants to see a woman suffer (see "The Whys and Hows of Pain"), so, most likely, anyone who sees her like this will



tell her to “Relax,” thinking they are helping her. It’s the most natural thing to say, and it might work well in more ordinary situations, but this laboring woman is more likely to turn to the person and say or shout “You try that!” or “I am!” or “I’m trying” or “SHUT UP!”

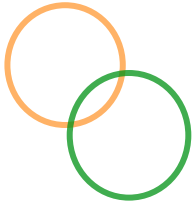
Such responses clearly say, “Your communication is not working!” When communication breaks down in labor to such a dramatic extent, it can be very difficult to re-establish trust. Yes, trust.

What the woman is communicating by her body language and perhaps the sounds she is making is her inability to relax. She would if she could. She’s trying to already, and, when someone tells her to relax, she knows they don’t have any idea what she is experiencing. She also knows they don’t know how to help her. She loses trust in that person, and the person loses trust in themselves.

Sadly, this scene happens in many labors in many forms. But it is one families want to prevent and can with the right communication skills. From this desire to have better communication, your Birthing Better Pink Kit skills evolved.

We have to break down this scene from the woman’s viewpoint, the viewpoint of the birth coach, and their interaction (woman and man as a team). Only then can we come up with a solution that is actually helpful to the woman and builds, rather than destroys, the trust of your team.

But as we’re looking at this scene, you have to imagine yourselves in your own role. As a woman, you have to imagine yourself up on your toes, facing a wall, and holding on, with your shoulders up around your ears and tightening your bum muscles. You’re doing this because the labor pains are intense. Coach, imagine yourself watching and listening to what your partner is going through and how she is responding.



What's going on with the woman?

- The sensations of the contractions are intense at that moment.
- You feel you ARE relaxing as much as humanly possible, given the high intensity of the contractions.
- You're starting to anticipate the next contraction and also finding it hard to relax between contractions.
- You might have back labor, and the nagging pain continues even between contractions.
- You might have heard someone say, "Be like a rag doll," but that seems impossible right now. You know you aren't coping well, but you don't have a choice; you can't stop the labor, so you're just doing the best you can.
- You have probably not felt your birth coach has been able to help you. If your birth coach/partner hasn't been able to help up to this point and can't help now, you will turn to the birth provider for help, either to ease the pain or get the birth over and done with.

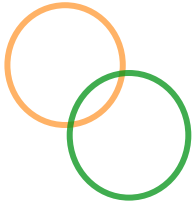
What's going on with the birth coach?

Remember, stay in this scene rather than try to figure out what you could do to fix it. In this scene, you might

- see her as undisciplined, working against the efforts of birth, and resistant to suggestions.
- be afraid that the pain really means there is a problem.
- believe that what she is doing is a reasonable response to the obvious pain, that she's doing her best, and you'd probably be doing the same if you felt that type of pain.
- feel like a complete failure, unable to help.

Putting these private thoughts together

Did you notice that we viewed this scene from the inner conversation both the woman and man have in their heads? A great deal of childbirth is experienced inside



ourselves, what we think privately about our own behavior and everyone else's (see "Positive and Negative Voices"). Those thoughts may be communicated non-verbally.

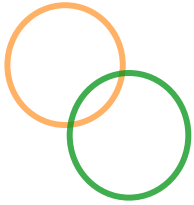
The first thing you need to know is this: the woman is at such a point because she has been slowly on her way there for hours. This is a crucial lesson in your Pink Kit: you must apply your skills early in labor when the pain is not intense so that, when the contractions start to feel overwhelming, you are already capable of coping with each one. When contractions are intense, you know that your willpower, determination, and courage lead you breath by breath through the most intense part, and you've learned to relax, relax, relax as soon as the contractions back off for the space between (see "5 Phases and the Bell-Shaped Curve").

In getting to this point in labor, you didn't have the appropriate skills to help yourself, and neither did your partner. What's the best way to keep from freaking out or feeling overwhelmed in labor? Don't let yourself go there in the first place!

Nevertheless, the two of you are stuck here, so you have to figure out how to get out of it. Because the woman isn't giving any verbal communication, you have to respond to her body language—and you'll get the best results if you use specific rather than general language.

A generalized suggestion such as "Relax" is actually too complex for this woman to decipher at this time. It's not that she is simple; she is just trying to cope with very complex sensations. This is not the time when she can try to figure out "Where should I relax, how, and what about all the other things I'm feeling?" Because she can't reduce the general term "relax" into small, manageable chunks, she rejects the overall suggestion.

Women need very SPECIFIC suggestions that are accurate: **the right place, at the right time, in the right way.**



Coach

Hearing and seeing is a form of reading the communication from another person. This is the role of the birth coach. A woman in labor doesn't always perceive of what she is sounding or looking like. She is focusing entirely on herself. She wants someone to help her maintain some form of equilibrium. She does not want to get out of control and feel like she's lost it.

We've talked about self-talk, private thinking as we looked at this scene. Now the scene has to be looked at by how the birth coach tries to help, yet not effectively, thus often irritating the woman further.

So put yourself back in the scene.

- You might say, "Relax your shoulders." That makes sense, since her shoulders are tensed up around her ears.

BUT!!

Babies aren't born from the shoulders. Relaxing her shoulders might be a change, but it's not exactly helpful.

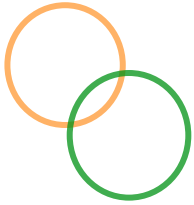
So you try some other suggestion.

- "Put your feet on the floor." After all, she is standing on her toes.

BUT!!

Babies don't come out of the toes. Even though it might help a bit, coming down off her toes is still not quite right.

So try you some other, more helpful suggestion.



- “Relax your bum,” since you can see that her bum muscles are tense. She then turns to you and says, “I don’t want to, it hurts,” but she knows that you’ve said **the right place at the right time.**

YES!!

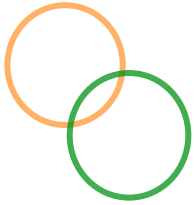
“Down there” is where your baby will be born. You named a specific place, at the exact moment when that place was affecting the passage of your baby due to the woman’s internal tension. Because the baby only comes through the pelvic zone, the words have to be specific to that area.

So you sort of have this figured out, but if you say “Relax in your hips,” this is still too general. You have to name completely unambiguous places where you want her to focus her attention and relaxation. So this is the list you need to use, along with others the two of you might come up with.

Your pelvic clock is composed of these places:

- right hip
- left hip
- under your pubic bone
- inside your sacrum
- muscles on each side of the rectum
- bum muscles (those more or less work together)
- lower back
- lower belly
- hamstrings
- knees
- quads

You just have to keep repeating the list. You just have to keep repeating the list. You just have to keep repeating the list. You just have to keep repeating the list.



Obviously, this is a list you write down and take with you. How often should you repeat it? Many times per hour.

When you practice together, you'll learn the specific places where your partner tends to store her tension. If you see one or more particular places that appear tense, mention them to her. If the woman is going through the list herself in her mind, she can hold up her hand to tell you to stop. But her typical tension areas may change during labor. The more you know her body, the more her physical responses make sense to both of you.

At this point, you need to learn **the right way** to give her the message. Here are some starters:

- Don't beat around the bush, suggesting less accurate places to relax, wasting the time when she could be coping better.
- Use specific touch to accompany the words you're saying.
- Adjust your volume and tone of voice so that she doesn't feel bossed around or more nervous.

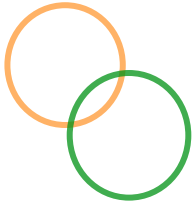
Look at the scene again from both your perspectives

Woman

Being in this scene means you have not relaxed, focused, and used skills for hours and hours. Visualize a scene in which this did not happen, because you had employed and adapted your skills throughout your labor progression.

Of course, it's a lot simpler to see how to do this scene differently once you have learned your Birthing Better Pink Kit skills. If you are reading this before you feel skilled, come back and replay this scene as a skilled birthing woman.

Keep in mind that the only place you need to thoroughly relax and soften is inside your pelvic zone, all those places on the list. Listen to what your coach is telling you to do, and do it! His/Her intent is to help you.



Coach

Keep it simple: learn the specific skills you need to help your partner do the above. If you can't remember the specific words for your partner's pelvic zone, write them down. Find out from your partner what voice volume she is best able to hear. Sometimes, a woman will respond better to a whisper in her ear. Other times, a clearly spoken, directive voice will give her a hook to catch hold of.

In your mind's eye, see yourself be able to change the dynamics of the scene. See yourself as being able to help this woman even if no one else around her knows how. See yourself as the hero who can help your birthing partner cope with her labor pains better because you have the specific skills.

Common Language + the *Pelvic Clock*

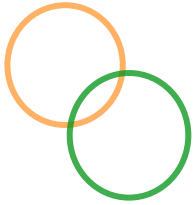
This section teaches you how to build a common language into one of your most important Birthing Better Pink Kit skills. It also furthers your knowledge of the right place, right time, right way necessary for effective communication. Once you've finished it, you'll have a frame of reference for building common language into your other skills—and into your life, too!

As in other Pink Kit resources, you both need to trade off between the Doer and Receiver roles. The Doer has to read a script out loud. Follow this script with all the timing suggested.

Part #1

Doer: Read the script at your normal book-reading speed and voice, and observe what your partner does. Don't change the speed or slow down, and don't pause between each specific instruction.

Receiver: Follow the instructions as best you can as your partner is reading their script. Your sacrum is the big triangular bone at the end of your spine (see "Bony Structure").



Script

“Relax in your sacrum, relax in your belly, relax inside your pubic bone, relax inside your thighs, relax in your lower back, relax around your rectum, relax inside your right hip, relax inside your left hip.”

Receiver: Are you able to relax in those specific places at this speed?

Why these words? They cover the specific areas that women often tense up (consciously or unconsciously) during labor and are most relevant to giving birth. You can also use the words from the list in the last section: hamstrings; inside your vagina; bum muscles; each side of your tailbone; in the Minnie Mouse muscles (see the *Body Skills* section). That is one of the right places: **specific place-words**.

Part #2

Doer: This time, you will use a different reading pace. Say the first word, then say it silently to yourself a second time. This creates a pause. Then go on, pausing after each word.

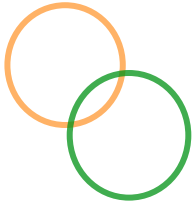
Script

“Relax in your sacrum [pause], relax in your belly [pause], relax inside your pubic bone [pause], relax inside your thighs [pause], relax in your lower back [pause], relax around your rectum [pause], relax inside your right hip [pause], relax inside your left hip [pause].”

Receiver: Are you able to relax better when your partner pauses after each instruction? Talk about the difference this timing makes to you feel.

Doer: When you pause, you probably notice you relax as well in each specific body area! When both of you are relaxing, you share a common language and a common experience from this language.

Why the pause? It takes time for information to go in through your ear " then to your brain " for your brain to send a signal/command to your body " and for your body to



do what is asked. Pauses are part of communicating in the right way: they give both people **processing time**. Knowing both of you are doing the same thing at the same time validates the experience, builds confidence, and creates a knowledgeable bond. This truly is teamwork.

Part #3

Doer: You will change one word. Replace “relax” with “soften.”

Script

“Soften in your sacrum [pause], soften in your belly [pause], soften inside your pubic bone [pause], soften inside your thighs [pause], soften in your lower back [pause], soften around your rectum [pause], soften inside your right hip [pause], soften inside your left hip [pause].”

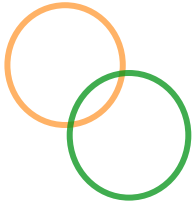
Receiver: Notice if this one change of word helps you further to identify and soften inside your body in each specific place your partner mentions.

The word “soften” has a better effect than “relax” for most people. “Relax” has many personal and societal implications, so we don’t always know what that word means or how to do it. “Soften” doesn’t carry many hidden meanings, so it seems to trigger strictly a tissue response. But once you know how to soften inside your body, it doesn’t matter what **specific action-word** you use as long as you respond with the right action. Your “right way” word can easily be different from the next couple’s.

Woman

It’s your responsibility to figure out where you store tension inside your body and communicate that to your coach. And for goodness sakes, don’t interpret the word “responsibility” as a heavy, hard-to-do task. Instead, become fascinated with your body. Only when you are pregnant must you learn so much about how to open, soften, and keep your body mobile. Totally enjoy this self-learning.

As you learn more, share your knowledge with your partner. This is just another way you can teach him how to help you. Your partner cannot read your mind.



Coach

These exercises are so amazing because you can feel pretty much the same thing as your partner, although without the hands-on angle you experience while doing the exercises in *Body Skills*. Because the above exercises involves no hands-on or any form of touch, you are communicating in a much more subtle fashion. This is terrific and will give both of you much more confidence.

Imagine being able to just mention “Soften inside your right hip” during the birth, experience that in your own body, and know your partner is doing the same thing. Together, you are working with your baby’s efforts to come out of its nest. Life doesn’t get much better than that!

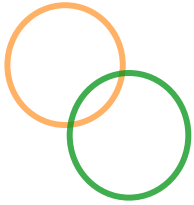
As you practice together, also ask her to let you know when you’ve done things right for her. She needs to praise you in birth, even if it’s only with a nod of her head. You know you’ve done the right thing when she responds to it!

Now we can go on to more refined and complex exercises/skills that combine what you’ve learned above with *Directed Breathing*.

Part #4

This takes a high level of working together. Read through the directions first so you both understand what your roles do. You’ll see how very effective this teamwork will be during the whole process of giving birth, whether in labor or during the pre-surgery/surgery experience. And you’ll also find out how important saying things at the right time is.

Doer: You will coordinate your words with your partner’s directed inhalation as they intentionally expand into that specific place. Your pause occurs with their exhalation as they soften in each place on the script. This means the inhalation/expansion will come with your “right place” phrase. The exhalation/softening will come with the pause. Make certain you mirror the same in your own body. (Hint: Both of those are forms of non-verbal communication on both your parts!)



Receiver: As your partner says “soften inside X place,” inhale and expand into that part. As they pause, direct your exhalation and soften in that specific area. You might want to look at the script at the same time. But your role is to follow your partner’s instruction.

Script

“Soften inside your sacrum [pause], soften inside your belly [pause], soften inside your pubic bone [pause], soften inside your thighs [pause], soften inside your lower back [pause], soften inside your rectum [pause], soften inside your right hip [pause], soften inside your left hip [pause].”

Receiver: If your partner is speaking too slowly/quickly, ask them to read the script at a speed more effective for you. If their tone of voice or volume is angering you or making you feel uncomfortable, ask them to adjust. Do *not* say, “You’re reading too slowly” or “You’re making me nervous.” That’s too general! Just as your coach needs to use specific words, you need to show them specifically what you need, and they’ll do it.

Playing around with more exercise ideas

Variation a

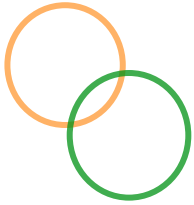
Doer: Mention other parts of the body where your partner usually stores tension after a long day, and see if that helps them unwind.

Variation b

Doer: Mention parts of the body as you practice the *Hip Lift*, *Sacral Maneuver*, and *Pelvic Clock* (see “Bony Structure” and “Soft Pelvis”).

Variation c

Doer: Play around with repetition. Sometimes saying something once is enough. At other times, women need the same suggestion repeated over and over — and at the



right time, of course. Often a repetition of three times allows the woman to fully expand and fully soften. Or perhaps the Receiver will need you to verbalize the expanding as well as the softening. Vary your communication at each of the 5 Phases to establish the right place and right time that are most helpful to her.

Variation d

Receiver: Instead of relaxing, try tensing up in each place listed in the script and see if your partner can see your internal tension.

Doer: Here's a clue: watch your partner's face as they tense up inside. Often, you'll see tension in other parts of the body that indicates internal tensing up. But always remember the most important place to relax during the birth process is inside the bony pelvis, so focus your common language on the pelvic area.

Now you have learned, practiced, and played around with common language coupled with the *Pelvic Clock*. Or have you?

Let's discuss a common problem: resistance to learning.

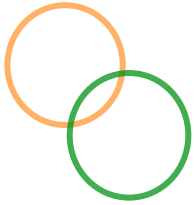
Resistance to Learning

Woman

If you feel resistant to deeply learning and integrating this knowledge into your body/mind, ask yourself why. Most women give the following three reasons. They have a firm belief

there is nothing you can really do to prepare for birth, which is unknown.
your birth professional will take care of you, which allows you to be passive.
birth is natural, and you should get out of your head because that might interfere with your intuition.

These very profound and quasi-accurate beliefs veil the realities.

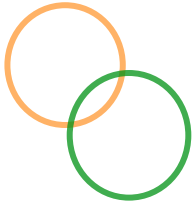


- Birth is unknown, but that doesn't mean there is nothing you can do to prepare. Birth will unfold, and your Birthing Better Pink Kit preparation will give you and your partner the skills to work with the birthing process as it does so.
- Your birth professional WILL take care of you. However, this does not mean you should be passive or they want you to be. Giving birth is a partnership between you/your partner and your birth provider (see "Birth Roles"). Birth will always be an activity that you, your baby, and your partner have to do. You each have your roles that now include your Pink Kit skills. Your birth provider has their own, entirely separate skills, which regard the assessments, monitoring, and procedures necessary. All these skills work together.
- Human beings have a unique part of their brain: the neo-cortex. This area of the brain is responsible for learning and using skills. Birth is a natural process, yes. But so is sex, and we all know how much better it is when we couple our instincts with our thought processes and skills! When you create a bond between your neo-cortex (awareness/consciousness) and your intuition/instincts, you raise the level of any personal experience from reacting to responding and from "being carried along" to working with the whole process. Think of how much better using software or cooking a meal is when you have even basic skills.

Working through the resistance

One young father casually began the Pink Kit package with his partner, who was very put off by doing these exercises. They were a very "alternative" couple, planned a home birth in water, and strongly believed that birth was natural and she would just know how to birth on the day. As a man, he believed that "Birth was woman's business" and that he certainly didn't need to learn anything. He was bored and resentful about doing exercises that taught specific common language. The Pink Kit made the woman cry, because she really didn't want to learn anything. But for some reason, they didn't just put it down.

As she learned about her own body, she began to feel much more confident, and they grew closer as a couple as she showed her partner what she was learning. This inspired and interested him. He came to realize that he hadn't thought too much about his role other than to be a "support," and that he had no clue what that really meant. They learned lots of the body skills, but sort of skimmed through the "Communication" resource.



She had a very, very quick labor (under three hours). It was very intense right from the start. She needed a lot of eye contact, which he recognized as a form of non-verbal communication. He realized she needed to stay in contact with him as the pains ebbed and flowed. He also found that, at certain times in each contraction and between, she wanted him to tell her to “Stay open, soften inside, direct your breathing.” She’d signal him when to start and stop. He followed her lead.

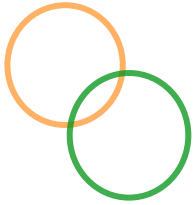
After the birth, he commented on how significant it had been to use this common language — they had both known what he was talking about, and he could see how much it helped her.

Even though they hadn’t thoroughly practiced the exercises during pregnancy, they had learned enough to recognize how to use their common language within their team.

You might think that it is very picky to do so many exercises to learn these new skills. You might think that they focus on very small and insignificant bits. But in your hobbies or occupation, you know you first learned by paying attention to big details within the big picture and then by refining those big details into smaller ones. You might also have recognized your clumsiness at first. As your skills grew, you relaxed. Eventually, you could adjust your skills and developed a sense of mastery.

Every Pink Kit exercise you practice helps to build your adaptability and your ability to read the messages of another person. This also has great benefits for the rest of your life! All of us Pink Kit users know that these skills have changed our lives for the better. They’ve brought us closer as partners and as parents to our children.

Human beings love to have a sense of mastery and conscious awareness of their own ability. You have just a few weeks or months to gain these skills. Don’t waste one day. Value the birth of your baby, and meet that value with a high level of self-confident skills. In labor (and during surgery), detail can make all the difference between having good or bad communication with your partner and inside your own head.



Saying “NO”

Now we have to move on to another important communication specific: how to say “No” and “Yes.”

Don’t laugh. Childbirth is really dynamic, so clear, concise communication is essential. And as you’re both probably aware, these two simple words can be hard to say, difficult to interpret, and sometimes lead to confusion.

EXERCISE: 10 DIFFERENT WAYS TO SAY “NO”

- 1) **Doer:** Show your partner 10 different ways you can say “NO.” (Hint: You can use different tones of voice, gestures, or other body language.)
- 2) **Receiver:** Become fascinated! And notice your reactions to different ways “No” is said to you.
- 3) Discuss how both of you feel.

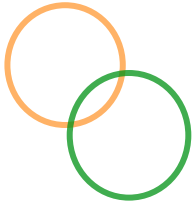
From this exercise, you will discover that

- you can say “NO” in many different ways.
- you might have social behaviors that make saying or hearing “No” difficult.
- you will react to “No” in different ways.

Doing this exercise together can be very funny indeed, as well as bring up conflicts. You want to find the best ways to say “No” and be understood in the most accepting manner. You can also learn more about how to say “No” to your children!

Receiver: Consider what your partner has just showed you, then consider the following:

- A “NO” sometimes means “Do it differently” or “At a different time,” rather than always “Don’t do it at all.”
- You don’t have to take it personally.



Doer: Make certain you are clear about your “No” being “Don’t do” or “Not now” or “Do it differently.”

During labor, what will make a woman want to say “No, not now, not that way”? Here are a few examples.

During a contraction: “Don’t do that”

Most women in the intense part of labor don’t like random conversation going on, particularly during a contraction. You might need to tell people to not talk while you are concentrating on your focus and skills.

Hey!!

“My mother came in and starting talking to my husband about something else. I told them to get out of the room. I was thinking ‘Hey, I’m doing the labor, what are you doing?’”

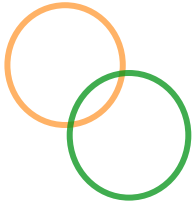
This is an example of “NO, DON’T DO THAT; I need to concentrate.”

Internal examination: “Not until I get ready”

Here’s a common scene: Your birth professional comes into the room wanting to do an internal exam during a contraction. You really don’t want them to, but they insist. You have to go along with having this internal, but you want to stay in control.

Instead of saying “No,” tell them you first want a minute to get your breathing and relaxation focused with your partner’s help. Then allow the procedure to happen. If you’ve done the *Internal Work*, you’ll know how to relax inside your vagina before and during the exam. Stay on track with your managing skills, and, when it’s over, you can get back to what you were doing.

This is example of “No; wait a minute.”



Working with your partner: “Not that way”

You have a keen partner who is trying to help you but is modeling a breathing pattern that’s too fast for you. You want him to slow down his breathing—after all, you’re the one in labor!

A contraction starts, and you start breathing how you like to breathe, but he keeps trying to get you to follow him. Use your non-verbal communication and just put your finger to your lips so he will let you do your own thing for a bit. After the contraction is finished, you can explain how you need him to breathe with you or slow down. He can’t read your mind. You have to tell or show him how.

This is an example type of “No, not like that.”

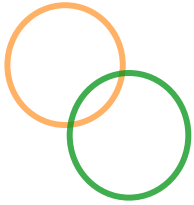
Coach

Your role in labor is to serve the woman and the process of birth. This might be very different from your role in other aspects of your life.

During birth, the internal sensations require a woman to respond directly to what is happening inside her. She will always be doing the best to cope with these sensations, but it’s a very delicate dance. She probably won’t take well to being bossed around, although she will want you to help her in a direct manner.

As part of developing a good common language, you have to understand how your partner says “No” and “Yes” about everything you’re going to be doing. For example, your partner might want you to touch her at only a certain time and a certain place right at the end of each contraction, and if you touch her at the wrong time or wrong place, “NO” is her response. Your job is to find out how to do things that she likes and needs at the moment. Let “No” be a guide, not a rejection.

Work together to find a number of non-verbal and verbal cues she can give you and responses you can give back to her. Expect her to find even more ways to do that once birth gets under way and intensifies.



What changed your mind?

A woman was in labor with her first child. She didn't want her husband to touch her or talk to her, even though they had worked together with the Pink Kit. She rejected everything he offered. Then, even though she had specified in her Birth Plan that she didn't want to use pain relief, she asked her midwife for it.

The midwife approached the husband and asked why he wasn't working with his partner. He said, "I have to live with her afterwards. If you want to push her, then you do it." The midwife asked the woman to agree to work with her husband for 20 minutes before she had any gas. The couple worked together for 20 minutes with the Pink Kit skills, and soon she was pushing, and within half an hour gave birth to a very big baby boy.

After the birth, the husband asked his partner why she agreed to work with him only after the midwife requested it. She said she'd been willing to agree because she knew the midwife would give her pain relief after 20 minutes. She hadn't let him work with her before that because, every time he did anything, she felt the baby move down, and he felt SO BIG! She was not able to explain that he was helping her so successfully that the sensations were overwhelming. In fact, her rejection was a compliment to his ability.

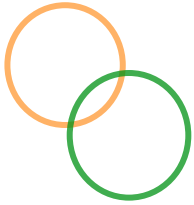
Saying "Yes" or "I Want Something"

Just as you need to find the verbal and non-verbal ways to say "No," you also have to use your communication to say "Yes." This can be much more difficult than saying "No." We all know how much easier it is to tell another person what we don't like than what we actually want!

EXERCISE: 10 DIFFERENT WAYS TO SAY "YES"

Receiver: Use 10 different forms of communication to get your partner to do something that you want or like. For example:

- 1) Asking for something specific: you're having difficulty breathing, so you ask the Doer to model a good, relaxed breathing pattern.
- 2) Using specific words when you aren't coping so well. (Hint: Don't forget to



compile a list of words you both understand!)

- 3) Putting their hand where you want it: a non-verbal cue for where and how you want to be touched.
- 4) Putting your hand up like a stop sign: you need them to move away and respect your quietness for a bit.
- 5) Nodding when you want them to start/stop touching you.
- 6) Smiling.

Rub, rub, rub

“Every time a contraction started, I grabbed my husband’s hands and placed them on my hips and told him to ‘Rub, rub, rub’. The first time he didn’t do it just right, so I put my hands over his and showed him the right pressure and speed, and boy, it was very specific — anything else was annoying. He got it, thankfully — or I would have smacked his hands away if he hadn’t.”

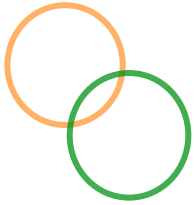
Coach

You need to learn how to say “I want,” too! Your needs are important. One thing you might want during the birth is a quick bathroom break, at which point you’ll need to find someone else to help.

You or your partner can easily teach your care provider Type #2 breathing and ask them to either model it or say out loud to breathe in through the nose and out through the mouth. They will usually help, as long as they don’t need to stay with you for too long if there are lots of other laboring women in the ward.

Women: Assertiveness during labor

When people talk about assertiveness in pregnancy, labor, and birth, they are usually talking about the politics of making CHOICES around such things as where to birth, with whom, and the use of medical intervention. For example, a woman can be assertive when she makes a firm decision to birth at a birth center even though her family would like her to go to the hospital. Some women insist on choices that their



care provider doesn't like, such as choosing a vaginal birth at home after a previous Caesarean.

However, in this resource, we are talking about assertiveness in communication. Clear communication is assertive communication. Being assertive, either verbally or non-verbally, is a big part of labor language.

- ◆ Some women don't want to offend others by standing up for themselves, so someone else still has to do it for them.

My husband stood up for me

"My labor had niggled all night, and at midday, we decided to head to hospital. The nurse on duty told me to hop up on the bed and she would 'check me' and call the doctor. I hopped up and she checked me—it felt like she rammed her hand up to my throat and tickled my tonsils. If her hand had gone any further up, I could have bitten her. I burst into tears. She told me that I wasn't dilated yet and called the doctor, who told me to go home. My husband didn't know what to think and was left with a sobbing woman.

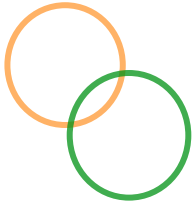
"I was terrified about going back there when labor progressed, but I had to. Thankfully, that nurse's shift was over, but I really didn't want to have another exam until my doctor came—I assumed she would be gentler. My husband stood up for me and told the nurse that I didn't want an internal until the doctor arrived. She argued with him for a while but finally gave in.

"My doctor wasn't much better in how she checked me, but my labor was very progressed and I had other things to think about. I was so glad my husband did that for me. I couldn't have."

- ◆ Some women must overcome their shyness about questioning authority.

I had to learn to be assertive

"Although I didn't like much of what anyone did to me during the birth of my first child, I would never have thought of saying anything. After the birth, I realized that I had grown up doing the same thing. Raising a child gave me lots of opportunities to leave that shyness behind. I had to learn to be assertive, or my child would have ruled the roost!"



“With the help of the Pink Kit and my wonderful partner, our next birth was much better, and we had great communication.”

- ◆ Some women have to work on making their expectations clear enough and on stopping expecting others to be able to read their minds.

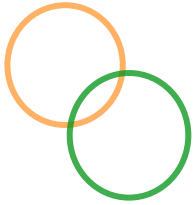
I thought she'd be different

“I chose a home birth with a midwife who was highly regarded. I loved our visits when I was pregnant. She spent so much time with me. I felt lucky and a bit cocky compared to some of my friends who were having babies at the hospital, where they birthed with the staff midwives they'd never met.

“When I went into labor, I called my midwife because the pains were getting a bit intense. She listened to how I was breathing on the phone and then said that she'd come when labor was more progressive. I was dumbstruck, but didn't say anything. That set the stage for my disappointment. When she finally arrived six hours later when labor was more intense, she sat down and WATCHED me. I was furious. I thought that she was going to be my support and tell me what to do. After the birth was over, I realized that I had actually fussed more than I would have normally done because I was trying to get her attention. I was angry at myself and at her.”

If you typically have problems being assertive with other people (especially professionals such as doctors), work on strengthening yourself. Envision a past situation when you gave in, and re-do it with you standing up for yourself and saying “NO.” Picture yourself during birth saying, “I want *this*, actually, and since I'm the one going through the labor here, you're going to give me just that!”

Whatever your personal stance on assertiveness normally is, plan on losing some of your strength once you're in the really intense part of labor. At that point, it's very hard for women to speak. As the intensity increases, many women shorten their verbal communication into shorter sentences, then just one word, and finally are unable to say anything. Speaking takes a great deal of energy. Coaches, that's where you step in, as in the first story.



Now that you both have your foundations of good communication, it's time for you to learn what is likely to happen with communication during labor.

Using Your Common Language during Labor

From Niggles to 3cm (1st Stage)

One of the many positive Birthing Better Pink Kit applications by all accounts comes from families who use their skills from the earliest moments of labor (after having begun to use the skills in the days before labor starts) and just get better as labor picks up steam. This doesn't mean they seriously, with deep concentration, rigidly, or with the precision of a drill master use their skills at this stage. But they begin to learn how to integrate the skills through the rhythm of contractions and space between.

Woman

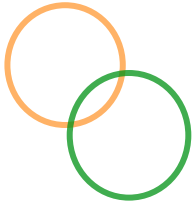
When labor pains are NOT intense, you STILL need to relax and soften inside. That is how you prevent the scene we related. In early labor, most of us cope and manage fine; however, if you **do not** use your skills to

- learn about your contractions and the rhythm of labor
- reduce small and subtle internal tension
- perfect your ability to concentrate on applying your skills so pain won't be your center of attention later in labor

you are more likely to find yourself in that scene in real life instead of only in your imagination.

Even a woman who has given birth a number of times, and certainly a first-time mother, is apt to treat this early and manageable phase as, "Oh, this is all there is to labor, and I wonder what all the big fuss is." But when

- labor notches up, she may begin to fight it.
- Then labor pain notches up again, and she might become afraid.



- Then it notches up yet again, and she might begin to wonder if there is a “problem.”
- And when it notches up further, she may stop coping.

These reactions often happen if a woman has few skills or if she does not commit herself to using the skills she has.

Early labor is also the time to grow and perfect your communication/common language. Very early in labor, when the cervix is thinning before dilating, you will be able to talk normally, whether you are having a contraction or not.

As the cervix begins to dilate up to about 3cm, you will begin to pay more attention to each contraction while it’s happening, commenting about the sensations you are feeling. Between these early contractions, you will still talk about everyday things—usually about what you need for the birth, where the kids are going, checking what needs to be packed, and you’ll get ready to head to the hospital, or call the midwife if it’s a home birth.

Caveat: you might be one of those women who bangs into labor and does not have this recognizable period. If this happens to you, recognize it for what it is: a quick, intense labor (see “Getting from Here to There in Labor”). Just step into your skills more quickly. Hopefully, you’ll have been practicing and using your skills for the past few weeks or days anyway.

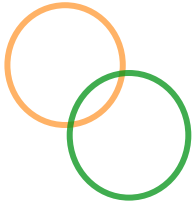
Coach

Work with your partner to begin using your skills and common language during this time. Thoroughly enjoy this manageable period—labor is finally happening, but it’s not hard yet, so it’s easy to love it!

From 3–8cm (1st Stage)

Woman

You will probably be quiet during contractions but able to talk between them about your experience, where you are feeling the sensations, and so on. You’ll also begin to



comment on whether the contractions are getting more painful and whether you feel you can manage them.

Coach

As the coach, you definitely need to use precise, focused language at this time, and also use modeling and non-verbal language.

As this stage progresses, she might get quieter and eventually quite sleepy, with her communication reduced to a few words, nods, or gestures. OR she can get very restless and start to struggle with labor. Obviously, if she even begins to appear distressed by the pain, you have to work more deeply with her so she knows she can get through each contraction, or each moment of each contraction.

This is the period of time where your job will flourish in its importance.

The best way to get a woman focused if she has freaked out or become overwhelmed is NOT TO LET HER GET THAT WAY!

Do not hold back your skills, even if you don't feel confident you are helping. Keep working in some manner. Stay present to the experience so she always knows you are fully attentive to her dynamic experience.

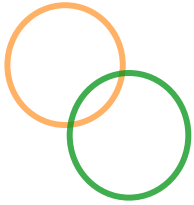
As you enter the Gateway

Sometime during this phase of labor, you will meet the intensity of full-swing, painful contractions. When this happens, both of you will be faced with one of the biggest choices of your lives: either work harder to achieve a well-managed birth experience or lose it and feel overwhelmed.

Freaky, freaking, freaked

Woman

As a parent, many things you don't like will happen, but you can no longer act like a child. You now have a child, and young children do not have the brain development



to use reason or willpower, be self-reflective, or even have skills. These are all learned. In fact, your baby needs to learn to breastfeed just as you do. And you will teach your children how to cope with many experiences that they won't like. This is the Circle of Life. We do not "raise children." We raise adults who happen to spend some of their lives as immature.

Getting through the most challenging parts of labor with good management skills is the high truly experienced by women. Women who freak out are just relieved it's over. Women who get through it but never felt in control have mixed feelings that flip from relief to "I did it."

Struggling through labor is your wall, your Mt. Everest, Olympic event. Do not let yourself spin out of control because you're too prideful to ask for help.

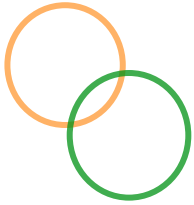
Whenever a woman becomes challenged by childbirth, this is the Gateway to parenthood. This is exactly one of the pivotal moments in a woman's life when she can meet the challenge with determination whether she likes the experience or not.

EXERCISE: FREAK-OUT AWARENESS

- 1) List all the ways you behave when you freak or are stressed out and what sets off such an episode. Share that list with your partner and talk these things out.
- 2) Then write a list of all the things you can do to claim your parenthood/adult self—in other words, what behaviors can you use to cope with what you don't like!
- 3) Then, once you've completed these resources, incorporate them into your Birthing Better Pink Kit skills Birth Plan. Tell everyone involved what control skills you've learned and they'll see you use.

Coach

Being in freak-out mode in 1st Stage (or any other!) is not an option. Your partner might panic, then use her willpower, panic again, use her willpower, and panic yet again because labor pains notch up. Just when your partner thinks she's managing well, the pain increases and she struggles again. If your partner is resistant to you because she is hitting her wall, just keep using your skills.



Everything in labor is all about language and communication. Do not find yourself looking back wishing you had taken more time to learn your coaching skills. By the way, good communication does not have to exhaust you. Good communication is pragmatic and helps everyone do the task and is uplifting.

Communication that restores discipline

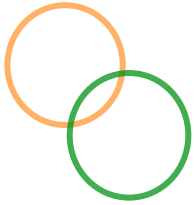
If the two of you commit to not freaking out, two things happen:

- Every nanosecond of your experience becomes a choice: “I had to choose exactly how to breathe in and had to choose exactly how to breathe out.” Yes, this is the true meaning of the word “choice.” You don’t get to choose what happens to you or around you. You get to choose how you respond to all these elements. This is no different from driving a car during a storm, on roads you don’t know, when you’re tired and still have hours to travel. You do not stop using your skills. Don’t stop now!
- Your mind and actions split: “I hated every second of it, BUT I MANAGED EVERY CONTRACTION SO WELL! I knew I’d be proud of myself later.” Literally and symbolically, childbirth is one of the major Gateways in our lives. Of course, lots of emotions will arise and so will the choice of how you respond. It is your responses that you’ll praise. When the going get tough, the tough get going. You strengthen yourself at every moment that you choose to use your skills to work with your baby’s efforts to come down, through, and out of your body.

Losing control will lead to more medical assistance, because she will be seen as “a suffering woman.” But suffering during labor does not usually mean there is a problem. It means that it hurts a lot and she is not coping. Coping is a discipline. Skills are the tools that allow discipline during painful contractions.

Coach

As you learned earlier, what she feels or thinks on the inside and how she looks on the outside might not necessarily be the same. She might feel that she is wimping



out, or out of control, while, to you, it seems that she is responding admirably. Or, on the other hand, she might look as if she's out of control yet feel fine about her response.

Even without knowing what's going on with her internal voice, you can always help her see how well she is doing and what she can do to help the process. One of the best coaching skills is to use positive language that reflects your own determination to continue. Be a mirror for her.

Be positive

Say "Relax your bum" rather than "Don't tense your bum."

Say "You do great with using relaxed breathing" rather than "Don't breathe so fast."

Say "I can tell you're really working hard" rather than "Don't worry about it, it will be over soon."

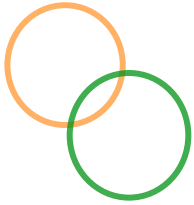
Try working with opposites

If you make a suggestion that she doesn't understand, try working with the opposite first. For example, if she looks tense and doesn't seem to get how to relax a certain part, ask her to tense that place up first and then relax. The hidden tensions, particularly stretching tension, are hard to relax until you bring them into consciousness.

Don't forget humor

Giving birth is not an illness. The energy might produce an intense atmosphere; however, this can be lightened and put into better perspective with humor.

Do the work, but don't confuse labor with an "emergency" just because there is intense energy. Many people without the necessary skills let the energy in a labor room get heavy. When that happens, everyone just wants it over and done with, and women are more prone to use pain relief and have medically assisted births. But if there isn't a medical problem, there isn't a medical problem!



Change the dynamics

If you're in a plateau, use some other skills from the Pink Kit to change the progress of labor. The most common cause of discouragement or heavy energy in labor is a plateau; that is, when nothing has changed for several hours. Remember that something in labor should change every hour or so—the contractions should get more intense, closer together, or longer every hour or two.

There are at least 1001 ways to do anything. Work with what there is. If something else is wanted, small, incremental, obtainable steps must be taken consistently in the direction of that new picture/vision. That's common sense. A new direction is only achieved when a clear picture with very specific, small components is articulated.

Open a window and let in the fresh air, sunlight, stars, rain, wind, or snow.

Get her to take a good long shower or bath—or get out of the water if she's already in it.

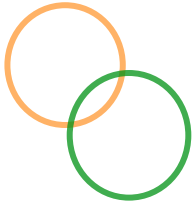
Go for a long walk together, preferably outside, or down the hall. Encourage her to move around if she's pinned herself to a spot, or get her to settle down if she's too restless.

Sleep, eat, massage each other, bring new people in to help.

Pray, do a ceremony.

Get her to change her attitude—cry, laugh, get angry or determined, or have a cuddle.

Keep suggesting solutions, and use your humor. She needs your mind on the task, too. Work together to solve the heaviness and discouragement. In showing a willingness to creatively problem-solve, you are communicating to her that you're sticking with her.



If labor is not in a plateau, remember that, if the energy seems so intense that it can't possibly continue at that level, the labor is close to changing into 2nd Stage, and your baby is about to be born. This can be the most difficult phase of labor and the time when you need to encourage her the most.

From 8cm–Fully Dilated (1st Stage)

Woman

Between 8cm and full dilation, you will become increasingly focused and might tell everyone what you are feeling – “I can't,” “It hurts,” “Keep breathing with me,” “Rub, rub, rub.”

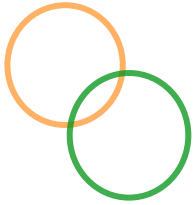
If you are coping (no matter how hard it has been to remain in a state of management), you will accept this part of labor and work increasingly hard to stay focused, disciplined, and applying your skills.

If you are losing it, you will get increasingly agitated, angry, frightened, or tearful, and everyone else will become anxious on your behalf. You must get your partner to help you. It is your responsibility to tell and show him/her or others how to help you.

Either way, your communication may fall off between contractions, because you will likely fall into a deep sleep. THIS IS NORMAL, because you now need to collect and conserve your strength for what is soon to be the pushing, or bearing down, phase AND then the immediate phase after the birth when your uterus reduces in size, shuts off all the blood vesicles to the uterus, and eventually expels the placenta.

Do not take that part lightly. Women get tired at the end of labor and sleep in order for their uterus and body to renew strength for what is about to come.

This tiredness, seen after hours of hard work, is misinterpreted as extreme exhaustion, “Can't go on,” or an indication of “suffering.” This is NOT accurate. Falling asleep at the end of labor is something you should celebrate! It means you're going to fully dilate soon and begin to push.



Don't try to stay awake. You need to totally give yourself permission to sleep and trust both yourself and your partner to get you working immediately with the sensations of the next contraction.

Coach

You need to let her fall asleep during this Stage, and you need to sleep, as well, but do not detach from her. Really pay attention to what kind of communication your partner needs. It will likely be non-verbal, just a hand resting on her thigh or elsewhere so that she knows you are there to help her immediately as soon as the next contraction starts.

Encourage her that she is almost finished doing the hard work of labor. This type of extreme fatigue (or extreme restlessness) indicates that she will soon be fully dilated. Don't give up.

Transition

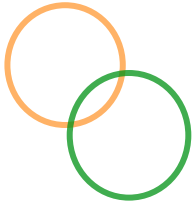
This is a stage at the end of dilation that can be hard to recognize, often involving the baby beginning to move into the upper part of its birth canal. It can be unsettling, but it doesn't last for long. If the woman is extremely fatigued or extremely restless, the coach needs to just help her get through this very challenging stage. On the other side of it comes the pushing or bearing-down phase, which can be very enjoyable and fulfilling.

Coach

It really helps to remind her that, once this intense phase passes, she'll feel really good. She also needs to hear that she's doing a good job.

If she is very tired, tell her to trust in that fatigue, which is allowing her to gather the energy to bear down. If she is very restless, tell her that it's okay, but help her use her Pink Kit skills to manage her restlessness.

If you both recognize this period for what it is—the worst part coming just before the best part—no one needs to feel concerned or frightened. Work together and communicate through each contraction.



At Full Dilation (2nd Stage)

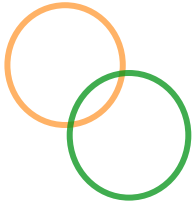
Once you start to push or bear down, you will wake up—really wake up. In fact, during 2nd Stage, a woman suddenly becomes herself again; things seem much clearer. At this point, a woman’s verbalization completely changes. If she has a spontaneous bearing-down reflex, she’ll make grunting sounds. If she doesn’t, she’ll be told to “push.”

The grunting sounds a woman makes while she is pushing occur because the uterine muscles are now **EXPELLING**, rather than pulling open. As the baby moves down further and opens the vagina, the sounds become primal and **deeper**. You want the sounds to go low rather than rise and become high-pitched. Grunting sounds can change into roars, which is totally okay. A woman is at her most organic during 2nd Stage, particularly when her body and baby work well together and the bearing-down sensations are spontaneous.

Regardless of how she coped with the earlier phases of labor, she’ll be alert and able to change positions as she chooses. She might ask for guidance about the “best” position and whether she is doing it “right.” If she has a tight vagina, she will talk about the stinging and stretching she feels. Internal relaxation is still important during the 2nd Stage. If she has done the *Internal Work* and prepared the birth canal, this stage can be very enjoyable and not stressful.

Your birth professional (whether doctor or midwife) may now have input regarding the delivery and the woman’s position. Adapt your Pink Kit skills to your specific birth situation.

Then your baby is born: How exciting! Often, as soon as the baby is delivered, a woman will turn to her coach(es) and tell them how wonderful they were. All the preparation and work has paid off. Your partnership will feel stronger. Women often want to talk about the small things they liked or didn’t like. This is how women learn to birth better next time. You will talk about the labor and birth experience for months after the birth.



Coaches: Specifics for Your Communication

What makes a good labor coach is the ability to observe how the woman is responding to internal sensations, and then adapt YOUR set of skills in order to assist her to use HER skills. Create an emotional space for you to work together, even when others are in the room—it is your birth, your experience.

Anyone who has been a support person at a birth knows that a woman can strongly reject or accept WHAT is said, HOW it's said, or WHEN it's said. Be POSITIVE and SPECIFIC when you speak to her. Please remember that her senses are very acute and selective, despite having the ability to shut things out.

Don't touch me!

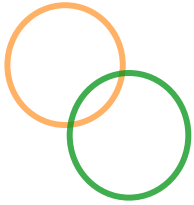
"During one intense contraction at my first birth, I harshly told my husband 'DON'T TOUCH ME' and sharply brushed his hand away. He didn't touch me again, and I couldn't explain it to him.

"We talked about it later, and he said he'd thought I didn't like him anymore because of the pain I was going through. That scarred our relationship for months. We both felt confused. Actually, at that moment, I hadn't liked him. I'd felt he was being insensitive.

"Thankfully, we found the Pink Kit and discovered a common language we could use in our next labor. Mostly, we forgave ourselves for our mutual ignorance. Few of us are taught anything useful about how to manage labor. When our kids have kids, both of us will be able to help them learn all this stuff."

Choosing not to pull away

A birthing woman's greatest challenge is to override a natural instinct to pull away or tense up in response to the sensations (pain) of a contraction. Even the most experienced birthing woman has moments when the sensations are more intense than she would like. Every experienced birthing woman knows that she is



CHOOSING how she responds to the sensations. You, too, will have to choose your responses.

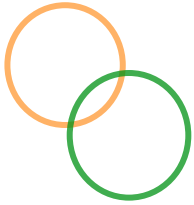
More helpful comments:

- √ *Is this the right place for me to touch?*
- √ *Remember that we talked about this part. Now we need to...*
- √ *It's your bum that really needs to relax.*
- √ *What do you want to do now?* (Note: This is not what she WANTS to do, but what she KNOWS will make the labor more effective.)
- √ *"I don't know" isn't an option right now. Let's wait through another contraction, and then we'll talk.*
- √ *I hear you say how hard it is—how can we work together so you feel like I'm sharing this with you?*

If we share a common language with our intimate partner, friend or relative, we know they can help us when we're having a bit of a struggle with what we're feeling. There is no reason for any woman to be afraid of the pain of labor if she has the skills to manage and cope.

Remind yourself of the scenario where the woman was standing on her toes with her bum tight and shoulders up around her ears. You've now learned how to deal with such a scenario—how to use your hearing and observation to notice tension in her body or voice, and how to use your language and communication to remind her where to relax.

You can feel absolutely wonderful about your partner and her birthing skills. And she will forever love you for the help. She will absolutely know that you have paid attention and been there for her and helped her succeed.



Before and after the Birth

The more you have worked together before and during the first part of labor to find a common language, the more connected you will be to each other and to the labor and birth. The couples who work together best during labor commit to communicating no matter what is happening. Before labor starts, you need to have discussed the following issues:

Coach

What if she becomes irritable, cries, swears, and so on?

What if she shuts down—what will that look like, what will you do about it? Talk about how she wants you to handle that place when she has reached her limit.

Remember: you can help her, but she has to be willing to respond and do the work. Ultimately, only she can control and choose what she is doing.

Woman

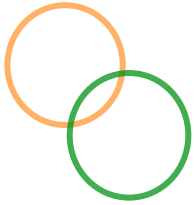
What if you want to be miserable and get irritable, cry, swear, and so on?

Ask yourself: Do you normally do that? And will you regret it six months later in this instance?

What if your partner doesn't coach you well as labor gets more intense? What will you do?

Remember: Many coaches don't know how to start the support, or they step aside if a professional comes in, or they get confused as labor gets more intense or if you shut down. You need to help your coach help you.

With your Birthing Better Pink Kit skills, both of you now have some really good communication skills to work with every moment of your birth. After the birth, you will still have the skills and/or patience to learn new ones during the very special



post-birth period. Much of your baby's language will be non-verbal, so learn to read those body language messages. Coaches are sometimes better at this than mothers because, during birth, mothers were in the experience, while the coaches were the observers who adapted and adjusted to someone else's needs. But both of you have better communication now, so you will both be better able to bond with your beautiful new baby.