

TYPE OF BIRTH



to a

Vaginal Birth

Pink **KIT** METHOD®

From Labor to a Vaginal Birth

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Birthing Better with The Pink Kit Method®
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Hard Work

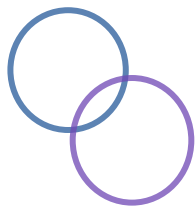
Our human female body is designed to first go through an activity we call “labor,” in order to open the inside of our body, and then “give birth” to our baby out our vagina, called the “birth canal” when related to childbirth. Don’t just let yourself say, “Yeah, yeah.” If it were that simple, we wouldn’t be seeing a growing use of pain relief for the naturally occurring pain or an increase in surgical deliveries. Hold off on your blasé or quick response. Stay present and committed to understanding that the “opening” is very difficult. A labor with a vaginal delivery is usually pretty hard work!

This specific Pink Kit resource is for you, because you are planning to “do” labor and follow it with a vaginal delivery. You need to know the whole story of the work you’re going to do and how to prepare for it. (At the same time, there is some possibility that you will have a non-laboring Caesarean, so it’s important that you read all the resources about different birth types.)

A Change from the Last Few Generations

Back through the eons of time, the activity of “doing labor” followed by the activity of a vaginal birth was how all women always gave birth, until recently, when surgical Caesarean births became more common. Anything that happened during the process was accepted as “natural” or “normal,” even if the outcome was not favorable or problems ensued. There was no real medical care for hundreds and thousands of years while our species replicated itself. Labor and vaginal delivery always followed pregnancy.

Today, surgical deliveries have led to the three other types of births: labor with an emergency Caesarean, a non-laboring Caesarean, and a vaginal birth after a Caesarean. Furthermore, although a labor and vaginal birth might be the most “natural birth,” the terms “natural” and “normal” have many definitions and have



become the topic of much political debate. Sometimes, the word “normal” still means absolutely anything that happens. This means miscarriages are normal, even though they aren’t frequent. At the other end of the spectrum, normal now just means “frequent.” In other words, the use of epidurals by many women becomes normal because it is frequent.

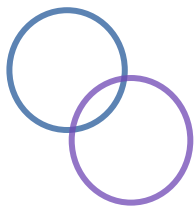
The number of women giving birth by going through labor and having a vaginal delivery is still the largest group, although this group becomes split into two categories, natural and medical births. However, the non-laboring surgical birth has become more commonplace, AND there is a huge increase in births that end with a surgical “emergency” delivery after a period of labor. As the surgical first-birth rate increases, Caesareans for subsequent births are increasingly recommended. In fact, Caesareans now account for over 1/3 of all childbirth in many modern societies.

Since the 1970s, it has appeared that labor and vaginal delivery births might be heading toward extinction. Is this right or wrong, good or bad? Neither, really; it just *is*. But it does mean that you represent a slowly decreasing group of women, which places some form of responsibility on you. The responsibility is shared by women aiming for a VBAC—they represent a small but real urge to keep a fundamental, human, physiological process from being entirely overrun by technical processes.

None of this is to say that the Pink Kit is here to condemn medical processes. Although many other childbirth resources seek to increase “natural birth” while decreasing “medical birth,” your Pink Kit skills are for any birth you have. This frees you to enjoy preparing your pregnant body for birth and learning the skills you can take into whatever birth actually unfolds for you.

What Kind of Birth Do Women Want?

That’s hard to say. Many women are told that they are less of a woman if they don’t “want” a labor and vaginal birth. This is a terrible judgment being projected from women to other women. Even women who plan or want to labor and have a vaginal



birth often encounter undesired standards of care in medical environment and feel they have failed because they didn't have a "natural" birth. Just more unnecessary judgments.

Too many women find themselves saying after the birth:

- *I wanted a natural birth but had to be induced.*
- *I had the whole cascade of interventions.*
- *I felt so disappointed.*
- *If only someone had told me.*

First birth

Do you want to labor and have a vaginal birth? If you do, it should be your top priority to commit the time and energy to learn the appropriate skills so you can have what you want. Don't assume you'll just receive it. Your effort is what will lead to that incredible high of success rather than just relief it's over or anger with the things that you didn't like or want.

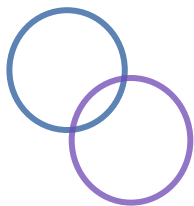
Subsequent birth

If you've given birth before and don't have any medical reason to have a surgical birth, you might want to refine how you behave, respond to, react to, cope with, and manage the labor and delivery.

For both kinds of mothers, if you labor and have a vaginal delivery, you have succeeded whether you have a natural or medical birth—AND DON'T LET ANYONE TELL YOU DIFFERENT!

With well-learned Pink Kit skills, you are more likely to say after a labor and a vaginal birth:

- *The pain was over the top, but I hung in there and used my skills at every moment.*



- *I'm really proud of how well I did.*
- *Wow...what an amazing experience.*
- *It wasn't as bad as I thought it would be.*
- *I coped well but can't say I loved it.*
- *I just worked around all the interventions.*

Is One Birth Better Than Another?

In the present childbirth trend, only some types of birth are considered “good.” The past 35 years have devolved good births down to those that occur at home, preferably in water with a midwife. We’ve gotten so narrow in our focus that it has left too many women feeling shame, blame, guilt, disappointment, envy, judgment, and bewilderment, as well as a “Couldn’t care less” feeling.

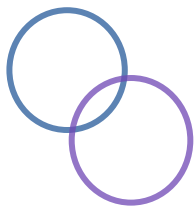
For women who have accomplished the “ideal” birth, there is often an unconscious projection of superiority and confusion as to why other women haven’t accomplished the same or judgment toward those who don’t seem to care.

Perhaps this is not common knowledge, but the fact remains: women are not supporting each other, and too often there is underlying judgment about other women’s birth. Unless we are inclusive of all births, we will continue to create many negative feelings about this precious experience, and that’s not good.

Insensitivity

“My births were so easy and straightforward, but my sister had such trouble. Because my sister had always been a drama queen, I just figured that it was her personality that made a difference.

“Then my daughter fell pregnant. We are so alike, so I assumed she would give birth like me. We even held many of the same beliefs about natural birth. She hired a wonderful midwife, had a supportive husband, planned a water birth at home, and I was there to help.



“Frankly, it was so difficult and hard on her. She worked really hard for hours and hours. Then we all agreed she needed to go to hospital. She worked for hours there, as well. It was so traumatic. Finally, she had an emergency c/s. I was devastated. She was relieved. Her son had his hand up by his head with the cord wrapped around his wrist and a figure eight around his neck.”

“I’ve definitely become more humble about childbirth. I feel very fortunate my births were straightforward.”

Superiority

“I had a great first birth, fairly painless and no big drama. All my friends seemed to have terrible births. Privately, I thought I was a bit better than they were.”

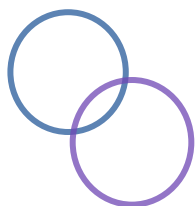
“When we got pregnant two years later, I didn’t even think about the birth. I assumed I’d have the same type of birth, but this time I chose to birth at home in a pool, with two great midwives.”

“Well, things didn’t even come close to my expectations. Everything turned to custard. The labor was SO intense and drawn out. I couldn’t cope. My midwives sat back and watched me and just kept encouraging me to ‘relax.’ My husband was useless.”

“I hated the water and couldn’t get comfortable when I was pushing. Our daughter needed resuscitation. I tore really badly, then my placenta didn’t come out. I ended up in the hospital with a manual removal of the placenta, and our daughter ended up in intensive care. I was in shock.”

Competition

“I thought my wife and I had a great birth with our son, but one day when she was about seven months pregnant with our daughter, she burst into tears and told me that she felt she had failed because she hadn’t had a home birth like her best friend. Nothing I could say could change her mind about her feelings.”



"A home birth really wasn't an option for us with her health problems, so with heavy heart, she went to our local hospital again. Frankly, I will never understand this judgment women have toward each other. I actually feel quite angry at my wife's best friend and disappointed with my wife that she doesn't value how well she births. After seeing how big a baby is, I just think all women should feel proud of themselves."

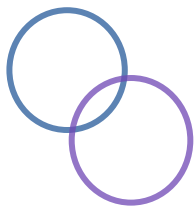
Judgment

"My wife had a terribly difficult first birth. We were in a Birth Center, and she seemed to labor okay, but 2nd Stage was just a nightmare. She pushed and pushed and pushed, and nothing happened. After several hours, she was transferred to hospital, where she pushed for several hours more and eventually ended up with a forceps delivery, a massive cut, a very sore fanny, and our baby ended up in NICU for several days with a horrendous bruise from being pulled out of a very tight fanny."

"She had done at least two hundred pelvic floor exercises during pregnancy in order to have strong muscles to push our baby out, but I guess she hadn't done enough. I don't know."

"Anyway, when we fell pregnant next time, we were both anxious. Everyone told us a second birth is easier, but that was little comfort. My mother gave us the Pink Kit. We dove right into it. I noticed two things right away: first, that instead of having strong muscles that the pelvic floor exercises were creating, she actually needed a soft, open fanny. That actually made sense when I thought about it. I realized she had been too tight. Second, I could see her tense up her bottom when she was pushing, and now I knew that this stopped our baby coming down. So I knew what I had to do."

"We had a great hospital birth with our second child. We worked together this time. That was great. Last time, I felt that I just observed and she worked. Like the first birth, dilation was pretty quick, but once again, when she started to push, she started to fret. This time I knew what to do. Every time she tensed up her bottom, I lightly touched her there, and she instantaneously relaxed. She gave birth in forty minutes, and this baby was over two pounds bigger. The internal massage we did for eight weeks made a difference, and keeping her relaxed did as well. She felt wonderful."



"A few weeks after the birth, she came home in tears after talking to her friend. She had told this friend what a wonderful Pink Kit birth we had had. The friend said, 'You can't have a natural birth in hospital!' My wife was devastated and felt that the birth hadn't met up to some standard other women were placing on her. This friend of hers had given birth at home. How sad, and I couldn't make it better. She valued what other women thought more than what she thought about herself or how I felt. This isn't right. Our birth was beautiful. I can't imagine we would have done any differently at home."

Blaming everyone else

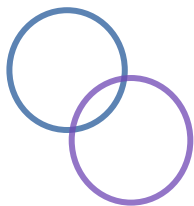
"My first baby was born in hospital, and it was a miserable experience, so next pregnancy I changed care providers and chose a Birth Center, because I was certain the doctor and hospital had caused my bad experience. My Birth Center birth was barely better, so I chose a home birth with a midwife for my third try, thinking once again that it was the care providers and place of birth. But, no, my home birth wasn't much better. I got pregnant again but had run out of options."

"My friend gave me the Pink Kit, and I was blown away. I realized that I HAD TO LEARN HOW TO BIRTH. I did and ended up in hospital because the ultrasound indicated that our baby had multiple abnormalities. He did, and he passed away six days after birth. But I had the best birth, because I knew how to. I put so much blame on others, so much shame on myself, and left my husband feeling so guilty for years because I didn't know how to give birth to my children, and I expected everyone else to do it for me."

Change Must Happen

All the stories above are judgmental, either toward others or oneself. And most of them included no conversation about skills. The births just happened, which is true of birth, but the women didn't know how to behave accordingly.

Until women realize that any birth we have should be respected and admired, we'll follow the road we've created: narrowing our beliefs. We cannot continue in that way. It is our ability and commitment to prepare during pregnancy and birth better in whatever situation we experience that will force us out of that dangerous rut. Now



is the time to couple skills to the activity, because it is always better to have skills to do any activity that will happen outside of our control.

Is Birth Safe or Risky?

Well, it's both. Consider these two scenes.

Scene #1

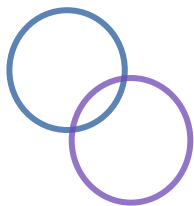
There are 400 women sitting in a room. Let's pretend none of them are pregnant; they're just gathering to discuss some common interest. They've gathered at 10am and will leave at 5pm. What is the likelihood of any of them having a major medical problem in those seven hours? What's the likelihood that any will be struck with a medical problem that requires some form of medical attention?

Actually, the likelihood is in the "rare and infrequent" category, and it is perfectly normal and natural to assume all 400 women (even those with health issues, under medical care, or taking some form of medication) will leave by 5pm pretty much the same as they arrived. Nothing dramatic is likely to happen.

Scene #2

Take another 400 women, and say they go into labor at 10am. Well, all sorts of problems can happen, and that is perfectly normal and natural. Don't jump to the conclusion that the number of problems is infinite: one woman will have specific potential risks, while other women can dismiss those problems, yet have others. A woman pregnant with a single, head-down baby will not have any twin or breech problems.

However, the likelihood of a number of simple and complex problems occurring between 10am and 5pm is high, common, and to be expected. Not many will be life-



threatening, but their mere existence will elicit increased medical assessment, monitoring, and procedures.

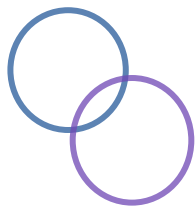
Birth is safe, in that most of the problems will not lead to death or injury to either mother or baby. On the other hand, there is a high likelihood that a number of the 400 women and babies will bring some issue into the birth or have one or more arise during labor or delivery. In that way, pregnancy, labor, and birth do have higher risk than just living.

Getting with the Program

Because you are pregnant, you fall into the second scene. Because you want to labor and have a vaginal delivery, you have lots of work to do to try to reduce any potential problems which can arise for you and your baby. Unless you plan to have your baby at home unassisted, you may have medical care included in the labor and delivery. This may include every possible medical intervention, assessment, monitoring, and procedure.

The political debate resides in whether the medical presence is necessary and detracts from a natural, “good” birth. The resolution to this discussion falls into the topic of Birth Plans and your Pink Kit skills. Rest assured, your skills create multiple opportunities for you to control how you **respond** to both the internal sensations of labor and delivery as well as to what is happening to and around you. You may have no control over anything except how you respond, cope, manage, behave, and handle yourself.

This is great news, because you will not have an unrealistic expectation that many outside influences must align in order for you to have a good birth. The power for achieving a good birth lies in you! As simple as this sounds, your own behavior can make the difference between feeling great about your birth or having negative feelings for years to come. You are in charge of yourself. Your Pink Kit will give you the skills necessary to handle yourself, no matter what.



Woman

From the Pink Kit perspective, you have two jobs as a pregnant woman:

1. Prepare your body to let a big object out.
2. Work with your baby's efforts to come out.

These sound simple, for sure, but they are always your role, because you are pregnant. Therefore, you do these two things no matter what is happening to you, around you, what you believe, want, or have. Your Pink Kit removes conflict. You are pregnant, you will give birth; do these two things. This then will always lead to your ability to birth better and have a positive birth.

Coach

Your jobs are pretty simple, as well:

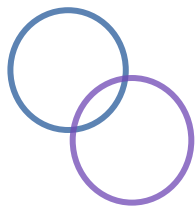
1. Help your partner prepare her pregnant body to let this big object out.
2. Work with your baby's efforts to be born by working together with your partner.

Simple, but vital, especially if unanticipated medical procedures happen in your baby's birth—that's why the Pink Kit skills are as essential for fathers-to-be as mothers.

Two People Involved: You and Your Baby

Although there are many people who are affected by your pregnancy, may have influence over the decisions you make or choices you have for your childbirth, and will probably be present at your birth, only you and your baby are doing the birth together, just as you are doing the pregnancy together.

If women could stimulate and orchestrate labor, we'd decide when it begins, how close the contractions come, how painful the contractions are, and how long labor



lasts. But none of this is under our control. That's why the old adage is accurate: There is no way to know what our birth will be like. And this is why the rest of the adage is tagged on: Therefore, there is nothing we can do about birth. Because women do not control the birth, it appears common sense that we are powerless.

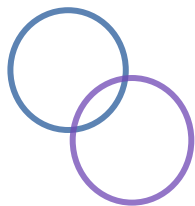
Our inability to control this monumental event is the basis for why childbirth is such a powerful Gateway. As children, we like to feel in control—we cry, whine, beg, push, demand, insist on having things our way. As we mature into adulthood, we have to learn how to accept many things we don't like or want. Pregnancy is the beginning of the transformation, the Gateway, from adulthood into parenthood.

As an adult, we are expected to be responsible for ourselves. As a parent, we are responsible for another: our child. As an adult, we learn skills to live a responsible life, skills which may rarely grow or change. We can become quite fixed with our own adult lifestyle. But as a parent, we must also learn skills that grow with our children. This means we must become adaptable.

The whole process of doing the activity of labor and having a vaginal birth requires our child-self to truly surrender our "control" over another (our baby) and allow our baby its control of its own process of being born. Although science has not yet proved what stimulates labor, it makes common sense that, if women aren't in control, the baby must be stimulating our body so it can come out. We cannot wrest that control from our baby. Symbolically, this is the moment when we hand over our child-self, take on the mantle of a parent, and learn to be adaptable.

But just because we don't have control over our baby's process does *not* mean we are powerless. We are fully in control of working with our baby's efforts. As parents, we will always have to work with our children's growth until they become adults.

When we are successful at making this personal change, accept the responsibility, and work with confidence through the profoundly important hard work to help our baby move down, through, and out of its home, this is what empowers us. We become parents and know we can work through anything that's thrown at us. Childbirth is transformative.



Your Birthing Better Pink Kit skills are designed specifically for you to work with your baby's efforts to be born. Although you can't control the process, you can absolutely control your response to the process, throughout every single moment. Don't you think that your baby would welcome the skills you bring to his or her efforts to be born? Don't you think your baby would like you to make their birth as easy as possible?

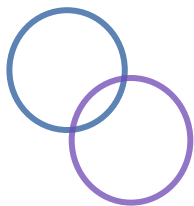
Prepare As If You Will Do It Alone

Your obligation to be in charge of yourself during childbirth comes from the fact that labor and giving birth are activities **ONLY** you will do.

That's a stand-alone sentence. But think about it, because you are probably saying something like, "My doctor, midwife, or partner will be with me." That doesn't matter. No one else is doing the labor and birth. Regardless of whether you are hooked up with wires in the hospital or at home in a tub, only you are going to do the labor and give birth. No matter how many other people are in the room with you, only your body will be feeling the pain, doing the breathing, and moving the baby down, through, and out.

You should never be afraid to give birth. Fear won't stop you from giving birth, because 100% of pregnant women will give birth one way or another; it can only hinder the inevitable process. But pregnant women must prepare for labor and giving birth as though they will be absolutely alone. This is the bottom line. Once you accept this concept (terrifying as it may be), you will settle down to learn the necessary skills, which will empower you with confidence and the ability to help the process along. Then you will apply those skills even when everyone else is with you.

Also, it's best to prepare your body and learn the skills, so that if you do plan to or accidentally have your baby alone, you'll know how. You probably will not choose to birth on your own and laugh at the idea, but it does happen! In fact, millions of women worldwide quite unexpectedly give birth alone. Take birth as seriously as you did when you learned the skills to drive your car safely.



A call in my sleep

“Ten years ago, my partner and I had a baby girl. She was born in hospital after a pretty average birth. With this pregnancy, we were looking forward to another pretty average hospital birth. My wife bought us the Pink Kit, because she didn’t feel she had really known what was happening last time...could have fooled me.

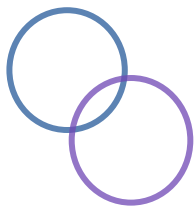
“In the middle of the night, about two weeks before her due date, I heard her calling me from the toilet. I turned over in bed, but she called again, and something in her voice told me I’d better get up right now. There she was, sitting on the floor with the baby between her legs! She looked up at me and beamed. Not what either of us expected.”

He didn’t know

“What can I say about my first birth? Although I gave birth to our daughter at home, after the birth, I didn’t recognize myself. The experience was so bizarre, and I wasn’t prepared. Not only that, but my midwives told me how well I did. Don’t know what they saw, except a stunned woman who didn’t have a clue what was happening. I felt shame for years.

“When I got pregnant next time, I was determined to know more about what I could do. I read everything, but there were few skills until I ran into the Pink Kit. I was like a vacuum cleaner about the skills. My whole life became skills.

“My husband had tried so hard to help last time, but I had shut him out. He was too intimidated to really be involved this time. Anyway, in the middle of the night, I woke up feeling very strange. I crawled off the bed, squatted on the floor, and checked myself. I could feel my baby’s head but couldn’t really tell how dilated I was. I really didn’t feel anything but sort of weird. About ten minutes later, I felt my baby move down through my body and the head come out. I was floored. I could feel him rotate and then slip out. It all happened so quickly, my husband stayed asleep in the bed. I felt almost nothing. My husband woke up when the baby took its first breath and cried a bit.”



Imagination and Reality Collide

There is presently a huge emphasis on imagining and planning your birth. This can lead to confusion between what you'd like, what you expect others to provide, and what actually happens to you.

Having a labor and vaginal birth is what:

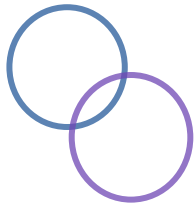
- You plan
- You want
- You hope for
- Others desire for you
- You believe strongly in
- You accept as inevitable

However, in the climate of today, you might not get what you plan, want, or hope for, and the experience may be overlaid by a great deal of medical care. In fact, if you absolutely want to labor and have a vaginal birth without any medical care, have an unassisted birth. Once you seek medical care, you are agreeing to some degree of intervention.

Yes, your individual birth provider may work well with you and your Birth Plans as long as you and your baby's health is fine. But if an issue starts to fall into the "risk" category, your medical care provider will want to use their assessments, monitoring, and procedures. If you absolutely never want any of those, stay away.

If you make that choice, do two things:

1. Accept that unassisted birth can be complex and not always as you imagine. Take the responsibility for accepting what happens.
2. Try to prevent and reduce any potential risks that are specific to you and your baby.



If you can't imagine birthing on your own and you want to labor and have a vaginal birth within the medical system, do two things:

1. Work with and around the care instead of spending your energy fighting.
2. Try to prevent and reduce any potential risks that are specific to you and your baby and that require medical interventions you consider unnecessary.

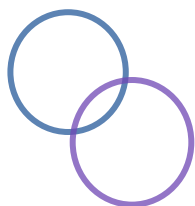
By doing these two simple things, you are much more likely to achieve this type of birth.

Your Pink Kit resource invites you to imagine how you will work with your baby's efforts as the birthing experience unfolds. **DO NOT BE PUT OFF BY UNWANTED MEDICAL CARE.** Don't be put off by anything that happens. This is part of the role of Parent. Your child depends on you to meet whatever challenges you are faced with.

The greatest gift you can give your children is an ability to rise above what they don't want, don't like, and don't think they deserve. Your birth may be nothing like you imagined, so you had better be prepared to just keep using your skills. Without the adaptable skills of a parent, you are likely to find your childish self rising and inciting you to feel confused or negative about the birthing experience. This does no one any good, neither you, as a person who must now parent full-time, nor your child, who does not want to compete with your emotions.

Your child needs you to be the parent. What happens at their birth is not their problem, but if you don't like your birth, all your negative emotions surround your child. You can prevent this from happening by changing your attitude about giving birth from a making a Plan to doing the Activity. Change Birth Plans from wish-list items to what you intend to do to make it happen, particularly if you want a natural birth without interventions.

Once you've achieved that, if you go into labor during the 100-year flood and can't get out the door, you'll have the skills to cope with an activity you cannot stop. All



your preparation to take responsibility for the bottom line — that only you are doing this activity — will pay off.

If you're in the hospital wired to your eyebrows and you still treat the activity of birth as something only you can do and just keep using your skills, your preparation will pay off. If you're at home, in a Birth Center, in a taxi, with loved ones, having a screaming fit with your 2-year-old, vomiting your dinner, or at your sister's wedding, you'll have the skills to work through the whole experience of labor and giving birth.

Skills: A Celebration

Rest assured, you will have the skills to “do” the labor and “do” the birth. Labor is not something you passively wait to get through in order to arrive at “the birth.” Labor is the number one and only activity that leads to a vaginal birth and which requires you to be absolutely involved at every single micro-moment. Dental appointment it is not.

Your labor and subsequent vaginal delivery may be full of medical care and interventions or be a totally “natural” birth. Either way, the birth of your child is important to you, and you are NOT a statistic. You can definitely augment, boost, and add to the quality of your labor and vaginal birth by using your Pink Kit skills.

In fact, your Pink Kit skills are a celebration of birth. Although you are a one-of-a-kind person and your Birth Plans and situation are unique to you, focusing on one type of birth only excludes too many women, which is why the Pink Kit has evolved to accommodate every type of birth. Because you and every other woman who is pregnant will give birth, we celebrate that.