

WHERE YOU'LL BIRTH

# Home BIRTH



*Pink* **KIT**  
METHOD®

## Home Birth

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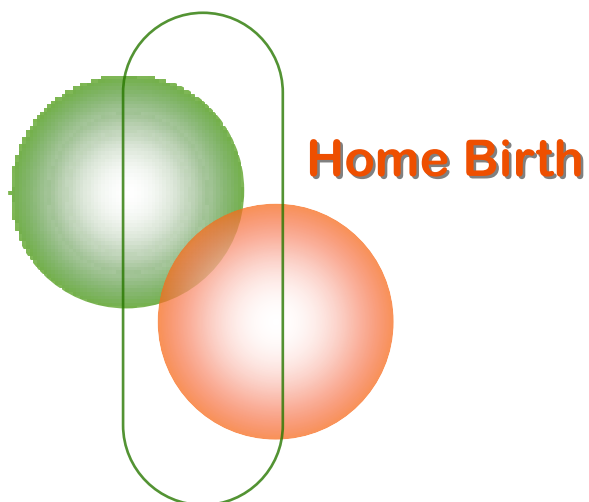
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Birthing Better with The Pink Kit Method®  
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The information in Birthing Better with The Pink Kit Method® is not intended to be used for the diagnosis, treatment, or prescription for any medical disorder.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



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## Choosing a Home Birth

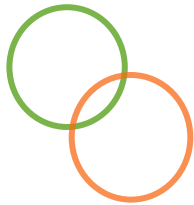
It is always a big decision to give birth to your baby at home, and it a political decision in most modern countries. Almost no health topic is debated more than whether home birth, midwifery care, and natural birth are safe and appropriate. In some modern countries, birthing at home is legal and supported; therefore, access to high-tech medical care is available when necessary. In other modern countries, home births are frowned upon and sometimes illegal, and transferring to a hospital is difficult.

Beyond the safety and political debates are comments you hear from ordinary women about this issue.

- *I had my babies at home and wouldn't have done it differently.*
- *I think it's irresponsible to have babies at home. I had sudden medical problems in several of my births and was fortunate to be in the hospital.*
- *I think it's a woman's choice to birth at home.*
- *I don't think women should have a choice. What if something were to happen; how would she feel then?*
- *My doctor caused all sorts of problems. I'll never recover from the mistakes. This wouldn't have happened if I had birthed at home.*
- *My midwife didn't do internals. I pushed for hours at home and eventually tore my cervix and had to be rushed to the hospital with a massive bleed. I almost died. This wouldn't have happened had I been in the hospital.*

And then there are the comments about why women do or do not choose a home birth.

- *I can't imagine birthing in the hospital. My home is where I feel safe and secure.*
- *I wouldn't birth at home if you paid me. We have five other kids, my mother-in-law lives with us, two dogs, three cats, and lots of other animals—I want a break.*
- *I want to stay at home so I can smoke a cigarette right after the birth; the hospital won't let me.*



- *We live over an hour from the nearest hospital. Too far for me.*
- *The local midwives only do home births. We wanted a midwife, so we'll have a home birth.*
- *We'd love a home birth, but there aren't any midwives in our area.*

Ultimately, the sea of opinions out there means that, if you choose a home birth, you'll find yourself listening to people who support your decision while ignoring, shutting out, or rejecting those who don't.

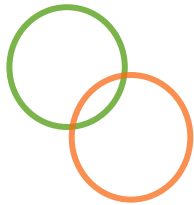
## **Birth: Both Safe and Dangerous**

Please do not believe that birth is innately safe or dangerous. Birth is both. To appreciate this reality, you have to use relativity. Let's take two groups of 1000 women.

- One group is not pregnant but of childbearing age, and they are all at a meeting that commences at 9am and ends at 9pm.
- The other group goes into labor at 9am.

What do we know?

- We know that, in the first group, there will be healthy women and women who have health issues. These can range from asthma to a disability, endometriosis to a congenital heart problem. In the general population of childbearing women, there will be those with any number of personal health issues. Yet how likely is it that anyone in this group will have a major health crisis during those 12 hours?
- The second group includes perfectly healthy women and babies. Then there are those women who bring into their pregnancy and births health issues like the above, some of which may have improved or gotten worse during pregnancy. Then you have to add potential pregnancy-related problems such as toxemia, bleeding, position of baby, or low-lying placenta.
- There may also be health concerns for the baby, even though the mother is healthy and the pregnancy is going fine.



- On top of that, some problems crop up in labor even when the mother and baby are healthy during pregnancy.
- Even when there are NO health concerns, there are problems when a birthing woman is not coping with labor pain or just naturally has a tense body so that labor lingers in either 1<sup>st</sup> or 2<sup>nd</sup> Stage.

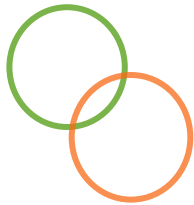
Of course, this is a very basic and broad analysis of the relative relationship between these two groups. But one thing is clear: the women in the latter group are much more likely to experience health “problems.” Problems can occur in the hospital or at home. Some can be identified prior to birth, while some occur quite spontaneously during labor, the delivery, or shortly after birth. Some of these problems threaten the wellbeing of the mother and/or baby who are having a home birth, while others can be easily overcome without extra medical care.

The existence of potential problems should not discourage you from choosing a home birth. Certainly, home birth families can take responsibility by

- eating well
- not smoking
- getting exercise
- thinking well
- reading lots
- choosing a midwife/doula

But there is something really missing in that list of most-common proactive behaviors. Too few mothers and fathers-to-be really

- prepare the pregnant body (very specially) to let out a very big object.
- learn birth and coaching skills (very specific) to use during this incredibly dynamic activity.
- use those skills to work with the baby’s efforts during labor and birth.



Choice, lifestyle changes, and gathering information are not sufficient to reduce or eliminate the common dangers/potential “problems” in childbirth.

### **Danger, Coping, and Choice**

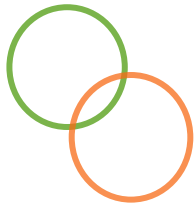
Most people assume that choosing to have a home birth is all you need to do to make that happen. After all, we live in a world where individual childbirth choices are celebrated. Unfortunately, we also live in a world where we want what we want right now and can put blame on others if they fail to give us the perfect birth. On the other side of choice is the belief that the medical profession bullies families and refuses their choices, or that women lack choice due to political oppression. As long as the argument revolves around “choice” as the predictor for childbirth experiences, childbirth issues will not change.

Birth is much more than a choice, which is why others are rarely responsible for whether or not our birth is “perfect.” Birth is an activity, and this activity most often includes the hard work of coping with naturally occurring pain. You can’t choose how much pain you’ll experience or how close the contractions come or last. Your baby is stimulating your body. Everything that happens in your body is your baby’s effort, so why think that you can make choices about any of it?

No set of choices, no Birth Plan can give you what you actually need to get through labor and birth as safely and satisfactorily as possible. You don’t plan skills; you learn them, practice them, then use them in response to the messages conveyed through your body by your baby, each contraction and each space between. You can plan everything around a birth, but even those things are subject to the basic rule of childbirth: expect the unexpected.

Curiously, everyone thinks it’s cute when a 9-year-old helps his/her mother to give birth quickly, as though this unexpected home birth is somehow different from the surprises that happen in a planned home birth. Yet the story of a terrified father-to-be dialing 911 is just as common. No one should be afraid of birth, yet everyone should be prepared, because problems really can happen, and (just as important) birth is a skill-demanding activity anyway.





Knowing how to do CPR should be something people just know in case of an emergency. But there is a difference between this skill and birthing skills: knowing CPR and using it implies a problem, while most home births that fail and end in a transfer to the hospital do so because the woman is not coping with labor, not because there is a problem. Keep in mind that the modern maternity system, midwives included, uses assessments, monitoring, and procedures (AMPs) not only to safeguard the wellbeing of the mother and baby but also to do away with what women perceive as “suffering” due to the pain they cannot control. But the reason women have “suffered” is because they lack fundamental childbirth pain management skills.

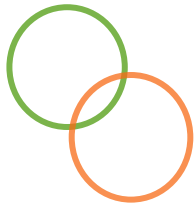
Ask around. You’ll learn that most transfers from home to hospital are due to failure to progress—from the woman’s instinctively tensing up in response to the natural pain—not actual problems. If no interventions were available to women, 100% would still give birth one way or another, but some will feel they suffer even when there is no problem, and so interventions prevail. And there you have it: real problems don’t happen as often as they are perceived to, and often what is *perceived* as a “problem” is actually a lack of coping skills for the naturally occurring pain.

Birthing Better with the Pink Kit Method® was developed by families who wanted skills so “suffering” and “problems” were not taken as the same thing. They were thankful medical care was available for real problems but didn’t want too much intervention just because the woman couldn’t cope with the natural pain. *Choosing* to prepare your pregnant body to become a birthing body, and to learn, practice, and use skills can eliminate a number of actual dangers as well as the paranoia that you or your baby is at risk.

## Childbirth and Control

One thing children want to do is grow up to become an adult so they can control their lives. Now that you’re an adult, you know that’s a bit of an illusion. But you do have much more control over your life and choices once you become an adult.





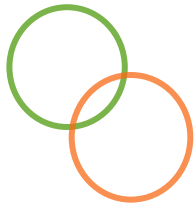
Pregnancy and giving birth change both of you. In a symbolic fashion, you both are moving from your adult phase into your parent phase. As philosopher Paul Valery once said, “Every beginning is a consequence—every beginning ends something.” This is both good and bad. You are now responsible in a way that you weren’t when you were a child or even an adult without children.

Birth is the ultimate in physiological processes, because it’s so infrequent, adds to our species, and is so very mysterious. It’s also the only physiological process that cannot happen without both of the two very specific people involved: mother and baby. There are other intense physiological processes, such as hunger, sex, menstrual cycles, getting sick, or going to the toilet, but they certainly don’t involve a second person to the level of letting a baby out of your body.

We’ve tended to focus on the woman giving birth rather than on this other person being born. Birthing Better Pink Kit skills keep you focused on the relationship that you, as a birthing mother, have with your baby.

Who is actually in control of the birthing process, mother or baby? Any woman who has given birth knows she isn’t. There isn’t an outside force that regulates childbirth, either, so whether it is scientifically proven or not, the likelihood is that your baby has made some decision to be born and activates your body to go through the process of you letting it out.

- On a physical level, this complicates things. All humans like to be or feel in control. To yield control is very difficult and causes all sorts of issues, doesn’t it? Just think physically for a moment. When you are sick, have a severe toothache, or are vomiting, it’s often very difficult to just let these things happen. We want to feel better, which means feeling in control of our body. Feeling out of control of the physical aspects of giving birth greatly challenges women and their partners.
- On an emotional level, feeling out of control in childbirth leaves too many women feeling traumatized by the whole experience. It is the root cause of so much of the shame, blame, and guilt they often feel and the historic belief that “suffering” is part of childbirth.



- On a mental level, feeling out of control in childbirth can also leave scars. There are many women who have lived a great lifestyle, eat well, exercise, do yoga, think positively, plan a great home birth with a midwife, study, learn, gather information, feel they are exercising informed choice and consent, and end up with a terrible birth experience because they were locked into an ideology that believes birth is too innate for it to need skills. This can damage the way they look at the world and their faith in their lifestyle.

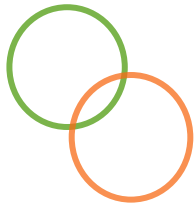
Yet losing your sense of control has its benefits, too.

- You become more tolerant of your parents and realize they tried to do their best and actually were not perfect, nor will you be!
- You'll become more creative and adaptable.
- You'll increase your wisdom with each child.

In some way, feeling out of control also frees you to understand exactly what your role is during labor and giving birth. Because you know, just like every other woman, that there is absolutely no way to know what your birth will be like and that you are not in charge of the activity, you have to concentrate on finding skills instead of figuring out how to orchestrate the event. Your job is to work with your baby's efforts to come down, through, and out of your body. You need skills to help him/her. Skills give you the control you want: control of your responses to the sensations your baby causes in your body.

### **We never felt out of control**

*We had every intervention in the world, both natural ones and then medical ones. None of these we expected. Thankfully, we had our Pink Kit skills. When nipple stimulation, having sex, and castor oil didn't bring on the labor at 43 weeks, we still had our breathing and relaxation skills. When inserting a hormonal suppository, rupturing the membranes, and induction did not bring on the labor, we still had our relaxation and breathing skills. Once labor eventually started but didn't progress and we accepted augmentation, we had our skills. Even during the surgical birth—finding out that our baby's cord was only a few inches long and the placenta was grown into my wife's uterus—we still had our skills. We never, ever*



*stopped using our skills. It was our skills alone that remained consistent and created our bubble. As strange as it sounds, we believe we had a natural birth. We never felt out of control.*

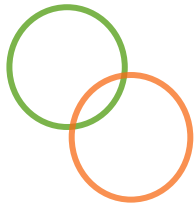
All over the world, women are giving birth right now in less-than-optimal situations, such as tsunami, drought, war, and famine—and yet birth proceeds. Babies want to be born. Even the worst scenario is made better by the skills a person possesses.

You've chosen a home birth. You might have your own tsunami because one of your water pipes bursts. Your midwife might be sick, or you might be. Without skills, you will be thrown off-kilter if your image of a home birth does not eventuate. *With* skills, you have tools that will travel with you emotionally (if you are surprised by the intensity of the pain), mentally (if you have to make choices about you or your baby's care), and physically (to a different place like a hospital).

### **“Natural” Birthing**

Just as you cannot control what your birth is like, you cannot “choose” to have a safe or easy birth. Natural birth—which people often link with home birth—is not the same as “safe and easy” birth. Your home birth can be just as painful as one that occurs in the hospital. Women all over the world who birth in their own homes, huts, longhouses, teepees, shakes, or sheds can have an easy birth yet a dead or injured child. Other women can deliver a healthy baby yet die from excessive bleeding or postpartum infection.

Having a “natural” home birth does not mean you should do it by instinct alone. While 100% of pregnant women do give birth, many just “get through” labor when they rely only on their instincts. You have a responsibility to create safety and decrease your chances of transferring to the hospital because you can't cope. If you think that merely your intuition or instinct will carry you through your home birth, think again. Ask in your local area what percent of home births transfer to the hospital and why.



Deny neither your body nor your brain. Humans have a unique brain. We love to feel skilled and competent. We are mammals, but only we, whales, dolphins, and primates have a neo-cortex, and ours is still different from theirs. To deny our brain during the process of giving birth is to reduce our experience to chance, luck, or the inevitable. Intuition and instinct are real and valid elements of our human mind, but they are not connected to consistent behavior. A birthing woman or coaching dad might have an insight as to what skill/s to use at any one moment in time, but it is the *habit* of using your skills in that way that will raise birth from something that happens to you to a conscious experience. With practice, you can feel confident in your ability to couple your skills with any intuitive, instinctive, or innate insights that come to you during this process.

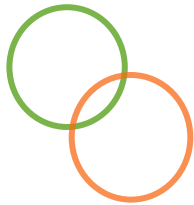
## Home-Birth Mothers

Because you are choosing a home birth, you have a much greater responsibility to birth safely, particularly if you live in a country where the political climate doesn't support your choice. If you live in a country that does support your choice, you still have a higher responsibility to successfully birth at home so that home births remain a viable option for other families. Birthing well at home also supports those dedicated women who work as midwives.

In order for you to accomplish your home birth both safely and successfully, you have to be an active participant in the process, starting now, while you're pregnant.

- The first important step you must take toward a conscious birth is preparing your body.

Yoga approaches this topic, yet there are too many committed yoga practitioners who mistake their ability to be externally flexible with internal relaxation and end up with interventions they surely didn't expect. Be honest with yourself as to how your three-dimensional baby will fit through your three-dimensional bony structure and soft tissue. Then you must do everything you can during your pregnancy to create an



open, flexible, and mobile pelvic area. The relationship between your body and your baby's relative fit and ease of passage cannot be overstated.

If you do not prepare your pregnant body for birth, it may be much more difficult for you to cope with labor pain or for your baby to make its journey.

- Your second step is to learn birthing skills. Birthing skills are as diverse as driving skills and require the same concentration. You don't just put your hands on the steering wheel.

When driving, you have to coordinate your brain with your body's behaviors. The more you practice, the more deeply you will use your skills. Neither your brain nor body is all-powerful—you want your brain and body to work together. Because your baby is giving you messages through your body about its journey, you need to learn to read those messages.

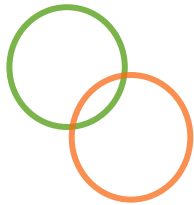
- Your third step is to use your skills during your baby's birth, whether it takes place in your home, your mother's apartment, in the back seat of a car, or in a hospital.

Use your birth skills as soon as your pregnancy transforms into labor. You use your driving skills as soon as you get behind the wheel. You don't wait until an accident or poor road conditions occur.

You will never regret being a skilled birthing woman or having a partner who knows how to help you when you find the pain challenging, as so many women do. This conscious teamwork—you with your baby and together with your partner—is the true intimacy of childbirth and builds a family's intimacy.

## Home-Birth Coaches

It's time to talk to you, father-to-be. Most likely, your birth provider will be a midwife or a team of midwives and perhaps a doula. Right away, this brings up the



issue of men at birth. There is no doubt that there are some people who believe birth is “women’s business,” a fact somewhat encouraged by midwifery care, since that term means “with women.” But the biggest issue men have during labor and birth has always been the expectation of their pregnant/birthing partner.

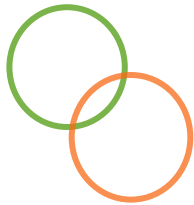
You need to discuss your home-birth role with your partner. If she believes her midwife will be her labor support, you do need to find out what she expects of you. And what do you want? Do you want to be a bystander or a participant? It’s certainly a lot simpler to be a bystander if you don’t have a clear understanding of exactly how you might help your partner. Also, if she doesn’t feel confident with your ability, she will prefer that her midwife or doula help her.

But you fathered your baby, and you were probably part of the decision to have a home birth—why shouldn’t you be an active participant in the birth, as well? And like your partner, because a home birth is what you’re having, you have a higher degree of responsibility to birth safely than if you were to birth in the hospital. Both of those mean that you must progress beyond the typical “supportive” male partner usually found at births into a dynamic, engaged coach, someone who both supports and has the ability to help.

Here’s the lowdown on the difference between being a support and being a coach.

A support person is there to give his partner comfort but little guidance. His accomplishments include

- being hung on for hours
- sitting by his partner
- rubbing her back
- wiping her brow
- feeding her ice chips or giving her something to drink
- letting her squeeze his hand really hard
- sometimes breathing with her
- cutting the baby’s cord



You might have already found yourself doing these things in a previous birth and wondering if there was more you could do next time. If not, how do you feel when you read this list? Ask your partner to read it and comment on it. Are these the only jobs you want, and will they give you a sense of truly helping her or being useful or empowered as a man?

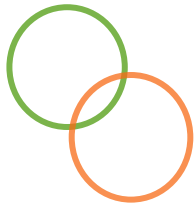
Some birth advocates have assessed the word “coach” to mean someone who only stands on the sideline of an event, yelling at the participants. But that’s the extreme interpretation. A good coach is more than just a person who tells you what to do, and they are more than just a support: they are someone who encourages, inspires, and gives guidance.

It makes absolutely no sense to have men be just a handmaiden to their partner. Birthing Better men really choose to know how to specifically help in their role as husband, partner, and father of the birthing baby. A woman wants her man to be her primary birth coach, because he is the father of their child and is her husband or partner.

If a doula or midwife can learn coaching skills, so can you. Birth happens to women, but that doesn’t mean knowing how to help can only be done by other women. The only thing a birth professional is doing in their role as birth coach is to help the birthing woman stay on top of the naturally occurring pain. You can do that, too. It’s not rocket science. If you haven’t learned how by being at many births, you must learn through practice — voila: Birthing Better with the Pink Kit Method®.

While you examine your role, we have to look at the relationship between midwives/doulas and fathers at home births. You want to be the primary coach your partner turns to when she needs help coping. But your doula (or anyone else who is going to be there) should also learn these skills, because you all need to learn to help the woman in a complementary manner that doesn’t produce conflict. You will work together with your partner to birth your baby and together with your care provider to help your partner as effectively as possible.





Your home birth should not be just about a “place”; it really should be about building your partnership and parenting skills together. If you don’t step up, either your birthing partner will be left alone to discover birth herself, or someone else will take your place. You don’t want that, do you?

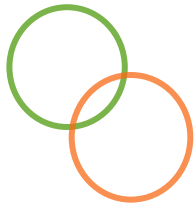
## Midwife/Doula’s Role

Now that you both know you have your distinct yet equally important roles, it comes down to understanding the role of your midwife or doula. Pink Kit families discovered very early on that, lacking birth and coaching skills, they tended to hand over too much power to their care providers. This partly comes from confusion about the role of midwives or birth attendants. Certainly, there is no worldwide standard for what a birth attendant’s job is, because every culture has its own viewpoint about who attends births and what they do.

For example, in India, traditional birth attendants (Dai) came from the Untouchable caste, because they alone could handle human waste. They were recognized as essential but not placed in high regard. The woman’s female relatives gave massages and dietary advice and acted as her primary support and help during the labor. The Dai arrived only for the delivery and to clean up. In Holland, women are told to call their midwife when their contractions are one minute long and three minutes apart and have been for several hours. But in New Zealand, a woman calls her midwife whenever she wants her to come, and the midwife remains with her the whole time.

If you live in a country where midwifery is legal, your midwife or doula will have a standard of practice as to when she will come, what she will do, and when she will recommend more medical care. Find out exactly what her normal procedure is so that you can define your own complementary role without either impinging on her job or handing over your own responsibilities.

You need to realize that any person who is willing to help other families give birth is a very dedicated person. They are often working outside the legal system, but even if



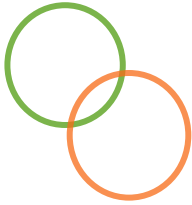
they work within it, they are operating under strict guidelines. Usually, they also have their own families but are willing to give you their time and energy. This means you need to support this person who is willing to take time to attend you. The very best way to do that is to become very skilled in your two roles. No matter how soon your midwife arrives, you and your partner should be using your Birthing Better Pink Kit skills so that you already have a rhythm established once she gets there. Then she will see both of you as capable. She'll be relaxed and able to enjoy your birth.

If you live in a country where midwives or home births are not legal, you have an even higher level of responsibility to be skilled. Don't be a needy client. Instead, treat your home birth as an experience for which you must take full responsibility. This is shown through your actions, not your words.

Midwives and doula really do support your choices and want you to discover birth on your own. But discovering birth on your own without skills can be problematic and lead to increased hospital transfers for failure to progress. They want you to have a great birth, but you should not rely on them to give you that experience. Often, women were criticized for "loving" their obstetrician. Please consider whether you have a realistic relationship with your midwife or doula. Your goal should be to get on with your birth rather than wait for them as though their presence is the impetus for getting on with labor or delivery. Give them a good experience of your birth.

## The Unexpected

Your choice for a home birth was likely influenced by a desire to have things go the way you would like them to go, and now you probably have expectations for what will happen. So does birth ever go as planned? The answer is yes, no, sort of, not at all. As we discussed above, you can't control a lot of what happens during birth. That means the unexpected *will* happen—to expect the unexpected is one of the foremost



rules of birth. Look at some brief accounts from Birthing Better Pink Kit women to get the idea:

*Yes: I kept waking up at 1am and knew I'd go into labor about that time. I did.*

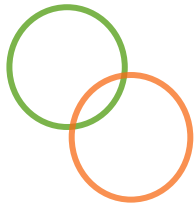
*No: I visualized exactly how I wanted my birth to be, what type of music, who would be present, how I would handle contractions, how I'd birth in the birth pool, and how I'd bond immediately to my baby. Did it happen like that? Not at all. I couldn't stand the music, our midwife was sick, I didn't handle the contractions well, our hot water wasn't working so we couldn't fill the pool, and after the birth I felt like an alien and didn't want to hold our baby.*

*Sort of: Well, I'd always envisioned birth to be pretty terrible. My mother told me it was the worst experience she had ever had, but my mother-in-law said her births were okay ("You get through them"). So I think emotionally I identified with my biological mother rather than the one by marriage...makes sense. Anyway, my birth was sort of like both. For most of it, I felt it was okay and felt really good. The last two hours were terrible and over the top.*

*Not at all: I was absolutely terrified about birth. My first birth was the worst thing I had ever experienced. I put everything in place to get to hospital [for the next birth], have an epidural (I would have chosen an elective c/s if my doctor had permitted it), and hoped like the dickens that it would work better than last time when I felt pain on the left side but not on the right. I was desperate and imagined all sorts of terrible things. Anyway, I got up at 3am to go to the bathroom. I had felt a bit crampy all day. I got on the toilet, my water broke, and I felt my baby move down into my birth canal. I shouted at my husband, who bolted into the bathroom to see me deliver our son on the floor. I can honestly say I felt almost nothing—no pain, and my baby just seemed to slide out without even a push. Weird.*

Even birth professionals can be surprised!

- *I had never seen a face presentation, and I've delivered several thousand babies.*
- *It's not uncommon for a twin to be there without anyone knowing.*
- *It's much more common than believed that a baby is bottom-down when everyone thinks it's head-down. And it's not uncommon for a diagnosed breech to actually be head-down.*



Sometimes, an unexpected circumstance will outstrip your abilities to continue your birth at home. What are you going to do then?

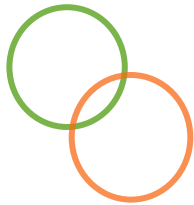
### **Seeking Medical Care**

If you have a fender bender while driving, you might not go to your doctor or hospital. If, however, that accident leaves you unconscious for a period of time with a subsequent headache and disorientation, seeking medical attention is wise. Basing your decision solely on an anti-medical ideology is not always a great idea, unless you absolutely know you have the skills to work with the health issues from the accident. This is also true for your home birth.

As much as you want a home birth, merely choosing a home birth does not guarantee you'll have one. The chances of your remaining at home may well come down to how well you have prepared your body to give birth and learned and used your skills. Your midwife has guidelines in her practice that she must follow if you are not coping, or you might believe you should go to the hospital because your labor is just different than you hoped for. You need to ask your midwife what her experience has been and ask other friends who have transferred from their home birth to the hospital as to the reasons why.

Part of the responsibility of home-birth parents is to decide when they believe their birth requires increased medical care. Basing your home birth strictly on ideology sets you up for being blind to need and being disappointed if you use medical care. The first is not really a great approach to giving birth, and the second is definitely not a view you should have once your child is born. As parents-to-be you, if you don't want medical care, make certain you are skilled in other methods of healthcare. Don't feel pressured into an either/or approach, but do use what works.

One thing you absolutely must do is set a bottom line. Never say "I want to go to the hospital" unless you are absolutely prepared to get up and go. No one else should be given the responsibility of figuring out if you are just whining or if there really is a problem. You can say things like "This is hard" or "It hurts" or "I don't like this," but



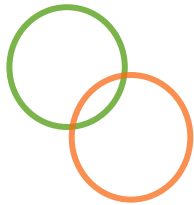
agree on a specific phrase such as “I want to go to the hospital” for your get-up-and-go message. On the other hand, no one else should be responsible for trying to convince you to continue with your home birth when you really *are* just whining!

While you might have personal and/or religious reasons for not wanting to use medical services or care, you need to come to terms with the true impact of that. Those with religious limitations on medical care trust in their faith, which is absolutely fine if that’s what works for you. Those who use ideology to decline medical care need to look down the path of possibilities (even if they are unlikely). You do not want to find that the philosophy you’ve chosen robs you of your sense of fulfillment and accomplishment just because increased medical care becomes necessary.

In birth, as in other aspects of life, seek medical care when you feel you need it. Remember, getting sick, being injured, and dying are all natural and normal processes of life, and you are fortunate to live in a country where medical care is available. Imagine if you weren’t. Fortunately, for most families who plan a home birth in modern countries, there is the option to go to the hospital if it’s necessary. There is always a sense of medical backup, even in countries that don’t support homebirths. In traditional communities, there is no such backup, which means women accept whatever happens. But most modern expectant families do not accept “whatever.” While they may choose a home birth, they do so knowing they can get medical care when necessary.

In the few countries where home births are regulated, external care through a hospital transfer is offered without blame, but in countries where home birth is frowned on, a hospital transfer can be unpleasant. Transferring in these countries because you did not manage, cope, or handle the natural pain of labor contractions makes it even more complicated. Often, families can feel a lot of negativity coming from the hospital staff and medical ideology.

Whichever kind of country you live in, **seeking medical care should NOT stop you from using your Birthing Better Pink Kit skills.** Thousands of families have



discovered that it was their use of skills throughout the activity of labor and giving birth that left them feeling empowered. Skills can be used in absolutely every place you give birth and under every circumstance, as long as you are awake.

If you still don't get what Birthing Better is for those families who shared your strong non-medical approach to childbirth, we'll say it again. We used our skills to work outside the medical approach to health, and, when we accepted medical care, we continued to use our skills. That way, we focused entirely on what we could do, and medical care became an added benefit of being modern families. Skills stopped us from feeling pressured. Deep down inside, you must make a change in perception. "Home" should not just be where you live. "Home" should be where your heart and body are at every moment. This way, you can always be empowered by what you do for yourself.

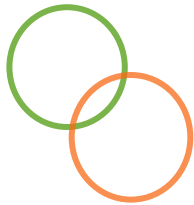
## The Activity is More Important than the Choice

Having a home birth is a controversial decision, but you must get past this and focus on what is really important. In addition to making a detailed Birth Plan, you must prepare your body and your support system to help your baby come down, through, and out into the world safely.

How will you know Birthing Better Pink Kit skills prepare your pregnant body effectively for a home birth? Once you've thoroughly worked through all the body awareness and skills resources, you'll know. You'll also realize that this huge skills set is essentially missing in all other types of childbirth preparation. How did we all miss so much for so long? It doesn't matter. Everything evolves, and all of us who have used the Pink Kit skills know how fortunate we are that they are available.

### Home birth #4

*"How is Birthing Better with the Pink Kit Method® different from all other childbirth resources? I finally owned my body and could delicately work with my baby's journey. This was my husband's first birth and baby. Initially, he thought I knew it all because I'd had three*



*home births. It was hard to explain to him that the Pink Kit helped me understand what I hadn't fully understood in my three births. We did so well that our midwife didn't even get there. She had come two hours earlier, checked me and told me I was 3cm and she would go home for a few hours. Without these skills, my husband might have been afraid. Instead, he worked with me as I worked with our son's journey. Birthing better is what we did."*

At present, midwives advocate that it is best they attend only "normal" or "low-risk" births. Sadly, that eliminates many expectant families. It would be lovely if all expectant parents had their own continuity of care midwife, regardless of the situation. Even if your pregnancy is not low-risk, it's possible (not guaranteed, but possible) for you to birth at home with only your midwife present if you take full advantage of your Birthing Better Pink Kit skills.