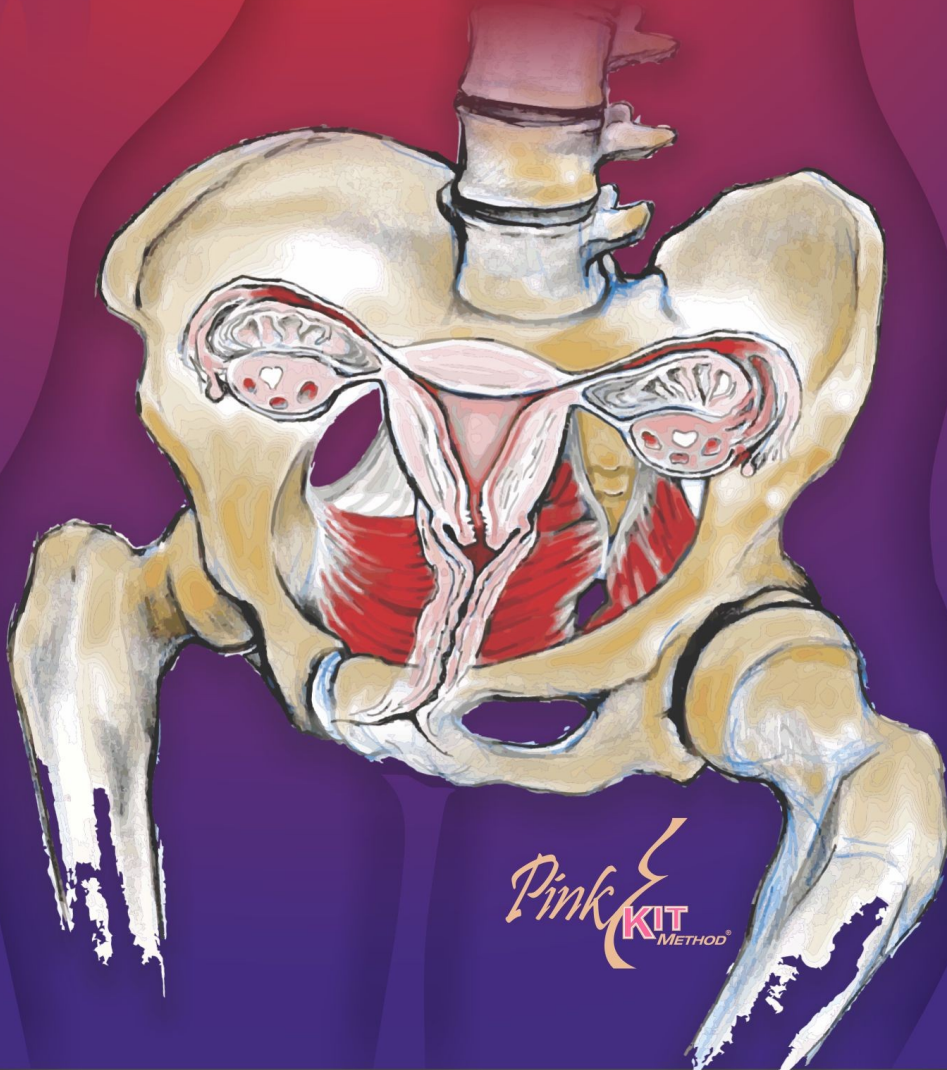


BODY SKILLS

# Soft PELVIS



Pink  
KIT  
METHOD

## Soft Pelvis

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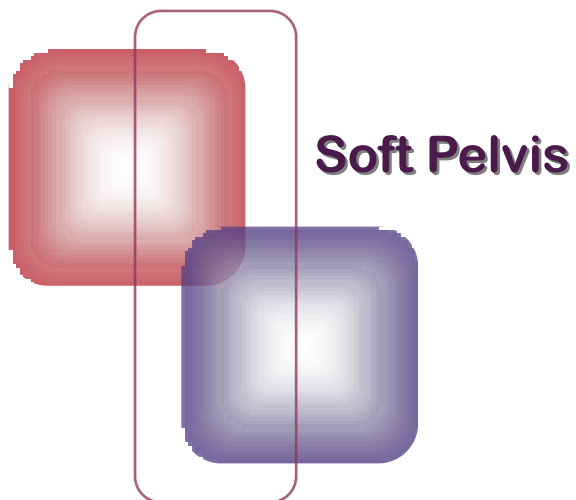
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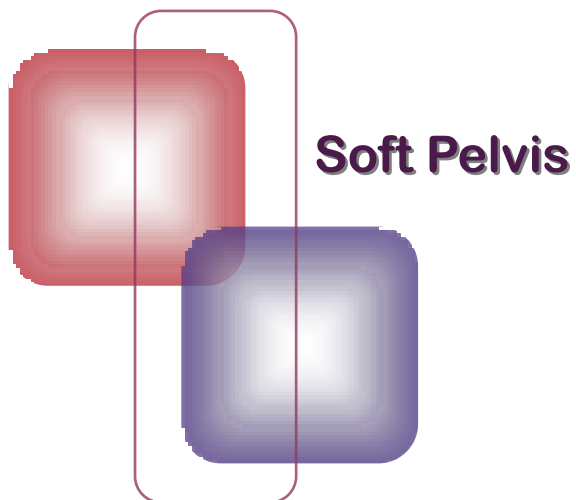
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## Our Soft Pelvis

As explained in the “Tension” module, any kind of tension held in your body during labor can work against your baby’s efforts to be born. Tense up right now inside your belly and pull up “down there.” If your baby is trying to come out, does this tension help or hinder? Obviously, it hinders. It makes common sense to relax and soften in as many places inside and down there as possible. Easier said than done, if you experience the naturally occurring pain of contractions.

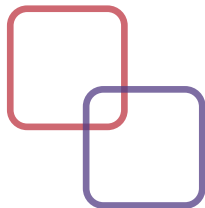
We all hold tension in the soft tissue of the pelvis, i.e. the muscles, connective tissue, tendons, and ligaments—in fact, any parts of the pelvis that are not bony and hard. We refer to all of these as the soft pelvis.

In this *Body Skills* resource, which complements the DVD, we help you

- identify important parts of your soft pelvis.
- appropriately prepare your soft pelvis for birth during the last period of your pregnancy, so you can remove as much internal tension as possible.
- learn the skills to soften your soft tissue in the birth so you can help your baby’s efforts to move down, through, and out of your body, even when you feel the pain of labor contractions or during surgery.

The soft pelvis is out of sight, deep inside, so you will need to use your imagination to “look inside” to learn about where these important soft structures are and what they do. Then we show you how to soften and relax these specific aspects of your body. Quite soon, you will feel certain that you can reduce tension and maintain relaxation inside your body.

If you’ve read “Bony Structure” already, you’ll have more pieces to put together. Your bones are entirely covered by soft tissue and move because of the soft tissue. So let’s get started and enjoy and be amazed at how you can use your amazing human mind to impact your body!



## Discover Your Soft Pelvis

Little by little, you'll not only get the right image of the inside of our shared human body, but you'll also be able to identify specific places in your own body and be able to reduce tension in any of those places.

The parts of the soft pelvis that are most relevant to birth are the following:

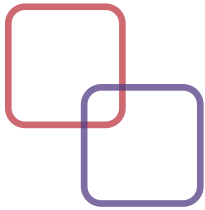
- uterus
- cervix
- pelvic floor
- birth canal
- perineum

In “Bony Structure,” you learned that the hole/tube in your pelvis has an inlet, a mid-section, and an outlet. Remember that we’re dealing with a real tube or donut-hole here, something you can travel through, not just a circle.

As noted elsewhere in the Pink Kit, the birth process is a lot like a plumbing process that occurs between your baby (an “object”) and your body (a “container”). The birth process involves these three steps:

1. The cervix fully opens—the “diaphragm” of the plumbing.
2. The baby moves through the tube of the pelvis—the “inside of the container.”
3. The baby opens its birth canal (also called your vagina) to be born—the “aperture.”

The first two steps have a bit of a complex relationship. Sometimes, the baby moves through the pelvic hole, but the cervix doesn’t open fully. This is often called “failure to progress.” Sometimes the baby doesn’t even enter the top of the tube, yet the cervix fully opens. This is called a “high baby.” Most often, though, the baby moves through the tube and the cervix opens. This is called a “progressing labor.”



Step 3 can only occur when the first two happen. The vagina only opens once the baby has moved through the tube and the cervix is totally open. The vagina opens because the baby moves down and out of your body.

For most people, the cervix and vagina can easily be identified as “soft tissue.” You may not know yet where your cervix is, but you’re not likely to think it’s a bone. However, few people think the hole in the bony pelvis has much to do with soft tissue. In reality, to make a skeleton, the bones must be entirely stripped of lots of soft tissue that surrounds every single bit of bone and is in the places where the different bones of your pelvis meet. In our living body, there is absolutely no part of any bone that is exposed. Every single aspect of every bone is entirely surrounded with soft tissue.

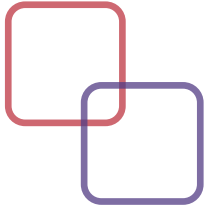
If there is tension in your internal, pelvic soft tissue, your baby can find it difficult, or even impossible, to get through the hole in your pelvis, and you can have difficulty opening your cervix and/or vagina.

The tools in this module will help you relax each part of your soft pelvis as the contractions work to open up the entire pelvic area. These skills will also help you manage the pain associated with the opening. When the modern maternity system evolved several generations ago, the initial goal was pain reduction, not problem management. Pain was considered too much. The pain of birth contractions is very manageable with the right skills, and that’s why you’ve invested in this resource.

### **Caesarean (elective or emergency)**

You might think that you don’t need to know this information. After all, you’re going to skip the part of the birth that involves your soft pelvis, whether by recommendation, pressure, or your own choice. But you still need to learn these skills. You are pregnant to have a baby, and your body/hormones are preparing for a labor and birth. As a parent, you must consider that you have a pleasurable responsibility to work with your baby’s efforts to be born, no matter how he/she comes into the world and out of your body.





First, use this resource during your pregnancy to get to know your birthing body and enjoy doing so. This is one of the resources that women and men who will give birth through a surgical procedure use to feel connected to the pregnancy/birth relationship. Birthing Better Pink Kit families don't want to miss this opportunity to be involved as parents-to-be with their baby's birth.

Next, use the relevant skills on the way to hospital, while being prepped, and during your Caesarean. That whole day is your baby's birthday. You'll find many of these relaxation exercises empowering to the whole process of both surgery and recovery.

### **VBAC**

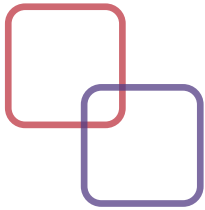
Since the Birthing Better Pink Kit skills evolved from direct use of skills by thousands of birthing families, this resource is probably one of the most IMPORTANT sets of skills that have helped to achieve a vaginal birth after a Caesarean. It's not based on ideology or philosophy, just our shared skills based on our human commonality.

The knowledge and skills have also helped women and men to understand why a previous surgical birth was performed, if it was due to "failure to progress," CPD (baby's head too big for the pelvis), or delayed 2<sup>nd</sup> Stage. We have no statistics as to how many women and men feel in hindsight that their previous Caesarean was essential, but we do know that every family who is planning a VBAC wants success unless they truly believe there is a medical need for another operation.

The best approach to a VBAC is to approach pregnancy as the time to prepare your pregnant body to become a birthing body and to commit to using your skills in whatever birth unfolds, whether a successful labor and vaginal birth or an emergency Cesarean or non-laboring one.

Even if a surgical birth happens, the joy of preparing for a vaginal birth and the ability to continue to use useful skills during another surgical procedure greatly reduces the sense of disconnect and disappointment. You can always, always, always work with your baby's efforts to be born and get great pleasure and satisfaction from doing so.





## The Uterus

The uterus, more commonly known as the womb, is about an inch long, except during pregnancy. There are two parts to the uterus:

The top part houses the baby, and grows larger during pregnancy as your baby grows. By the end of the pregnancy, your uterus will be so large that it pushes your lungs to the side, which might make you feel short of breath. Your stomach and intestines will be somewhat squashed, and your heart will also be moved over, which may result in some discomfort or palpitations.

The bottom part, the cervix, keeps the womb closed during the pregnancy.

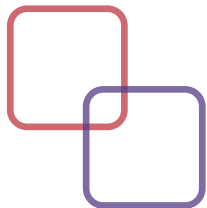
The enlarged uterus looks something like a balloon, with the neck of the balloon being the cervix. Like every other organ, the uterus is connected to the rest of your insides. It is important to remember that the surrounding tissues and attachments do affect the uterus and its ability to work during the birthing process.

### Uterus opens the cervix

The uterus produces contractions. Contractions are a strong wave that starts from the sides of the top of the uterus. This wave is sent through all the crisscrossed muscle fibers to the bottom, where the cervix is attached. The wave produces a pulling-back and opening response in the cervical soft tissue.

Once the cervix is fully opened, the strong uterine muscle then pushes/expels the baby further and further down the birth canal, eventually pushing him/her out through the vagina.

You can see how this is an exercise in plumbing: a large object having to open and travel through a container. Aside from the emotions of becoming a parent and the intense sensations of contractions, birth is a very mechanical process. Each part of the container can help or hinder the process.



There's no doubt that you and your baby work together to open the neck of the balloon. With your skills, you can make the process efficient and timely, though you can't control the length, strength, or frequency of the opening contractions. You're not in charge of that part of the process. You are only in charge of how you respond to the contractions.

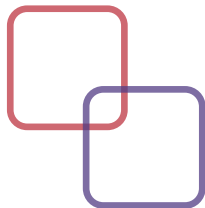
## The Cervix

The cervix is a ring muscle made up of 50% muscle cells and 50% connective tissue cells. Both muscles and connective tissue are soft tissue. IMPORTANT TO REMEMBER: The cervix is not only the bottom part of the uterus, but also forms the center of the top of the vagina. The top of your vagina stops all your abdominal organs from falling down. Seen from another perspective, the top of your vagina is also the bottom of your abdominal cavity. Once you appreciate this sort of queer reality, you'll be a long way down the path of fully comprehending your 3D pregnant/birthing body.

Your cervix bulges down into the top of your birth canal. Some women have touched their cervix, and you might have felt it during sex. In this resource, you will become aware of where your cervix is by using your "inner eye," or imagination, and you'll learn how to soften and relax along its attachment inside your pelvic tube and in its muscular ring.

When your uterus does not have a baby inside, it's still attached to your cervix and sits inside your abdominal space while the cervix sits inside your vaginal space. As your baby grows, the uterus grows just like if you were slowly blowing up a balloon. During the birthing process, the balloon stays blown up, and the mouth of the balloon opens up to 10cm. Unlike a balloon that lets out air, your uterus lets out a large object. And it is this stretching open of the mouth of the balloon-like uterus that causes painful contractions during the 1<sup>st</sup> Stage of labor until the mouth is fully open so 2<sup>nd</sup> Stage can commence.

In some instances, the cervix opens before a baby is ready to be born. This is called premature labor. But the cervix normally stays shut tight until your baby is ready to come out and the contractions begin.



### **Cervix is pulled open or “dilates”**

Simply stated, the pain of contractions is felt because the muscle cells are being stretched—ouch. The ability of the cervix to dilate relatively easily is due to the connective tissue cells—not so much ouch.

In order for your baby to descend through your pelvic tube, your cervix must open, or dilate, to a diameter of 10cm. To understand how big 10cm is, place your thumbs and your index fingers together to form a circle. This is about the size of the inside of your pelvic tube, and it is also the size of a full-term baby's head.

Dilation can be measured. If you can fit one finger into the ring muscle, you are 1cm dilated; two fingers is 2cm dilated, and so on. This is what your obstetrician or midwife does when you get an “internal exam.” You or your partner can also learn to check inside yourself for any change during labor. You don’t need to name the numbers. When you check yourself, you are feeling change. If something has changed, the process is progressing.

Dilation takes **time**. The time it takes to dilate is how long you’re in labor, called 1<sup>st</sup> Stage.

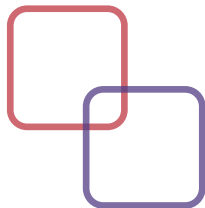
### **Woman**

Your job is to work with each contraction in two ways: help the cervix open and keep your bony structure mobile. This way, your baby can more efficiently move through your pelvic tube and open the cervix of its uterine home and come down into your vagina. Once this stage is complete, your job is then to open your vagina.

### **Coach**

Your job is to help your partner cope with doing this work. The dilation of the cervix is probably the most bewildering part of labor, because the cervix is on the inside, and we can’t see what’s happening.

As unpleasant as it might seem, you want the labor pains to come more frequently, last longer, and be more intense. This is a progressing labor. When a labor does not



progress, it reaches a plateau. Labor plateaus are particularly frustrating—it doesn't seem fair for things to stop moving forward when all the pain is still happening!

A plateau is when there is little or no noticeable change after two or three hours or so, in spite of contractions, and the woman feels that nothing is happening and sounds bored. When labor progresses, there is a noticeable change in the length, strength, and frequency of contractions every hour or so, and the woman knows that labor is moving along.

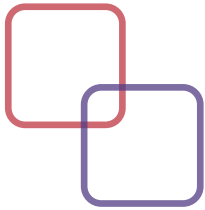
Using your skills from the earliest onset of contractions (actually with the Braxton-Hicks during the last few weeks so you can practice with the uterine tightening) can prevent plateaus. If labor stalls, you just need to figure out where the baby is stuck (plumbing again) and use skills to get things moving again.

When labor notches up a peg and gets more intense, a woman might say, "Where am I?" Remember that is not a geographical question. It means she doesn't know what is happening inside. (If you both become familiar with the *Internal Work* on the CD, you'll know "where things are," because each of you will know how to do internal checks.)

During labor, her Negative Voice might be saying things like, "I can't do this." Whether or not you know how dilated the cervix is, you can help redirect her attention to using her breathing to focus and relax.

## The Pelvic Floor

Childbirth education classes often talk about the pelvic floor, but they might have a different meaning from the information we are about to outline here. Birthing Better with The Pink Kit Method® has defined the pelvic floor casually in a way any of us can understand.



When the Pink Kit talks about the pelvic floor, we are referring to

- all the soft tissue of the top of the birth canal, including the cervix, as this attaches inside your pelvic tube,
- the walls of your vagina,
- the tissue between your vagina and rectum,
- and the tissue behind the rectum and to each side.

### ***EXERCISE: IDENTIFYING YOUR PELVIC FLOOR***

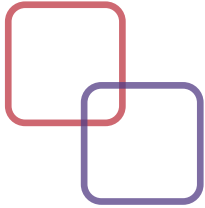
Both of you can tense up all this extensive soft tissue.

- 1) Tense up right now inside your lower belly. You may also feel lots of other things tense up inside. You might not be too certain what specific parts you are tensing, and that's ok for now. You don't need to pay particular attention to exactly where you are tensing—just tense up inside.
- 2) Now tense up all around your rectum.
- 3) Now tense up as though you were holding back your pee mid-stream.

In simple terms, the pelvic floor is a fancy name for all of your vagina from the top part, including its walls and outlet. This space is the same as your baby's birth canal. You're just learning how to experience it in your own body. This whole area is where a mother-to-be needs to relax in labor and birth, and even during the surgery of a Caesarean.

### **Pelvic floor retracts**

The muscular wave of a contraction acts directly on all the tissue of the lower part of your uterus, which you now know is the top of your vagina, including the cervix. Since your cervix sits in the middle of all this tissue, and the outer reaches of this tissue connects to the inside of your pelvic tube, the wave causes the tissue surrounding the cervix to retract back towards the pelvic bones, first thinning the pelvic floor tissue, and finally tugging opening the cervix.



Your awareness of this area can greatly influence the speed and efficiency of dilation. It is necessary for you to relax inside your pelvic bones so the cervix can open more easily, with a minimum of strain on the soft tissue. That's why it is important to learn the *Pelvic Clock* and *Cervical Relaxation*. The former places your intentional softening all around the inside of your pelvic tube, while the latter focuses your attention on the 50/50 cells of your cervix.

### Rethink pelvic floor exercises

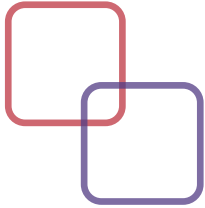
Since the 1970s, pregnant women have been shown how and told to do as many Pelvic Floor Exercises as possible. Most women know these exercises:

- Holding back your pee in midstream.
- The Elevator: tightening up at the bottom, midpoint, and top of your vagina.

The reason women are told to do this is to strengthen the inside soft tissue that gets stretched by the weight of the baby during pregnancy — after all, a baby weighs quite a bit. The benefit of strengthening this internal soft tissue can prevent a possible future prolapse of the bladder, cervix, or uterus. Doing PFEs is accurate and right, BUT it has unintended, very negative consequences for giving birth.

Tightening up inside is not proactive for preparing your pregnant body to becoming an efficient birthing body. Just tighten up inside like in the above exercise, and consider if your baby could easily open your cervix or move effectively down, through, and out of your body. Is doing PFEs hampering or helping the birth process? Tension down there absolutely, absolutely, ABSOLUTELY hinders all stages of labor and birth.

As one father said after a very disappointing emergency Caesarean, *"My wife did hundreds of Pelvic Floor Exercises. We were both proud at her ability. We both thought she would have the really, really strong muscles needed to push our baby out. It wasn't until we got the Pink Kit Package in our second pregnancy that we realized how wrong we were. My wife needed to open up to let our baby out!"*



This does not mean PFEs are wrong. It means you have to do them at the right time, stop doing them at the right time, and do something else when you stop them. If you are early in your pregnancy or between pregnancies, feel free to do as many PFEs as you want.

But, from 24 weeks onward, you want to stop doing them and learn to open up, soften, and relax. If you want to continue to do PFEs, do so only with the understanding that you're doing them to keep your insides strong for the rest of your life AND with a willingness to learn how to open, soften, and create space for your baby.

Becoming a parent is not just about you. You only need to soften and create space for a few months and for a very specific event, and then you can go back to tightening up. BUT do not, do not, do not make the mistake of ever thinking that being tight inside is positive for giving birth. Being tight and tense inside just compounds the potential to have a failure to progress. That's common sense. Use your common sense to do the right thing, at the right time, for the right reason.

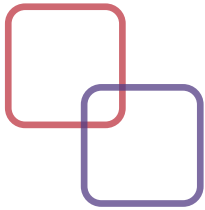
## **The Birth Canal (Vagina)**

When discussing birth, the vagina is more commonly called the birth canal. It includes all the internal space from the cervix down to the vaginal outlet.

When you look at a cross-section of a pregnant woman, your vagina is shown as a very thin, narrow tube. In reality, the inside of your vagina is the right shape and size to fit your baby. It's like the side of a Whoopee Cushion. When you learn *The Internal Work* on the DVD, you'll both notice that the inside of the vagina is a huge space!

The lower part of the birth canal, or exit (from a baby's viewpoint), or entrance (from a man or tampon's viewpoint), is made up of muscles and soft tissues of the inner perineum (the perineum is discussed in more detail below).





### **The Pouch of Ms. Douglas**

The space between the top of the birth canal (the top of your vagina where the cervix hangs down) and the inner perineum (i.e. where you can place a tampon, a diaphragm, or your beloved's counterpart) is called the Pouch of Douglas—we call it the Pouch of Ms. Douglas. You'll feel how spacious this area is when you start the *Internal Work* at 32 weeks. You'll be able to feel that this space goes all the way back to your sacrum (front-to-back dimension) and extends outward to each sit bone (side-to-side dimension).

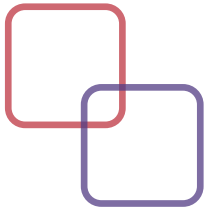
There is one quirk to your birth canal in relationship to your pubic bones: your baby. Once your cervix opens fully and your baby's head (or butt) moves into this spacious place, the pubic bone requires the baby to alter its downward path and make a bit of a bend forward so that it's directed toward the vaginal opening.

Once your baby makes this directional change and reaches the Pouch of Ms. Douglas, we say he or she "turns the corner." Once this corner is turned, your baby will bugle all the tissue around your rectum and open your vaginal opening.

If a baby does not turn this corner, he/she cannot open your vaginal opening. Your skills are designed to help bring your baby down if he/she doesn't come down promptly because you have done your *Internal Work* and know how to soften and make space.

### **The Perineum**

In some countries, the term *perineum* refers only to the small bit of external soft tissue between your vagina and rectum. When we think about a baby coming out our vagina, we can have a very clear (but painful) image of our vagina stretching open: "I thought I was going to split wide open." We often hear about the "ring of fire" and stories of tearing or being cut down there, and we assume that all the stretching our baby creates must happen in that little bit of tissue. That perception needs to change,



so let's look more closely at our body, how our baby comes through its birth canal, and what tissue is really part of our perineum.

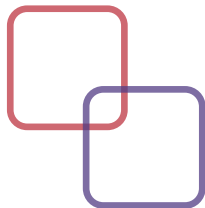
The Pink Kit uses the word *perineum* to mean the WHOLE soft tissue area between the vagina and the rectum, plus all the tissue around the rectum—on either side and behind it to the tailbone, and on either side of the tailbone. There are both external *and* internal muscles and tissues to the perineum. As mentioned above, this tissue is also part of the pelvic floor.

To keep you focused on your 3D reality, let's just recap:

1. Your uterus sits inside your abdominal space while its closure (your cervix) sits inside your vaginal space. So far so good.
2. What separates those two parts of your womb is the tissue of the top of your vagina that attaches inside your pelvic tube. Doing good.
3. Once your uterus is chock full of baby, it becomes more like a full balloon with the cervix acting as the mouth of the balloon.
4. When your cervix dilates fully, it pulls back into your pelvic tube and your baby (the large object) then moves into its birth canal.
5. Your baby passes into the pouch of Ms. Douglas, which is surrounded by the walls of soft tissue.
6. And here is where your baby meets your perineum.
7. There is an inside to your perineal tissue, which is literally on the outside of your body.

In the following exercise, you'll become more aware of the outer tissue of your perineum. However, your baby is more interested in your inner perineum, and that's the area with which you work when you do the *Internal Work*.

This is where you have to combine what you learn in "Bony Structure" with your soft tissue.



### ***EXERCISE: IDENTIFYING YOUR PERINEUM***

- 1) Both parents: Sit on a hard chair and find your bony pelvic outlet: side-to-side sit bones and front-to-back dimension (for more detailed instructions, see “Bony Structure”).
- 2) For your new understanding of the “perineum,” it’s ALL the tissue that fits inside that space. Mentally go through this now. The perineum is the tissue behind the vaginal opening, all around and behind your rectum. This tissue fills in the area between your tailbone and sit bones and goes all the way back to your sacrum.
- 3) Tighten up your rectum now. You can do that because of internal perineal muscles.
- 4) Pull your sit bones together. That action uses internal and external perineal muscles.

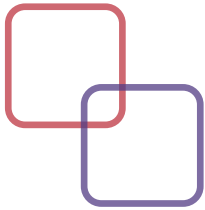
### **Your vagina isn’t where you think it should be**

All of us know a baby comes out of the vagina, but while you’re sitting on the chair, paying attention to the hole in your bony pelvis AND all the soft tissue, you’ll notice that your vagina is to the front of that hole, while your rectum is smack dab in the middle!

That’s sort of bizarre. One would think the baby would drop down and push open what is directly below it, which would be your rectum! But that isn’t what happens. As explained above, your baby will “turn the corner” by changing direction, forced to do that by your pubic bone, and re-orient its line of exit to face your vagina.

However, as your baby comes out of your uterus and comes down into its birth canal, the initial sensation you FEEL is the urge to move your bowels. That’s because this big object fills up ALL of the inside of your vagina and presses onto the inside tube of your bowel.

What reaction do you think this often produces? Tensing up! If you had a sudden urge right this second to move your bowel but could not get to a toilet, what would you do? Tense up! And that hinders your baby’s efforts to be born.



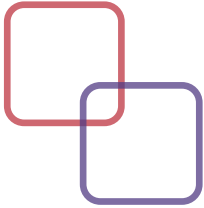
When you do the *Internal Work*, you will learn to work with the inside of your perineum, softening and relaxing the muscles inside. You will learn how to breathe into your perineum to create even more relaxation in all those muscles. You'll also learn how to work with the soft tissue directly at the vaginal opening where the "ring of fire" can be felt if this part of your vagina hasn't been prepared. Doing the *Internal Work* permits your baby to gently open your vaginal tissue rather than stretch it painfully.

At the birth, you will still feel pressure on your rectum, feel like you want to move your bowels, and be tempted to pull up and tense up; however, you'll know how to relax and allow the birth canal and surrounding perineum to be opened by your baby. This requires lots of willpower for the short time it takes for your baby to open and move through your vagina.

Yes, with preparing your birth canal and efficacious breathing, you can reduce both the length of 2<sup>nd</sup> Stage and the discomfort, AND can actually change the sensations of pushing from discomfort to pleasure and satisfaction.

If you do not do the *Internal Work*, you are very likely to experience the unpleasant "ring of fire," tear, or be cut. Perineal massage (the stretching of only the tissue between your vagina and rectum) is not sufficient to create softness in **all** the tissue of your perineum.

Most women who do the *Internal Work* still say they should have done more. Presently, the approach to pregnancy and childbirth is not skills-based, so doing internal massage is not yet part of the common language of childbirth. Also, the vagina is an area of our body where we have shyness. But remember the size of your baby! Your baby is BIG! Prepare down there so that your body is not traumatized by your baby's exit. Prepare down there so your baby doesn't get hindered in its final part of the journey out of your body.



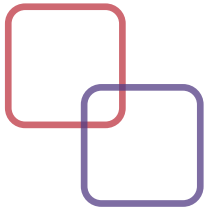
### What is a push?

It's very important that you know how to push AND where. As you just learned, it doesn't feel like your vagina is the natural place for you to push toward, not considering where it's situated! These two exercises bring your bony structure awareness together with your soft tissue—you see, this becomes simpler the more you know!

#### *EXERCISE: PUSH = COUGH*

- 1) Sit on a hard chair so that you can pay attention to the tissue of your outer perineum and feel the outlet of your bony hole. What you're going to notice are the changes that occur in this area during the exercise.
- 2) Keep your sit bones as far apart as possible, so that you are aware of the space between them.
- 3) Take a moment to pay attention to both your side-to-side and front-to-back dimensions. Your vagina is in the front of that space and has to open up equal to all that space.
- 4) Now cough. Can you feel the "bulging" when you cough? That's what pushing is, and where it happens.
- 5) Cough again, and this time, hold that bulge.
- 6) Notice that you are bulging on the out-breath. This is so common that we don't usually think about it.
- 7) Now try what women have been asked to do for more than 30 years in medical birth.
- 8) Take a deep breath. Do you notice that you suck up all that tissue inside your baby's birth canal? Now hold your breath. Do you notice that you are now holding on to that inner tension?
- 9) Put your chin to your chest. PUSH while still holding your breath. Can you make that bulge as easily? If you're not certain, go back and forth between the coughing exercise and the chin-to-chest exercise and see which one most naturally makes you bulge.

You should be able to notice that we push more effectively with an out-breath than with holding the breath.



### ***EXERCISE: INTENTIONAL PUSHING***

- 1) Sit on a hard chair as before. Inhale through your nose in a regular manner.
- 2) Now open your mouth as though you are going to exhale, but instead of letting the air go out of your mouth right away, hold it the way you do at the beginning of a cough—it's sort of stuck in your throat and your chest.
- 3) While you hold that "out-breath in your cough," intentionally bulge your crotch. Once the bulging has occurred, there is a natural need to exhale completely.
- 4) Repeat. This is what pushing feels like and into where you push.

## **Birth is "Doing"**

What freaks out a lot of women about giving birth is the size of the object that has to come through their body. This freaks out fathers, too. This leads to several reactions:

Wishful thinking that the baby is about the size of a squirt of toothpaste until it's out of your body, at which time it suddenly blows up into a baby-sized baby.

Total fear that your body will be permanently damaged.

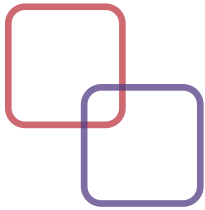
An assumption that it's the baby that hurts you during labor. No, it's the opening of the cervix that causes the pain most often, and less frequently pressure by the baby on some part of your pelvis that causes pain such as back labor.

Once you reduce your anxiety about your baby coming through your body, prepare your pregnant body for birth in an appropriate manner to open, relax, and stay mobile, AND then work with your baby's efforts to come out of your body, you'll actual feel really empowered and capable.

Birth is very doable, with the right preparation and applied skills.

## **Manage One Contraction at a Time**

When you understand what is happening inside the soft pelvis during labor, your job, whether it's as the birthing woman or as the coach, will be very clear and



supremely satisfying. The Birthing Better Pink Kit skills give both of you specific tools to work very effectively with each contraction, and the confidence you gain from these skills will replace any fear of the process and the normal pain that accompanies childbirth. You do this by working through one contraction at a time and one rest period at a time. This is further explained in “The 5 Phases and the Bell-Shaped Curve,” “Getting from Here to There in Labor,” and “Staying in The Now.”

## **Powerful Hormones**

To help the activity of birth, your body produces an amazing hormone called Relaxin. This specialty hormone softens and loosens every important birthing part in your body during the last few months of pregnancy, increases even more during labor and delivery, and then disappears a few days after the birth. The power of its softening effect was demonstrated in an experiment in England—a cow’s thighbone, left in a vat of Relaxin overnight, could be twisted the next morning!

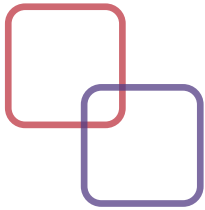
Because of Relaxin, you’ll notice that your joints become softer and your bones can shift more easily. This is great for your birthing baby, but it can have unpleasant side effects for you—some women experience pain in the pubic joint or groin, or pinched nerves in their back from the shifting of bones.

In the last few months, you will probably notice a pinkish red puffiness in your vagina—your body is getting ready for the birth. That’s just another sign of these amazing birth hormones along with feeling loose in your joints and increased changes in your breasts.

These hormones are so powerful that, after the birth, some women might discover that the pubic arch is more rounded, or the sacrum feels different when lying on their back, or the tailbone is now in a different place. Sometimes, the baby can literally reshape your bones during the birth in order to come through the hole in your pelvis.

Both the Bony and Soft Tissue exercises take advantage of this softening and increased mobility or flexibility, further encouraging this natural process. By





working with nature, your ultimate purpose is to create as much room as possible for your baby to move through the your body/container during labor and birth.

### **Soft, not flabby**

As women, we have so many anxieties during pregnancy and heading into birth and becoming a mother. Modern societies encourage us to be “tight” — trim, taut, and terrific! But there is a big difference from a “tight” body being fit and well-exercised to its being rigid and stiff. There is a real need to stay fit during pregnancy, but you must also learn to soften yourself in preparation for birth.

There’s huge symbolism in being “tight” and being “soft,” both negative and positive. When it comes to being a mother or father, being firm is as important as being flexible, which are just other terms for tight and soft.

BE BOTH, each at the right time.

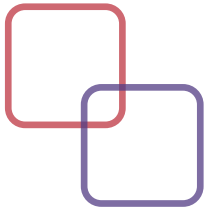
Pregnancy is the phase before you move through the Gateway of birth into parenting. During birth, whether you labor and have a vaginal delivery or have a surgical birth, if you soften your viewpoint and your body, you will surrender to this awe-inspiring event and work with it. You are preparing yourself not only for labor, but for the days and years ahead with your children.

## **Soft Tissue Skills**

Now let’s move on to the specific exercises/skills for your pelvic zone. Have your companion DVD ready to supplement the written instructions for the *Pelvic Clock*, *Internal Work*, and *Breathing into the Perineum*. For all other exercises in this resource, you’ll find all the information you need right here.

Before we start, just think about your bony pelvis. Remind yourself of your

- pubic bones
- sacrum



- hipbones
- your side-to-side space of the hole between your sit bones
- your front-to-back space of the hole from your pubic arch to tailbone

Next, mentally cover your bones with all your soft tissue (in other words, pay attention to how your soft tissue covers your bones).

Now pay attention to both your inner and outer perineum, the space that fills in your pelvic hole.

Now—and this is the harder mental image—find the divider (your cervix and all the tissue surrounding it that spreads out to meet the inside of all your pelvic bones) that sits between the upper room (your uterus) and the bottom room (your vaginal canal). This is where your pelvic clock is located.

### **The *Pelvic Clock*: Must Do**

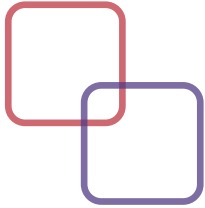
As is quite obvious, your pelvis is the area of your body most involved in birth. The *Pelvic Clock* is a great tool that targets this entire area. We're just going to go over the fine points of the *Pelvic Clock* exercise here; you'll find the meat on the DVD.

#### **Benefits**

- Extends your attention and awareness deep into your body, all the way to your cervix.
- Aids dilation by extending your ability to soften outwards to where the soft tissue connects to the inside of the bones of your pelvis.
- Keeps the bones of your pelvis mobile, particularly your sacrum.

#### ***EXERCISE: IDENTIFYING YOUR PELVIC CLOCK***

Both parents, use the image of “upper room” and “lower room” to identify the top of your vagina and cervix. Men don't have a cervix, but they do have a pelvic floor, so you can target the same area as your partner.



This room divider is shaped as a rough circle, like a clock face. You can now envision the tube formed by the bones of your pelvis to be like a frame around a clock, with the top of your vagina being the clock face and your cervix being where the hands of the clock meet.

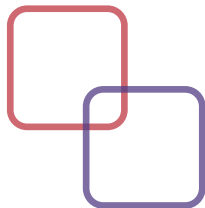
Contractions tug open the place where the hands of the clock meet, causing the cervix to increasingly open until the clock face no longer exists. When this happens, your cervix will have been pulled into the sides of your bony pelvis. You are then 10cm dilated, and your baby will continue to move through the hole in your pelvis and into the lower room, your vagina.

### ***EXERCISE: THE PELVIC CLOCK***

Go to the corresponding section on your DVD. This exercise works with the inside of your bones and the tissue attachment there, as you'll see on the video. You will begin to feel where you store or collect tension. Tension gets created just because—as humans, we stand and walk, and that creates tension in our pelvis.

- 1) You can call each area of the pelvic clock by name: the pubic bone 12 o'clock, the sacrum 6 o'clock, one hip 3 o'clock, the other 9 o'clock, etc. You want to soften in each of these areas, letting go of any tension you might have. You want to do this in every posture and position.
- 2) If you can't feel any softening, first tense up and then soften specific areas. You don't want intentional tensing up to be your goal, but sometimes it takes creating more tension during practice for you to get the subtle feeling of softening and develop your confidence therein. It's okay to do that now and then during labor, too; just don't make a habit out of it.
- 3) Come back again to this exercise once you've learned your *Directed Breathing* in the ***Breath, Communication, and Touch*** section. Then you can go around your pelvic clock, expanding inside your pelvic clock on each inhale, and softening and relaxing inside your pelvic clock on each exhale.

As you can see, these are two layers of proficiency and different skills.



### **Woman**

During labor, if you feel pain/discomfort in your sacrum, hip, or pubic bone, it might be caused by your baby's pressing against the bones, and pain in the uterus is often just due to the cervix dilating. Your purpose in doing the *Pelvic Clock* is to make certain that, when the wave of a contraction pulls on the cervical muscle, there is no tension either at the tissue attachment where your pelvic floor meets your bones or in the muscle itself. This is your goal, even when you're in pain.

### **Caesarean**

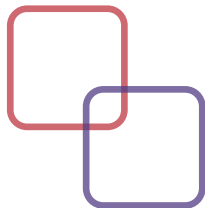
The *Pelvic Clock* exercise was developed by hundreds of women who absolutely knew (after the fact and during labor) that they did not know how to relax and soften inside their pelvis. Coupled with *Directed Breathing*, the *Pelvic Clock* creates a major "focus" tool throughout labor and has done much to reduce surgical births that come from all forms of delay in the 1<sup>st</sup> Stage of labor.

If you do have a Caesarean, because you're numb from your waist down and there is a cover put up to prevent you from seeing the surgery, it is very, very easy to disconnect from your body for the short period of surgery until your baby is born. This disconnect is a passive state and can negatively impact your sense of continuity from being pregnant, to giving birth, finishing the birth, recovering from the birth, and moving into parenting.

We are designed to do the whole process. No matter what reason incites your surgical birth, it is within your ability to maintain that continuity. You do this by using skills such as the *Pelvic Clock*. You'll be given an epidural, so you won't feel anything. However, your head can still mentally soften and relax this area.

### **Coach**

It often is very helpful if you touch an affected area to remind your partner where to soften, which you'll learn more about in "The Right Touch." Also, you'll learn in "Communication" how to verbally cue your partner to keep going around the inside of her bony structure, softening and relaxing each individual area.



Once you truly recognize birth as an exercise in plumbing and which parts must stay open and relaxed, you will feel totally comfortable in advising your partner. You'll be sensitive to seeing whether she is unintentionally creating tension, and you'll be able to hear whether her breathing indicates she needs support and assistance in softening rather than tensing.

She wants your help! Not later, but as soon as. The internal relaxation is something you can feel, as well.

### **Common language for the *Pelvic Clock***

#### **Woman**

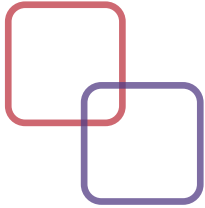
- √ *If you see me tensing up, please remind me to use the Pelvic Clock.*
- √ *Please just put your hand here. [You show the coach. Often, no words are necessary; just place their hands where you want them.]*
- √ *Boy, I can't always relax as the contraction gets more painful.*

#### **Coach**

- √ *After each contraction, go around the Pelvic Clock and relax any tension that has built up.*
- √ *Let me touch around your pelvis, and you just soften under my touch.*
- √ *If you have pain somewhere inside, just take a deep breath in, and then when you exhale, let go of the tension in that specific area.*
- √ *Let me know where you feel the pain and I'll remind you to relax, or I'll touch you there, so you can focus on relaxing there.*
- √ *If you forget how to relax inside, tighten up first and then relax.*

### **Progress and focus**

Not only does the *Pelvic Clock* induce relaxation, but it also is a great tool for encouraging progress and for focusing. You have already or will read the ***Progression*** resources. In "Getting from Here to There in Labor," you can read about what happens if you experience pre-labor, false labor, or a non-progressing labor.



Doing the *Pelvic Clock* can certainly help at those points to

- give you something to do until your body establishes a good labor pattern.
- get you familiar with the pattern of contractions.
- begin your default behavior: using skills throughout each moment of your labor experience, both during contractions and the space between.

Once your labor contractions get established, your job is to keep your labor progressing. You do this best by paying attention to the details of your body, constantly reviewing specific areas to make certain your soft tissue is relaxed and soften. With enough practice, this becomes so automatic that you almost forget you weren't born with these skills. But it takes focus!

At any moment during a contraction, even if you feel overwhelmed, the *Pelvic Clock* is a skill that will help to restore your focus and control. Together with *Directed Breathing*, this skill will recapture your energy and direct it to the task of dilation.

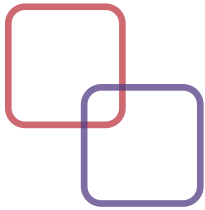
### **Coach**

If you and your partner are experiencing a slow, niggling, or delayed labor or a plateau after a progressing one, always consider the possibility that your birthing partner has hidden or unseen tension in the soft tissues of some part of her pelvic floor or even in the cervical muscle. Your job is to remind her to work around her pelvic clock, softening and relaxing each segment.

By recognizing hidden tension, you'll have an effective tool to use even when the sensations are painful and non-specific in their location.

### **The Lower Back Release: Might Do**

One thing you learn in the "Tension" resource is that connective tissue connects all parts of your body. A great deal of tension is created in the connective tissue of your lower back during labor, and it can be very difficult to relax that area. By reducing tension in your lower back, you can help dilate the back part of the cervical muscle.



You're about to do a hands-on, massage-like relaxation of the lower back. It is very relaxing, and you both need to take turns acting as the Doer and Receiver. This massage should not be used a great deal in the last few months of pregnancy, but practice it now a few times, then put it on your list of things to do freely anytime during labor.

As you learned in "Tension," although unconscious tension in the connective tissue, including in the pelvic floor and cervix, is not necessarily **created** by conscious choice, it takes a conscious choice to be able to **relax** it. You might need to **choose** to let the cervix open, and this hand-assist will help.

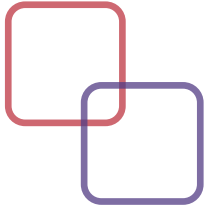
### **Benefits**

- Gentle "pulling-up" motion relaxes the lower back—you'll feel it right down into your sacrum.
- Pulling up on the outer soft tissue helps to draw up the inner connective tissue in the back of the uterus and the top of the birth canal, thus assisting the dilation of the cervix.

### ***EXERCISE: THE LOWER BACK RELEASE***

- 1) **Doer:** Spread your hands across your partner's lower back, just at the base of the ribcage, with your fingers pointing either up or down. Adapt to what is comfortable to them. GENTLY move your hands upwards—not sliding them over the skin, but just gently bringing the tissue up under and with your hands.
- 2) **Receiver:** Notice the release you feel all the way down your lower back and inside your sacrum. During labor, this might relieve pain in this area.
- 3) **Doer:** After you've pulled the tissue up, just hold still for a few moments, and then without losing contact, let the skin return to its original place. Once you've done this, you can change the position of your hands if you need to.
- 4) Repeat the exercise a few times.
- 5) **Receiver:** After you've experienced this relaxation a few times, try tensing up inside your rectum with the next "lifting," and feel what happens. You'll notice that, when you tense up, you won't feel that deep connective tissue pull up.





### **Common language for the *Lower Back Release***

#### **Woman**

- √ *Could you do the Lower Back Release on me, it's sooo relaxing.*
- √ *Remember that back lift we learned? Please do it now.*

#### **Coach**

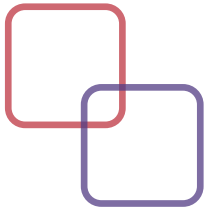
- √ *Your sacrum is still stiff. I'll give your back a gentle release.*
- √ *You look tense. Would you like me to do that back release on you?*

### **The *Letting Down Reflex Relaxation*: Might Do**

Take a moment to remember what it feels like when the need for a bowel movement begins to give you the urge to go to the toilet. Before you actually feel the pressure on the rectum, you feel a sensation inside the sacrum where the bowel tube passes through the back of the tissue at the top of the vagina (between the sacrum and the cervix), then runs down the back wall of the vagina to the rectum. You can feel this tube when you do the *Internal Work*.

In labor, when the cervix is fully opened, the bowel tube is pushed back to the inside of the sacrum. As the baby's head moves through the open cervix and into the vagina, it presses on the soft tissue of the perineum, and thus compresses the rectum. Along with an urge to bear down, this can cause a very strong sensation of having a bowel movement. Knowing that it's the baby, not a bowel motion, can help you relax and accept the sensations.

Before labor, you can use the experience of actual bowel movements to practice relaxing inside the sacrum and the Minnie Mouse muscles on either side of the tailbone, and then having a bearing-down reflex. During labor, you can intentionally recreate that reflex by relaxing the Minnie Mouse muscles. Do this especially when you are near the end of dilation or in 2<sup>nd</sup> Stage, to maintain sacral mobility.



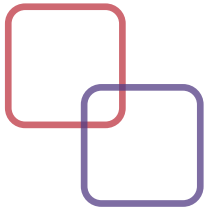
Connect this exercise to the Push = cough one above. The letting down relaxation occurs before the push-cough. When you're having a naturally descending bowel movement, you'll feel the letting down (passage of the actual bowel matter). Once that matter moves down, there is that push-exhale-opening. You know how good it can feel to have a spontaneous bowel motion. PS: Doing this might help if you are constipated.

During 2<sup>nd</sup> Stage, think plumbing again! If the object moves easily through your container when it gets to the exit, it wants to keep going. Some women have a very strong, spontaneous, and irresistible urge to eject their baby, push, or bear down. This exercise can help that happen, because you're more aware and have practiced. If you don't experience a spontaneous urge, remember to use this skill. Like the back relaxation skill above, it will change hidden tension inside the back, sacrum, cervix, and vagina, which might be causing the slow movement down of your baby.

If your baby is having trouble getting into the birth canal, and even if it's doing just fine, you might consciously, or unconsciously, hold the baby up in the top of the vagina because you don't like the sensations of the baby moving down further, which may include the urge to move your bowels. That sensation might subdue your urge to push, but you need to overcome that and get your baby down through its birth canal.

A woman who experiences a spontaneous birthing reflex knows how wonderful it feels to push. Although dilation can be painful in a very big sense, pushing can be intensely satisfying and powerful, particularly if you can reduce the ring of fire. If you remind yourself to "let down" when you experience the birthing reflex, you will find it easier to surrender to, accept, and enjoy this very primal part of the birth.

*Letting Down Reflex Relaxation* helps you get in touch more deeply with the area between your spine and your uterus. Pregnancy is largely a belly experience for most of us and people who see our big belly, but a ton of nerves and some really big, important muscles run down your spine. When your cervix opens, it has to open completely toward the front of your body, to both sides of your body, and toward



the back of your body. Tension in your sides and back can hinder or prevent dilation just as much as tension in the front.

### **Benefits**

- Helps your baby move further down into its birth canal IF you don't have a spontaneous urge to push, yet are fully dilated, and your baby has begun to move successfully through the hole in your pelvis.
- Helps you accept and work with the "moving bowels" sensation, as your baby presses on the inside of your perineum.
- Resolves an anterior lip.

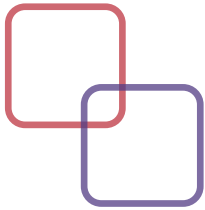
### ***EXERCISE: LETTING DOWN REFLEX RELAXATION***

Both parents: First do this lying down on your back so you can limit your weight-bearing muscle tension (all the weight that exists when we stand up or sit). You're doing this lying down at first ONLY to make certain you can feel your sacrum move backward.

- 1) Use a sustained exhalation to push the top of your sacrum down towards the surface you are lying on.
- 2) Move this same exhalation down the inside of the sacrum to the rectum. This will create a sense of bearing down and you might pass wind. Let that happen; it's natural.
- 3) When you do this, you will naturally feel the lower part of the sacrum and tailbone come forward, causing your pelvis to tilt up slightly towards the ceiling. This is what the bearing down reflex of giving birth feels like.
- 4) Notice that you are using your back muscles to do this, which lets the muscles of the birth canal relax. Also relax the Minnie Mouse muscles as you move your breath down the bowel tube.
- 5) Repeat this several times lying down.
- 6) Practice the exercise standing up, sitting down, and lying on your side.

### **Woman**

Remember when we discussed your baby "turning the corner" in order to point toward your vaginal opening? This happens because your pelvis tilts forward. YOU



can feel this difference. When your pelvis tilts forward, you can feel that the direction of your pushing is directed toward your vagina. If you intentionally don't tilt your pelvis forward, you'll feel that the direction of your push is toward your rectum.

Do this exercise several times a day in the last month of pregnancy. This helps to make this sensation/action a part of your life.

### **Coach**

Think of cue words that you and your partner can use to trigger the *Letting Down Reflex Relaxation*. Keep this skill in mind for if your partner develops an anterior lip. Because the *Letting Down Reflex Relaxation* relaxes the inside of the sacrum and the back of the vagina, it can help resolve an anterior lip, which can be caused by tightness inside the sacrum. Mobilizing and creating more space inside the sacrum can help the baby move back a bit, thus preventing the cervix from being pinched against the pubic bone by the baby's head.

### **Common language for Letting Down Reflex Relaxation**

#### **Woman**

√ *If you see me pulling up during 2<sup>nd</sup> Stage, please remind me to do the Letting Down Reflex Relaxation.*

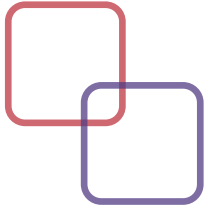
#### **Coach**

√ *Does it feel like the baby isn't moving into the birth canal?*  
√ *Do the Letting Down Reflex Relaxation now instead of tensing up.*

### **The *Internal Work*: Must Do**

This is just a quick note; all of the instructions for the *Internal Work* are on the CD.

It is important that the 2<sup>nd</sup> Stage of labor is not delayed. Babies want to be born—and they are less at risk if they don't spend lots of time being pushed and pushed without progress. If you do eight weeks of the *Internal Work* prior to labor, a lot of 2<sup>nd</sup>-Stage issues can be prevented, eliminated, or reduced.



### **Benefits**

- You'll respond better to any verbal reminder from your birth coach to relax the soft tissue of your vagina.
- You will also recover better if your labor's 2<sup>nd</sup> Stage is efficient.
- Less chance of hemorrhoids or other short-term discomfort.
- Less long-term trauma to your birth canal, such as tears or being cut, which can lead to uncomfortable intimacy or other problems.

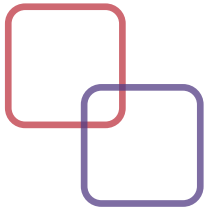
### ***Cervical Relaxation: Must Do***

A closed (undilated) cervix is like when you purse your lips together tightly and try to get your little finger into the hole. If you open your mouth as wide as possible, that's the size of a cervix that is about 4-5cm dilated. You need to be at 10cm to be fully dilated! It's like putting a turtleneck shirt over your head.

When full dilation happens, your cervix has virtually disappeared by pulling back into your bony structure. Remember, that's equal to putting your thumbs and index fingers together and making a circle.

Your cervix can basically do three things during the 1<sup>st</sup> Stage of labor:

1. Dilate evenly over time; approximately 1cm every 2 hours.
2. Barely dilate over most of 1<sup>st</sup> Stage, until it suddenly opens quickly right at the end of 1<sup>st</sup> Stage and then 2<sup>nd</sup> stage happens. 30% of women have this happen. Contractions in this type of labor still come closer together, grow stronger, and last longer. In other words, the labor contractions are progressing, yet the cervix isn't yet dilating. These contractions follow the bell-shaped curve explained in "The 5 Phases and the Bell-Shaped Curve."
3. Stop dilating for a period of time and reach a plateau; another kind of failure to progress. Contractions in this type of labor remain the same. They do not get longer, stronger, and closer together. They also do not follow the bell-shaped curve.



2 and 3 are often caused by internal tension that women don't know they have and haven't been taught how to reduce or that they even need to! Any tension can hinder the effective birthing process.

### Benefits

- Encourages the cervix to dilate more rapidly if it's taking its sweet time.
- Helps the cervix to resume dilation if it's stopped altogether.

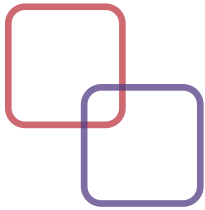
### EXERCISE: CERVICAL RELAXATION

- 1) **Coach:** Your doctor or midwife can tell you how dilated the cervix is, if you are unsure. If your woman is stuck at 4cm, that's roughly a hole you can stick 4 fingers into.
- 2) Draw a circle the size of the current dilation the top of your partner's head OR on top of her kneecap. This works particularly well on top of the head, especially if her chin is tucked, because that's exactly what your baby is experiencing. Remember the turtleneck analogy.
- 3) Once you've drawn the circle approximately the size of the opening in the cervix, touch the part of that circle that's to the back of her head and tell her to expand inside on that area with the inhale, soften with the exhale.
- 4) Move around the circle, touching different points, having her soften inside corresponding to each place you touch.
- 5) **Woman:** As the cervix opens, there are more areas on the cervical rim that you can relax.
- 6) If nothing seems to change, do it again 30 minutes later.

How will you know if change is occurring? The contractions will pick up, become more effective and perhaps more painful. USE YOUR SKILLS TO COPE.

### Woman

This is basically the same exercise as the *Pelvic Clock*, BUT instead of softening around the outer face of your pelvic clock (inside your bones), you are softening around your cervix (the middle of the tissue). Do this throughout labor, as well as during the last two weeks of pregnancy. It can really help!



### **Coach**

If your partner has difficulty dilating, you can have a huge, positive effect in helping her soften and relax the cervical muscle and get the dilation happening again. Expect contractions to become more intense, because that indicates that the tissue of the cervix is being effectively pulled back onto the hole in the pelvis.

### ***Breathing into the Perineum: Must Do***

This exercise should be done during the last two weeks of pregnancy.

As mentioned, if you tense up in the area of your perineum, your bum, your sacrum, your vagina, around your tailbone or rectum, you can effectively stop your baby from coming down and out your birth canal.

Earlier, you learned that coughing causes you to bulge in your perineum. Coughing is a forced exhalation. You won't cough constantly in 2<sup>nd</sup> Stage, so you need to use your natural exhalations intentionally to soften, relax, and bulge your perineum. This can be coupled with a spontaneous urge to bear down/push or as a way to make more space for a baby that is still high in your vagina.

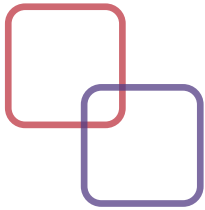
Once again, you get an opportunity to bring a previously learned exercise/skill together with another one.

### **Benefits**

- Helps you focus on relaxing and opening soft tissues, in this case, your perineum.
- Works with the *Internal Work* so that you feel comfortable about this part of your body in relationship to giving birth.

Follow along with the demonstration on the DVD. You will experience bringing your breath down and expanding the front of your perineal tissue by placing your hand over the area where your vagina is, then by placing your hand over the area at the back where your rectum and Minnie Mouse muscles that run on each side of your tailbone are.





The trick here is to expand each area with an exhalation. If you don't intentionally expand in these areas with your exhalation, tension can be stored, and your efforts to make change will not reach this area of your body.

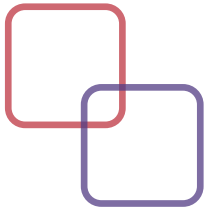
Use out-the-mouth exhalation first. Then try using an out-the-nose exhalation and see if you achieve the same degree of softening and relaxation. Use whichever works best for you.

Also, take this time to listen to the last part of the "Birth Journey" CD. It will familiarize you with the deep, controlled groaning that accompanies an effective out-breath during 2<sup>nd</sup> Stage.

### ***Thai Massage: Might Do***

Sometimes, a baby does not come down into the top of the pelvic tube inlet before labor starts, or even as the labor progresses, and this can be a reason for medical intervention. *Thai Massage*, and the *Letting Down Reflex Relaxation*, can help you relax the tissue that forms the bottom of the upper room. Remember we talked about the top of your vagina also being the bottom of your abdominal space and that all this tissue connects to the inside of your pelvic tube? This tissue can act like a trampoline to your baby, being stiff and unyielding to your baby's urge to move fully into your pelvic tube.

The divider between the upper and lower room has the cervix in the middle. As your baby moves through the tube in your pelvis, this tissue needs to stretch downward into your vaginal space. When your baby moves deep into your pelvic tube, stretching the bottom part of the uterus that is also the top of your vagina and also the bottom of your abdominal cavity, this is good. When the broadest part of your baby's head has passed through the narrowest part of your pelvic tube, this is called "engagement." For your baby to move down into your pelvic tube, the tissue must be pliable. If your baby isn't moving down, you can try this skill.



*Thai Massage* should only be done in the **last** 2 weeks of pregnancy, and **it must be** done very gently. Do this **ONLY** if your baby has not come into your pelvis in the last two weeks of your pregnancy. It can also be done in early labor if you have a lot of tension inside.

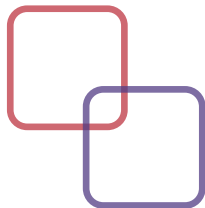
### **Benefits**

- Helps to relax tense belly muscles that may prevent the baby from entering the top of the vagina.

### ***EXERCISE: THAI MASSAGE***

This exercise is a traditional Thai preparation for birth. This massage needs to be **gentle, slow, and focused**. Once again, there is a Doer and Receiver. It's always important that both of you experience both roles. This way, you can work together better as a team.

- 1) **Receiver:** Lie on your back, with pillows under your knees and under your head. Feel where the baby's head is—does it feel like it's above the top of the pubic bone?
- 2) **Doer:** Gently press eight fingers (no thumbs) into the belly tissue inside the hip blade on one side, and press lightly into the body. It may feel slightly uncomfortable, **BUT SHOULD IN NO WAY HURT**. The discomfort should only be a reflection of the tension in the tissue you're trying to soften and relax.
- 3) **Receiver:** Let your partner know if they are pressing too hard. While that slight pressure is held, tilt your pelvis forward so the pubic bone comes up. That movement helps to contract the inside soft tissue. Then, with the pressure still held, bring your pelvis back down and relax that the internal soft tissue area at the same time. Repeat this motion two more times, before the Doer changes the area where pressure is created.
- 4) **Doer:** Move your hand into the groin area on one side of the pubic bone, and repeat what you have just done.
- 5) **Receiver:** Create the same pelvic tilt as above, three times. You can also ask your partner to use words to focus on where you need to relax.
- 6) **Doer:** Now create pressure right over the top of the pubic bone, then in the groin area on the other side of the pubic bone, and finally, next to the other hip blade.



- 7) **Receiver:** Do your pelvic tilt whenever the Doer changes the place of pressure. Once the two of you have worked all the way around to the other side, lie still and rest for a few minutes.

What you have done together is focus on how to relax the inside soft tissue that separates your abdominal space from your vaginal space.

### **Woman**

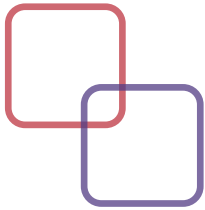
As you move around during the next few days, keep reminding yourself to relax inside. You can do this massage on yourself, as well. A good time is when you first wake up in the morning, while you're still in bed. Just lie there for a few minutes. Then, during the day, notice how you naturally tense up again just because you are moving around and your weight-bearing muscles and tissue have to be tense (but not rigid) in order for you to walk around.

### **Coach**

Take your time doing this. There is no hurry. It's a question of slowly softening and relaxing inside tissue. Your partner might notice that one or more places feel more tender, and other places have no tenderness. This will tell you which part of the inner tissue is tense. Be gentle! Be gentle! Be gentle!

### **The Uterine Lift: Might Do**

If the cervix fails to dilate in a reasonable amount of time, you can use your *Pelvic Clock*, *Lower Back Release*, and this skill to coax it open. As with all your Birthing Better Pink Kit exercises/skills, taking turns doing and receiving becomes increasingly important. A "Yeah, yeah, I got it" approach in pregnancy can prove disastrous once labor begins. Suddenly, people are faced with a reality that they have not prepared sufficiently for. Birth is SO removed from our common experience that being unprepared is too common. Often, women will say, "Everything I learned in childbirth classes went out the window." Men will say, "Nothing in childbirth classes prepared me for this."



Since you are self-learning, only you can guarantee that you prepare sufficiently.

It's best to practice the *Uterine Lift* by memorizing the instructions here and imagine doing it. This is an only-for-labor skill. You can also practice where to put your hands, so that their muscle memory is ready if this skill becomes necessary. Keep in mind that a willingness to look at, discuss, and analyze these skills prior to labor or when the pain of contractions is either non-existent or minimal is essential. Once the pain increases, most of your communication will become non-verbal.

### **Benefits**

- Helps the cervix to dilate.

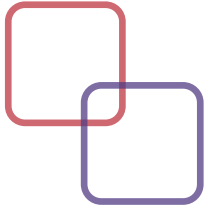
### ***EXERCISE: THE UTERINE LIFT***

- 1) **Doer:** Stand facing your partner's side. Place the fingers of one hand down the top of the pubic bone, and gently grip the Minnie Mouse muscles with your other hand.  
Gently pull both hands upward.
- 2) **Receiver:** Use your directed breath to expand the areas under the Doer's hands, as they pull upward.

## **Skills and Your Birth**

Your Birthing Better Pink Kit exercises/skills are not “alternatives to interventions.” They are not skills to put off until things get difficult. They are not skills to use only now and then.

All these skills give you something to do and focus on during the 5 Phases of labor contractions and the space between. Your Pink Kit skills will never be sequential or linear any more than driving a car is just holding on to the steering wheel and then braking. Having these skills gives you the ability to adapt and use as many as you want at any moment.



By having many different skills, you can choose and play around with what works for you in any given Phase, during 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Stage. Since each birth is a one-time deal, you can only do your best to work moment to moment to keep relaxing, softening, and opening inside your body.

This is how the Fascination Principle (see “Staying in The Now”) plays out, why the Pink Kit skills are not merely “techniques,” and why the skills have had such a positive impact on thousands of births: families behave deeply skilled and adapt. They never feel they don’t have some skill to work with what’s happening at the moment.