

PREPARE YOURSELF FOR CHILDBIRTH



THE Pink kit

*essential preparations for
your birthing body*



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by



Common Knowledge Charitable Trust

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**Dedication: To mothers, fathers
and babies everywhere**



Photo by Jenny Blyth



Photo by Rahine

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Table of Contents

<u>Booklet</u>	<u>Video Exercises</u>	Number
Pages		
i Foreword		
iv Introduction		
vii Overview		
<hr/>		
1	The Breath	
Breathing makes a difference Here's how Use it well	<i>Directed breathing</i>	1
<hr/>		
3	The Bony Pelvis - Anatomy	
Bony pelvis landmarks	<i>3D pelvis</i>	2
Inside the hole	<i>Landmarks on woman & man</i>	3
Mapping the outlet	<i>Map your pubic arch, sit-bones, front to back, tailbone</i>	4
<hr/>		
7	Body Positions	
The map shows the way Women's personal experience Baby in relation to pelvis Consider your positions Individual situations Occiput posterior babies Help for discomforts Less common complaints	<i>Positions</i> <i>Pros and cons of positions</i> <i>Your baby & your positions</i>	5 6 6
<hr/>		
13	The Bony Pelvis - Movement	
How to create more room With practice comes familiarity The pubic arch The hip bones	<i>Pubic arch spread</i> <i>Movement of hips</i> <i>Important hip lift</i> <i>Sit-bone spread</i>	7 8 9 10

Booklet

Video

Pages

Number

The sacrum	<i>Identifying sacral movement</i>	11
The tail bone	<i>Rocking the sacrum</i>	12
	<i>Important sacral manoeuvre</i>	13
	<i>Moving the tailbone</i>	14
	<i>Directed breathing into pelvis</i>	15

19

The Soft Pelvis

The uterus	<i>Advanced Kegels</i>	16
Pelvic floor	<i>Pelvic clock</i>	17
Cervix	<i>Breathing into the perineum</i>	18
Birth canal	<i>Assisting the cervix to dilate</i>	19

27

About Pain, Tension, Relaxation

Reasons for pain		
Dilation		
Backache	<i>Soft tissue tension</i>	20
Baby getting 'stuck'	<i>Internal inner relaxation</i>	21
Stretching of the birth canal	<i>Passive and active relaxation</i>	22
Conscious, unconscious, structural, stretching tension		
Support people		

35

Massage

Hormones, Rest, Body care	<i>Massage</i>	23
---------------------------	----------------	----

47

Labour

1st - 3rd Stage of Labour		
The inner voices		
Remember	<i>How to use this information in labour</i>	24
Early Labour - What if...		
Really Active Labour - What if...		
2nd Stage - What if....		

Also in Booklet

Pages

57

Birth Stories

How women have used this information

64

For the Fathers

Men, you can understand!

66

Illustrations - Audiotape Internal Work

Where are those muscles?

Throughout time women have prepared

69

Do's and Dont's

70

A Final Word

Audio tape

Contents

The Internal Work and a real-time birth

Foreword

Pregnancy, and the birth of our children is an awe-inspiring experience. It's one of those crucial life passages that we never forget.

Nature seems to take over, as the woman succumbs to the incredible changes of pregnancy, and the demands of birth itself. It certainly is one of the most natural and instinctive events in a woman's life, and often women feel as if they are simply carried along, with little control over what happens next. To some extent this is true - nature and your body *will* know what to do, and it would be wise to surrender to the process and trust in life itself.

On the other hand, Mother Nature has also provided us with a brain, giving us some control over how we approach life's challenges. We can't control our lives completely, but we can affect events with some knowledge and preparation, in the hope that our experience is improved. Take hunger for example. It's a natural occurrence, and our desire to eat is instinctive, but we can *learn* how to eat *well*. We could eat *anything* and still satisfy our hunger, but a knowledge of food and cooking definitely enhances that satisfaction. Sex too, is natural and instinctive, and we can *get by* without learning anything about it, but those who practise the 'art' of lovemaking invariably experience more pleasure. In both cases, knowledge and practice has given people more control over the experience, and ultimately more enjoyment.

Importantly too, eating and the sex act are often connected with pleasure, and last for a relatively short time. Childbirth, however, can be painful, and proceed for many hours. All the more reason to learn

what you can to improve the experience. You won't have the number of opportunities to practise birthing that you do with eating and sex, but we believe you can learn and practise certain things *before* the birth that will help you when the big day arrives.

Over the years we have spoken to thousands of women who felt that if they had only known more, they might have enjoyed a better birth. Some felt good about their births, but still wanted to improve the experience. Others felt so removed from their natural instincts that they had lost the ability to surrender to this natural process. Most wondered why they felt so powerless and confused.

Through talking with these women, their partners and care providers, we discovered that women all over the world – especially those living in a modern society – seem to have lost touch with their traditional knowledge and wisdom, of both birth and their own bodies.

Traditional culture is so dispersed these days that few women can draw upon the wealth of knowledge previously passed on through families. Most modern women have never attended a birth, or have any real experience until they actually find themselves pregnant and about to birth themselves. Additionally (and perhaps consequently), women have come to rely more and more on the medical profession to decide what is best for their own body and baby in birth. That is until now.

Over recent years, there has been a steady upsurge in non-hospital births, midwifery, and the emergence of 'childbirth education' classes, plus more choices in hospitals and birthing centres.

There seems to be a general desire world-wide, to bring birth back to the people most involved - pregnant women and their partners. Partners in particular have become more interested in knowing what they can do to help, and many now attend their child's birth.

Everyone who came and shared their experiences and hopes for the future, expressed an interest in knowing *what they could do* to improve the quality of their own birthing experience.

Many 'systems' of birthing have now been developed, and are taught to interested women and their partners all over the world. Unfortunately, what we have discovered is that these *systems* don't always work for everyone. Typical comments have been: "I tried everything I learned and it didn't work", or "In labour, everything I learned went out the window".

It became apparent to us that these people needed more than just a 'system' or 'philosophy' to follow. What they really needed were practical, simple and effective *tools* which could be adapted to suit their individual circumstances and needs in their own, unique labour.

Additionally, we saw the need for women to develop a confident awareness of their own bodies, so that in labour they could decide for themselves when and how to use these tools. Both the tools and the body awareness are important, as is shown by the experience of a midwife who had a Caesarean birth after feeling that her hips were 'locked up', but didn't know how to unlock them. She and her attending midwives were relying on her body instincts to show her what to do, and later after a Caesarean she felt like a failure. Actually her instincts hadn't failed her - she did have enough body awareness to know that her hips were locked up. If only she had had some useful tools as

well to unlock them!

Incidentally, this kit is not a place for discussing the pros and cons of the application of modern medicine, nor where or how women choose to birth. We recognise - through working with people from many diverse backgrounds - that local practices and policies differ greatly throughout the world. Some women have many choices in their local area; some have very few as to how their birth is handled by others. Our sole purpose has been in finding meaningful tools for the birthing woman, regardless of her individual circumstances.

The information we are sharing through this kit is intended to complement all prenatal education, care and birthing conditions. We feel confident that no matter what your personal circumstances, something in this kit might help you. That is certainly our intention.

What You Can Do... is the culmination of many years work with women from all over the world. Some people have asked "Why did you do it?" Well, the initial impetus came from women who had had problems in birth. They wanted to know "What went wrong?" sometimes to reconcile their disappointment, but more often in order to improve their experience the next time around. Women without problems also wanted to learn more, to further refine and improve their births. We wanted to help *everyone* achieve this, and so set about gathering information from innumerable sources to find answers. Contributions usually came from the women themselves, but often care providers and partners noticed something valuable which the woman herself had not.

By this careful observation and enquiry, we were ultimately able to identify causes and find solutions - solutions which actually worked. Some women who had

had a previous Caesarian section now found themselves able to deliver vaginally. Even women who had not had serious problems before experienced 'better' births - with greater awareness, more help from their partners, more effective contractions, and a general feeling of knowing what they were doing. The results were less pain, faster or easier labours, and less medical intervention, which made them feel better about themselves.

The vast majority of women were so excited by our discoveries together that they wanted to share them, and let other women know that there was something they could do to improve their labour. That is what we have been doing, but of course it's a big world, and we felt there had to be a more effective way to convey this information worldwide... and here it is!

We can never guarantee anything to anyone, particularly when our only contact is through this kit. Every birth is a unique event, and cannot be re-done.

However we strongly believe that informing yourself about birth, familiarising yourself with the birthing body, and preparing in meaningful ways - as we do in this kit - can only improve your chances of having a more fulfilling and satisfying experience.

Ultimately, it's up to you, and we like to encourage this self-responsibility in birth. Our experience has shown that people do feel better about the experience when they can accept responsibility and use their own judgement, rather than relying entirely on outside influences. There is certainly a place for advice and assistance, but we strongly recommend you also use your own feelings and judgement at this momentous time. That is your right, even with this kit. If you don't like something, stop, and assess whether it suits you or not. Can it be adapted to better suit your needs? Follow your instincts... and... take what you want, leave the rest, and pass on what you like.

Our hearts and minds are with you... enjoy!

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Introduction to the Kit

Welcome to the booklet, video and audiotape of *What You Can Do...* The purpose of this kit is to better equip people for the incredible task of pregnancy and birth. Even though women have been *managing* their births forever - most recently with much help from the medical profession - we have found it possible for everyday people to *improve* their birthing experience, and we want to share that ability with you.

Recognising that people and practices vary tremendously from country to country, we have worked with women from many different cultures and backgrounds, searching for common ground upon which to work. Although we found that women's circumstances and needs differ tremendously, there is one thing that all birthing women have in common, and that is: a birthing body.

So it is from this point that we began, discovering that for all women there are certain areas which can present problems in labour. The most common problems encountered have been when:

- the *bony pelvis* is not an easy fit for the baby
- the *uterine* contractions are failing to open the *cervix*, or it just doesn't seem to want to open
- the *birth canal* (or vagina), and the *perineum* aren't being opened easily by the baby
- the *pelvic floor* fails to regain its tone after birth

One or more of these things can happen - to a greater or lesser extent - in any individual birth, so at first we concentrated on preparing and working with the above key areas, aiming to overcome these obstacles. Our emphasis

was on working *pre-natally*, addressing both physical and mental obstacles *before* birth, rather than waiting for problems to arise in labour.

We also paid particular attention to the back of the body - often a neglected area, probably because women look most pregnant at the front. However it is at the *back* that we find the major nerve supply and many important muscles, plus the sacrum - part of the bony pelvis very much involved in birth.

Through this work, we began to see women who had previously had problems, actually managing and overcoming them in labour, thus leading to a more fulfilling and satisfying experience. This was fantastic, but then we made an even greater discovery: *all* women can benefit from this work. Even those who had not encountered any specific problems were enjoying 'better' births, as a result of what they had learned and practised with us. We witnessed women discovering things about their bodies which, when shared with others, proved invaluable.

Everyone involved felt that simply knowing more about their birthing body had given them the power to improve their birthing experience. And all felt that this knowledge should be shared with as many people as possible. That is our aim.

To this end, we have developed *What You Can Do...*, a kit which provides interested people with invaluable knowledge about the birthing body, so they can feel empowered in their own birthing experience. As we present each of the key areas listed above, you can learn more about the birthing body and the process of labour. This is what we refer to

as 'textbook knowledge' and it will help you to understand what is happening inside the birthing body during labour, name the key parts involved and prepare these areas appropriately.

But there is more to this kit than just knowledge. There is practice. It's like the difference between reading about eating or sex, and actually experiencing it for yourself. 'Textbook knowledge' is definitely useful, but there is nothing like the real thing for discovering what it will be like for you. And only through practice can you improve your experience. Fortunately, most people do have the opportunity to practise eating and sex regularly, enhancing their enjoyment if they so desire. Unfortunately, however, we can't really do the same with birth - how often is a woman going to have a baby, compared to how many times she may eat?!



Photo by Jenny Blyth

Nevertheless, we have managed to devise ways in which people can apply their 'textbook knowledge' of the birthing body in a practice situation. Women have differing needs in labour, so this kit presents a variety of exercises which can be adapted for personal use.

Practised regularly, these exercises not only prepare both the woman and her support people for the actual birth, but will also develop a real awareness of what has been learned, and even more importantly, a deeper awareness of one's own body. This we call 'self-knowledge' - the ability to feel one's own body and assess its unique needs as they arise - an incredibly valuable skill in labour. Combined with the textbook knowledge and tools provided in this kit, a woman's self-knowledge will give her the capacity to apply her skills appropriately to her own unique birthing experience.

Photo by Jenny Blyth



The purpose is to enrich your self-knowledge. Self-knowledge used well produces relaxed mothers, fathers & relaxed babies.

Additionally, she can call upon her support people and care providers to assist, knowing what her body is feeling and where, thereby having the means to convey her own particular needs. An interesting point to note here is that when support people and care providers also practise our exercises, they too develop this greater body awareness.

Although the information presented is so simple and familiar, many participants feel that they are discovering their bodies for the first time. This helps everyone to

understand that many of us don't know about our body, even though we live in it every day. Birthing women are no different, and shouldn't be expected to 'naturally' know their own body and what to do. Men, especially, appreciate being able to feel what the birthing woman might be feeling, both in themselves and in her, so that they can assist more effectively in labour. Care providers and birth attendants have also benefited from feeling changes and movements in their own bodies - gaining a greater 'connection' with the birthing woman. We have found this 'connection' to be extremely beneficial to everyone, especially the birthing woman herself, who can feel confident in expressing her feelings and needs, knowing she has a good chance of being understood.

We would also like to emphasise here the importance of support people. Yes, it is truly the birthing woman's experience, but the value of support cannot be understated. Husbands, partners, mothers, friends; whoever you choose to help with your birth can participate in this kit; both men and women can practise and benefit from the exercises herein - our body structure is actually very similar. Some of the greatest beneficiaries of this information have been the fathers, who were able to find practical, specific and effective ways to help with the birth of their baby. Exploring and learning

together before the birth has given many couples the confidence to work together when the going really gets tough.

And so we encourage everyone to learn and participate in this kit, sharing ideas and feelings as we have over the years. For the birthing woman, we hope to help you know and care for your birthing body, understanding its needs and those of your baby during labour. For others, we hope to develop a deeper understanding of the birthing woman, so that you can help in the best possible way. And for everyone, we provide meaningful tools which can be adapted to suit the unique circumstances and needs of every woman in childbirth. We have already seen people from all walks of life benefit from the information in this kit, and we sincerely hope you will too.

Even though this kit is intended for everyone, you will find that we often address the birthing woman directly. This is generally for convenience, but it is also in recognition of the fact that she is truly the only one undergoing childbirth. No matter where a woman labours and with whom, it is she alone who must do the actual work of labour, and so we feel it appropriate to present much of this information from her viewpoint. By considering the birthing woman's viewpoint, everyone can better understand and assist in a birthing situation.

A Point To Remember

What you see on the video is a stylised representation of the ideas. Don't try to do exactly as the women in the video. Use the information to create your own way of doing things - the information has no perfection, nor are outcomes the main purpose.

Overview

A primary objective of this kit is to help everyone - especially birthing women - to get in touch with their own body. One of the easiest ways for everyone to do this is through the breath. Everyone breathes, and everyone can feel that natural process occurring within them. By beginning our kit with the breath in this way, we hope to establish the understanding that the experience of life, breathing, and even birth, belongs to us all.

For the woman in labour, breathing can be used to achieve many things - a concept which is briefly explored in this section, then elaborated upon throughout the kit. This is another reason why we present the breath first.

Once this is done, our kit moves on to the essential task: learning more about the birthing body, particularly the 'key areas' mentioned in the Introduction. You'll notice that we have separated the bony structure from the soft structure, reflected in our titles: the 'bony pelvis' and the 'soft pelvis'. We begin with the bony parts first, including a 'mapping' of your own bony pelvis, then move later on to the soft parts of the pelvis. In reality, of course, everything is interconnected and works together, and most people's experience is of a complete, whole structure which simply acts as one. However, we aim to show you how to work with quite specific parts of your body - those most relevant to birthing. To this end, we have simplified the body into manageable parts so that you can concentrate on each part first, then learn to work with them as a whole person.

Initially, we start with the booklet, introducing the key areas one by one, and referring to diagrams when necessary.

This 'textbook knowledge' is given first, so that you can learn the names, and know what to expect in your own body. However, remember that just as every human being looks different on the outside, you will have an internal shape and size unique to your own body. And just as every human being approaches life differently, you will have a unique way of working with your body awareness.

This is where the video comes in. Once the booklet has prepared you, you can then watch the accompanying video section which shows the information in movement, giving you the opportunity to feel your unique differences, and develop your own 'self knowledge'. We also present specific exercises and tools for each key area which can be used to assist in labour. These tools have been used by women to ease the baby into a better position and facilitate the descent while birthing.

You may need to watch the video several times, and we strongly recommend you do, practising the exercises regularly before birth. In this way, you will strengthen your relationship with your body, so that when labour arrives, you will know better what your body needs, and also how to deal with it. Additionally, by practising with your support people and/or care providers, you can all discover what might best suit you in labour, so that the tools we present can be used to their best advantage.

After introducing the anatomy of your bony pelvis, and mapping your unique shape, we can then consider how body positioning affects that bony structure, some of the surrounding soft tissues, and

your baby. We consider this to be the first line of action during labour, and extremely useful information. The booklet introduces possibilities, explaining how your pelvis and baby might be affected by certain positions in labour, some causing an 'opening', and others a 'closing' effect, depending on your unique shape and size. The accompanying video section then allows you to determine these things for yourself, feeling your own structures as you move through the varying positions.

We then work some more with the bony pelvis - exploring movement - first through the booklet, then with the video. This is followed by an exploration of the soft pelvis, once again introducing information with the booklet, then practising what you have learned with the video. By this stage, you will have discovered quite a lot about your bony and soft pelvis, and what you can do with them during labour. You may wish to know more.

Our audiotape contains quite specific information regarding the birth canal (or vagina), with exploratory and preparatory exercises which have proved invaluable in many births. This 'internal work' should be started about eight weeks before birth, and many women have found that when they actually feel or touch those internal parts, suddenly the other information all makes so much sense. You can even check your cervix and baby's position internally. We understand that your body and birth can be a very private affair, and yet we feel this information should also be made available. If you do want to know more about this part of the birthing body, simply listen and practise the exercises as you see fit.

Having by now practised with the video through several sections, most people will

find their self-knowledge and awareness increasing. This awareness is then taken a step further - in addressing pain, tension and relaxation.

Although these might appear to be rather nebulous aspects of birth - usually considered for the woman's sake - we have found this information crucial in preparing and working with the birthing body. Not only can you address pain and tension to assist the birthing woman, but relaxation techniques can also be used to beneficially affect the bony and soft pelvis, allowing their movement and opening. The booklet considers each aspect in turn, offering information particularly relevant to birth. This is followed once again by a video section which shows you how to use your self awareness to recognise and locate pain and tension, then apply relaxation techniques appropriately.

Returning to the booklet, we then expand our focus to the whole body, and the pregnant woman - exploring massage, hormones, rest and body care. Although our emphasis in this kit is on the pelvis and birthing structures, it is just as important to consider overall health and well-being as part of preparation for childbirth. Here you will find valuable information for your birthing body, and we recommend you practise these exercises.

Finally, we enter labour, where you can really put together everything you have learned and apply your knowledge and tools. 'The Stages of Labour' in the booklet gives a general overview of birth, preparing you for what you might expect as labour begins, progresses, and culminates in the birth of your baby. 'Labour' follows, with some handy hints on how to *manage* birth - both for the woman, and her support people. The accompanying video section, 'Labour',

will show some possibilities during birth, demonstrating how to work together and adjust strategies to suit individual needs. We will not be following a real-time birth. However, by seeing possible situations and how they might be approached, you may gain the understanding that there are practical skills to be used - they just need to be adjusted to suit each situation as it arises.

Our audiotape does follow a real-time birth, just to give you a *feel* for what labour *can* be like. And since so much of our work is based on experience, the booklet presents 'Birth Stories', where you can read about other women's experiences in birthing. Here you can see how women have applied their discoveries in various circumstances, with interesting results!

Our hope is that by sharing these stories from other women's births, you will embrace your own, confident that no matter what happens, you can 'manage' your birth in your own way. When you have been a good manager, whether you liked or hated the job, whether it went the way you expected or not, you can still feel proud that you did your best - just as all these women have.

And if you are a father, please read 'For the Fathers'.

We haven't forgotten the important role you play in the birth of your child.

And so, let's begin, commencing with this booklet. Just take a moment to look through the Contents page. You'll notice that the booklet sections have a corresponding video section, with colour-coding to match them together. As you read through the booklet, you will be guided into the video at the appropriate times, so that if you have just read a blue booklet section, you should then be viewing a matching blue video section. If you happen to get lost, just refer to the Contents page - where the colours are listed, to help re-orient yourself.

Later, you can return to the video in any

Photo by Stirling Images



order you choose, and again the colour-coding will help you find the section you want. The audiotape can be listened to at any time, but the Contents page does show how the topics relate to the booklet and video sections, so that you may follow them in order too.

Finally, take a look down the video column, where the practical exercises are listed. Here you will see that there are plenty of things 'you can do' to help, enhance and enrich your birthing experience. Read the booklet, and refer to it whenever you wish, but remember - practise the video! - as often as you can before birth, with your support people if

possible. Every practice will deepen your understanding, and help to internalise the tools presented there. Somehow the information gradually becomes a 'consciousness', so that by the time you are in labour, its use will be so natural to you that you can concentrate on the matter at hand, rather than trying to remember what to do!

Exploring the birthing body, developing an awareness of the key areas, and learning how to work with them has enabled many, many women to take more control in their birthing situation, enriching the experience. We will now show *you* how to do the same.

We suggest you go to the video now.

Photo by Stirling Images



The Breath

Work With Your Breath

You will find that this kit is very much about developing an awareness - of your body, its movements, response to pain, etc - but one of the most exciting and helpful discoveries we have made is in becoming aware of, and using the breath. It's easy to forget that we are breathing all the time. You might not be really aware of it until you start exercising, or using your body for physical labour of some kind. However, if you are approaching labour, that is just what you will be doing - using your body for quite a physical event. So we'd like to help you become aware of your breathing now, and show you ways you can use your breath effectively both before and during birth.

Breathing makes a difference

Misusing your breath in labour can actually tire you out, and you don't want that, especially if your labour is longer or more intense than you expected. Sometimes women become distressed with the pain, or because they don't know what is going on or what to do. They begin yelling or screaming, expending valuable energy in the process. We have

found that women who birth well tend to be rather quiet and inner-directed, and when they make sounds even these seem controlled and appropriate. Listen to our tape as an example. We hope that you too will learn to use your breath in ways that help you to stay focused, able to relax and be more in control. However you use your voice in labour, remember not to 'waste your breath'.

Some women find themselves puffing and panting through the mouth, which

can cause hyperventilation. This means that the body is getting too much oxygen. See for yourself, by doing something physical while you are breathing in and out of your mouth. You will notice that your mouth becomes dry, and you might feel quite light-headed. If you continue, you could experience tingling in the lips and fingers, giddiness and even nausea. Basically it feels terrible, and can distract women from getting on with labour.

Here's how

There are several systems of breathing taught in ante-natal education, and if they suit you, then well and good. Some actually encourage panting through the mouth. However, our experience has shown that the breath can be employed more effectively when it is taken in through the nose and then released out through the mouth.

As labour intensifies, you may need to draw in bigger breaths through your nose, and exhale more strongly, and that's fine. You'll notice the woman on our audiotape does too. This way of breathing not only conserves the breath, but also allows for a concentrated directing of the breath with the inhale, and an expansive release with the exhale.

This information is nothing new to many athletes and dancers, who tend not to waste their breath. Most will inhale through the nose, drawing in fresh oxygen to supply essential energy, then exhale through the mouth, releasing the metabolic wastes produced by their working muscles. Those who practise yoga or martial arts also practise this way of breathing. Their understanding is that you can actually bring in pure, clean energy with an inhale through the nose, and release toxins and tension with an

exhale through the mouth.

Several breathing 'systems' take advantage of this knowledge. You can try this for yourself now. Simply take in a large breath through your nose, then as you exhale through your mouth, you sigh deeply. You should be able to feel quite a release. Try it again if you like. Now feel the difference when you breathe in and out your mouth. It feels very different.

Use it well

Now let's get more specific. Beyond drawing in that stream of clean oxygenated energy, you can then direct that stream, placing it where you choose in your body. We call this 'directed breathing' and it is a way of working with your breath to reduce tension, achieving many things. Throughout our kit we will be using this technique to relax soft tissue and alleviate pain, assist in bone movement, and facilitate the opening required by your baby in birth.

Our video section 'The Breath' will show you how to practise directed breathing, and in further sections you will discover many applications for this invaluable tool - particularly in labour.

*Please go to this section in the video
now*

The Bony Pelvis Anatomy

Discover Your Bony Pelvis

As mentioned in our Introduction, one of the obstacles to a baby's birth can be when the bony pelvis is not an 'easy fit' for the baby. What we mean by this is that the bony pelvis forms a 'hole' through which the baby must pass, and some women may have a relatively small 'hole'. You might be told that because you are short, or have small hands or feet, that you are 'small' in that area. Your care provider might have determined that certain dimensions are smaller than the norm, or perhaps the father is big, and a large baby is expected.

What really determines whether a baby can move easily through the bony pelvis is the baby's size, the mother's ability to relax and work with her body, and time. Many women who have a 'medically adequate' pelvis still have trouble getting babies through, often due to tension in the soft tissue; and many women who are told they are 'small' have had large babies quite quickly. Whatever your personal size, we know that our information has helped many, many women to create as much room as possible in their bony pelvis during labour, because they now 'know' their structure and how to influence it to their advantage.

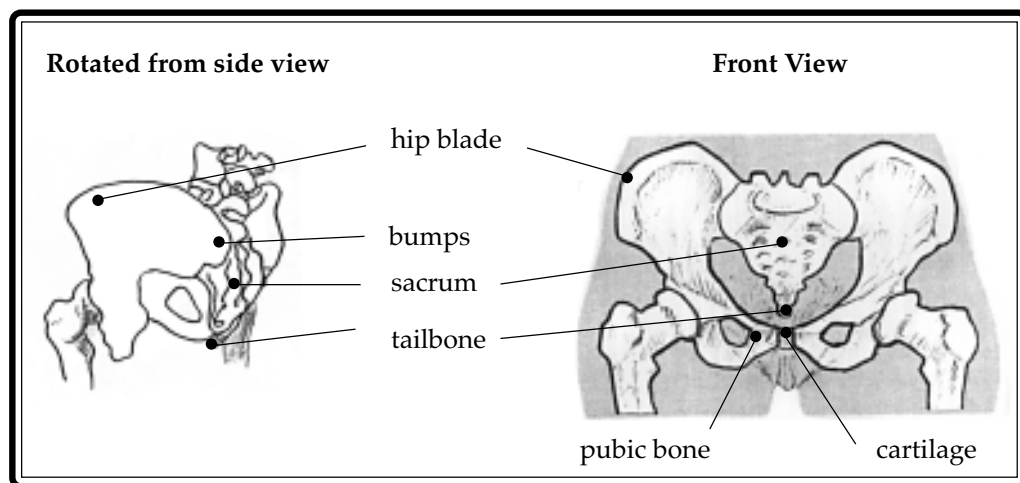
Bony pelvis landmarks

Let's first consider the bony pelvis generally, then take a look at yours. The bony pelvis is made up of:

hipbones - the landmarks of which are: the hip blades, pubic bones, sit-bones, and the bumps at the back where they slightly overlay the sacrum

sacrum - the large triangular bone at the base of the spine

tailbone - commonly known as the coccyx



Take a look at the diagrams of the pelvis here, to orient yourself. Later, in the video, we will be showing a 3-dimensional model, which is much more like the real thing. For now, let's just run through the bony parts. You can feel these in yourself now if you like, and we will go over them again in the video.

As you can see, there are two large, identical bones which sweep around from back to front, where they join in the middle. These complete bones are called the hip bones. We are not going to use medical terms, rather common ones, but for our purposes we need to identify several parts.

Most people are familiar with the bony blades which stick out at the sides. We

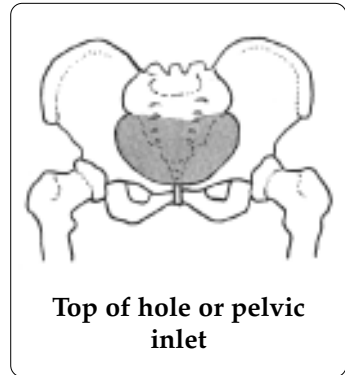
will refer to these as the hip blades. The hard bits that we sit on, at the lower back, will be called the sit-bones. And then there are the parts at the front, where your pubic hair grows, which are called the pubic bones. Where these meet in the middle is an area of cartilage* and this front section is known as the pubic arch.

At the back in the middle, the hip blades are joined to, and slightly overlap the top corners of the sacrum. There are two bumps where this happens.

The sacrum is the large bone in the middle there, shaped like an upside-down triangle. The two upper corners of the triangle are joined to, and slightly overlapped by, the hip bones. At the taper end of the triangle is the tailbone.

Inside the hole

The outside of these bones are easy to feel, but it is the inner hole which they create that is important to us. These four pelvic bones form a rough 'circle', and the space within that circle is called the pelvic opening. You can see this in the illustration. This opening has a top - medically termed the pelvic inlet; a middle - the mid-pelvis; and a bottom - the pelvic outlet. The inlet cannot be felt from the outside; its front is just above the pubic bone. The mid-pelvis can only be felt from the inside. The outlet, however, can be felt from the outside, and its shape is affected by body positioning - more later. It is this opening through which a baby must pass during birth.

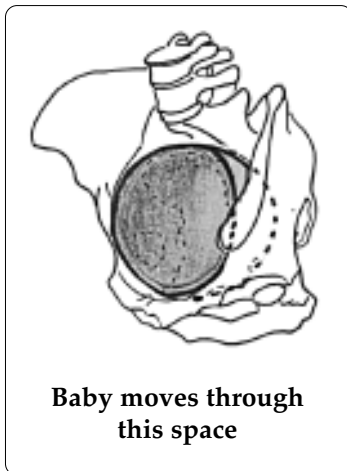


These illustrations are a guide only. Firstly, a two-dimensional diagram doesn't do the real thing justice - our video will help by showing three-dimensional versions. Secondly, everyone is different, and your shape and size might vary from what you see here. And thirdly, diagrams like these show only the

bones.

In reality, the pelvic bones are held together by ligaments and tendons, attaching to muscles, and everything is covered and connected by connective tissue. This can make it difficult to find the bones in your own body, and determine their exact size and shape.

Our video will help you locate these bones in your own body ('The Bony Pelvis - Anatomy') and then determine the unique dimensions of your pelvic outlet in 'Mapping the Pelvis'. As it is impossible to feel all of the bony pelvis from the outside, we do the best we can, by mapping just the outlet. Knowing the shape of your pelvic outlet will help you to understand how your baby might use the space within the bony pelvis to come through.

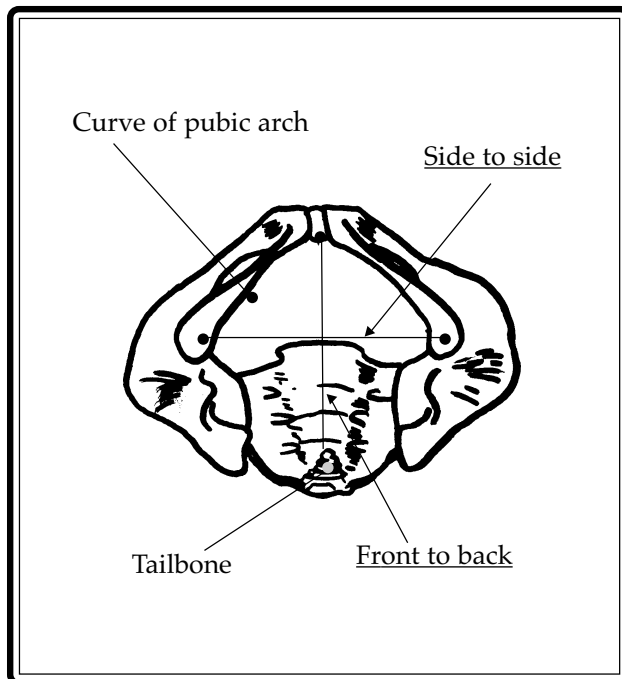


Sometimes it will be difficult to feel these structures from the outside, and you will need to 'perceive' certain areas which are not readily accessible to touch. Try to develop an overall awareness of your body, remembering what you have seen in our diagrams, to get as complete a picture in your mind as possible.

***Cartilage:** We have cartilage in the base of our nose, and in our ears. It gives a partially rigid and flexible shape to these parts of our body. Cartilage is softer than bone, and is further softened by birthing hormones (see 'Hormones' in booklet).

Mapping the pelvic outlet

When you map your pelvis, you will map the curve of the pubic arch, the distance between the sit-bones (side to side), the distance from the pubic arch to the tailbone (front to back), and the length of your tailbone and note whether it curves under.



*Please go to this section in the video
now*

Body Positions

Position Your Body

Our kit sections on the bony and soft pelvis will show what you can do during labour to help open up this area, allowing the baby maximum room to descend. Specific exercises can be employed to move and 'open up' the pelvic bones and tissues. There is something else you can do to create more space in the pelvis, and we consider this to be the first line of action during labour.

The map shows the way

We have found that when women 'know' their own pelvis they are able to *assume positions* during labour which help to keep their pelvis open. Mapping your own unique pelvic structure provides valuable information on how to affect that opening, unlike blanket statements such as 'squatting opens the pelvis'.

As labour progresses, some positions help open the soft structures as well. So how you *position* yourself in labour and birth can help or hinder your baby. We can honestly tell you that if your cervix

dilates, and the baby has plenty of room to come through your bony pelvis, and you can easily open your birth canal, in reality you can be standing on your head and nothing will stop the baby from coming out.

However, these things don't always happen easily, and this kit is designed to provide you with every tool possible to assist this process. We hope that by showing you some options before labour - having you feel for yourself whether they open your pelvis or not - you will more likely choose positions in which you feel open.

When you share this information with your support person, he/she can then work with you, reminding you to stay in open positions, as well as physically helping you to move into them if you find it difficult yourself, which sometimes happens.

Women's personal experience

To give you a better idea of body positioning, let us just describe the experiences of two different women in labour:

1. In a country where a woman was advised to 'get off her back' in labour, she was encouraged, and desired to squat. Unfortunately, after many hours of 'pushing', she had a Caesarean section. She was quite upset and felt that she had done everything possible. Wishing to have more children, this woman hoped for a vaginal birth next time.

When she learned to 'map' her pelvis, she discovered that she was quite narrow between her sit bones and very long front to back. She found that squatting made the space between her sit bones even narrower, and so looked for alternative positions which would maximise her space instead. During her next birth, she paid attention internally and readjusted her body positions to stay 'open', subsequently birthing a larger baby vaginally.

2. The second woman had given birth twice already, to 11lb 4oz babies. She felt that her second baby had been stuck at one point, but couldn't quite explain why.

On mapping her own pelvis, she found she had plenty of room, but when she went through the body positions, she found that many of the ones she had

laboured in before, actually made her feel 'closed'.

In her third birth, instead of walking (which made her feel 'closed'), she sat on a chair, having first spread her sit-bones. She fell asleep for several hours, waking for contractions and feeling good about her progress. She then woke up, and chose to lie on one side. One of her helpers lifted her leg, but she felt that it closed her. She wanted her leg lifted 'just so', and then no further.

After several contractions she said, "The baby isn't coming down like this", got off the bed and knelt on one knee, bending forward. The baby's head then birthed after the second contraction, but was having difficulty turning (to bring the shoulders down). Remembering to keep her baby over her pelvic outlet, she then straightened her upper body and the baby slid right out. This woman felt that she was able to position her body with this knowledge.

Our video section 'Body Positions' will take you through a variety of positions, giving you the opportunity to feel whether you are 'open' or 'closed'. Keeping your pelvis open during labour will naturally assist your baby.

However, there is even more you can do to help, and that is to consider your baby, aligning your own body for his/her benefit.

Position of baby in relation to pelvis

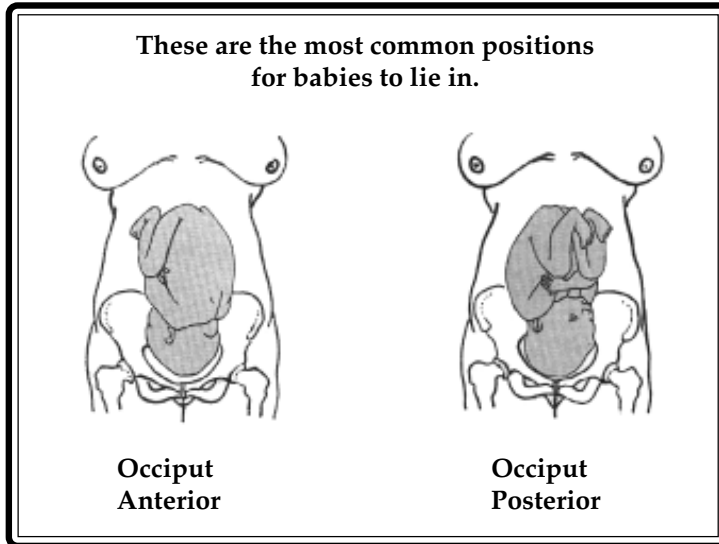
There are a number of positions that babies can adopt before birth. Anyone who has been pregnant will know that babies move around quite a bit, but most tend to get into their birth position at least a few weeks before labour starts; some

sooner, some not until labour itself.

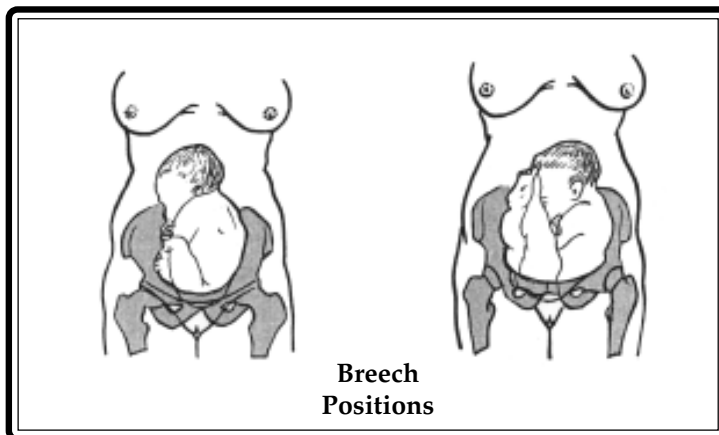
Babies enter the bony pelvis on a diagonal, which allows maximum room for their bony head. Statistically the most common positions are with the baby's back to the left or right side of the mother's belly. This is referred to as

Occiput Anterior: Occiput referring to the back of the baby's head, and Anterior to the front of the mother's body.

Alternatively, babies can enter the pelvis with their back to the left or the right of the mother's spine, and this is called Occiput Posterior.



Less commonly, babies can also lie with their head up and bum down; this is called a Breech Position. If your baby is breech, you will be guided by your local situation and care providers. Regardless of any of these positions, you will find these exercises helpful, and have been used in any of these birthing situations.



Touch your baby in your belly

You can either spend a lot of time determining by touch where your baby is, or ask your care provider.

By the time you are eight months pregnant, if your baby is occiput anterior, you should be able to feel the expanse of the back at your belly. Above your pubic bone you can either feel the baby's head, or if the baby has come into the pelvis, the shoulder. Many people can feel the baby's bum up under the ribs, and often you know that kick under the other rib is the foot. If your baby is occiput posterior, you will not feel the expanse of the baby's back at your belly, rather lots of little parts that are the arms and legs. If your baby is Breech, then you might be able to feel her head under your ribs.

If you are not certain, spend time with your care provider, who will usually help you to know how your baby is lying.

Consider your positions

During labour, it is generally best to keep your pelvis upright. This will position your baby over the pelvic inlet, and allow gravity to assist in the work. So naturally, many upright positions are preferable.

There are a number of positions we'd like you to look at in our video, seeing what happens to your baby when you are in them. We will also consider how you can effectively use available furniture.

Once again, if you adopt any of these positions and your labour continues to progress or your baby births easily, then it doesn't matter what position you take. However, if you feel that the labour isn't moving along, or that the baby doesn't continue her birth, then consider her

position as well as your own, and work with that.

If you are able to labour in a variety of positions, then you have a great tool. While birthing, you can continue to ask yourself if you are open, choosing positions which create optimum space, and rejecting positions which tend to close your outlet. Additionally, you can also consider your baby, and her position in relation to your pelvis, choosing positions which will assist her descent.

Some women will labour in positions which they know are not opening them, because they are instinctively moving away from the pain, or they just want to rest. That's okay. Remember, if your labour is moving along, it doesn't matter what position you are in - you are making progress.

Some women are quite careful about how they position themselves in labour, believing it is very important. And that's good too. There is no one way to manage your labour. We know that staying open, relaxed and with a well-aligned baby has been positively beneficial for many of us.

Individual situations

Some women, however, may not be able to do this for various reasons - local practices and policies, personal beliefs, no inclination to move, or individual circumstances which mean you are immobilised. If this proves to be the case for you, do the best you can within your individual constraints. Perhaps you can discuss with your care providers beforehand what might be possible during your labour. We suggest you at least make an effort to use pillows between your knees that keep you more open.

If you are required to stay in bed, your choices of position will be limited to your back, or either side. If possible, lie on the side opposite to where your baby is lying, allowing her room to move in the upper hip.

Occiput Posterior babies

Occiput posterior births are not considered unusual, yet they are often associated with longer labours and severe back pain. An occiput anterior baby can easily tuck her chin to her chest (flexion), but because a posterior baby's back is to her mother's spine, she cannot round herself as easily in order to flex her head. You can notice this yourself by curling into a ball. It is quite easy to put your chin to your chest, but if you lie with a straighter back you will see that your head doesn't want to stay tucked.

In this extended position, the baby is less curled up, and her head doesn't enter the pelvis with the smallest possible diameter. Moreover, the back of the baby's head will be pressing on the sacrum and its nerves, causing a nagging, unrelenting backache, which can be very tiring.



Photo by Jenny Blyth

"We carry you inside and out - see how nicely you fit."

Help for discomforts

It is important in this case to work together to alleviate the mother's discomfort, at the same time giving as much room as possible for the baby to descend.

Often women want their sacrum pressed in, because doing so eases pressure on her spinal nerves, but it also reduces space for the baby. Rocking the sacrum is invaluable here, and it can be done during contractions as well as between them. You will find that the sacrum rocks up and down or to either diagonal, so there are many ways to create space where it is needed.

Support people need to listen to what the woman wants. Find out on which diagonal the baby is moving through the pelvis and locate the area of pain. Take a moment to visualise what you are trying to do to modify the hole in the pelvis, then move the sacrum appropriately. The woman can be standing, or lying on the side opposite the baby.

If the baby is towards the free hip, you may be able to directly give the baby room, incorporating the *Hip Flexion*. If you find that it feels better for the woman to move the hip opposite the baby, then do it - whatever works. We generally find, however, that the area of pain is where the baby meets the inside of the pelvis.

The above-mentioned techniques will be explained in later sections. Also do the *Sacral Manoeuvre* shown in the video.

Some reasons for the less common complaints

These days, many women work in sedentary jobs, use modern conveniences and spend long hours sitting in chairs and automobiles. The result is that their muscles are not as strong as they could be. Weak belly muscles can cause the enlarged uterus to fall forward, allowing the baby to float around inside, or fall forward - away from the pelvic inlet. So we often find these women's babies in less common positions.

Conversely, the belly muscles can be too strong, as we sometimes find in athletic women. Their babies might have difficulty coming into the pelvis in the usual position. Our stomach exercises in the 'Body Care' section will show you

By watching the next video section, 'Body Positions', you can directly apply the mapping of your pelvic outlet to how positions affect that bony opening. We will then have you also consider the tissue of your perineum in those positions - whether it feels tight or relaxed - and also the muscles that go from sit-bone to tailbone and cover the Minnie Mouse ears. Finally, we will go through the positions once again, concentrating this time on your baby, and how your positions affect her. If this seems overwhelming take heart; with practice you will grow in understanding and skill.

Please go to this section in the video now

*I am the tree.
The tree is me.*

how to both strengthen and relax your belly muscles.

The shape of the bony pelvis can also affect what position the baby enters. Often we see posterior babies in women who have a long length front to back, and narrower side to side, or in women who have a narrow pubic arch. Most babies will turn either in labour or in birth, from a posterior position to an anterior position. A small number don't fully turn, and get stuck in a transverse position. Some women with a pelvis which is short front to back, and wide between the sit-bones, may have a baby who begins labour in a transverse position.

The video section after 'Body Positions' will give you some tools to work with these less common situations.



Photo by Stirling Images

The Bony Pelvis Movement

Work With Your Bony Pelvis

Now that you have gained some familiarity with your bony pelvis, we want to show you ways in which the bones can move, and how you can affect that movement.

During labour, if your baby needs more room to descend through the bony passage, two things happen. Firstly, a natural process called 'moulding' occurs, where the soft bones of the baby's head can overlap to make the head size smaller during birth, then return to shape hours later. Secondly, the baby will press on the inside of the pelvic bones, trying to move them outwards.

We aim to show you ways in which you can enhance your baby's efforts and reduce the strain on your body, by allowing as much bony movement as possible. You will also learn how to move individual parts at will, to suit your circumstances.

What we have discovered is that women can actually ease their baby into better positions in relation to the bony structure, and facilitate the baby's movement down through the pelvis.

The bony pelvis is not normally thought of as having much movement; although the bones move all the time, we rarely think about it. They are not like our arms or legs, where the movement is so

obvious and profound, or even our neck or jaw.

Not only are the bones very different, but the connecting joints are also quite unique, allowing smaller movements. We show you the joints in this booklet section, and then you will be able to feel how much movement they allow in the corresponding video section by the same name.

How to create more room

One of the reasons this kit was produced was in response to women who had found their baby 'stuck' in the bony pelvis during labour. Some spoke about feeling a particular area of pressure or pain where the baby was trying to make room. We knew we had to work antenatally and in labour to solve this for future women.

How much movement does a baby need if it is 'stuck' in the pelvis, and looking for more room? To give you an idea, place your thumb and index finger together tightly, and notice that they can't slide over one another. Now slightly relax that tension so the fingers are still touching, but they can slide. That's all the baby needs if it's stuck - a little bit of room. So a little bit of room is what we are trying to create.

Some of the movements we explore will create quite a bit of room, and that's great, but just remember that your baby can benefit from even the slightest movement. You can take courage from knowing that you can realistically affect that space in your pelvis.

There are several ways you can do this. The first and most important is by *choosing body positions which open up the pelvic area* - something we have just explored in 'Body Positions'.

In labour, women often tend to get into a position and then stay there for too long, whereupon the baby doesn't continue to move down. Really the best thing to do is periodically adjust your position to suit you, your baby and stage of labour.

Once you have established that you are in a good, 'open' position, you can then consider the approaches below.

Another way to affect the space in the bony pelvis is by directly *moving the pelvic*

bones. One thing to remember is that bones don't just move independently; they move *in relation to one another*, at the joints. And that movement is caused by muscles, which are attached to the bones by ligaments and tendons. The corresponding video section will help you to feel how the muscles and soft tissue affect bone movement. With practice you will find that you can move the bones from the outside, while using your mind to relax all the muscles inside.

And you will discover that muscle tension affects the movement of bones. We will address this issue more in 'Tension' and 'Relaxation'.

With practice comes familiarity

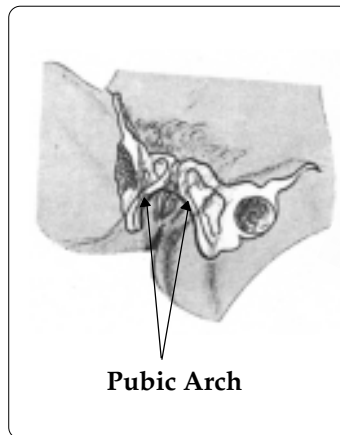
In labour, you can try each of these strategies separately, or all at once for maximum effect. It seems a lot to remember, but if you work through each section with us now, and give yourself plenty of time to practise, you will find that your knowledge and ability to use and combine your new-found 'tools' gradually builds up.

All the following information is useful, and we recommend you try every exercise. Although you may never use some of these things in your own labour, practising the exercises does increase your body awareness. This awareness will help tremendously in labour, when you can 'look within' to 'see' what is happening, and then move your pelvic bones to suit your own needs. Everyone is different, so you will need to feel what is possible for you and develop your own ways of doing things. In labour this is particularly important, because your birthing experience will be unique.

The pubic arch

With the video 'The Bony Pelvis - Anatomy' you traced your own pubic arch. Yours might be quite narrow, limiting the space at the front for your baby. If so, the video sections, 'Body Positions' and 'The Bony Pelvis - Movement: The Pubic Arch' will be particularly beneficial in opening up this area as much as possible. You won't be able to achieve a lot of movement there, but it is worth a try.

Where you will more likely find more room is in the back of the pelvis, at the sacrum, and also in the Minnie Mouse ears, so work with those areas too. We do in this in the following sections 'The Sacrum' and 'The Tailbone', and in the corresponding video section. Also refer to the sections 'Relaxation' and 'Tension'.



A cartilage joint... Cartilage joins the two pelvic bones at the top of the pubic arch. This is a joint which doesn't normally move very much. However, cartilage is softer than bone, and when the birth hormones start to take effect this 'practically immovable' joint becomes even softer, allowing for some movement a little forward and outward. (Also see 'Hormones', and 'Massage' in this booklet). This seemingly small movement might make all the difference to your baby, as she makes room to descend.

Body Positioning... In labour (within the limits of local protocol) you can choose positions which will keep this area as open as possible. Remember what you have learned about body positioning and try not to 'close off' the back of your pelvic opening by sitting or lying on it. If you close off the back in any way, the baby must try to come through a narrow, smaller or restricted area.

The Hip Bones

In the video you traced the outside of the hip bones. We have already noted that the top part of the hip blade, which we commonly call the 'hip', has little to do with the inner space of the pelvis, and is therefore not significant to a birthing baby. However, we can and do often use these hip blades to create more inner room and this will be shown in the following video section under 'The Important Hip Lift'.

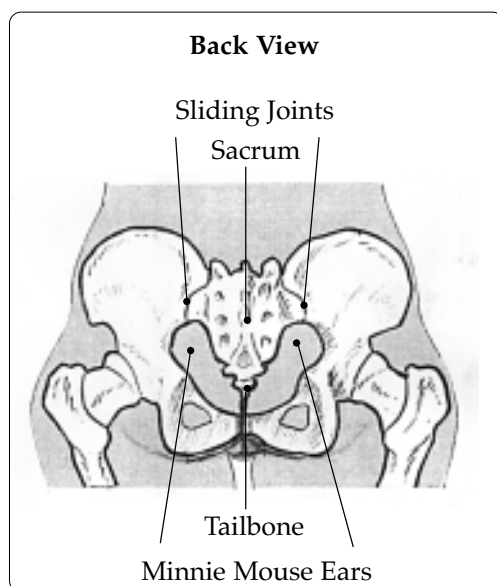
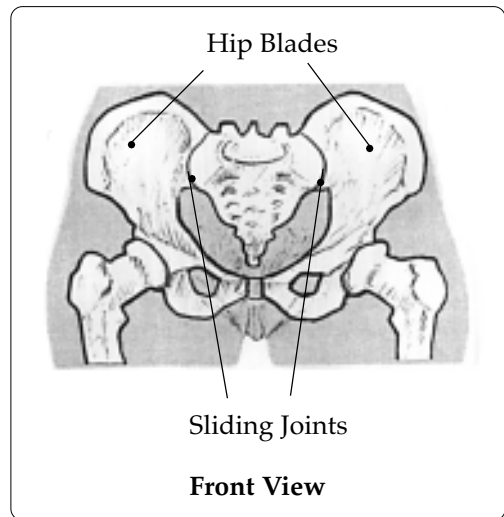
The joints... There are two joints involved here - the cartilage joint at the front, which we've just discussed, and the sacrum at the back, which is discussed below.

In the 'Birth Stories' section of this booklet we will relate the experience of a woman who used her knowledge of the hip bones to be inventive and successful with her birth experience.

The Sacrum

No matter what your shape, the sacrum is the most important bone to have mobile in labour, to allow the baby to move down inside the pelvis more easily.

If your baby is in a posterior position



during labour, this information will be particularly relevant (see 'Body Positions'). This is because the back of her head will be pressing on the sacrum, causing a lot of pain. Even if your baby is the other way around, you might still experience mild to intense pain there.

The reason women experience 'back labour' (i.e. pain in this area) is because as the baby pushes from the inside, moving the sacrum out, the little nerves running through this area are pinched.

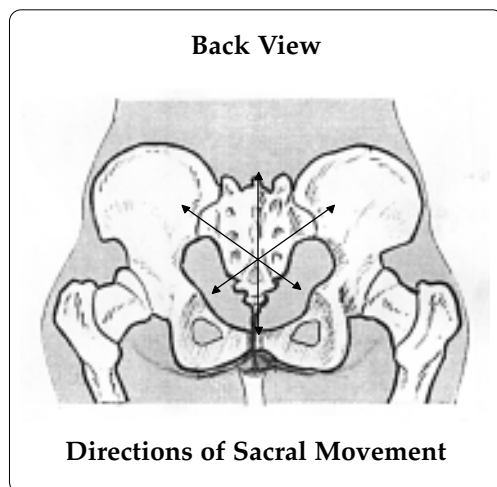
Back labour can be exhausting, and women with posterior babies, or those with a tight fit in their pelvis, often experience labours that are longer and more drawn out. This is due to the baby's need to move something inside you, and that just takes time. Your working with the sacrum can make a huge difference.

When a woman has a back-ache in labour, the natural tendency is to press the sacrum in. Women will often demand that you press, “harder, harder”. For her it makes sense, because by pressing, you push the sacrum back in, reducing to some extent the pressure on the nerves. However, this works against the effort of the baby who is trying to make room in the pelvis, by pressing the sacrum out.

What we will be showing you in the video are ways to move your sacrum which can ease your discomfort, as well as assisting your baby to find the room she needs.

Rocking the Sacrum

The sacrum can rock up and down or diagonally. When you rock the sacrum down, you are giving more room to the pelvic inlet and some to the mid-pelvis. When you rock the pelvis up, you are giving room to the outlet and the mid-pelvis. When you are rocking it diagonally, you are giving room to one side or the other of the pelvis.



If you tense up inside the back of your rectum, you are tensing those big and important muscles. Even slight tension can stop most pelvic movements as you go over the exercises in the video section ‘The Bony Pelvis - Movement’.

A ‘sliding’ joint... The hinge where the sacrum and back of the hip bones meet is a flat, ‘sliding joint’. It allows for the sacrum to be pushed outwards, while the two hip bones slide apart. The sacrum doesn’t come outside of the hip bones; it just moves out a little.

Using the muscles... All the surrounding soft tissues and muscles can affect the freedom of movement in the sacrum. This includes the deep and surface muscles that run from the tailbone to the sit-bones. We call them the ‘Minnie Mouse’ muscles, because they fill in the ‘ears’ of the mouse-head shape formed by the bony pelvic outlet. We will show you how to feel and use these muscles in the following video section ‘The Sacrum’.

The tailbone

With the video, ‘Map your Pelvis’, you were asked to feel your tailbone. You might have noticed that it is quite flexible, but pressing it may feel painful. The nerves that run through your sacrum continue all the way down through here, so you may also feel pain in the tailbone area as your baby is birthing.

If your tailbone is long and if it turns under, this information is particularly relevant to you. There are women who injure their tailbone at birth; others felt that their baby got ‘hung-up’ on theirs. They wished that they could have moved it. And there are ways to do that. The

tailbone exercises in our video will show you how to open up this area to reduce discomfort and make more room if your baby needs it.

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

Relaxing the muscles... There are things you can do to help the tailbone move. One is by working to relax the area around and behind the rectum. If this area is tight or contracted, the tailbone will be pulled in, effectively blocking off the back

of the pelvic outlet. Try tightening and relaxing there now, and feel the effect. Relaxing the muscles not only opens this area, but will allow the tailbone the flexibility to move to some extent.

Massage of the deep Minnie Mouse muscles works well, as does ***Directed Breathing***, which we practise in the following video section under 'Tailbone'.

This booklet section has outlined what movements are possible with the pelvic bones. Now you can feel them for yourself, and discover ways to affect these movements, in the video section, 'The Bony Pelvis - Movement'.

Please go to this section in the video now

Photo by Stirling Images



The Soft Pelvis

Work with Your Soft Pelvis

We have explored the pelvis as a *bony* structure, showing how to move and open up the bony pelvis. If you have practised the exercises in the video, you will also have some experience of the *soft* structures between the bones. This includes muscles, connective tissue, tendons and ligaments - in fact, any parts of the pelvis which are not bony and hard. We believe you don't really need to identify all these elements individually; rather, have an understanding that surrounding the bony pelvis are areas of soft tissue, which we will collectively refer to as the 'soft pelvis'. This section of our kit will help you to identify and work with important parts of that soft pelvis, especially the muscles there.

As with the bony structures, the soft structures are inter-connected and joined in specific ways.

To simplify things however, we will approach fundamental elements separately, orienting you as to where they are, and defining them in our terms. This 'textbook' information can then be used, along with your self-awareness, to discover your own 'soft' pelvis, using the video and our audiotape.

One thing you need to remember is that because this area of your pelvis is so deep inside, you will often need to use all your powers to 'look' inside and 'see' what is happening in there, while feeling from the outside.

Now let's look at the specific birthing soft structures involved, and find ways to further assist in your birth.

The parts of the soft structure most relevant to birth are the:

- *uterus* (or womb)
- *cervix*
- *birth canal* (or vagina)

Two further areas, the:

- *perineum* and
- *pelvic floor* are difficult to show in illustrated form, and often the terms mean different things in different

cultures. We will be describing what we mean in their relevant sections.

In labour, there are three areas which your baby must move through in order to be born. This is part of the mechanics of labour. First, the cervix must fully open. Second, the baby's head must move through the hole in the pelvis. Third, the baby opens the birth canal (or vagina) and is born.

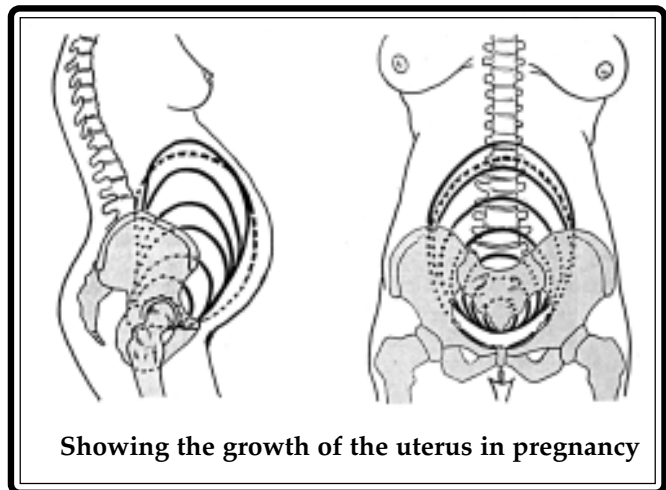
The uterus

The uterus is more commonly known as the womb, and is normally about an inch long. There are really two common parts to the uterus. The top part, which is above the top tissue of the birth canal (or vagina) is commonly called the uterus or womb. This houses the baby, and of course grows during pregnancy as the baby grows.

The bottom part, which is below the top tissue of the birth canal, is called the cervix. This is a muscle which stays closed throughout pregnancy and opens during birth. Some women have felt their cervix, and sometimes during sex it can be felt as well. We will talk about the uterus first.

By the end of pregnancy, the uterus has grown and displaces the lungs to the side, sometimes causing shortness of breath. The stomach also gets moved up, which is why it's sometimes hard to eat a large meal, and the intestines are squashed somewhat. The heart is also moved, which may result in some discomfort, or palpitations.

If you look at the diagram, this enlarged uterus looks something like a balloon,



with the neck of the balloon being the cervix. This illustration shows only the uterus, without its connections or coverings. It is important to remember, though, that the surrounding tissue and attachments do affect the uterus and its ability to work.

During labour, a muscular 'wave' is sent from the top of the uterus down towards the bottom, tugging the cervix open. This is called a 'contraction', and it is a very strong muscular action. In fact, the muscle that is working the most during labour is that of the uterus. Often women are taken by surprise when this muscle works, and it can be painful. However, there are things you can do to reduce this pain.

Firstly, you can ensure a good strong

supply of blood to the uterus. During contractions, the muscle fibres of the uterus tighten, temporarily squeezing and closing the abundant tiny blood capillaries there. Uterine nerves are very sensitive to being 'dry', so when the blood supply is temporarily limited during contractions in this way, they are no longer bathed in fluid, which causes pain.

Also, when the blood flow to the uterus is compromised in any way, so is the supply of nutrients and oxygen to the baby through the placenta, as well as the removal of wastes. For these reasons, we really encourage cardio-vascular exercise, and we have a good exercise later in the book. A strong heart can effectively push blood through those tiny blood vessels.

Another way to ensure a good blood flow is to consider your body positioning in labour.

One of the disadvantages of women

Pelvic Floor

The 'pelvic floor' is a term often used in childbirth education classes, but with differing meanings. Our definition of the pelvic floor is the area of soft tissue that spreads out on all sides from the central cervix region, attaching to the inside of the pelvic bones. It forms part of the cervix, which is the top part of the vagina, or birth canal. Its attachments here, and to the bony pelvis, are complex groups of muscles, tendons and ligaments.

Once again, it is not so important for the purposes of this kit to understand these complex tissue groups, as long as you know that everything is intricately interconnected. We are simplifying things so that you can concentrate on specific areas individually.

The word 'floor' is used because if the organs and intestines above this tissue weren't attached, and the 'floor' weren't there, they would all just fall through the bony pelvic outlet! So we think of the pelvic floor as separating the upper 'rooms' from the lower 'rooms'.

labouring on their back is the decrease of blood flow into the uterus. In this position, the weight of the uterus and baby compress the large artery and vein which run behind there. So try to stay upright if you can.

As we said, the uterus is working very hard in labour. One of the best ways you can allow that muscle to do its work is to relax all the other muscles and soft tissues in your body, particularly the immediately surrounding regions. We will explore specific ways of doing this in the following video section, and in the section on 'Relaxation'.

We also have a hands-on way to assist the contraction of the uterus if the cervix is not responding appropriately. We call it the *Uterine Lift*. You will find this in the following video section, 'The Soft Pelvis'.



This is a simplified drawing of the top of the vagina - the pelvic floor.



This shows that the pelvic floor, or top of vagina, is convoluted. The cervix is in the middle.

The upper section of the uterus, where the baby grows, is above this 'floor'. The lower section, the cervix, is part of the pelvic floor, at about the centre. From here, via a complex set of attachments, the pelvic floor spreads out and attaches to the inside of the bony pelvic outlet.

To feel this pelvic floor inside you, just tense up inside yourself right now. You don't need to pay particular attention to exactly where you are tensing, but just tense up inside. You are effectively tensing up where the top of the birth canal attaches to the bony structure - that is, the pelvic floor.

We will be showing some exercises on the video which will familiarise you with your pelvic floor, at the same time addressing two important issues:

1. *Strengthening the pelvic floor*

Many women, especially those who have several children, experience a loss of tone in the pelvic floor. This is caused by the weight of the baby stretching this area as it enters the pelvis in late pregnancy and birth, assisted by the birth hormones, which soften everything.

The results can be mild (urine escaping while sneezing, running etc.) to severe: when the cervix and sometimes the uterus bulge down into the birth canal area and 'prolapse'. Some women have undergone surgery to repair this problem, resorting to a hysterectomy if the uterus and cervix keep falling back down.

We'd like to encourage a preventative approach to these problems, with exercises that strengthen the pelvic floor during pregnancy and after birth. These exercises will assist the soft tissue and attachments to regain their supportive function once the baby's weight is gone and the birth hormones have disappeared.

Actually, strengthening the pelvic floor

is a good idea for all women, at any stage of life. We hope you'll take advantage of them now and in the years to come. We call these exercises *Advanced Kegels*, and will be showing them in the video.

2. *Relaxing the pelvic floor*

The cervix, which is part of the pelvic floor, must open very wide for your baby to be born. There is a lot of stretching here, and the contractions from the uterus will be pulling and retracting the tissue of the pelvic floor, thus thinning this tissue and finally opening the cervix. This opening, or 'dilation' can happen quickly or slowly, and many women experience painful sensations as a result.

Your awareness of this area of the pelvic floor can greatly affect the speed and sensation of dilation. Relaxing the pelvic floor, right out to the pelvic bones, can also assist. *Directed Breathing* can be used (along with our video exercise, the *Pelvic Clock* which will help in your awareness) and allow the cervix in labour to open more easily, with as little strain on the soft tissue as possible.

Cervix

As mentioned above, the cervix is the bottom part of the uterus, where your baby will enter the birth canal. The cervix itself bulges down into the top of the birth canal, where it is attached, and is part of that tissue also.

The cervix is a ring muscle which stays tight until your baby is ready to come out. When your baby is ready, the cervix opens in response to contractions of the uterus. This opening of the cervix is known as 'dilation' and can be measured by someone 'checking' you inside. If they can fit one finger into the ring muscle you are 1cm dilated. In order for your baby to

descend, your cervix must dilate to 10cm. To understand how big 10cm is, place your thumbs together with your index fingers to form a circle. This is about the size of the pelvic outlet, and the size of a full term baby's head.

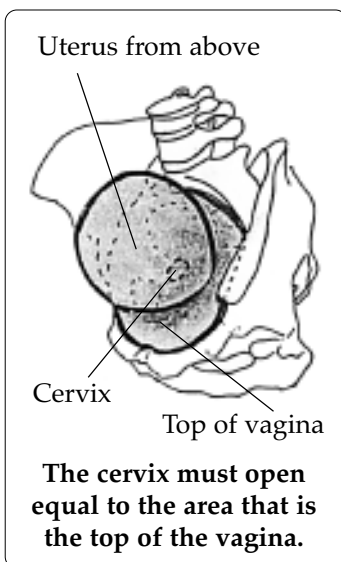
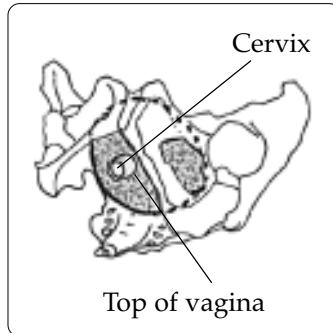
Dilation can cause a lot of discomfort as the tight ring muscle of the cervix is pulled open, so we will be working with ways to allow this opening to happen as easily as possible.

When you have a contraction in labour, the uterus sends a wave from the big muscular part at the top, down towards the cervix. But the wave doesn't act on the cervix directly. What actually happens is the wave causes the top of the birth canal, which is attached to the cervix, to retract back towards the pelvic bones, *thereby* pulling open the cervix. So it is important to learn to relax the whole surrounding area.

We have an exercise designed to help you focus on, and relax this area. We call it the *Pelvic Clock* exercise, and will be showing it to you in the following video section 'The Soft Pelvis'.

Dilation takes time. Each contraction retracts a little more of the tissue at the top of the vagina, thereby opening the cervix. In labour, we recommend using the *Pelvic Clock* exercise in the rest period between contractions, so that you can focus on and relax this area, giving the next contraction a little more tissue to retract.

We haven't yet discovered an exercise that gives attention directly to the cervix itself. Some women are aware of their cervix; often they feel a tingling sensation there when they feel sexually interested. Some philosophies such as Tantric Yoga from India, and Taoism from the Orient, have exercises that help to make women aware of this area. Although these philosophies are beyond the scope of this kit, we can help you to estimate where your cervix is, and work on relaxing it, with the *Pelvic Clock* exercise.



The cervix must open equal to the area that is the top of the vagina.

Birth canal (or vagina)

In birth, your vagina is more commonly called the 'birth canal'. The top of your vagina is actually the top of the birth canal where, as we mentioned above, the cervix attaches, and bulges down. Since the cervix is normally closed, most women feel this as a soft, mushy, puffy tissue. It is from this area, the cervix, that the tissue spreads out to the inside of the pelvic bones, forming the pelvic floor.

During dilation, the tissue of the top of the vagina is pulled back and 'disappears'. We have come to believe that it is this retraction, rather than the cervix itself opening, that causes the most pain for many women when dilating. Since the birth canal attaches inside the pelvic bones (via the pelvic floor), you can work with these bones and the associated muscles to help relax this area.

Lower down, the birth canal is made up of and surrounded by the muscles and soft tissues of the inner perineum. The perineum is discussed in more detail below, and we work with the inner parts on our audiotape. You would have already felt the outer perineum when you mapped your pelvis - that is all the soft tissue filling up the hole.

Between the top of the birth canal and the inner perineum, there is a 'space'. This is where women place a tampon, their diaphragm, and their beloved counterpart. It is not a tube; rather a flat hollow, approximately the size of a thumb and forefinger together. Medically, this space is called the 'Pouch of Douglas' - we call it the 'Pouch of Ms Douglas'.

Finally, the opening of the birth canal (or vagina) is just under your pubic bone, as you will have discovered while mapping your pelvis.

When the cervix fully opens, the baby who has lived in the uterus can then pass through the top of the birth canal, into the Pouch of Ms Douglas. As we explain in our audiotape, when this happens you can no longer feel the top tissue, because it has retracted back into the walls of the bony pelvis. As the baby fills the Pouch of Ms Douglas (or this space we call the vagina), it then meets the inner tissues and muscles of the perineum.

The baby now must pass through this inner perineum area, stretching it to open the vaginal exit. Each subsequent

contraction of the uterus causes the birth canal to open a little more, until an opening is created as large as the baby's head.

Many people expect birth at this point to feel like a vaginal experience, since the baby is moving through the vagina (or birth canal). However, as the baby sits in the Pouch of Ms Douglas, it actually presses strongly on the back of the perineum, which also surrounds the rectum, causing a sensation similar to the need to move one's bowels. Often women respond by tightening up there, to prevent a public accident. We discuss this further in the next section.

Perineum

In some countries, the term 'perineum' refers only to the soft tissue between the vagina and rectum. We use the word perineum to encompass *all* the soft tissue of the pelvic outlet. This includes the area between the vagina and rectum, plus all the tissue around the rectum - on either side and behind it to the tailbone, and either side of the tailbone... the Minnie Mouse muscles.

In labour, when the baby has moved through most of the bony pelvis, and the cervix has opened up, it is time for the birth canal to open. Now the baby will fill up the Pouch of Ms Douglas and sit on the inside of the perineum. But it is not just the birth canal that does the opening. It is actually the surrounding perineum - the muscles that run from the sit-bones to the tailbone, and those that surround the rectum.

As you discovered when mapping your pelvis, the rectum is between the sit-bones right in the middle of all this tissue, and the pressure from the head pressing on this tissue can feel so much like a bowel

movement that often women will instinctively tense up to stop themselves from moving their bowels at this point. It takes a great deal of willpower to relax and allow the birth canal and surrounding perineum to be opened by your baby.

If you tense up in this area of your perineum - in your bum, your sacrum, your vagina, tailbone or rectum, you can effectively stop your baby from coming down through the birth canal.

As you are reading this, pay attention to this area and tense up between the sit-bones, behind the rectum, and your bum muscles. During birth, you have the ability to concentrate on these areas, but it takes practice and an awareness that is very specific. The *Directed Breathing* exercise, along with consciously moving the tailbone muscles, can help you to surrender to the sensation of the baby rather than tightening up and pulling back.

What you need to remember here is that there are several types of tension. You won't only be dealing with your conscious tension (as when we ask you to 'intentionally' tense up), so it is not a simple matter of using your mind to relax the muscles.

Here you will also experience the tension of an unfamiliar stretching, and further subconscious tension. Relaxation of the perineum will require a special kind of awareness. We suggest you read our sections on 'Tension' and 'Relaxation' for this purpose.

Perhaps you would like to listen to the audiotape, which explains the internal work, even though you may not wish to practise it now. Just by listening, you will begin to understand that appropriate preparation can greatly assist your body in giving birth.

We have also found that there are some

body positions that create tension in the perineum and others which relax it. Remember your body positioning exercises here. Particularly when your baby is opening your vagina during birth, you want to make certain your body position relaxes that tissue as much as possible.

Please go to this section in the video now

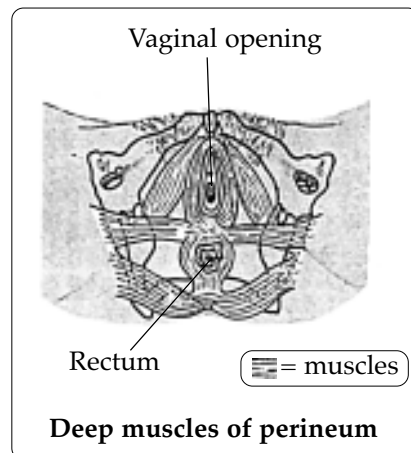




Photo by Stirling Images

About Pain, Tension, Relaxation

Manage Tension & Relaxation

Many women approaching birth are concerned about the pain. You may have heard mothers say "It was the most painful experience of my life". Others might say "It was painful, but I coped". And still others say "I hardly felt any pain". So which is true? Well, the fact is that every woman's birth is different, so one woman might feel a lot of pain, and another hardly any.

The most obvious reason for this difference is in body structure. One baby might fit easily through her mother's bony pelvis, aligning herself effortlessly and almost painlessly as she descends. Another might have more difficulty, causing much more pressure on her mother's bones - and usually more pain.

The cervix can dilate relatively quickly, which can be very uncomfortable. Sometimes the cervix takes ages to dilate and this can cause tremendous discomfort and be tiring.

As the baby moves down through the birth canal, this area can open up easily, or with much difficulty. Some women have a cut (episiotomy) in the outer perineum, or

they may tear.

So how much pain a birthing woman feels does differ, depending on the individual, and the circumstances of her birth. But body structure is not the only factor. In fact, we have found that mental and emotional factors play an extremely important role.

Many women have complained to us that their births were made more difficult by lack of knowledge. They didn't know what was going on, or 'where they were' in labour. We have seen births 'held-up' as a result of women resisting the process, panicking because of their fear of the unknown. This invariably caused more pain, and unnecessarily long labours.

Our experience has shown that an understanding of what is happening inside during labour can help tremendously in accepting the associated pain or discomfort. Throughout this kit you will become more familiar with the process of labour - where problems may arise, and why pain may occur, so that instead of just feeling pain, you will have a better idea of *where* it is and *why* it is occurring. Moreover, you will know that the pain is not necessarily a problem - just something to be dealt with in the progression of your labour.

Reasons for pain

So why do women feel pain or discomfort in labour? There are many things happening inside, and each can cause a certain level of pain, depending on individual circumstances. Here is a list of the most common occurrences:

- dilation of the cervix
- baby moving through the bony structure, causing pressure on the bones and nerves, backache, and possibly getting 'stuck'
- birth canal not opening easily; stretching; and pressure on the rectum
- tense or 'unused' muscles being stretched

You will see from this list that the question of *why* women feel pain in labour leads to the question: *where* are they feeling that pain? This is very important, because once you can identify what part of your body is involved, you can act appropriately to deal with the pain there. The 'textbook' knowledge contained in this kit will help you identify the important areas listed above, in your own body.

Along with this information, practising

the accompanying exercises will develop your ability to 'look inside' to these parts and 'see' your area of discomfort. The more you practise, the more instinctive this ability will become, so that by the time you are in labour, you will naturally find yourself looking within to see what is happening. Additionally, if your partner or support person has learned and practised with you, he/she can also assist in finding your current problem area, and then take action with you.

Once you have established where you are feeling pain or discomfort, you and your support people can then act on that area to relieve the pain and help to move your labour along. Generally, your response will depend on what area is currently affected, assessed by your care provider, yourself and/or your partner.

Various ways to deal with the pain are explained throughout this kit. The following pages indicate specific areas, and related exercises, which may help to reduce the pain.



Photo by Jenny Blyth

Mothers with knowledge use their knowledge. Babies reflect this.

Dilation

During labour, the most active muscle is the uterus, which is retracting the top of your vagina, thus opening the strong muscle of the cervix (dilation). Most women are totally amazed by this muscle when it works and it can be painful. However, you need to relax all the other muscles in your body, to allow the uterus maximum effort and effect. This can be difficult if you are also feeling pain, but you can use your breath to help.

If your cervix is not dilating, or is opening only very slowly, you might like to try the *Uterine Lift*.

Practising our *Relaxation* techniques can also assist dilation and reduce pain.

Backache

Backache is common in birth, caused either by the baby putting pressure on the bones - particularly the sacrum - in trying to make more room, or by the tugging open of the cervix. The associated pain can be felt all around, but is usually more severe in the back, where the major nerves are. Often women feel the back pain more on one side because babies come into the pelvis on a diagonal, rather than straight up and down.

If you are feeling pain in the back, try the *Sacral Rocking*, *Sacral Manoeuvre* or *Hip Lift*. Also check to see that you are relaxed around the *Pelvic Clock*. Practise your *Relaxation*. This might be a good time to also use *Directed Breathing*, either using the inhale or the exhale to relax the area of tension, whichever feels best for you.

As the baby moves through the pelvis, the backache might shift, change place or get lower. If the pains change, it is usually a good sign that the baby is moving

down. You can check this yourself if you have done the *Internal Work* on the audiotape.

Baby getting 'stuck'

Sometimes babies seem to get stuck in the bony part of the pelvis. Often a woman will let her support people know by saying "Oh I have pain in my hip here ... oh it feels like the baby is stuck here". The pain will be persistent and always in the same place, and the labour won't seem to progress. It is at this point that women are often told that their baby is too big, or their labour is too slow... if only they knew what to do to get things moving! Well, try working with the bony structure. You may have to do this for several hours as the baby slowly moves through the pelvis. As support people, don't be afraid to work gently, and with intention, with the woman in labour, listening to her.

The *Hip Flexion* has been used quite successfully in getting babies to come around when rotating from a posterior position to an anterior position. It also just plain works with some babies who don't seem to be coming down. Combining this with the sacral movements is sometimes necessary.

The *Sit-bone Spread* is particularly good for bringing a baby down through the soft tissue of the vagina, or birth canal as it now becomes appropriately called.

If there is an anterior lip of the cervix in second stage, use the *Sacral Manoeuvre*. This will allow the baby to move back slightly, which reduces the pinching of the cervix between the baby's head and the bony pelvis.

Once again, remember your *Relaxation*.

Stretching of the birth canal

If you have practised the *Internal Work* on our audiotape, you will have worked to identify and relax the muscles that control the soft tissue of the perineum surrounding the birth canal, inside and out. Recognising how very strong these muscles are will help you to understand that if there is tension there, it will be very difficult for your baby to expand this area and move on down through the birth canal. Practising the *Internal Work* will show you how to 'let go' of these very important muscles. Remember to relax all the perineum area.

When your baby moves into the birth canal there is a lot of pressure on the rectum, and many women feel a powerful urge to move their bowels. Sometimes this does happen; more often it is the head of the baby pressing from the inside. This sensation and the thought of making a bowel movement can cause women to hold back and tighten up, hindering baby's movement. *Directed Breathing*, along with consciously moving the tailbone muscles can help you surrender to the sensations, and avoid tension here.

You might notice from all this that tension plays an important role when considering pain. Internal tension causes pain, and often, pain causes more tension. Moreover, anything you might do to alleviate pain is likely to be hindered by your tension. This is an extremely important aspect of birthing which we will elaborate on in the following section, 'Tension.'

The approaches above are simply suggestions, based on our experience of what has worked for many women when dealing with pain or discomfort in labour. As you work with this kit you will most likely find other ways to work with your

body which might prove invaluable in your own birthing situation. We encourage you to experiment, and trust yourself.

Take courage from the fact that you have knowledge and resources to deal with whatever comes along. With an understanding of why, where and what to do about pain in labour, you will have less reason to panic, and more reason to pick up your tools and use them. You may still experience pain, and not necessarily enjoy it, but you can approach each step with more confidence and a willingness to continue.

Once again, don't forget your support people. Let them help to identify your painful areas, and then focus on alleviating the pain and tension there.

Photo by Jenny Blyth



Touch, touch, touch, and more touch

Tension

Our section on pain shows that there are things you can do in labour to alleviate discomfort and help your birth along. There is no doubt that women with this information experience easier births. However, even the most well-informed women can be hindered by tension. It's a natural response to pain - when we feel pain we instinctively pull away from it, our muscles tense, we are ready for the onslaught.

In childbirth this natural resistance can have diabolical consequences, causing more pain and often longer labours. Preparing for childbirth requires the development of a new 'instinctive' skill. Rather than pulling away, resisting, or holding back, you will need to open up to the experience, recognising and intentionally relaxing painful areas. This skill is not really that new to you. What do you do when you have a painful muscle? You try to relax it or massage the area to reduce the tension. This is the sort of response we are talking about. Let's first discuss tension, and how to recognise it.

Conscious tension

There are four types of tension relevant to birth. The first is the natural tensing when one feels pain, fear, anger or even in exercise - what we call 'conscious tension'. For example, tense your jaw, then relax it. Now tense inside your pelvis or lower tummy area, then relax it. This type of tension is under our control, and childbirth education classes usually teach women how to consciously relax in the shoulders and jaw, and anywhere observable tension can be found.

This kit, however, will concentrate more on what may not be so easily observed - tension inside the pelvic region. We will be showing you how to recognise tension there and how to relax it. Even though this is a conscious action, it still takes a lot of willpower to intentionally relax if you are also feeling pain.

Unconscious tension

The second type of tension is 'unconscious tension'. This is tension that

we hold often without recognising that we are doing so. Unconscious tension is part of our everyday life and can be very difficult to identify, especially from the outside. Many of our exercises, and the audiotape internal work can help you to recognise this unconscious tension and work with it. Periodically during the day, stop and ask yourself where you are tense and then relax that area. You might suddenly realise that you are gripping the steering wheel of the car, or that you are holding your neck rigidly. Now pay particular attention to the area in your pelvis.

Structural tension

The third type of tension is 'structural tension'. This is how a person is built. When you mapped your pelvis, you learned about your bony structure. When you do the internal work you learn about your soft tissue structure. Some people are very flexible, while others are stiffer. You can change soft tissue structure, but not bony structure. The internal work can

create more elasticity in the muscles, producing more stretch and easier stretching. The *Advanced Kegels* can strengthen your soft tissue. These are two ways you can affect your soft tissue structure. This kit works a lot on the soft tissue structure in order to create mobility.

You can't change the shape of the bony structure, but by using the exercises that move the bones, you can create room even in small pelvises.

Stretching tension

There is a fourth type of tension associated with labour which we want to emphasise - what we call 'stretching tension'. As the baby moves through the bony pelvis and the birth canal, there is a lot of unfamiliar stretching happening there. And the pulling open of the cervix is also quite often a new experience. This 'new stretching' can cause pain.

Think about when you touch your toes. Bend over now and try to touch them, or ask your partner to do this if you are very pregnant. You could also try sitting and spreading your legs. If you don't often do this, you might notice tension in the back of your legs. It could feel painful - tense muscles often cause pain. However, the more often you stretch, the less tension and/or pain you feel.

Many of the exercises in this kit, especially the internal and external massages, will help to stretch and soften your often-unused birthing areas, preparing them for labour. Also, conscious relaxation of these areas under tension can help to relieve any pain. This

stretching tension is not caused by your mind, or even your own efforts, but the need to relax is just as important. We will show you some relaxation techniques in the video section 'Relaxation'.

Conscious tension can be created with your mind, and you will be doing that in the video exercises in order to feel the resulting differences in your body. As you practise you will also find your self-awareness growing, developing your ability to recognise tension in all its forms.

The other three types of tension you can't intentionally create - although you will no doubt experience them in labour, and quite possibly all four at the same time. You can imagine then it would take a lot of effort to keep working with your relaxation. But this is what many women do, and it is through the use of our knowledge that we have the will and persistence to endure. What you *can* do *before* labour is practise the *Relaxation* techniques in our video, so that you are at least prepared to deal with these tensions when they arise.

Photo by Jenny Blyth



*"What's it like giving birth to twins?" I asked.
"Well, first one comes out, and then the other."*

Support people

It is fairly easy for support people to see if you are tensing your shoulders or your bum muscles, because these are outside muscles. In these cases they can massage or manipulate appropriately.

However, it is impossible for them to see your inner tension. Only you as a birthing woman can know. In our video section on 'Tension' we will demonstrate how inner tension can remain hidden from the outside.

Don't forget, though, that your support people can at least remind *you* to look inside - using touch to help you recognise and relax your inner tensions. Don't forget to talk, share your feelings and work gently together.

Throughout this kit, we often have you do an exercise first just observing

yourself. Then we ask you to repeat the action, wilfully tensing. Then once again, intentionally relaxing. You will find that muscle tension can prevent movement, and muscle relaxation will allow it.

As you practise, you will begin to understand that if you tense up in response to pain during labour, that tension will hinder your body's natural need to be mobile and 'open'. Your bony and soft structures will have difficulty opening to their full extent if you are not relaxed.

The more you experience the difference you and your partner feel when you are intentionally tensing, then relaxing, the more you will work towards that state of consciously trying to relax when you feel pain - allowing your body maximum movement, and alleviating pain.

Relaxation

As we have said, pain in labour requires a special response, that of relaxation. Relaxation helps both the bony pelvis - by softening muscles to allow bone movement, and the soft pelvis - by allowing it to open more easily. Women who can physically and mentally relax definitely seem to handle birth better. By learning to recognise your areas of tension and how to relax there, you too can help your body open to the experience, and move your birth along.

In the accompanying video section we will be sharing two *Relaxation* methods which have proved very useful in labour. The first way is to just touch an area, initially becoming aware of it, then using the breath to relax that area. The second, although it may not at first seem to be a way to relax, is to *first contract* the tense area, and *then* relax it. We have another *Relaxation* technique which is specifically designed to work with the deep inner soft tissue of your lower back,

helping to dilate the cervix. This is discussed in the booklet section 'Labour - 1st Stage'. We also present a general massage on the video, which softens and relaxes the soft pelvis.

As you practise you will actually learn how to create relaxation in *specific* places, which can be invaluable in dealing with pain once you have identified what area is affected. In addition, knowing the process of labour, you can anticipate where you might *next* feel pain, and prepare your body appropriately by intentionally relaxing there.

Some women are quite active in labour. They move around by intention or because of restlessness. Some women get planted and never move again, by intention or inertia, or are told not to. Since the work in this kit is not a philosophy, it doesn't really matter, you can use the concept of these relaxation techniques whenever you choose.

Photo by Jenny Blyth



Please go to this section in the video now

"Sure I'm relaxed now - I'll tell you how I feel when I've been a Mum for four months."

Massage

Body Care

Massage always feels good at any time. It's something we can do for ourselves, exchange with our partners or seek a practitioner. In pregnancy, women experience so much change - in body shape, in added weight and the effects of birth hormones, not to mention the many personal questions and stresses that a pregnancy or child brings to any family. Although women carry the baby, men are also deeply affected by pregnancy and birth. The exchange of massage keeps both parents feeling better.

Massage is a form of relaxation, and can help to reduce the stresses of pregnancy. It also strengthens body tissues and makes them pliable. Furthermore, massage increases blood flow, and when directed to the soft pelvis, augments the supply of birth hormones there. The overall effect of massage during pregnancy is to soften and loosen, particularly the pelvis, preparing this area for the stretching of birth, and allowing that 'opening' to happen more easily. We present a general massage in our video for this purpose.

If you are concerned about getting *too* soft or loose, remember that the softening effect of birth hormones is *necessary* for

your birth, and anything you can do to enhance that softening can only improve your birthing experience. Besides, these hormones will disappear soon after your baby is born, allowing your body to return to its pre-pregnant state.

So we encourage you to do a great deal of massage, especially during the last eight weeks of pregnancy. Women can massage themselves, ideally every day. It's also great to share massage, so perhaps you and your partner can massage each other. In this way, both of you can talk about what feels good and how much pressure to use. This will help your partner to understand what might

suit you in labour. As you work together, tell your partner what areas of your body feel tense, so that he can also feel that tension and more effectively direct his efforts to specific areas that need relaxing. Apart from the benefits to both of you, this sharing of massage is excellent preparation for working together in labour.

Internal work

Our audiotope further explores massage, concentrating on the *internal areas* of the birth canal and perineum. Preparation of this area before birth is practised by many women in many cultures around the world, and it can help tremendously, especially for the 2nd Stage of labour.

We have already discussed how tension in this area can hinder a baby's descent. Couple this with unfamiliar stretching, unconscious structural tension, and intense sensations, and you can begin to understand how much willpower is required during 2nd Stage of labour to relax these areas. However, if you have practised the internal work regularly before birth, you will find that not only is this area more pliable, but you will have much more control over these muscles, allowing them to relax and stretch more easily.

External Massage

Here we will share the external massage of this same area, the perineum, adding the peripheral regions of the sacrum and legs. We realise we are dealing with a private part of the body here; however, in private you can do a great deal to prepare

yourself for birth, and we encourage you to do so, without being shy with yourself.

Remember, there are always appropriate times to do things perceived of as 'private': taking care of yourself during your monthly cycle, wiping your baby's bottom when it needs cleaning etc. Preparing yourself for birth is just that - doing something at the appropriate time. Partners and other support people can help you. Talk it over within your family if you feel that might help.

Start eight weeks before your expected due date and try to practise every day. You can stand with one foot on a low stool, or while you are in a bath, shower or on the toilet. Remember to wash your hands and use a light oil if you want to. Some women prefer to use a powder, but please do not use this directly on your private parts. You can even do this wearing clothes.

Now, massage all of the soft tissue around your tailbone and rectum, including the back of the rectum, on each side and in front of the rectum, to the opening of the birth canal (or vagina). Move outwards, massaging all of the bum muscles and the big muscles that run from your sit-bones to your tailbone. Continue up to the sacral region, massaging there, and down to the back of the thighs and the inside of your legs. While you are massaging, you can also try tensing and then relaxing these areas, feeling what that is like.

Some people wonder where to find the time for massage, particularly in the modern workaday world. However, finding time now will help you to develop the good habit of finding time together once your baby is born. If you already have children, you will know how precious that time can be. So make the effort now to create a space in your life for the time-honoured practice of massage.

Hormones

Birthing women have working in their favour an amazing hormone called elastin, or relaxin. This specialty hormone softens everything in the last few months of pregnancy, increases in labour and then magically disappears a few days after birth. The strength of its softening effect was demonstrated in an experiment in England - a cow's thigh bone, left in a vat of relaxin overnight, could be twisted next morning.

Some women will tell you after their birth that they now have a rounded pubic arch, that their sacrum feels different when they lie on their back, and that their tailbone is now in a different place. Some of these changes are from the bones having been reshaped by the baby in birth.

The overall effect of relaxin is to soften and loosen everything in preparation for the stretching that occurs during birth. The joints are softer, and the bones can shift more easily, which is great for a birthing baby, but can have unpleasant side effects for the mother. Some women experience pain in the pubic joint or groin, or pinched nerves from the shifting of bones. Most women will also see definite changes, such as a pinkish red puffiness in the vagina as their birth approaches. These are more indications that elastin is preparing the body for birth.

The massage in the previous section helps bring the birth hormones into the pelvis, enhances their softening effect, and also prepares your body for these changes, allowing them to occur more easily.

Our video exercises actually take advantage of the softening and increased mobility caused by the birth hormones, further encouraging this natural process. We aim to work *with* nature, the ultimate purpose being to create as much room as possible for your baby to move through the narrow passage of the pelvis during labour and birth.

A word on softening... Modern culture often encourages us to be 'tight'... trim, taut and terrific! But there is a difference between being fit and well-exercised, and having a 'tight' body. We understand the need to stay 'fit' at this time, but we would also like to encourage you to soften yourself, in preparation for mothering and nurturing your baby. Soften your viewpoint, soften your body, surrender to this awe-inspiring event. We can assure you that in this way, you will be preparing yourself not only for labour, but for the days and years afterward...



Photo by Wintergreen

Rest

There is no doubt that the more women can relax as they do the work of labour, the better they will handle the sensations, the more rested they'll be, and the easier it will be to recover. What first-time mothers have difficulty understanding is how physical the work is. We liken the physical exertion of labour to running a marathon, and for this most athletes train, often for months in advance.

These days, however, many pregnant women work in sedentary jobs, use modern conveniences and simply can't find the time to be physically active. So how can you prepare yourself for this marathon event? We have a very effective cardiovascular exercise which takes little time and is presented in the section 'Body Care'.

Don't go into labour tired

Also, one of the most common mistakes women make is going into labour tired. Fatigue, coupled with unexpected physical exertion and pain, is often the cause of a long, drawn out labour, and can be very discouraging. We strongly recommend that you prepare for labour by at least being well rested. We understand that this might be difficult, with the excitement and anticipation at the end of your pregnancy, along with personal obligations, but our experience has shown that it can make all the difference.

Invariably women take care of others while they say they have no time for themselves. Make time for yourself now. We would like to encourage you to form the good habit of taking care of yourself, so that you can more effectively take care of others. There are many little ways to do this: sitting while you work, putting your feet up while sitting, taking naps (even short ones), a shower or bath with a pleasant scent in the water, a relaxing warm drink, mentally slowing your mind, taking long, sighing breaths, gentle walks, smelling beautiful flowers, listening to

restful music... and remembering to grow an inner smile to melt away discomfort. More than anything, you need to consciously do these things to prepare for labour.

There's no such thing as false labour

Some women experience what is known as 'false labour' a few days before the actual birth. This is actually not 'false' at all, but is the body preparing for birth by toning the uterus, thinning the cervix and bringing the baby into the pelvis. It can be annoying and exhausting. If this happens to you, rest, rest, rest - physically, mentally and spiritually. Balance your time between resting and getting things done. Remind yourself that it is better to go into active labour (when it comes) well rested, rather than already tired.

In Chinese medicine there is a belief that women who like leisure have long labours. We are not suggesting that you become a woman of leisure; rather a balanced person. However, we have noticed that many women who live in modern cultures get very 'excited' at the first twinge of a labour contraction. Often

they don't sleep or rest well; the mental expectation drives them. When labour starts for real, they find themselves very tired, and sometimes cannot cope as well with the rigours of birthing.

Many of these women recognised this when they approached their next birth. This time they disciplined themselves to rest well, even despite nagging pre-labour pains. They mentally stilled their mind, knowing that the actual labour would require a supreme effort. They knew not to burn all their energy too soon.

Other women who are in 'active labour' may have a long period of early labour. Even though it is tempting to want to get the labour going, we recommend that instead you allow yourself to rest, in order to conserve your strength for when the labour really gets going.

Use the resting phase

When your labour does get really active, take advantage of the space between contractions to rest as well. This 'resting phase' is a most valuable time in labour, both for you and your baby. When there is no contraction of the uterus, your baby is allowed more movement, as well as being given some respite from the strong muscular contractions.

The metabolic wastes produced can also leave your body at this time. Breathing softens, the heart relaxes and it's time to still the mind and create inner peace. Take this time to recuperate, resting and relaxing however you can. This way you, your body and your baby will all be the best prepared for the next contraction when it comes.

Body Care

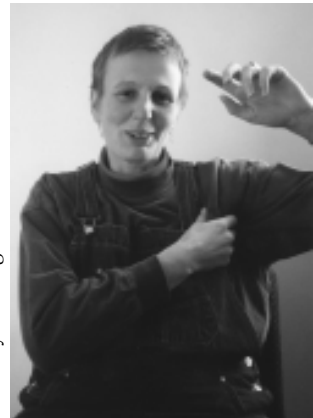
Skin and breast care

At the start of the pregnancy, it is a good idea to lubricate and massage your skin. Massaging may reduce or prevent stretch marks and practised regularly, promotes a rosy glow. Massage makes tissues both stronger and more elastic, as well as enhancing the nutritive blood flow into the tissues and removing metabolic wastes. Some women use a light oil, others prefer a powder. Massage the entire front of your belly, around the sides and breasts.

One of the early signs of pregnancy is tenderness of the breasts, which continues as they enlarge and change in preparation for eventually producing milk. The blood volume increases, as does the number of veins and the smaller capillaries. The following massage may prevent or shorten the time of discomfort during pregnancy. Additionally, women who have practised this have had few instances of 'engorgement', which occurs when the breasts first fill with milk, becoming taut, painful and sometimes red.

Massage under your armpit, at the side of the area above your breast (see photo). Massaging this area promotes the drainage of lymph fluid which is between the cells.

Photo by Wintergreen



Now massage down toward the breast (see photo). Each time you move down, also remember to massage the tissue under your armpit again. Continue down until you are massaging your whole breast tissue. By massaging under your armpit, you are helping to drain lymph through the glands there. Next, place the palm of your hand over the nipple and press the breast gently against your body. Make a circular motion 50-100 times in either direction on each breast.

If you do happen to suffer from engorgement, a simple home remedy is to place a raw cabbage leaf on the breast for ten minutes when you are feeling discomfort. Cabbage leaf can actually reduce the quantity of milk, so just use this enough to feel comfortable if you are still nursing. If you are weaning then use it more. Drinking sage tea can also dry up milk.

Some women develop mastitis of the breast, which is caused by a clogged milk duct, or infection. A simple remedy is to mash cucumber, which is very cooling, and place it over the red area, covering with plastic, or other material. Change it when it becomes warm.

Heart strengthening: Cardiovascular exercises

What does the heart have to do with birth, and why should you strengthen it? First, by the time you are six months pregnant your blood volume has increased 50%. Your heart needs to be strong just to take on that much extra work. Also labour is a very physical event, so you want to have a strong heart to just endure. And besides, we all want to grow old with a good strong heart, so why stress it unnecessarily in birth?

Another reason for strengthening the heart has to do with the uterus in labour, and the need for a good strong blood supply. As we explained earlier, blood flow to the uterine muscle is somewhat restricted during contractions, and this can cause more painful sensations. Coping with that pain can be tiring, and it is often when a woman is not coping with labour, or she and/or her baby are

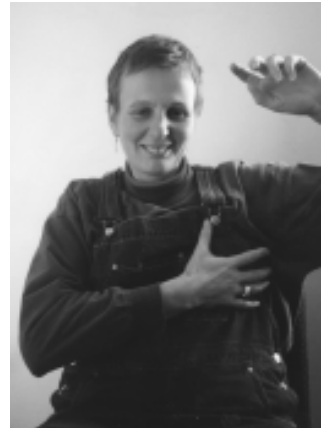


Photo by Wintergreen

showing signs of fatigue, that medical interventions are used. A woman with a strong heart will become less tired, and so will her baby.

The best way to strengthen the heart is with regular exercise. If you are already physically active that's great. However, even women who have been physically active before, often become less so when they have their first baby. Whatever your activity level, one thing experienced mothers would like to pass on is to forget about speed, and go for endurance. Being a parent requires lots of endurance and even labour can benefit from a good dose of patient persistence.

Walking is an ideal exercise to build your heart's strength and endurance. If you can find the time and if walking with a toddler and a newborn can be energising, then go for it. It would be great if you could map out a 5 km (3 mile) route and walk it three times a week. If you can't do that then find a hill, even a

small one, and walk up and down that. Can't do that? O.K. How about some stairs? Both up and down are good cardiovascular exercise because any gravity related exercise requires that we move our weight either up or down. That makes the heart work harder. So none of

the above strike you as a possibility...? Many women just laugh when they are told to get in shape for birth. "When can I find the time?" So we have had to find an exercise that really worked quickly and that anyone could do, while still benefiting their heart.

Try this one:

Orchestra conductors live very long lives. They stand still and move their arms around. Silly as it sounds, it's a great cardiovascular conditioner - and it's easy to experience the results.

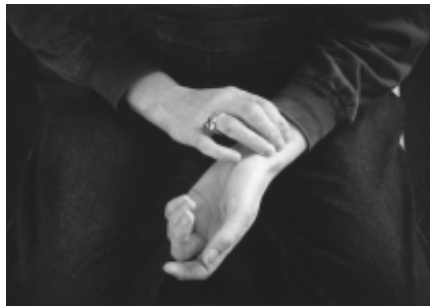
First put on some music, maybe something your three-year-old likes.

Before you start, find your pulse either at the side of the neck or at the wrist (see photos). It isn't essential to time how many beats a minute your heart is beating. Just notice the quality of the heartbeat... is the beat strong or sleepy, vigorous or weak? Now swing your arms any way you want. Your kids will love it. You get more vigorous, and they think you're funny.



As with all our exercises, remember to breathe in through your nose and out your mouth. This is work, as you will soon discover. First you'll notice that you need to breathe more deeply. You can practise how to breathe, and how to relax as you are breathing and working. You'll probably get warmer.

Do this for a few minutes and when you stop, notice that your breathing is deeper; you might also feel clearer in your head. If you feel your pulse now, it will have changed to become stronger and fuller. So you can see, it is not necessary to increase your heart rate to exercise and strengthen your heart.



Photos by Wintergreen

Strengthening the 'Belly' muscles

There are several reasons why the belly muscles need to be strong:

Looks - we all like to feel attractive.

Strong stomach muscles help prevent back problems. Your stomach muscles are big and if they are in good shape you can use them instead of over-straining your back muscles. As the uterus grows bigger the belly muscles get stretched, so you need to work to keep them strong.

The stomach muscles hold the uterus in toward the body. If they are weak, the uterus can fall forward and also grow very big, allowing the baby to 'float around'. This means that the baby is no longer over the pelvic inlet.

Strong stomach muscles actually assist the uterus to work in labour. Some women have had long, hard, boring labours because their baby didn't come into the pelvis, so strengthen your belly muscles and pull that baby into place!

In the first few months of pregnancy the uterus doesn't seem to grow really fast. However, you can still prepare these muscles right from the start, or even before pregnancy if possible. From six months on there is a tremendous growth rate, with lots of stretching of the belly muscles. Keeping these muscles strong at this stage will protect your back, hold your baby in a better position and help you feel less tired from the added weight. The exercise below can also be practised directly after birth, and you will feel a result within three to five days.

Before we describe the exercises, let's just have you feel the stomach muscles in

action. Most people know that it is better to bend the knees and squat when picking things up - this uses the leg muscles, instead of the back. However, many women find that they still bend over from the waist. So we want to show you how you can still do that, using your stomach muscles, rather than your back.

First, bend over. What muscles did you feel you used? Now straighten up. Which muscles did you feel you used in straightening? Many people feel that they used their back, or the back of their legs to straighten.

Now you will do that with a 'hand assist'. Put one hand under your ribs and the other above your pubic bone. Before you bend over, push the muscle together (but not in) between your hands and then bend down. Then, as you straighten up again, spread your hands apart, expanding the muscle as you go. You might notice that you use your back less this time, because you are now using the expanding phase of your belly muscles to straighten up. A hand assist also tells your body 'this is the muscle you want to use'. After you have repeated this a few times, do it again, without the hand assist, paying attention to using your belly muscles rather than your back or legs.

The following exercises are extremely effective in strengthening the stomach muscles, and supremely suited to the special needs of women during pregnancy and after birth.

Each step is important, and should be done separately, one after the other.

Vertical abdominal muscles

1

Lie on your back and place one hand at the top of the stomach muscles (under the rib cage) and the other hand at the pubic bone (see *Photo 1*).

2

Contract the muscle by bringing your hands together (see *Photo 2*). This 'hand assist' tells your body which muscle to use.

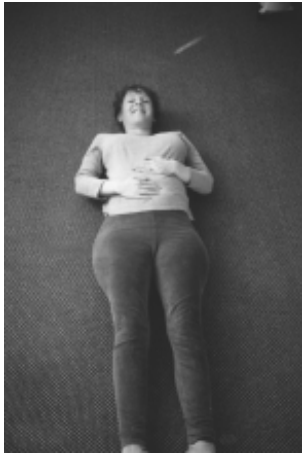


Photo 2

4

Expand the muscles by separating your hands (see *Photo 4*) before you put your head down again. This is important, because you are fully relaxing the muscle by expanding it.



Photo 4

Photos by Wintergreen

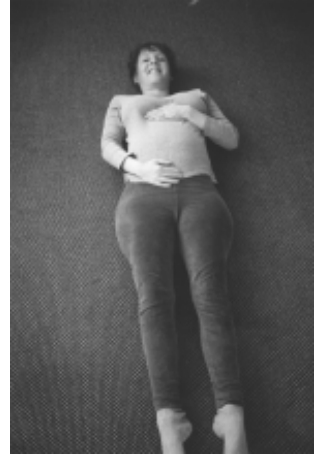


Photo 1

3

Now lift your chin to your chest (see *Photo 3*). This engages the muscles with a body motion. Hold for the count of three.

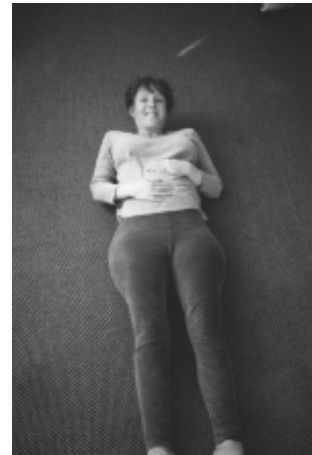


Photo 3

5

Remember to take a breath. Some women find they are holding their breath.

6

Repeat this 3 - 5 times.

You learn there is a time and reason for muscle contraction and a time and reason for expansion, or relaxation. This is good to know in labour, when some women have trouble relaxing after a contraction. They tend to hold on to tension caused by the contraction rather than letting go of it.

Some women can experience a separation of the top part of the belly muscles. You might have a dip there. If so, when you do this exercise, you can hold the muscle closed. This will protect the area while you strengthen your stomach muscles. And this exercise may prevent the separation from occurring in the first place.

Diagonal muscles

1

Still lying, place one hand on the ribs and the other hand on the opposite hip (see *Photo 1*).



Photo 2

2

Contract the muscle with your hands, pushing them towards each other (see *Photo 2*).

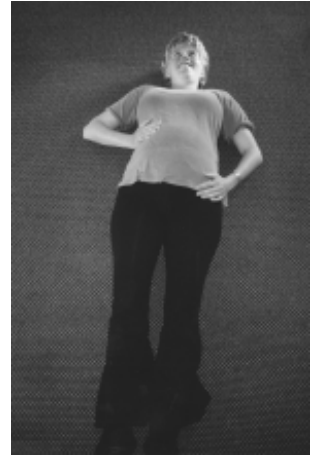


Photo 1

3

Now lift the leg which has the hand on that hip (see *Photo 3*). This engages the muscle with a body motion. Hold for the count of three.



Photo 3

4

Expand the muscles by separating your hands (see *Photo 4*) and then lower your leg down again.

Photos by Wintergreen



Photo 4

5

Relax, and take a breath.

6

Repeat this 3 - 5 times with that leg, then do the other side.

If your back is sore and lifting your leg causes pain, you do not need to lift it; just tense it and you will still be contracting the muscles.

You can take these exercises into daily life, by practising as you walk. When you take a step forward, it's the same as when you lift your leg. By using a hand assist to contract that muscle as you step forward, you can use your belly muscles too. As you step forward with your other leg, you now shift and contract the other diagonal belly muscle. This takes the exercise into motion. This can also be practised walking up stairs. As one foot steps up, contract the diagonal muscle on that side, and do the other side as the other foot steps up. As you use your abdominals, they grow stronger, which keeps your baby in a better position and also protects your back from overuse.

Intestinal lift:

During pregnancy women can experience many digestive disturbances - stomach discomforts, slower digestion, changes in the bowel patterns, pinching sensations here and there, heartburn and gas. We have found this type of self-massage feels great and relieves quite a bit of discomfort.

Please do this at least one hour either side of a meal.

Lie on your back and relax for a few minutes to let everything settle. Use pillows under your head and knees to make yourself comfortable. Now, very gently, use a stroking massage on the intestines, starting above the pubic bone or above the uterus (see Photo 1).

Photos by Wintergreen



Photo 2

Move from the midline of your body, out towards the sides (see Photo 2). You may feel lumpy areas and sensitive spots. Be gentle with your massage and work gently on these sensitive areas. We have found that by doing this often, these areas become less sensitive and often some discomforts are eased. Massage under the ribs and under the breastbone over your stomach.

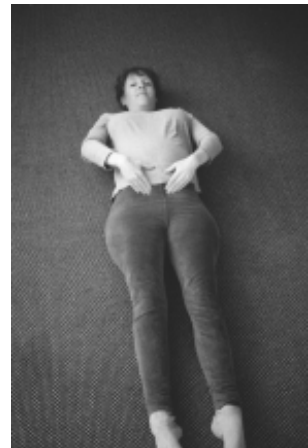


Photo 1

The reason this massage works so well is because you are actually assisting your small and large intestines to find a comfortable place to fit, now that the uterus is filling in the space they used to easily occupy.

Kidneys:

In the Oriental health philosophy of acupuncture, the Kidney energy is used a great deal in pregnancy and birth. Women certainly can feel tension, tightening and fatigue in this area. The kidneys clean our blood and with the added metabolism of the baby, they are, like the heart, working overtime. Some of the connective tissues of the uterus attach near here, and as they get stretched, that causes strain in this area. This exercise comes from Taoism, an ancient system of self wellness exercises.

This is excellent done first thing in the morning, but can be done any time.



Photo 1

Stand and rub your hands together until you feel them get very warm. Place your warm hands over your kidney area and hold them there, feeling the warmth penetrate into your body (see *Photo 1*).

Photos by Wintergreen

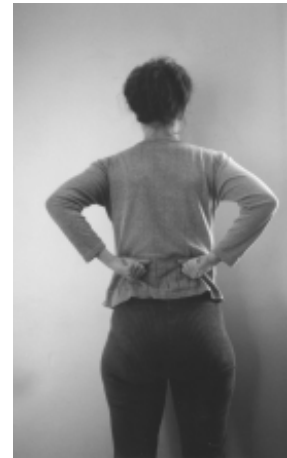


Photo 2

Once the warmth has penetrated, gently pound your kidney area with your fists for the count of seven (see *Photo 2*).

Repeat this seven times.

Labour

Use the Information

In labour you can finally put together and apply your knowledge. Everyone's birth progresses differently, so we can't just say what to do when. The following is by no means a comprehensive study of labour. What we are offering here are suggestions based on our experience, and the knowledge we are sharing in this kit.

One of the major issues that stimulated this kit were questions that arose when labour had actively begun and gone along, but then seemed to 'plateau'. Lingering births feel as though they aren't going anywhere. Women will usually tell you that they feel like they've been doing the same thing over and over, or that they feel the baby is 'stuck', or 'nothing's happening'. This is often called 'failure to progress'.

What do we mean by 'progress'?

From a birthing woman's viewpoint, a 'progressing' labour will feel like it is moving along, and changing every hour or so. For instance, if a woman feels that her contractions are becoming more intense, closer together, longer, or deeper

- requiring more concentration - then her labour is 'progressing'. It can be one or more of these signs. Care providers may also assess 'progress' by using internal exams to measure the dilation of the cervix, or how far the baby has moved through the pelvis. If your labour is progressing, much of what you have learned can be used to focus or centre yourself. A progressing labour can be greatly enriched by using your self knowledge.

However, some women do fail to progress, often because of one or more of the problems listed in our Introduction. This is where some of this information can really come in handy. Just remember: if you feel that you are no longer

progressing, try to assess what is 'stuck'. Is your cervix not continuing to open? Is your baby not moving through the bony pelvis or coming into the birth canal? Is the soft tissue not opening? Are you too tired? Is it too painful? These are the most common problems women encounter physically.

Inner Voices

Emotionally, women can become afraid, irritable, discouraged. This usually means that the 'manager' inside is being overtaken by another voice - the one that wishes this wasn't happening at all. We really want to impress upon you this concept of 'two voices'. All of us have had this experience: perhaps you are doing a job you don't enjoy, or don't want to do. One voice yaks away telling you how horrible the job is. The other voice tells you you have to do it. We can't stress enough how very present these two voices can be.

Women who don't find labour painful often relate that one voice says "It's not painful", while the other tells them what to do. Women who find labour extremely painful often relate that one voice is constantly saying "I don't like this", "This is too much", "I can't do it" etc. But their other voice can still be saying "Keep breathing", "Relax", "Gee, I'm glad that contraction is over", "Now rest". These are examples of what women's inner voices tell them during labour. We'd love to hear what yours said!

The point is, if we can all remember about those conflicting inner voices, we have another tool to work with. Support people should understand this too. For instance, if you tell a labouring woman "You're doing great" while their inner voice is saying "I can't handle this", they

will likely respond with something like "Shut up", "Go away", "Don't touch me!".

It's very hard to explain to support people how to deal with this. Certainly, we don't tell the woman which inner voice should be talking now, and we can't read someone else's mind. However, be aware that women's behaviour and ability to cope with labour is often a reflection of what those inner voices are saying. We do tell women who are finding labour difficult that we know it's hard, and that we are really trying to help her.

There is a mistaken belief that labour is 'not good' if the negative voice is big. Not true. The negative voice can be very big, while the manager voice still does The Work. Often the highlight for women is overcoming the obstacles the negative voice puts in the way of good birth management. Take heart, many of us feel incredibly powerful after a birth experience that had a loud negative voice.

Women and their partners have found that by practising our information together before birth, the communication in labour is greatly improved. Support people often relate that their knowledge of this information helped them to be more effective during birth. Because everyone can experience this type of preparation, then the labouring woman at least knows that she can direct her support people to a certain area, and that they will have the skills to help there.

Generally, we have discovered some very important and useful things that every woman can benefit from remembering while in labour. Whatever happens during the course of your birthing experience, try to keep these in mind:

- Be aware of your body, and if possible your baby, as changes occur
- Go with the experience as much as possible

- Relax inside, particularly in the pelvic area, and especially between contractions
- Allow your body to work well without tensing up too much
- Or recognise the tension sooner, and let it go
- Rest whenever you can
- Keep your baby over the pelvis, and move in ways that you feel will assist the baby to descend
- Choose positions which will keep you 'open'

Our experience shows that despite popular belief, women do have very active minds in labour. In fact they have very precise attention and that is what we work with. Use yours to focus your attention on how you are positioning your body, your baby, how you are breathing, relaxing... give your mind something to work with, instead of fear and worry.

It seems a lot to ask, but if you have practised our video exercises regularly, you will find working with your body has become almost second nature. You will know the differences in feeling, and where they are, and hopefully, so will your partner. By doing the internal work, the awareness is heightened much more.



Photo by Jenny Blyth

Singing and dancing about our self knowledge

The Stages of Labour

Most people think of labour as having three stages:

- **1st Stage** - when the baby moves down through the bony pelvis, and the cervix dilates
- **2nd Stage** - the expulsive stage, when the baby moves out of your body
- **3rd Stage** - delivery of the placenta and membranes

The 2nd and 3rd stages are easy to categorise, because these events are so obvious. 1st Stage, however, is more difficult to identify because you can't really *see* what is happening. The most obvious sign is contractions of the uterus, indicating that the cervix is starting to thin, or dilate. Some women experience 'practice' contractions days, or even weeks before their actual labour. This is often referred to as 'false' labour, because the contractions aren't actually dilating the cervix - the uterus is simply preparing the body for labour. We prefer to think of this stage as '*pre-labour*' because although the birth is not necessarily imminent, this is your body *preparing* for 'active labour'.

1st Stage of Labour

Once you are in 1st Stage of labour there will be a definite change every hour or two. If you find after an hour or so that you are still doing the same thing, then it's likely that you are in pre-labour.

Officially, 1st Stage of labour starts when your cervix begins to dilate, and ends when your cervix is fully dilated. Many people refer to this *entire* stage as 'active labour', but it can be further divided into two parts: 'early labour' and 'really active labour'. Early labour is characterised by contractions which are spaced between 5 and 20 minutes apart. You will be aware of them; however they usually don't hurt terribly. Sometimes

there is a crampy or tugging sensation. Most women in early labour can continue with their daily life, and we recommend you find a relaxing balance between activity and rest; if it is night-time, try to sleep through them if possible. Internally, the uterus is bringing the baby down into the pelvis and the early contractions are thinning the top of the birth canal (the cervix) so that it can open.

The length of 1st Stage varies enormously. Whatever the pattern and rhythm of your labour, the contractions will become more powerful, longer and closer together as your cervix progressively opens (dilates) from 0-10cm.

As you approach full dilation (from 5-10cm), the contractions can become really intense, requiring all your concentration, and we call this 'really active labour'. Most women no longer feel able to continue about their daily life, and will settle into their labour, either moving about by intention or from restlessness, or even staying in one place. Women can grow irritable, or quiet, or begin to make sounds. The breathing changes and becomes deeper and stronger. Really active labour is the most difficult part of 1st Stage, when you are really working hard. It is demanding, and can be very intense.

2nd Stage of Labour

Once the cervix is fully dilated, you enter 2nd Stage of labour. In this stage the uterus works differently. In 1st Stage, each uterine contraction acted to open the cervix, simultaneously shortening the uterine muscles and limiting the space inside, so that the baby was moved down into the pelvis. In 2nd Stage the uterine contractions change, acting to expel the baby from the uterus, down through the birth canal and vaginal opening, and into the world.

3rd Stage of Labour

Although it may seem incomplete to stop at this point, the management of 3rd Stage (delivery of the placenta) is so varied worldwide, and often outside the control of women who are attended at births, that we are going to stop with the birth of your baby. And we won't be dealing here with the 4th stage - parenting(!) - either.



Photo by Uwe

Early Labour

(Part of 1st Stage)

Try to establish whether you are in early, or pre-labour. Once you are in labour itself there will be a definite change every hour or two. If you find after an hour or so that you are still doing the same thing, then it's likely that you are in pre-labour, in which case just continue about your daily business, remembering to take it easy.

In Early Labour

- Be well rested or rest.
- Take a soothing shower.
- Try a cup of herbal tea - raspberry leaf is a good one.
- Gather what you need, whether you are going someplace to have your baby or staying home.
- Use this time to learn about the rhythm of birth: The working phase - when the uterus is sending a contraction to the cervix, and the resting phase - the space in between contractions. During the working phase, try to relax and breathe easily through the contraction.

During the resting phase, if it is still 15-20 minutes or so, you may continue with your daily routine but remember to take it easy, centering and calming yourself. Further along, you might need to use all this resting phase to simply turn inwards, resting your body and mind.

- At this stage the cervix is thinning and softening, and the tissue of the top of the birth canal is becoming smoother and less convoluted. If you have used the information on our audiotape you will be

able to feel the difference in your own body now, to help you know where you are. Your partner may also feel this.

- Get your partner in step with you by talking about what you are feeling.
- Ask yourself any questions you might have and try to answer them for yourself. It's like going over information you have learned and now is a good time to review it.

This has been used very successfully in labour ...

Now we'd like to show you another *Relaxation* which works with the deep inner soft tissue that runs down your back and inside your sacrum. Often so much tension is created in your lower back during labour and it is very difficult to relax that area. In 1st Stage we would also encourage you to work with the sacrum as we do in the video, and try the following.

Work with your partner in this... Have him spread his hands in the area of your lower back, just at the base of your rib cage. And now he is going to just gently move his hands up - not sliding them over the skin, but just gently bringing the tissue up under their hands. You can feel this all the way down your lower back and inside your sacrum, and it will help to relieve pain there. In addition, we have found that this pulling up on the outer soft tissue also helps to draw up the inner tissue in the back of the uterus and top of the birth canal, assisting dilation of the cervix.

Now try doing that when you are tensed up inside your rectum and see

what happens. You will notice that when you tense up, you will not feel that deep connective tissue pull up.

What If ...

...it goes on for hours and hours?

Our suggestion is to go about your day, remembering to rest. We are not of the philosophy that you should try to get labour going.

...the baby has stopped moving?

Often a baby will go very quiet a few days before birth (one of the signs of imminent labour), or even go to sleep during labour. If you feel there is something wrong ask your care provider.

...you start to bleed?

This could be either a normal 'bloody show' (losing the mucus plug which seals the cervical opening), or in rarer cases, bleeding from the placenta, which can be a problem. If you have questions, you

need to ask your care provider.

...your bowels are very loose and you are frequently urinating?

That is natural and welcome in early labour. Your body is cleaning out and making room for the baby.

...the water leaks or the bag of water gushes (amniotic fluid)?

That's a good sign that labour has either started or probably will start.

...the fluid is green or brown?

This could indicate that the baby has moved her bowels. Your care provider should be notified. Some care providers are quite concerned, others not particularly so. Some believe this means the baby is, or has had, some difficulty. This is hard to say. Talk with your care provider. Listen to yourself. You have lived with your baby for nine months and may well know whether you feel the baby is okay.

Really Active Labour

(2nd part of 1st Stage)

It is during this 'very active labour' phase that your inner voice can start telling you that you don't like this, or your mind can wander onto other life issues, worrying and causing you distress. This is when we really want you to use what you have learned in this kit, to allow your body to fulfil its primary objective: birthing your baby. Give your mind something to work with, instead of fear and worry, and you will find the experience much easier to handle.

- With the intensity of this phase, women either get restless or very quiet. Whichever way you go, remember to use your knowledge.

- If you don't like it - or even hate it - at least acknowledge this to yourself and then get on with the management skills. This also applies if you suddenly find life's problems running through your mind. Acknowledge them, but get on with the work of birthing.

- Get into the rhythm and don't feel obliged to do anything else.

- Your breathing rate will probably increase at this time, due to the demands on your heart and body. You might be tempted to pant, and this is okay for a while, but try to return to breathing in through the nose and out through the mouth whenever you can.

- Be conscious of your breath - remember that you are bringing in good clean energy with your inhale, and releasing tension with your exhale.

- At many births, no-one 'checks' you so you don't know how dilated you are. Use the information on the audiotape to help you know what's going on inside. Ask your care provider for assistance if necessary.

- Keep the baby over the pelvic inlet as much as possible. Your uterus contracts toward the pelvic inlet. Try to remain as upright as possible. If your labour continues to progress, it really doesn't matter what position you are in. However, if it is sluggish, then continue to try positions that keep the baby over the pelvis and also allow you to rest.



Photo by a friend

Do we really appreciate the effort that men put in to help us.

- Also check to see if your body position is keeping your pelvic outlet open.

- During contractions, relax or at least 'let go' as much as possible

- Between contractions, make an effort to rest; close your eyes; centre yourself (see 'Rest' in booklet), gathering strength and preparing for the next contraction. Your baby can move more easily during the resting phase and you can assist your baby by relaxing inside the pelvis.

- After each contraction go through *The Pelvic Clock*. Literally ask yourself "Am I relaxed at 12 o'clock, 3 o'clock, 6 o'clock, 9 o'clock?" and relax these points as you go.

- Use a support person to gently touch an area that you can then relax.

- Use *Directed Breathing* to more deeply relax areas inside the pelvis.

- Remember the deep *Cleansing Breath*, in your nose and a deep sigh out your mouth to reduce stored tension. Try this before a contraction to get ready for the next one; and after a contraction to release some of the tensions accumulated during the last working phase.

- With backache, rock the sacrum - try it during or between contractions.

- If you feel the baby is stuck in the hip, work with the hip bones to see if you can give the baby some room.

- Keep going, look for small positive changes and sometimes big ones.

- Sip warming fluids; some people say cool ones, we prefer to suggest that they are warm.

- Vomit if you are inclined, as the reflex can actually bring the baby down into the pelvis.

Occiput-Posterior babies & how to relieve pain/make room

- Do the *Sacral Rock*. Remember the back of the baby's head will be pressing on the sacrum, causing a stretching

tension. By rocking the sacrum, and having the woman consciously relax in the soft tissue of the sacrum and inside the pelvis, you can reduce much of the discomfort of this pressure.

- Do the *Hip Lift*. Remember to move the hip opposite where the baby is lying.

You may need to work with each contraction or between contractions, making room in the pelvis. Babies take time to move through a tight area, so be patient and observant.

What If ...

... the belly muscles are weak and the baby doesn't come into the pelvic inlet?

Wrap a cloth around the belly to hold the baby in place. Some babies can actually come down over the pubic bone rather into the hole. The cloth temporarily acts like toned muscles and will help the baby come into the inlet of the pelvis.

... The cervix stops dilating?

This can be due to:

- tension in the pelvic tissues - continue with the *Pelvic Clock Exercise, Directed Breathing* and *Relaxation* techniques

- scar tissue on the uterus or cervix - try the *Uterine Lift*

- pressure under the sacrum being so great that the back part of the cervix can't retract - work with the *Sacral Rocking* and *Breathing*.

2nd Stage

In general, women in 2nd Stage feel less tired and more alert, with increased energy.

After your cervix has dilated, the uterine contractions often become further apart, and change in their action, usually being experienced as an irresistible urge to 'push' or 'bear down'. If your baby has also moved through the bony pelvis, she will now enter the birth canal, filling the hollow (pouch of Ms Douglas) and applying direct pressure onto the perineum.

If you have a good sense of how to control this muscular area, allowing the birth canal to open, and have used the audiotape information to prepare your birth canal, then you may find this stage of birth much easier.

- Try to keep a fairly upright position, assisting your baby's descent.
- Pay attention to the tension in your perineum, and consider how your

position is affecting this.

- Relax this whole area.

- Remember not to tighten up inside your rectum and sacrum. If you feel that you will move your bowels, then just let that happen; you will be helping your baby to come.

- If you feel pain in the front where you urinate, relax in the back under your sacrum. Try using the *Sacral Manoeuvre* which will allow the baby to move back, reducing the pressure in the front.

What If...

...There is an irresistible urge to bear down?

This may be accompanied by grunting sounds and a bulging of the perineum. This occurs when the baby is coming down easily. Go with it!

... The cervix is fully dilated, but the baby has not yet come through the bony pelvis?

There may be no urge to bear down, and contractions might seem almost to stop. This is an important time to keep your baby over the pelvic inlet, so that your baby can more easily descend through the pelvis.

Some birthing situations will encourage women to bear down anyway, attempting to bring the baby down by their effort. You will need to discuss this with your care provider.

Some women feel very sleepy at this time, and some will even fall into a deep sleep. If this happens to you, then we suggest you go with it; often the sleep allows for deep relaxation of the pelvic tissues, permitting the baby to move down. In this case we often see women awakened to contractions which have a grunt in them, and then the urge to bear down increases and progress is made.

If you still have no urge to bear down, once again consult with your care

provider.

Sometimes the baby has not fully moved through the bony structure. Try the *Hip Lift, Sit-bone Spread, Sacral Manoeuvre*. If you have not done the *Internal Work*, the inside muscles may be tight, and the exercises mentioned above might help.

... The baby is not opening your birth canal and you feel stuck?

Once again, try to keep your position upright, assisting your baby's descent. Also remember how your position affects the tension in your perineum - is it relaxed or tight?

Work with the *Sit-bone Spread*, or *Sacral Manoeuvre*. Also, if you are sitting on your sacrum and closing off the back of the pelvis area, try moving and freeing your sacrum.

Please go to this section in the video now

Photo by Shane



Hello, my name is Kate - read about my labour in 'Birth Stories'

Birth Stories

It's time to tell you a few stories about some women's births, where women and their support people have used this information. Our video section 'Labour' will also show some role-played birthing situations where you can see people using this information.

Sit-bone Spread

Dee was having her first baby. She had done quite a bit of dancing. She had a quick six-hour active labour and had been pushing in 2nd Stage for several hours. The baby had refused to come down further into her birth canal.

The young doctor felt that intervention was appropriate and went to get the obstetrician on duty to check Dee, who was very tired and discouraged. She had been pushing in a partial squat, holding onto a bar in front of her, and looked upright and opened.

When the doctor left, her support people suggested she get off the bed and move around, so she rested her hands on the windowsill. At the start of the next contraction, Dee started to go into a partial squat. Her support person placed her hands under Dee's bum muscles to support her, and also spread the bum muscles out laterally. The support person felt that the muscles moved, but wasn't sure.

Dee immediately had another contraction, just as the young doctor and obstetrician came into the room. By then, Dee was on the floor. The obstetrician looked at her vagina and the baby was right on the perineum. He didn't understand what the young doctor's problem had been.

This was the first time the *Sit-bone Spread* was used.

Sit-bone Spread (that didn't work)

A midwife learned the *Sit-bone Spread* and some of the other information in the kit. Many years later she met again the person who had shared the information with her and told her this story.

She had worked with a birthing woman who had an extended 2nd Stage. She had used the *Sit-bone Spread* during the next contraction, and this immediately brought the baby onto the perineum.

However, at a subsequent birth she had tried it several times to no avail. Then she remembered that the baby was probably a

bit up in the pelvis and that she should try to move the sacrum.

She had the woman stand facing a wall, with her feet at shoulder distance apart and standing upright. The midwife placed her hand on the woman's sacrum. She said the woman's muscles pulled her hand up and she followed that movement ... there was a loud 'pop', and she felt that was the sacrum moving back into place. At the next contraction, the baby was on the perineum.

Remember the sacrum!

Hip Bone Lift

A woman who had a forceps delivery (when her baby was stuck in transverse) learned this information many years later. She had felt intense pain in her hip which no-one had a solution for. She now realised that that pain had been the baby pressing against the inside of her hip. She felt that if she had known the *Hip Bone Lift*, it would have helped unstick her baby.

Photo by Simon & Melissa



Ho hum...

Hip Bone Lift using the leg

A woman having her fourth baby had been transferred from a birth house to hospital in 2nd Stage, after two hours of pushing. She felt pain in the left hip. She pushed two more hours and at each contraction she experienced pain in her hip.

A midwife, who had some experience with this information, finally asked if she could try something before forceps were used.

She acknowledged the pain and correlated the pain to the position of the baby. She had the woman get onto her right side (the baby was on the left) and told the woman to lift her left leg to where it would relieve the pain. The woman made an extreme leg lift and the baby came onto the perineum.

Hip Bone Lift with Sacral Manoeuvre

This woman had a very long labour, and although the baby's head was down deep into the pelvis, and the midwife could feel lots of curve of the head in her birth canal, the birth just didn't progress.

The *Hip Bone Lift* was tried and after observing some change, but not enough, it was combined with the *Sacral Manoeuvre*. After three repetitions, she felt that there was some movement inside her, and explained to her support people "I felt the baby move back."

After that, the labour began to change. Within an hour her baby was born, with her whole bent arm covering her face! Until the baby was born, there had been no way of knowing that the baby's arm was coming through the bony pelvis at the same time as the head. Luckily these strategies helped with this.

Stuck in a Squat

A woman had laboured at home with her first baby. After ten hours of labour and several hours of pushing, she went to the hospital and had a Caesarean section. Her baby had been posterior and she had had no urge to push, but had squatted and been encouraged to push because she was fully dilated.

After the birth, the midwife sent her to someone who worked with this information. It was discovered that she had a very long front-to-back dimension and was very



Photo by Nam

Am I less wonderful, gorgeous, terrific, or loved, because I was born by Caesarean section?

her belly. This allowed her to reposition her right leg between contractions in order to relax the Minnie Mouse muscles. Relaxing these muscles gives flexibility to this area. This was a good example of a mother and her baby working together. This baby weighed 10lbs 2oz, while her first baby weighed 8lbs 9oz.

Stuck in a Squat too

This woman had three previous children: first by Caesarean, second in hospital with a vacuum assist, the third an attempted home birth. At that birth when labour got into full swing, she 'didn't know where she was' and wanted the midwife to come and check her. Even

narrow between the sit-bones. After mapping her pelvis, she found that getting into a squat (as she had done in her first labour), made the distance between her sit-bones even narrower. She experimented with many positions, while someone kept their hands on the sit-bones. She felt that having someone touching the sit-bones made her more aware of how positions affected that distance. She discovered several positions that kept her open, and used those in labour. She consciously avoided positions that she knew closed her during labour.

She also had very weak abdominal muscles. She worked to strengthen the belly muscles, using the exercise in the kit, with the hope that the next baby would have its back to her belly - which happened.

She and her husband used the *Internal Work* on the audiotape. She had a short labour at home, and six contractions until the baby was born. She sat on her left hip - the baby's back was on the right side of

being told that she was 3cm dilated didn't make too much sense to her.

At some point in her labour she experienced a weird sensation that caused her to stand facing the wall and on tip toes, saying "what's happening, what's happening?" The midwife felt that the baby might be getting stuck and

suggested she go on to hospital. The woman didn't feel the baby was stuck, but didn't know what was happening, so she went to the hospital and had the baby five minutes after getting there.

She attended a workshop of this information three weeks before the birth of her fourth child. She told the workshop teacher that she was getting pregnant in order to get these births right. The workshop teacher went to their home and showed them the information on the audiotape.

This woman called the teacher after the birth and said it was great. She and her husband had checked her themselves and

she always knew where she was. She chose to squat and the baby's head came out but the rest of the body stopped coming. The midwife suggested she get on her hands and knees. She was able to tell the midwife that she knew the baby was fine and to just give her a minute to think. Her husband suggested she think whether the baby was positioned well. She said, "Of course - it felt jammed." She stood up and lifted the leg on the side of the baby and the baby fell out.

Photo by Uwe



Let me ask you a question - will my greatest effort be in labour and birth, or in raising my children?

The Pelvic Clock

A midwife who worked in a busy maternity ward, and had never worked with women antenatally, was able to very successfully teach women about the top of the vagina and to do the *Pelvic Clock Exercise* while in labour.

She found that women could direct their attention better, were more able to guide their partners, and felt better about themselves and their efforts in labour. She could also adapt the information on the audiotape to have women feel the descent of the baby into the vagina.

Women felt more focused, were aware of why they felt certain sensations and were better able to cope.

Preparing the Birth Canal

The couple on the audiotape prepared the birth canal every day for eight weeks, twice a day. This first baby was a face presentation weighing close to 9lbs.

You can hear how easy it was: her vagina opened like a flower, and after five contractions the baby was born with no tears. She just opened.

Hands and Knees that didn't work and the use of staying open

This woman had had two previous 11lb 4oz babies at home. Both labours were slightly over ten hours. She felt her second baby had been stuck and wanted to know what to do about stuck babies.

She learned about mapping her pelvis and what positions kept her open. She had walked in her previous births, but felt that she was not particularly open.



Photo by Jenny Blyth

We are all one

A Father's View

Luca is stuck... Sue realises this during the next contraction and asks for help. The birth helper (who had used this information in her own birth) and I performed a position change combined with a *Hip Lift* on Sue, with the clinical efficiency of an Aussie league second rower. This provided the extra opening for Luca to dart through and continue the sprint to the try line.

At that moment I realised all those training sessions and enlightening

Two weeks before the birth, the baby was not coming into the inlet of the pelvis. Rather, one could feel the head pressing into her right hip blade. That was determined by finding the baby through her belly and using the information on the audiotape to check herself. She gently pushed the baby's head from the outside, down toward her pelvis, and within five days the baby came into the pelvis.

The woman felt more comfortable and had a lovely labour. She chose to sit, spreading her sit-bones, with pillows under her bottom, and went to sleep for several hours, waking during a contraction. She then felt that she needed to lie down, and chose her side. Someone picked up her leg, but she felt that that closed her up.

After three contractions she felt that the position wasn't working. She got up and knelt on one knee with the other leg bent with the foot on the floor, but her upper body was bent over because the bed was low to the ground.

The baby's head was out with the next contraction, but the baby didn't come further. All she did was to lift her upper body so that she was not bent over, and that put the baby over the inlet. The baby came right away. Yes, another 11lb 2oz baby.

discussions of the finer points of the women's birthing bits (It's just like plumbing - big object through small hole!) were all worth it.

This understanding allowed me to enjoy the birth experience, rather than being stressed out.

This information was an invaluable way to prepare for Luca's birth - our first. I found the knowledge that I gained gave me confidence to assist and fully understand the different stages of birth.

Hip Bone Roll

A first-time mother had a posterior baby that after eight hours had turned to the transverse. After another five hours she had had no further progression of labour.

She lay on the opposite side from the baby and started to roll the hip where the baby was. In twenty minutes the baby had turned completely anterior.

Her labour then picked up, and within two hours she was pushing and had a little boy. She felt that she 'had done it'.

Photo by Jenny Blyth



The wheel of life - from baby, to child, to parent.... Life renews itself

The Uterine Lift

This woman had had a Caesarean for a breech baby nine years earlier. In her next pregnancy, the baby was also breech but a doctor several hours drive away was willing to help her have a vaginal birth.

She prepared her vagina because she had lots of thick tissue. She laboured very well, but after 24 hours was still only 3cm dilated.

A support person knew about the **Uterine Lift** but had never used it. She did it three times and the woman felt that something had happened. She birthed a 9lb baby two hours later, vaginally.

Guess something had happened.

I'm sharing this information now!

I began working with the information contained in this book when I was pregnant with my second child. My first birth experience had been good, but I was keen to learn more. I was amazed to learn how little I knew about my birthing body and the passage my baby had to take.

As I became familiar with the various types of tension I held in my body, I was able to work more consciously with relaxing. I could see that this could make birthing easier.

When I began the **Internal Work**, the initial discomfort I experienced gave way to the creation of more space for my baby. Any lingering fears I held around my upcoming experience were gone.

I went into labour feeling confident and in control, and the knowledge I held meant that I was able to take positions that encouraged my child. At no time did I feel that things were getting out of hand, even though the whole labour was more intense than my first.

My daughter and I recovered so well from the birth that I was able to walk a couple of miles the next day to celebrate with friends.

I have continued to share my new understanding with friends along the way. This information has the power to change our birth experiences, both as men and women, by giving us a new inner knowledge.

A large sacrum

This woman had an uncommonly large sacrum that was also very long. This produced a very short front-to-back dimension and a very long internal tube of the pelvis.

Her first baby had taken a long time to come into the pelvis, even in labour. Her back hurt terribly in her first birth and she demanded lots of pushing in of the sacrum. Her child had an extremely moulded head and appeared 'upset'. She had torn quite badly and had taken a long time to heal.

She learned from this information that she had very weak stomach muscles. She was a long distance bicycle rider and the bending over had weakened her stomach

muscles, but made her hamstrings (the back of her upper legs) very, very strong. These muscles attach to the sacrum and had made it quite inflexible.

She strengthened her stomach muscles and learned to consciously relax the hamstrings. She prepared her birth canal and she and her husband learned to rock the sacrum.

In her next birth, they worked at each contraction to mobilise the sacrum. They could actually follow the descent of the baby through the pelvis by where it hurt, and could move the sacrum to give more room. Her discomfort was eased as well and she felt her whole experience to be much better.

I'm sharing this knowledge with others

My baby was born five weeks early, so I only had three weeks of doing the *Internal Work*. However, even this small time was very helpful! Knowing about all the muscles down there made me more aware of my baby moving through my body during labour.

At one stage, I felt that the labour had stopped progressing, and worked out that my baby's head was hung up on the muscles between my sacrum and sit-bones (the Minnie Mouse muscles). I was able to both relax and massage this area. I felt her move and the labour picked up again.

I was also prepared for the sensation of her head right down on my rectum and was able to relax instead of tensing up. And I knew when she 'turned the corner'... when her head came round and started opening me up.

If I were to have another child, I will

very definitely do *more* internal work! I found all the information very useful. I felt more confident than I thought I would during labour and a lot better afterwards. I took responsibility to learn about my own body beforehand, and to understand what was happening in Mikaela's birth.

This sense of taking responsibility, confidence and 'knowing' has extended to all areas of my life. I am now involved with pregnant women, their partners and support people, teaching this information.

I have also been fortunate to be at a few births using this information. It is wonderful to see other women birthing confidently and well because they, their partners and support people all know about her body, because they also know about their own. Everyone is able to be more responsive and responsible. I have been hugely enriched by this knowledge.

Hello - my name is Kate

I'm 21 years old.

My views on pregnancy and childbirth before I had Tyler were basic. I felt the same as many women - I wanted a healthy baby, and to be unconscious when he 'came out'.

I was scared of the unknown and when I think back, knew nothing about my pregnant body.

Shane, my partner, and I started using the kit when I was five months. We watched the video together and made a commitment to do something every night, whether it be breathing, massage, or relaxation. We would do something, even if it was only for ten minutes.

Do I think it was beneficial?

I can't tell you the difference it made. I gave birth to a 10lb

11oz baby - my first - with no drugs, no rips, tears or stitches. And most importantly, no trauma to my partner, my son or myself.

My advice to you - read the book, watch the video, and help yourself! You are the one having this baby, and you have the power to make it into the experience you want.



Photo by Mum

Birthday - October 14, 2000

"Everything worked but I didn't like it."

This woman had a previous baby, born by Caesarean at 28 weeks for a 'medical reason'. The baby was fine and several years later she was pregnant again. She planned a home birth. She and her husband learnt some of the information from the audiotape. They also did some couples work so that they could work together better.

Because of her first birth experience, one of the important issues for her this time was going to be her ability to let people around her know whether she felt her baby was okay during the labour, and if not, then transfer to the hospital.

When she described this birth she said "I don't know why I thought a vaginal birth was so important. It hurt SO MUCH! I don't know if I liked it at all. But I didn't tear; I'd done the internal work, so that worked.

"But, boy, it hurt. I don't know how I feel, but my husband caught the baby and he feels great, so I guess the work we did together helped. But boy, it just hurt so much.

"During the labour I knew my baby was okay, and I hadn't thought that was possible, but I KNEW. Gosh it hurt so much, *but I did it!*"

For The Fathers...

Many traditional cultures honour the response of men to pregnancy. In fact there is a French term 'couvade' which recognises the symptoms a man can experience when his woman is pregnant.

We should also remember that both women and men were born through a woman's body, so both have experienced the process of birth. In a way, you could say that men have the advantage, in having been inside a woman's body, while

encouraged, and even expected to participate.

We have seen men who, when given practical birthing skills, display incredible knowledge and understanding during their partner's birth. Our information kit has provided many men with the practical knowledge they need to approach birth. And practising our exercises has given them the chance to feel within themselves what their woman might be feeling - enhancing their understanding.

Men and women actually have similar body structures, so this information can be experienced and utilised by everyone. We'd also like to point out that all the information in this kit comes equally from men and women. Some of the exercises were developed from an insight that a man had about his partner's body, or something that a man and a woman had discovered together in a labour situation.

Men, you can understand!

When a man and woman work well together before and during birth, they seem to be able to work better together in parenting too. Men seem less afraid of their little babies; they realise how strong babies are and feel proud of their own effort in bringing their child into the world. Often these men understand how hard women have to work to give birth, and have great admiration for that effort.

We sometimes use an interesting analogy to help men understand how



Photo by Kate

a woman has not been inside a man's! So there is no reason to assume that men cannot learn about and understand the process of birth.

It's important to know that in many cultures around the world, men have been actively involved with birth. However, in other cultures it was considered 'women's business'. In modern cultures not so long ago, men were not allowed into labour or birthing rooms. Now men are welcome,

intense birth can feel. You know the hole in your penis? If it had to expand large enough to fit a baby through, wouldn't it hurt?

That's how large a woman's pelvis and vagina must expand to birth her baby, and it can hurt an awful lot... This is the sort of thing men can get in touch with by participating in *What You Can Do...*

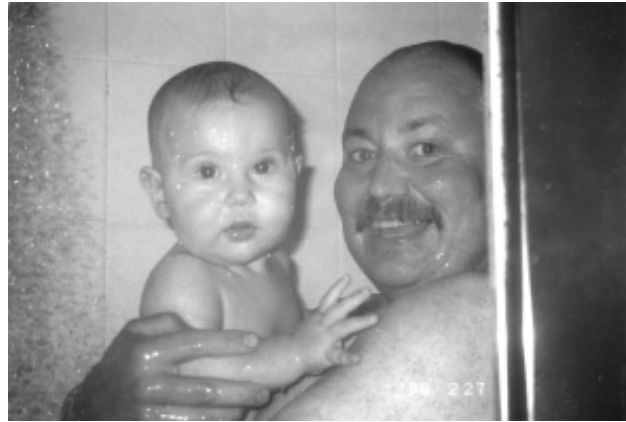
To this end, we encourage women to try the exercises on their partner as well as themselves. Most of the exercises are very 'mechanical', but you don't have to use force. It is better to be gentle and coax the body, rather than yanking it around.

Often you will be asked to use your awareness to feel hidden areas within the body, but this awareness is still being directed to quite mechanical aspects of the body. Men like to be practical, and our

information usually appeals in this way. However, we believe that people don't really need to know all the technical terms in order to birth well. If you do want to know them, you will need to get out your anatomy books.

Our hope is that men will learn whatever they can to feel comfortable and confident in helping their women birth.

Photo by Fiona



The guys

Photo by Kate



Illustrations for the internal work (to help you understand the audiotape)

We really want you to understand the lower part of your body, so let's go over it again.

Refresh your memory of the *Pelvic Clock* exercise. That exercise specifically works with the top of the vagina, which we call the pelvic floor. As you recall, this exercise helps relax the internal tissue of the top of the vagina and where it attaches to the inside of the bony pelvis. Relaxing this tissue helps the cervix to dilate.

Now we will work with the internal muscles and soft tissue of the perineum. The perineum is all the tissue on the outside of the body that is between the vagina and rectum, on each side of the rectum, behind the rectum, and either side of the tailbone. It is also the muscles that are on the inside of this tissue. This is what you will be working on, with the help of the audiotape.

Remember you can massage this outside tissue regularly in the last eight weeks of pregnancy. Men and women have repeatedly told us, however, that working with the internal muscles has been the most valuable.

The space between those areas (the pelvic floor and the perineum) is called The Pouch of Douglas (we call it the Pouch of Ms Douglas).

We have said that once the cervix dilates fully, the top of the vagina is retracted and can no longer be felt. Then the baby moves into the Pouch of Ms Douglas and presses on the internal muscles of the perineum. We work with these internal muscles for eight weeks before the birth date.

On the audiotape your partner will learn how to assist you in this preparation

and you will learn how to do the work yourself.

You will also learn how to check your own dilation. Like most of us who have done so, we do not have medical terms for what we feel. We just feel for change.

These are the most typical changes felt:

- you can feel the top of vagina become less puffy and thinner (effacement)
- you can feel more of the baby coming through the pelvis (descent)
- you can feel the cervix opening (dilation)

We feel inside when we are not certain in labour and begin to wonder 'where we are'. If there is a change, that seems to reassure us that there is progress. Feeling inside makes you feel more confident and more grounded.

Illustration 1



**This shows
approximately the
top of the vagina**

Before you go to the audiotape, take a look at the illustrations. These simplified illustrations can help you understand what you are touching. If you look at *Illustration 1*, you can see where the top of the vagina approximately attaches to the inside of the bony pelvis.

Illustration 2 shows approximately where the inside muscles and tissues of the perineum attach to the inside of the bony pelvis.

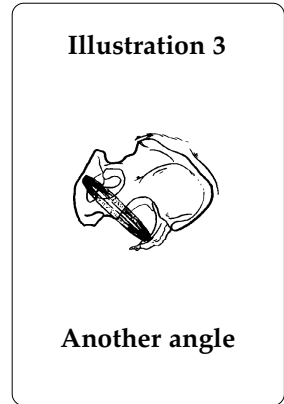
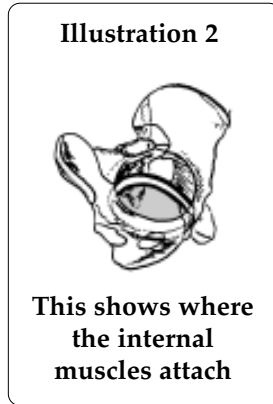


Illustration 3 shows another view of this area. The space in between is the Pouch of Ms Douglas.

The internal work... where are those muscles?

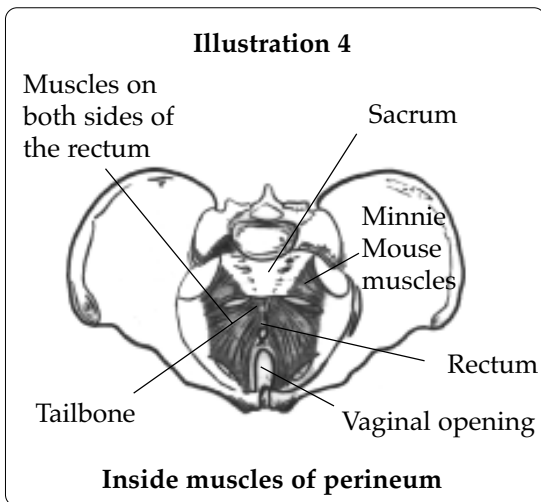
If you now look at *Illustration 4*, you are looking down onto the inside muscles of the perineum. This is an impossible view on a real person.

When you work inside, you are working on these deep muscles by stretching and massaging them so that they can relax more easily. The vagina will open equal to the space you mapped of your outlet. Working on these muscles for

eight weeks before the birth has a profoundly positive affect on the ability of these muscles and surrounding tissues to relax and open.

Notice that the rectal muscle is in the middle of this tissue, and situated between the sit-bones. The baby presses on the rectum because it is in the middle. Women feel that pressure as an urge to move their bowels. This can produce a reaction of embarrassment and we often see women tighten up those muscles to prevent this. By doing so, you hinder the birth. By working with the muscles beforehand, you become familiar with the sensations. You can specifically relax these muscles.

Right now, tense up behind your rectum and you will be tensing the Minnie Mouse muscles. As you have discovered in the video, tension there can minimise the free movement of the sacrum and tailbone. Now tense up muscles that would prevent a bowel movement. These are the muscles on both sides of the rectum.



Tension in the perineum can hinder the opening of the vagina and the birth of the baby. Now gently bear down into that area, slightly bulging these muscles. This is what your baby will ask your body to do.

Illustration 5



Look at *Illustration 5*. This shows you a rotated view of the inside perineum muscles and tissues with the baby's head pressing on that tissue.

Illustration 6



Illustration 6 shows you another angle, and how the baby's head will fill that whole inside space and press on the perineal muscles and tissue.

Remember the vagina will open. Relaxed and elastic muscles do this more easily than tense and stiff ones.

Throughout time, women have prepared for birth

The most important thing to remember is to be gentle with your body. You want to have a positive experience. When you tend to your female needs, you aren't rough.

The trend in modern countries is toward a more natural childbirth. In all cultures where modern medicine is not involved with birth, women prepare their bodies. This was also true prior to the medicalisation of birth. Some of the ways to prepare the birth canal, historically, have been warming the area either with warm cloths, sitting over a warming fire, herbs and/or massage.

If you have had a previous tear or stitches and that area feels numb, tight, or very sore, then work a bit more there. But be gentle! You want to ease the body open over time. Where you have been sutured will not tear, but the area nearby may, or it may feel very tight. Scars do not stretch in the same manner as regular tissue.

After your birth, you may want to warm your kidney area and your lower belly, as many traditional women do. Also, in many cultures, women loosely wrap their belly muscles after birth. This seems to help the displaced organs to fall back into place more easily. Traditional women also massage the lower belly over the uterus to help expel the post-birth blood, and there are many herbs that you can use for a sitting bath to help heal the perineum.

Do's and Don'ts

Do

1. Try to do the *Internal Work* once or twice a day for eight weeks, for 10-15mins at a time.
2. Sit on the edge of a chair, or stand with one foot on a chair, or sit to the side on one hip if you are doing the work on yourself.
3. Lie down if your partner is doing the work on you.
4. Work together.
5. Wash your hands before and after.
6. Empty your bladder and bowel.
7. Use only a tiny amount of Vitamin E oil, olive oil, etc., or preferably only the natural moisture inside.
8. Massage only the perineal muscles and the sides of the Pouch of Ms Douglas (the tissue covering the inside of the bony structure).
9. Tense up as a way of feeling how tension can affect the inside space.
10. Relax so that you can feel the muscles stretch more.
11. Push the muscles and tissue down and out.
12. Massage in circular movements.
13. Congratulate yourself on the changes you create.
14. Understand that the changes are specific to birth preparation.
15. Understand that the birth hormones go away shortly after birth and you will tighten up again.
16. Stop if you get dry or uncomfortable.
17. Stop if you get contractions that are uncomfortable.
18. Stop if you don't feel right about it.
19. Stop for any personal reason.

Don't

1. Don't use a lot of oil.
2. *Don't massage the top of the vagina.*
3. Never hurt yourself.
4. Don't think your vagina will get so loose your husband will be unhappy.

A Final Word

Countless women and their partners have used the information in this kit during labour and birth.

Sometimes they were very sure of what they were doing, and other times their discoveries came by accident, only to be understood long after the experience. In most cases, just knowing the information gave a sense of confidence that there was something they could do. Often it was the small, subtle things that allowed people to feel that they had at least put the mother and baby in the best, most relaxed position at each contraction. And yet, whatever the story, we have found that very few people considered theirs a 'perfect' birth. Why is this?

We believe it is partly because of people's expectations. Of course everyone would like their birth to be as easy as possible, so many women learn and practise whatever they can to achieve this.

However, after the event we find women going over it in their minds, wondering if they had done this, or known that, perhaps it would have been better... well perhaps it could have been, but there is absolutely no way to re-do the experience once the baby has arrived. And women do need to acknowledge and honour themselves for going through that passage, and accepting a baby into their life.

We would like to warn you against expecting a 'perfect birth', or for that matter anything in particular, except that you will get through it, with your baby - just about everyone does, no matter what they know or do!

The fact is, there is no such thing as a 'perfect birth', any more than there is such a thing as a 'perfect life'. Think about what

life passages you may have undergone so far - cutting teeth, starting school, menstruation, the first sexual experience, loved ones dying.

Birthing is also a rite of passage - into parenthood - and like any other passage, it comes upon us and we just have to deal with it. It's an awe-inspiring experience, and it would be perfectly natural to want to prepare in some way. And you can do that. But to some extent the experience is still out of your control.

We feel that the best way to approach such times is with a sense that we bring as many skills as possible to that experience. At the same time, we recognise that no matter how skilled or knowledgeable we are, there will still be times which require us to rely on pure faith and trust. If a rite of passage could be completely controlled, then it wouldn't be such a powerful and valuable experience.

Whatever you do or feel about them, all life passages are an opportunity to accept life's challenges, learn about ourselves, and use what we have learned as a guide for the future. It's important to take note of how you handle situations which you cannot control. Spend some time thinking about how you have dealt with important life passages in the past. You will learn a lot about yourself, and be able to use that knowledge in labour too.

Given that most women will only experience birth a few times in their life, it's not really surprising that they go over the event for weeks - sometimes years - afterwards.

These days, and in modern cultures, many of us have no direct access to birthing situations other than our own. Usually women enter their first birth with



Photo by Wintergreen

Look into my eyes, and you will see...

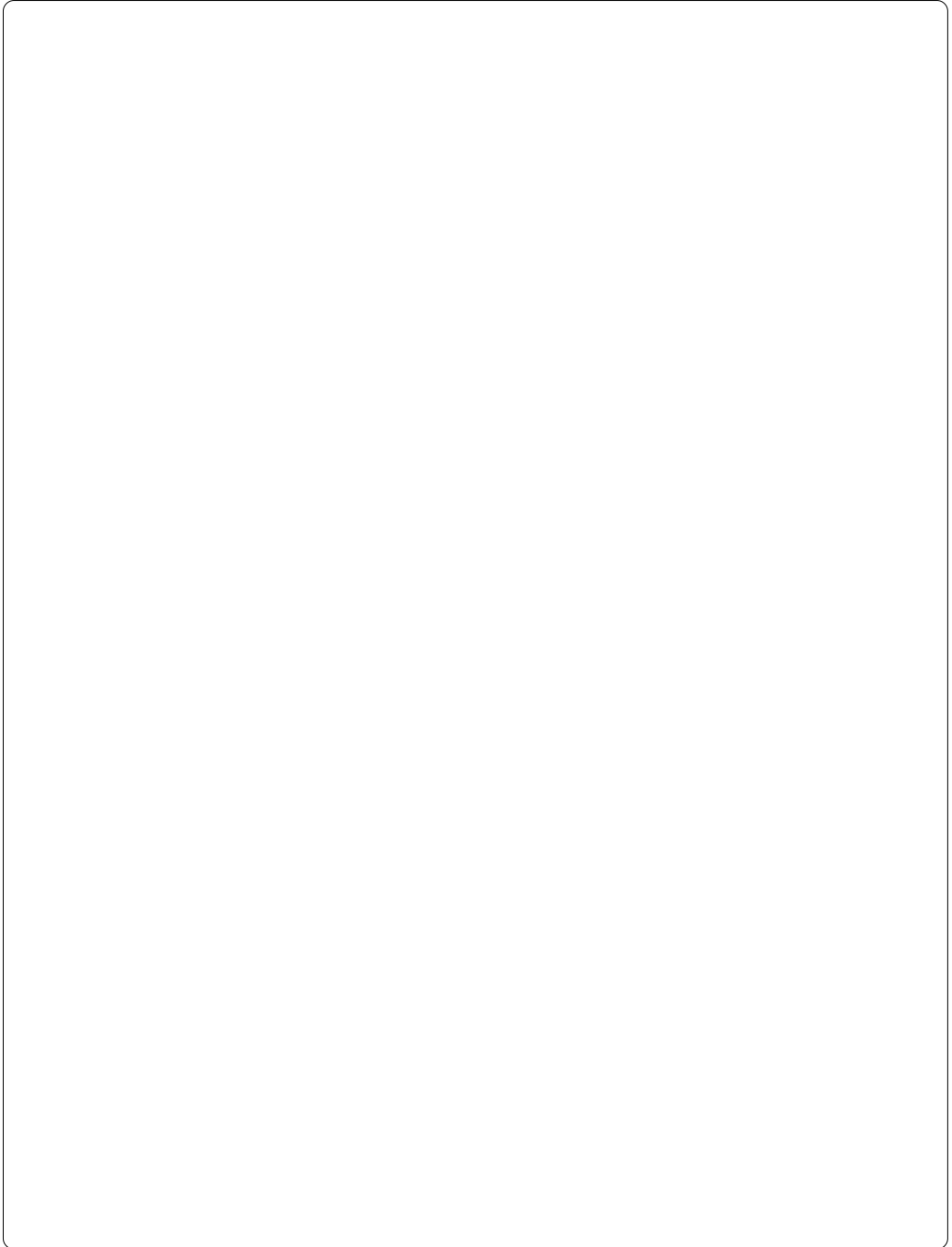
no first-hand knowledge at all. This kit obviously aims to inform you as best we can, and our audiotape gives you the chance to listen in on one woman's birth.

If you have the opportunity, do attend a birth, or watch videos which follow real labours, and with your new knowledge, see if there are things you would do the same, or perhaps differently.

But remember every birth is very different; please don't expect yours to be anything like what you have seen. Just expect that you will do your best, with your knowledge and skills, and be prepared for whatever happens.

We hope you will understand that even though it might not be 'perfect' in your eyes, every birth really is... perfect.

Your Story

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