

The

Pink

Kit

A newborn baby with dark hair and light eyes is lying in a nest of flowers and a brown cloth. The baby is looking directly at the camera with a calm expression. The nest is made of a brown cloth and is surrounded by various flowers, including yellow daisies, pink hydrangeas, and purple flowers. The background is a soft, out-of-focus pink fabric.

The brightness, love & joy at a baby's birth, represents a stark contrast to the moment just before, with the tension filled stillness in the air ...the first cry, the sound of the little voice announces its first song, then crashes thru all the fears and doubts....

... If we are to heal the planet
we must begin by healing birthing

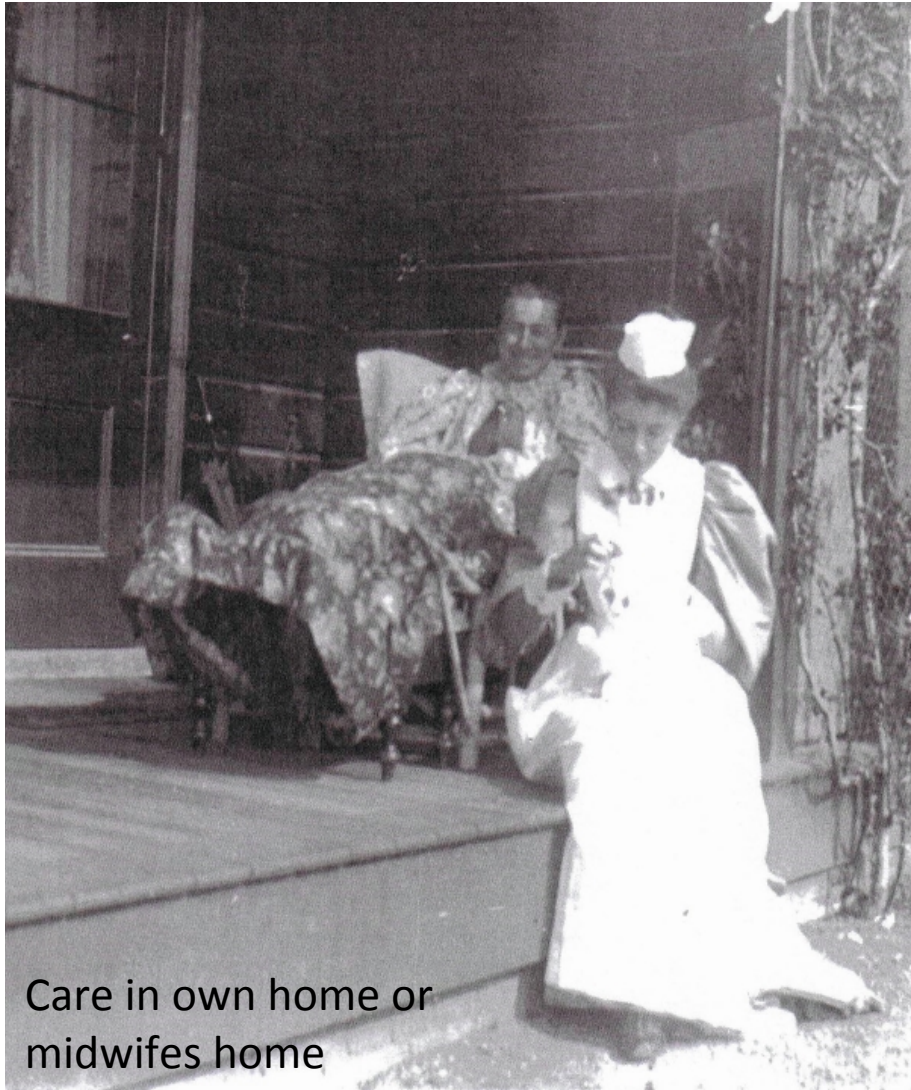
- Rev Agnes Sallet von Tannenberg

Midwives & Magic - 1938

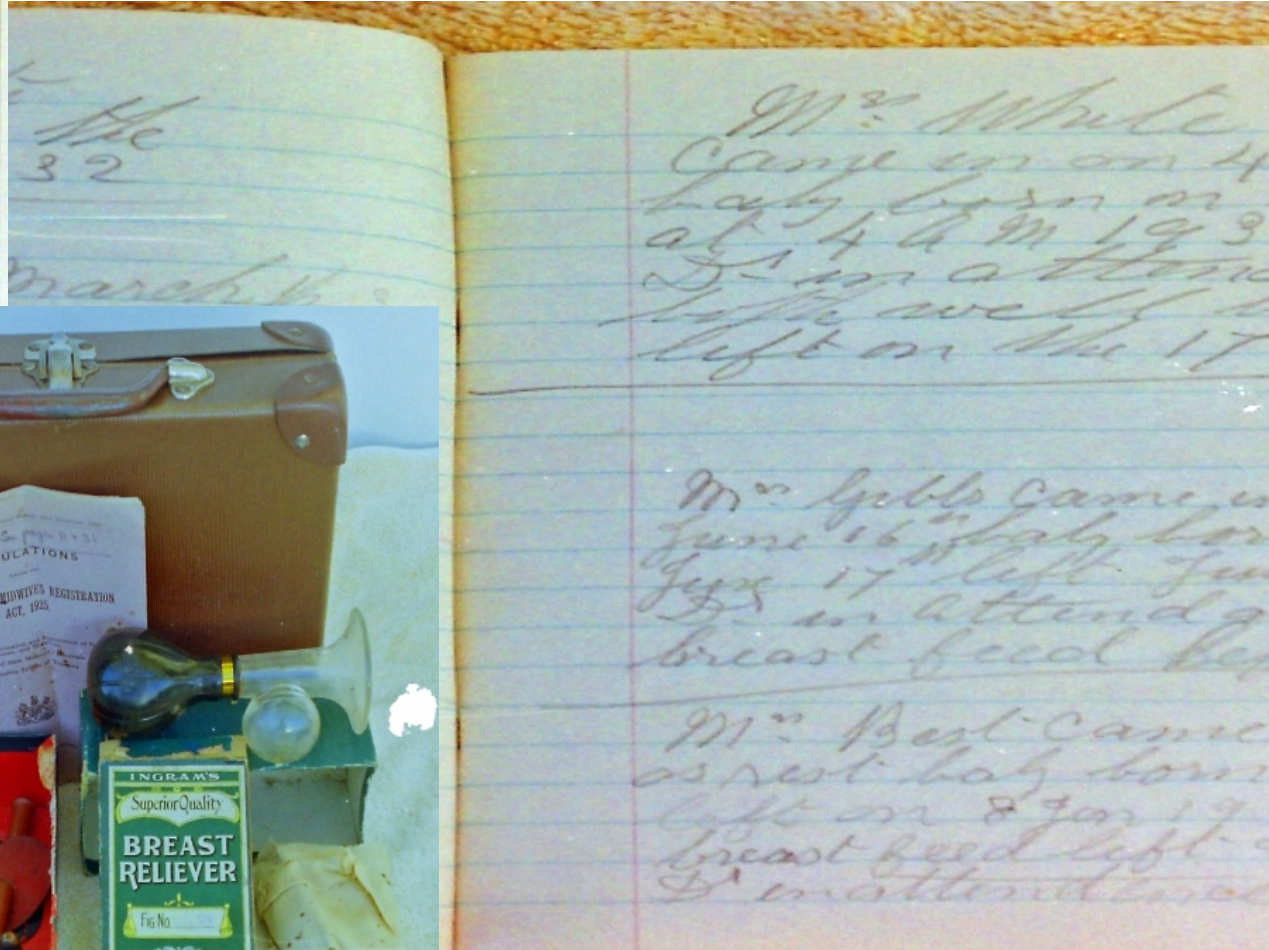
- *Beliefs & customs concerning motherhood still surviving in England were discussed:*
- *There was a belief that a midwife had certain powers which enabled her, especially in an emergency to arrive in time and manage the situation, applying her skills.....*



What has changed?



Education / Regulation



1930's birth kit

[illegible]

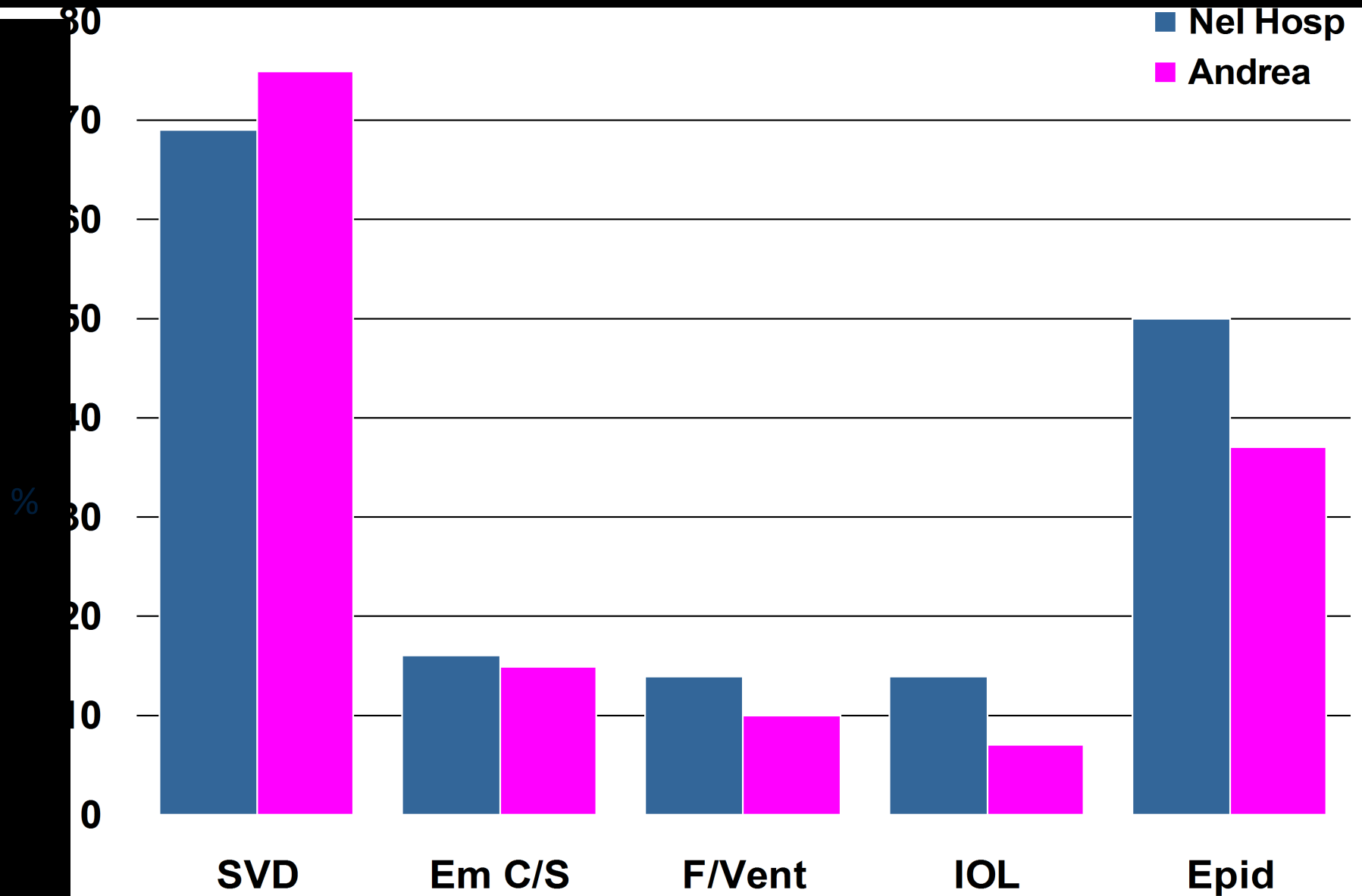
Choice !

Making 'choices' as the only expectation for taking responsibility puts unnecessary pressure on all birth practitioners to 'provide' outcomes based on choice.

I was tired in 2000 and had to also make some choices.



2000 Statistics



Here's How I saw it...

Midwives

- **Want women to have good birth outcomes**
- **Empowering birth experiences**

Midwives

- **Are experiencing more occupational fatigue**
- **Fearful in the current climate of litigation and blame**

Women

- **Want positive birth experiences**
- **In doing so the women/midwife partnership is often too heavily weighted in responsibility onto the midwife**

Fathers often stood around not knowing how to help.

Work life balance:

- Caseloading midwives strive to provide care that will give the woman greater autonomy and self-determination through a partnership relationship (Guilliland & Pairman, 1994)
- In return the midwife who provides continuity of care is thought to receive the benefit of a more fulfilling care provision experiences greater autonomy and relative flexibility in the way the care is provided (Guilliland & Pairman, 1994).
- Literature has shown continuity of care has a proven advantage to women but may not be sustainable long term for the midwife and may contribute to burnout (Donald, 2012)
- No NZ research has demonstrated practical ways the midwife can enhance the way they provide continuity of care for long-term sustainability, (Donald 2012).



Partnership support!

What might it look like if women and their partners all came to birth with skills and remembered to use them?! Would this go some way to supporting midwives?

Birth is not always perfect BUT it can be inspirational

- ***“If you want something you have to do something” – Wintergreen***
- ***There is an abundance of birth information, facts however are not actions***
- ***Choice of birth too often changes ...then what?***
- Skills are always with you...give you the know how & adapt to every situation





Bringing Skills to Birth:

Pink Kit

Hypnobirthing

Active Birth

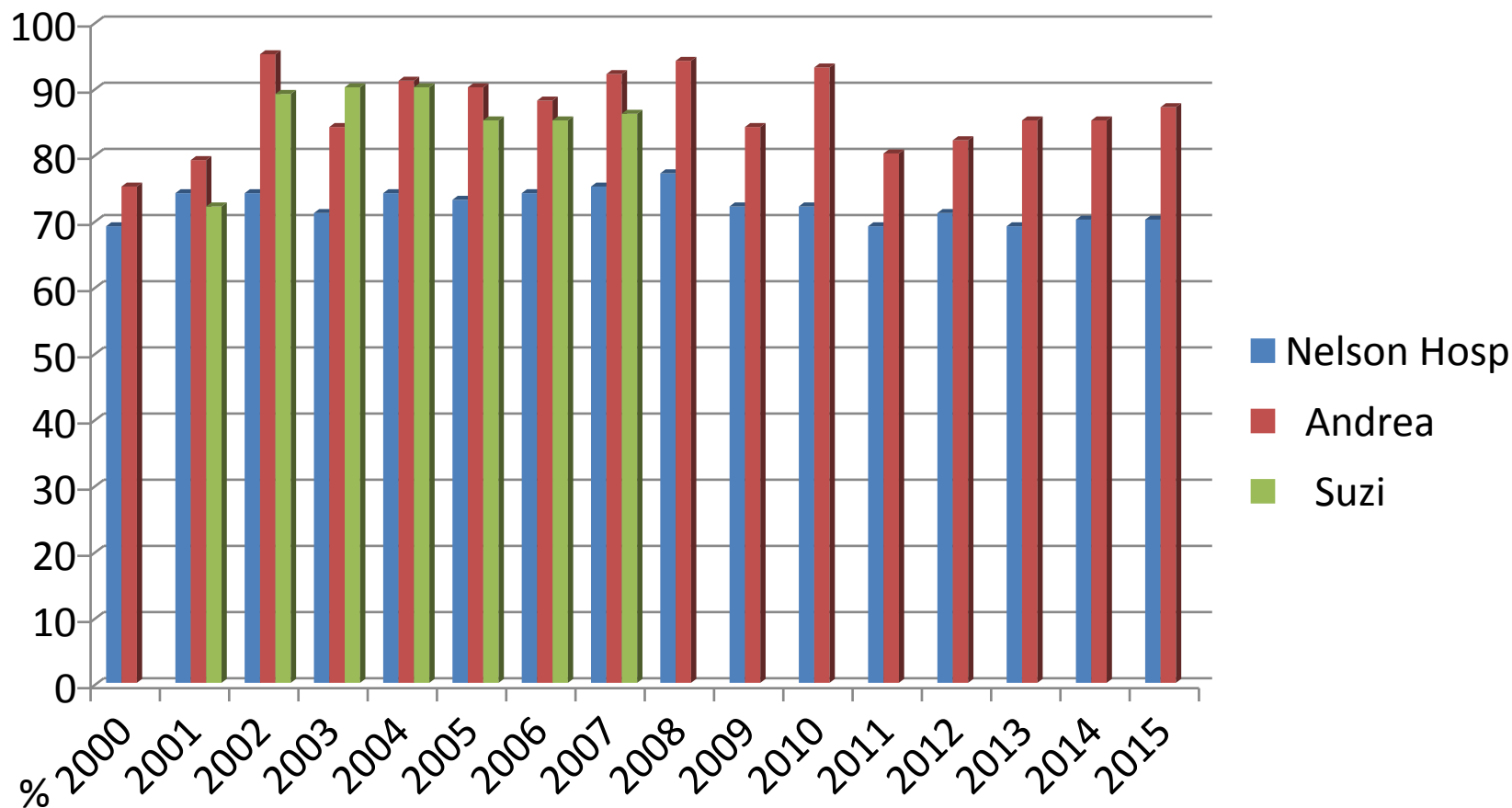
It took time....

- It took time for us to realize it wasn't about normal births which was our initial focus
- Women will self reduce intervention when managing labour
- With more positive birth experiences there are many happy 'side effects' one of which is more normal births
- And we as midwives needed to change our language around birth have greater balance of the partnership



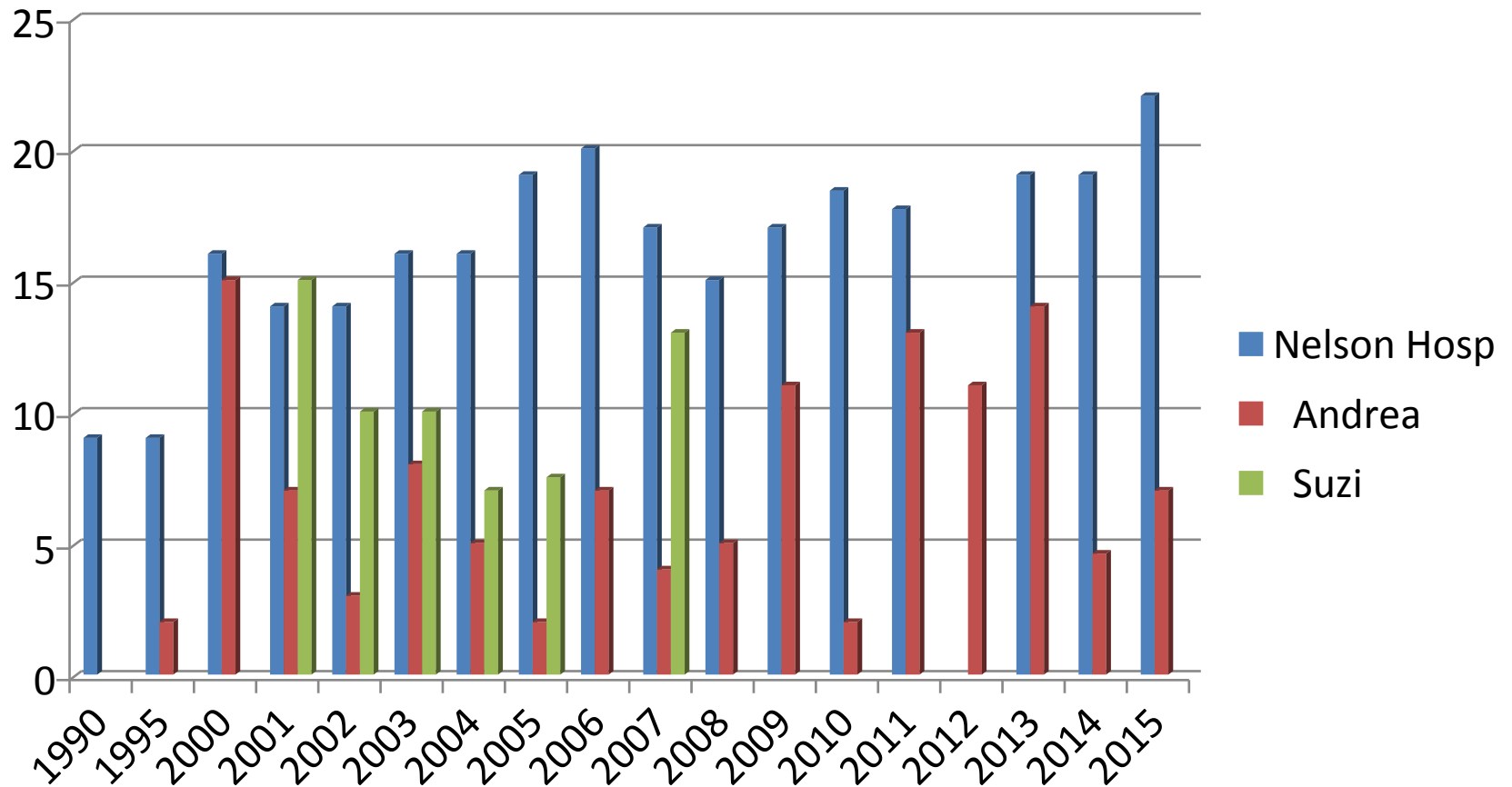
Normal Deliveries

(of those who laboured)



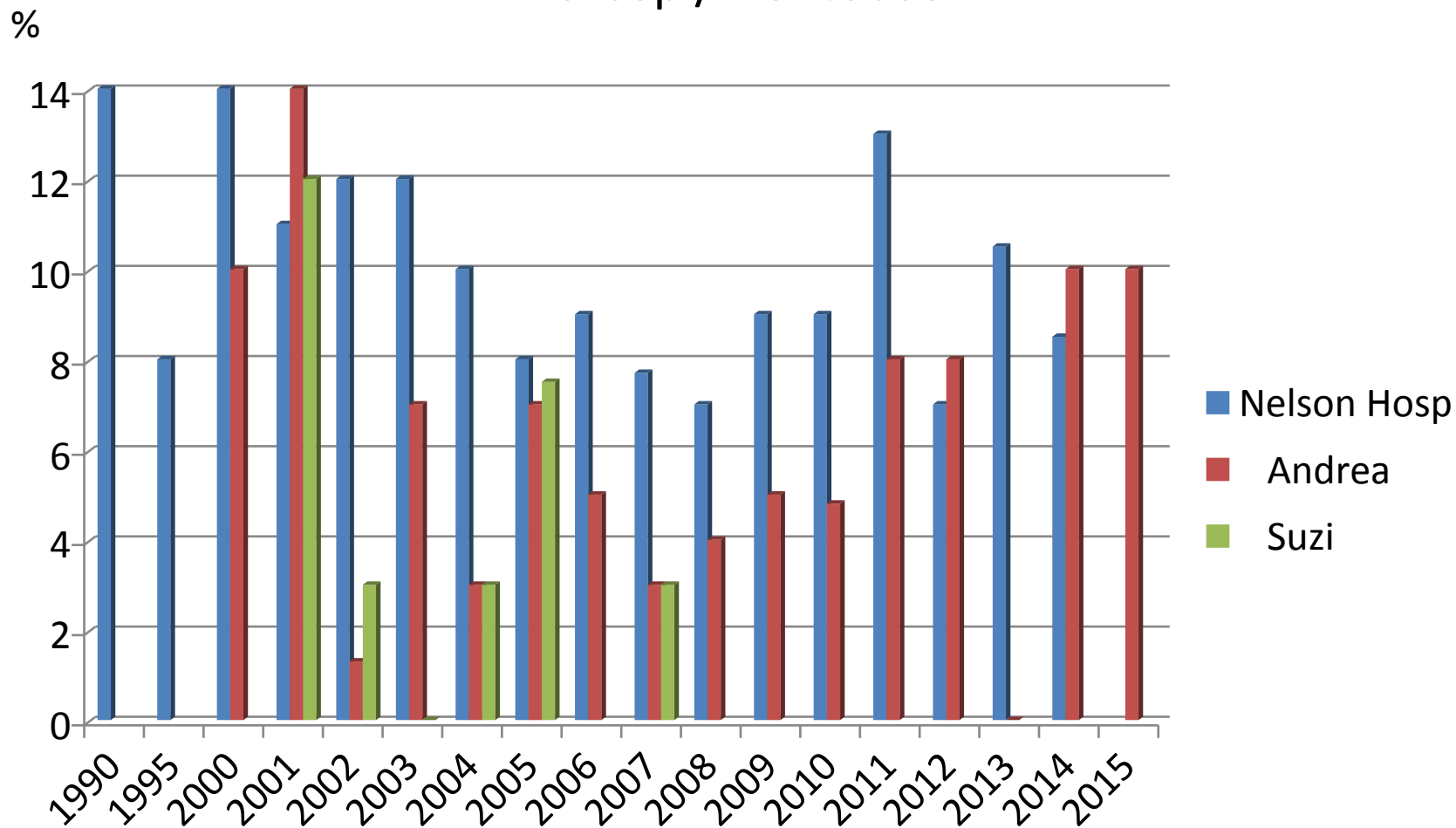
Caesarian Section Rates:

%




Assisted deliveries:

Forcep / Ventouse



SKILLS

using skills throughout women will self-reduce all

interventions!

- Skills
 - homeopathy
 - Shiastu
 - acupressure
 - acupuncture
- TENS
- massage
- water
- Pethidine
- Entonox
- Epidural

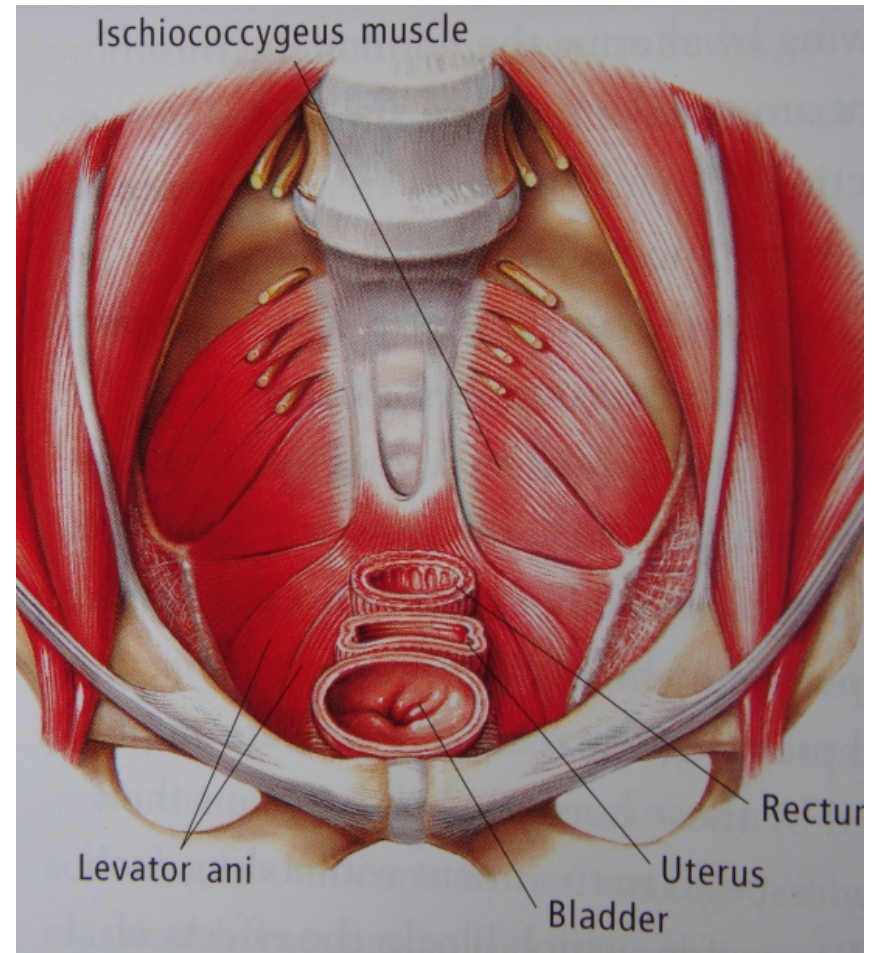
Two types of birth requiring medical attention:

- Births with clearly defined medical risks
- Births that require more medical care because the woman doesn't cope with birth pain, gets tired, has tension in her body that delays the descent of the baby & opening of the cervix/birth canal



Internal Massage:

- Massaging the vaginal wall muscles laterally and posteriorly in preparation for childbirth. It does not just involve the perineum.
- **Objectives:**
- **To create more space in the mid-pelvis and outlet**
- **To create less tension in the vaginal and perineal tissue**
- **To increase women's knowledge and confidence to deal with second stage.**



Internal Massage:

- Shorter second stages (keeps baby safer).
- Less forcep and ventouse
- Decreased incidence of perineal trauma
- Less fetal compromise (keeps baby safer)
- Less psychological trauma for women

Factor that inhibit expulsive breathing in second stage:

- Tension inside birth canal i.e. unable to relax soft tissue
- Baby a bit snug and inner tissue stretching
- Leaning forward and bending the baby's passage
- closing off the bottom of sacrum by sitting on it
- lying in an anti-gravity position (side & back)

You have the control & choice to relax and reduce tension:

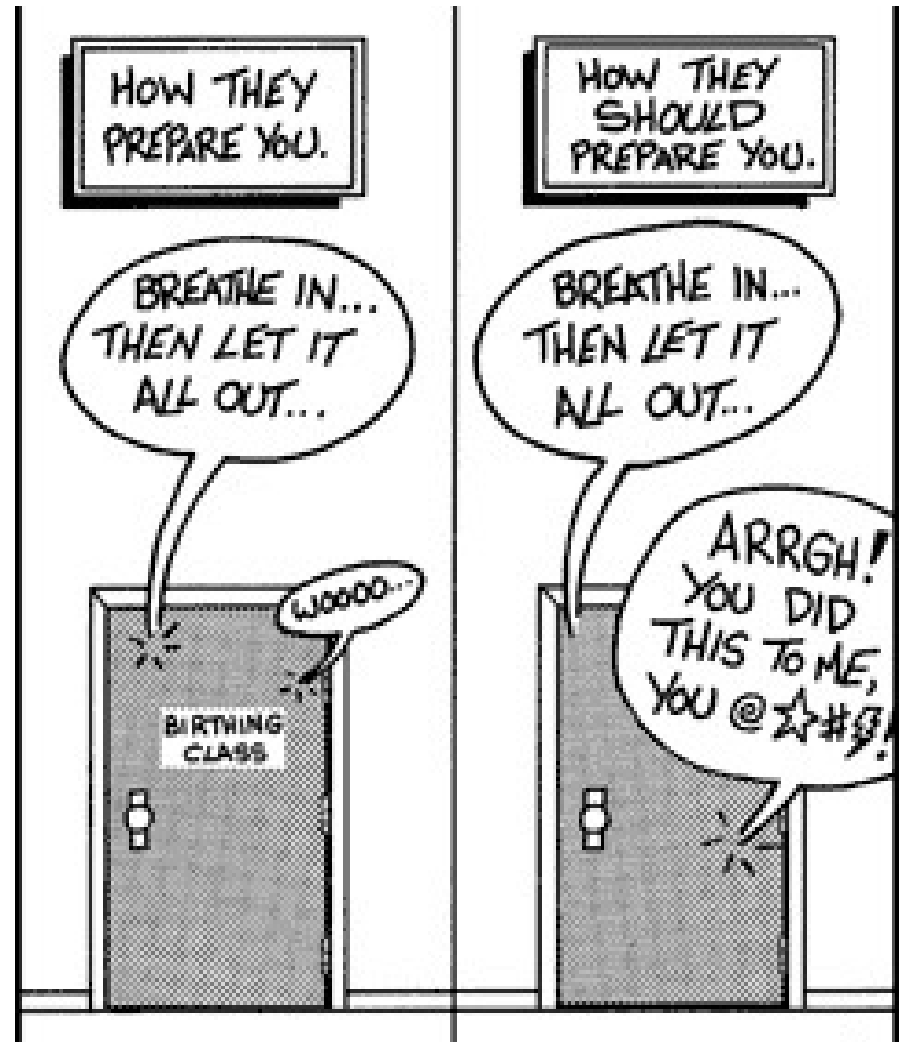
- The ***conscious*** tightening in response to pain
- The ***unconscious*** tension not in awareness until pointed out
- The ***structural*** tension of soft tissue which affects pelvic bone mobility
- The ***stretching*** tension caused by baby stretching soft tissue

Preparing our bodies for birth:

- Emphasis on building a good cardiovascular system: to keep women's health and keep a strong flow of blood to the uterus during the contractions
- Strong abdominal muscles to keep the baby in a good position and over the pelvic inlet. Also reducing back problems
- Do the internal work so the baby doesn't linger in the vagina, where it is most at risk and to prevent damage to women.

Breathe!

- **4 ways to breathe**
- Breathe in thru nose & out thru nose/mouth
- Let go any tension on the exhale
- Slow breathing down /taking it low
- Bring the sounds down (if rising up!)
- Support person can touch where needing to soften and model the breathing



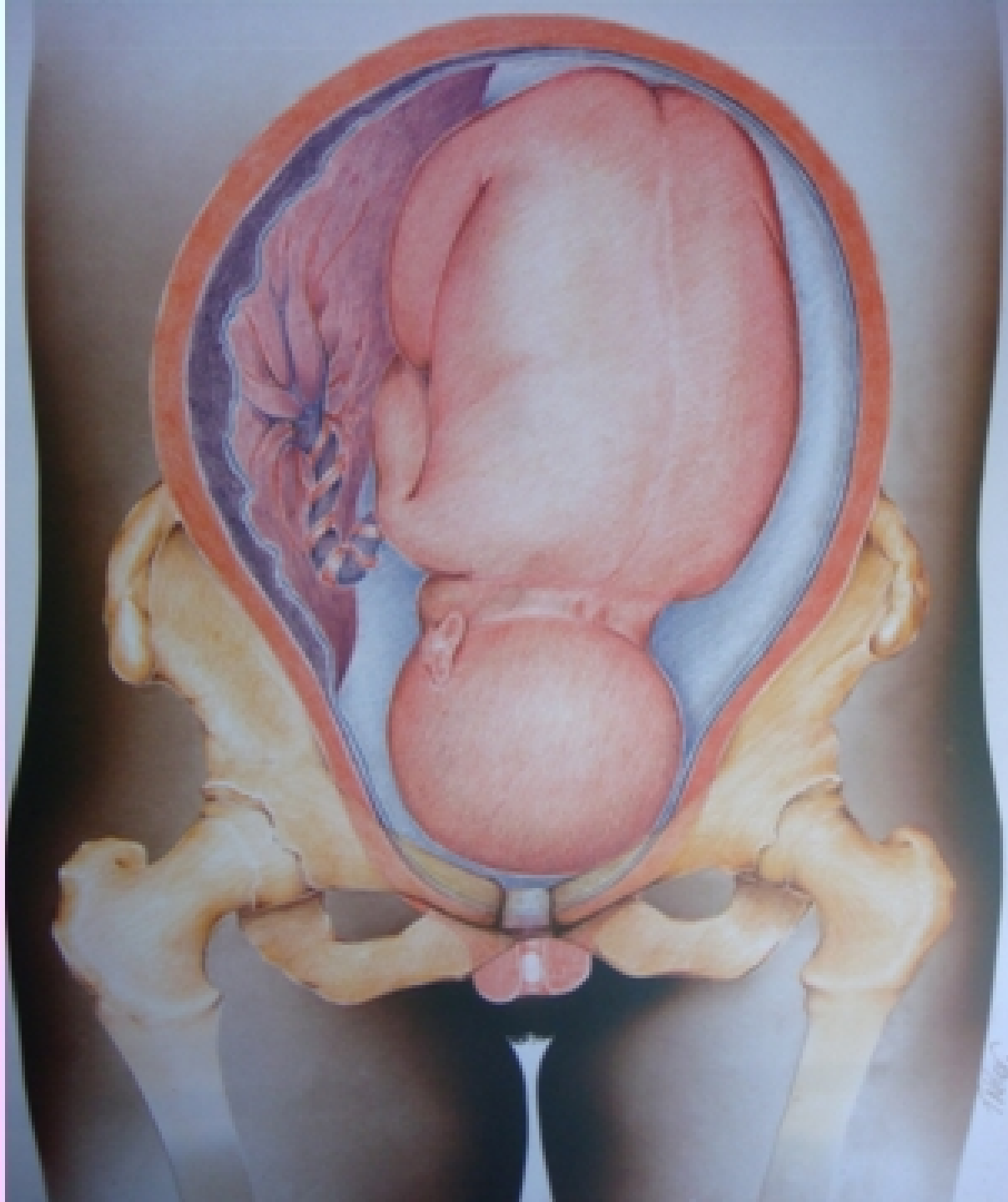
Pelvic Clock:

Internal relaxation =
labour contractions more
effective

Tension can slow labour

Self-awareness of inner
relaxation can reduce
discomfort

Consciously using **Directed
Breathing** can assist
inner relaxation

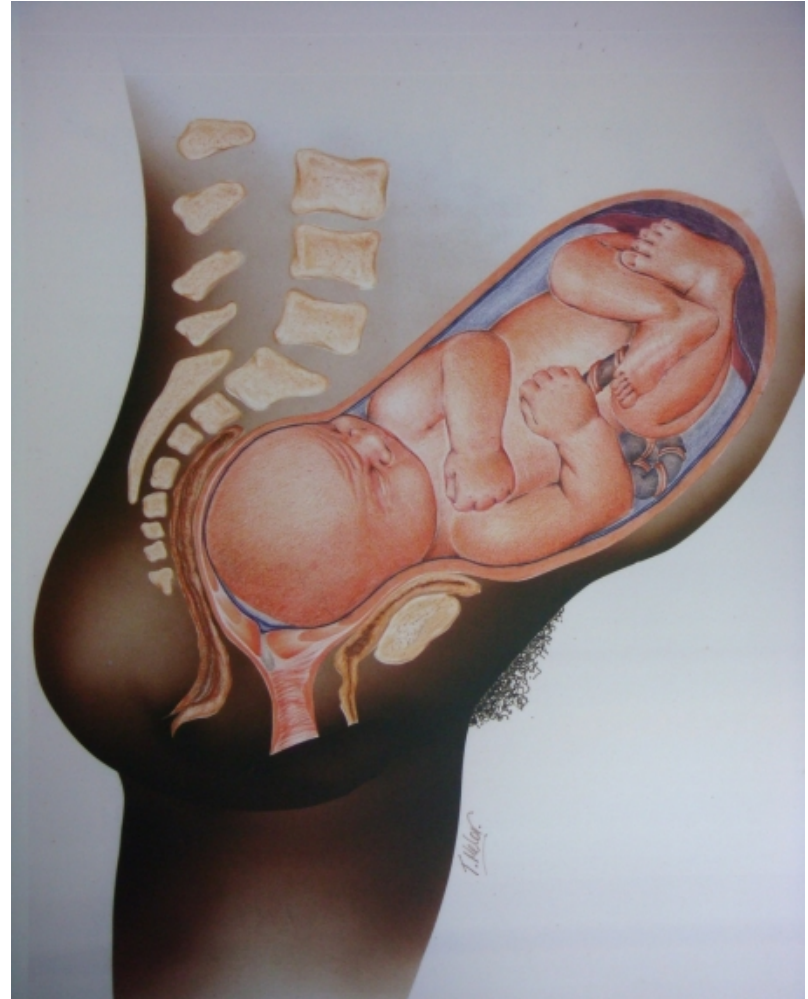


- Using the pelvic clock between contractions softens the pelvic inlet allowing a stuck baby to again move thru the birth passage.

Optimal birth space within our birthing body...

Soften & Open

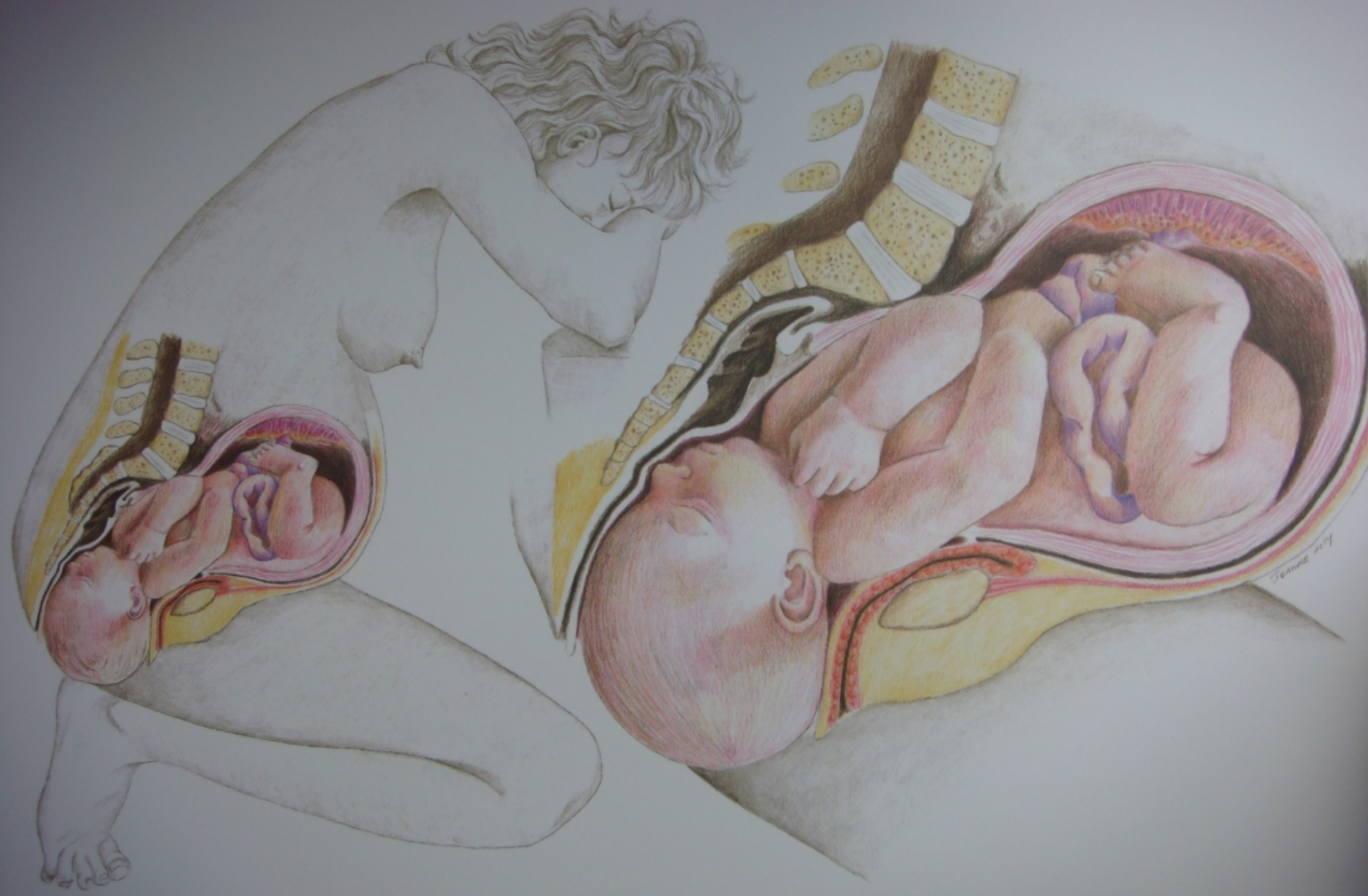
- Hip lifts = more room side to side
- Sacral Manoeuvre = to move bottom of sacrum out
- Kates Cat = maintain sacral mobility
- Letting down reflex relaxation = anterior lip
- Thai massage = assist baby into pelvis



Effective Positions:

- The space within your pelvis can be optimized by learning how to 'relax/soften', and choosing positions that keep you open.
- The position you take in labour can impact it positively or delay labour, by changing some type of tension or changing baby's alignment to the pelvis

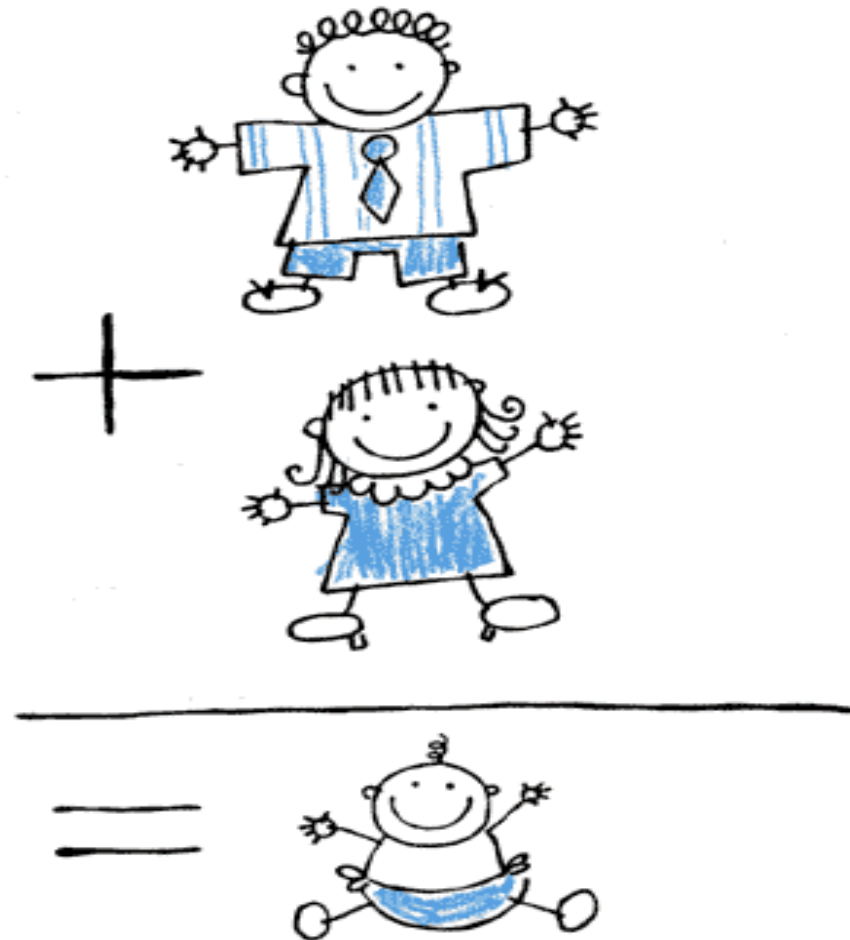




- Every pregnant woman deserves the skills to know how to birth
- Every expectant father deserves the skills to help his pregnant partner give birth
- Birth will happen whether you have skills or not.

The Happy Side-effects: For Midwives

- Skills = common language
- Common language = less stress over which midwife
- Sharing skills = more balanced partnership
- Skilled birth population = supports midwives
- Less negative feed-back



Why Dad's should be hands on:

- Men's greatest fear is being laughed at/made a fool of.
- At time of birth – men experience highest oxytocin level – so best window for making an emotional connection with baby
- if father involved in child's life for first year = more likely to stay involved for rest of life
- 80% of prison inmates have absent fathers

Wisdom

**Is what you get
when you don't
get what you
want!**

(Kathy Apple 2015)

