

# pathways

to family wellness™

A Family's  
*Joy*

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to family wellness™

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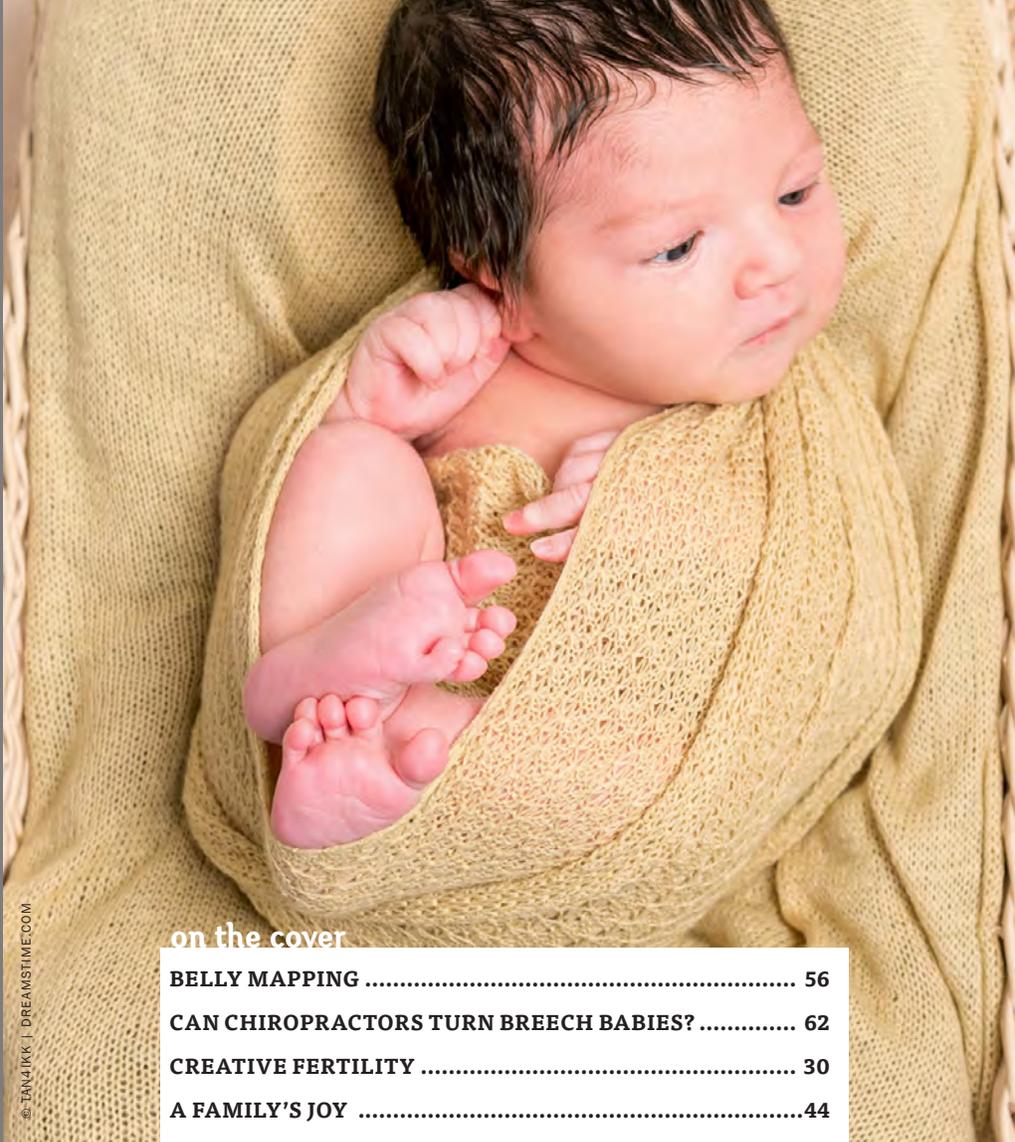
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PATHWAYS TO FAMILY WELLNESS is an award-winning quarterly publication offering parents thought-provoking articles and resources to make conscious, informed choices for their families' well-being.

The individual articles and links to healthcare information in PATHWAYS TO FAMILY WELLNESS are based on the opinions and perspectives of their respective authors.

The information provided is not intended to replace a one-on-one relationship with a qualified healthcare professional and is not intended as medical advice. It is presented as a sharing of knowledge and information.

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### FEATURE

## WHY IS THE FEAR OF BIRTH RISING?

Women have been given a false story of how birth must proceed. This story does not assure them of their safety, but instead aggravates their deepest fears. We begin to dismantle the rationale that keeps these fears alive, shining a light on an often overlooked truth—that women in birth are powerful beyond measure.

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**Be a part of PATHWAYS!**  
*We love to hear from you.*

If you have stories and photos to share about pregnancy, birth, family wellness lifestyle choices, or healthy recipes and nutrition ideas, please contact us at [editor@pathwaystofamilywellness.org](mailto:editor@pathwaystofamilywellness.org).



# SOMETHING TO CLUCK ABOUT

**The rooster makes all the noise, but the hen rules the roost!**

**W**e got our first chickens when we were in college. Tom and I were paying our own way and chickens seemed to be an easy, economical source of food. We bought 18 young chickens who were bred for laying eggs. We also got a rooster. We were clueless about raising chickens, but we took it on, experiencing the wonderfulness of pastured eggs. With 18 hens and one rooster, I was in my glory. Our eggs were fertile—another nutritional benefit we had no idea about. All we knew was that these were the best eggs we had ever eaten.

One morning I woke up and opened our back door to see two strange chickens on our stoop. They were the cutest little pair—one was a rooster, the other a hen. Apparently, someone had dropped them off figuring we would take them in. We did, of course. They were a different breed than those we had already, so observing their differences was entertaining.

Within days, to my delight, the hen began laying and gathering her cluck of eggs in our shed, something my current chickens were not doing. After she had about six eggs collected, she began to “set,” the term used to describe a hen who is sitting on her eggs so they will hatch. I watched with curiosity. So did the other hens, as none of them had ever attempted this.

Twenty-one days later, out came six little peeps. They were the cutest things on two legs, and the mother hen was fiercely protective of her newly hatched treasures. She gave her life defending them against a fox.

We moved from there and found what was to be our permanent home. Although I begged my husband for chickens, he brushed the idea off for years. Then one day his brother showed up with a few peacocks, a handful of pigeons, several hens, a rooster, and a turkey. These hens had been raised “au natural.” In other words, they had a mother who set on them for 21 days, and then raised them until they were old enough to do the same. I didn’t realize how blessed we were until we lost some of them thanks to our neighborhood fox, and had to

replace them by buying baby chicks who were artificially incubated and hatched. We called these peeps the “Postage Stampers,” because they can be ordered and sent through the mail. The ones who were hatched under a mother, at home, we named the “Home Growners.”

Over the years, I have set up various scenarios with our fertile eggs and setting hens. Our Home Growners naturally set and hatched their own peeps. Our Postage Stampers never even considered it.

Now, this is where it gets interesting: All peeps who are naturally laid, gathered, and hatched by a mother end up having the innate capacity to build a cluck, set on eggs, and mother their own set of baby peeps. However, if we grow eggs in the incubator, the peeps that hatch do not grow up knowing how to set on eggs; this is true even if the incubated egg is shoved under a setting mother at the last moment to be hatched, accepted, and raised. To drive the point home, we found that it didn’t matter what type of egg we used, whether it was a Postage Stamper’s egg or an egg laid by one of our Home Growners. When deprived of a mother’s nest and setting body via the use of an incubator, the peep will simply be devoid of the innate capacity to set on eggs.

It seems to me that the time spent in the nest, under the mother, provides a crucial learning imprint that cannot be replaced. This is the importance of the gestation environment. Somehow, some way, the mother’s presence is absorbed by that growing chick and passes into the chick’s cellular memory.

In this issue we look at the importance of consciously mothering our babies in utero. We look at the science and the sensitivity of mothering from conscious conception, throughout pregnancy and in birth. We invite our readers to enjoy! 📌

For the raising of the consciousness,

*Jeanne Ohm D.C.*  
Jeanne Ohm, D.C.



# Changing the World, ONE BIRTH AT A TIME



By Jay Warren, D.C.

It was not so long ago that psychologists thought babies were born as “blank slates.” Babies were born into the world without memories, we were told—without emotion, without consciousness. They came in with just a physical body that would someday later develop into a thinking, feeling, loving human being.

But mothers knew different.

It was not so long ago that scientists told us that pregnancy was just a period of biological maturation, a time for the genetic blueprint to be constructed into the baby’s cells, tissues, and organs. Expectant mothers and fathers were left only to hope that with a little luck, their soon-to-be prides and joys would get “the good genes” and be born with 10 fingers and 10 toes.

We all know different now. When a woman feels her baby moving within her belly, reacting to her voice and to her mood, she knows that it is not just a physical body moving around inside her. It is her living child responding to her.

Decades of scientific research in the fields of embryology, neurology, and psychology now prove, beyond the shadow of a doubt, what mothers have always known: Babies are born fully conscious. And not only are they born that way, but babies are conscious in the womb as well.

Pioneers in the field of prenatal and perinatal psychology have documented that babies in utero form memories and learn, and can respond and adapt to their external environment.

Experts in the field of epigenetics have studied how a baby’s genetic expression is not solely programmed by the DNA supplied by Dad’s sperm and Mom’s egg. The prenatal experiences of nutritional deficiencies, chronic stress, and acute emotional trauma influence certain genes to turn on and others to turn off, forever altering the development of that unborn child.

And it is not just the fetus’s physical development that’s affected; it affects the emotional expression of the baby as well. We must remember that the unborn baby’s external environment is the mother’s internal environment. What the mother eats, drinks, breathes, thinks, feels, and experiences all affect her baby.

“The power  
that made the body  
heals the body”  
- BJ Palmer

DECADES OF SCIENTIFIC RESEARCH IN THE FIELDS OF EMBRYOLOGY, NEUROLOGY, AND PSYCHOLOGY NOW PROVE, BEYOND THE SHADOW OF A DOUBT, WHAT MOTHERS HAVE ALWAYS KNOWN: BABIES ARE BORN FULLY CONSCIOUS.



The world the mother experiences for those 40 weeks is really preparing her baby for the world she perceives it to be. If she has a stressful pregnancy, her baby’s development will prepare her to meet that stressful world. If she has a blissful pregnancy, her baby will be prepared for that happy and peaceful world and expect to meet it.

With this understanding, we now have an incredible opportunity.

We now can consciously bring babies into the world that have marinated in the womb for 9 months with all the wonderful ingredients you would want every new being on this planet to share:

- The feelings of peace, calm, and safety.
- The feelings of connection, love, and community.
- The feeling of being welcomed and wanted in this world.

If an entire generation of humanity were to be birthed into this world consciously, safely, and naturally, so that the negative imprints of a stressful prenatal experience or a traumatic birth never restricted, limited, or impeded early development, imagine the impact it would have on the world!

If an entire generation of children were allowed to grow and develop fully immersed in unconditional love—if they were enthusiastically encouraged to follow their

hearts and then were courageously launched out into the world as their passionate, fully actualized selves to do the very thing they were born into this world to do, imagine the impact it would have on the world!

Knowing what we now know about pregnancy, birth, epigenetics, pre- and perinatal psychology, and early childhood development, we should be able to see the possibility for this shift.

And knowing what we know now, we have a responsibility to create the space for this transformation to take place.

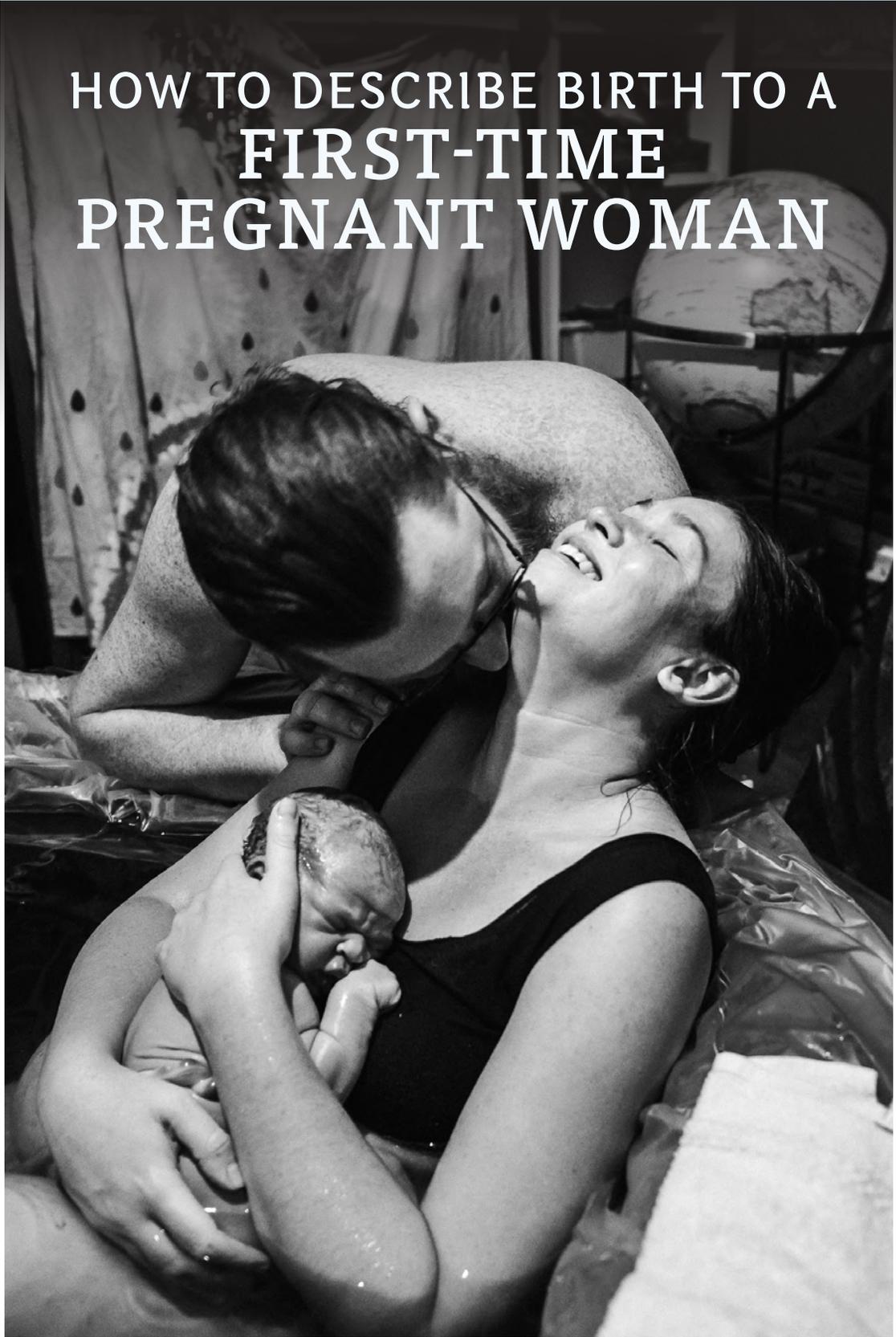
We can indeed change the world, one birth at a time. 🌀



*Dr. Jay Warren has been a prenatal and pediatric chiropractor for 16 years. He is also the wellness care coordinator at the CAP Wellness Center in San Diego, California, where 90 percent of his practice is pregnant or post-partum women and babies under 1 year old.*

*Dr. Jay is a proud member of the ICPA and APPPAH (the Association for Pre- and Perinatal Psychology and Health), and the host of the podcast Healthy Births, Happy Babies, available via iTunes. His online program, “Connecting with Baby,” guides pregnant women through processes to strengthen maternal bonding for a happier pregnancy, gentler birth and easier post-partum experience. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

# HOW TO DESCRIBE BIRTH TO A FIRST-TIME PREGNANT WOMAN



By Alison Howley

I'll come straight to the point: There is a severe lack of women on this planet who enjoy their birthing experience, let alone walking away from it with a profound depth of empowerment. What is going so wrong? When I tried to talk to mothers in my life about birth during my first pregnancy, little was shared. Time and time again I was met with an awkward smile, and these forced words: "You'll be fine." Unfortunately, to me those words only seemed to have the opposite of their intended effect.

Though the words were an attempt at comfort and support, which I appreciated, the energy behind that statement came across more like sympathy, as these women couldn't help but relive their own experiences, which to them would translate to my experience.

When we discover we are pregnant, we have access to two doors—but because so many choose the first door, or perhaps because we feel it is our only option, the second door is forgotten, even hidden.

The first door is choosing medical support. The second door is unlocked when we choose to trust our abilities, our bodies, our babies, and the process, and then find the care provider who has the same belief—a care provider who believes you should be in control, and who respects that your birth will happen on its own timeline. Unless the need arises for medical attention, you have no reason to believe that your pregnancy and birth can't unfold smoothly and without medical management. That's difficult, however, when we are thwarted at every turn and told to believe the complete opposite.

What if, one by one, we felt that pregnancy and birth was ours, and not something to hand over? What if we thought of pregnancy and birth as the ultimate expression of our power—something to protect, not give up? What if we all started to openly acknowledge our intuition, which is especially heightened during pregnancy, and what it means for guiding ourselves and our babies safely through our pregnancy journeys?

The word "risk" places a dark shadow over the word "birth." Why has this come to be? How differently would we feel about birth if we were exposed to the truth on a daily basis? The ratings just aren't there for the tabloid headlines which read: "Mother gives birth to healthy baby—again." Or "Mother went into labor spontaneously, listened to her body and her baby, and gave birth in a position that felt right to her in her home." Or "Mother calmly breathed through her contractions and birthed her baby with joy." What if we received a notification on social media every time a birth just unfolded on its own—mother and baby healthy, ecstatically happy, and now bonding and getting to know each other? Yes, complications happen, but if we truly knew of the multitude of births that just flow, our view of birth would change overnight.

As more of us go into pregnancy and birth with open hearts, an acceptance of the process, and true appreciation of our bodies and how beautifully they facilitate labor and birth, the more of us will emerge from the experience forever changed for the better. When a woman in our lives asks us about birth and how it felt, we won't just say "you'll be fine." We'll want to jump onto the couch, Tom Cruise-style, bursting with love, happiness, and enthusiasm that can't be bottled, unable to keep up with all the magnificent words that come to mind to describe the experience as best as possible. We can describe the experience for this woman, too!

I loved, absolutely loved, every single part of my homebirth—it was a portal to power, unwavering trust, transcendence, bliss, and total euphoria. It showed me facets of myself I did not know existed, and taught me that I can draw on this strength and power whenever I need it in life. It taught me that I am limitless. It fills me with utter delight to think of all women feeling this way about birth.

I'll just climb down from the couch now. Or join me up here and tell everyone how beautiful birth is, what they have to look forward to, and how giving birth has changed you! 📍



*Alison Howley is a natural, attachment parent from Australia, who has found great inspiration in her two very different birthing experiences. She feels compelled to write to remind women of their power, to dispel the fear surrounding birth, and to focus on birth's true beauty. After the empowering and blissful experience of the home waterbirth for her second child, Alison is now planning another home waterbirth for her third. You can connect with Alison at [facebook.com/fromthewombtotheworld](https://www.facebook.com/fromthewombtotheworld), read her blog at [wombworldbeyond.com](http://wombworldbeyond.com), and purchase the album that she and her partner have created for pregnancy, birth, and relaxation at [wombtotheworldmusic.com](http://wombtotheworldmusic.com). View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*





# Why Is the Fear of Birth Rising?

By Sam McCulloch

If you're pregnant, you may have typed these words into your favorite search engine: "scared of giving birth." Most women at some stage will admit to having some (or many) fears about giving birth, especially if it's their first time. Some women are so worried about birth that it interferes with their enjoyment of their pregnancy.

For most women, the excitement of being pregnant is mixed with feelings of fear and anxiety about labor. This is considered a normal part of the experience of birth, yet each woman's anxiety may center on different aspects. The highly medicalized approach to birth is creating further fears which often lead women to feel extremely anxious about their birth options.

It is estimated that around 10 percent of women suffer from tokophobia, or an intense fear of birth, and experts say the number is growing. But why is this happening? What do we have to fear about birth?

## A History of Birth Fears

There is a commonly held belief that birth is dangerous, and that we're lucky to have access to medical assistance. People say, "In the old days, women died all the time."

Many women did die during childbirth, but it wasn't due to some fault of their bodies. Poor health due to lack of nutrition and hygiene were often the main culprits. Childbed fever killed many mothers until it was discovered in the late 1800s that doctors were responsible, due to not washing their hands between patients. (Even after working on dead ones—eek!)

In the last few hundred years, birth has moved out of the home and into the hospital. Medical intervention has become the norm, even for women having healthy pregnancies and babies. Interventions are favored over normal labor and birth. Well-known birth educator and advocate Rhea Dempsey says that we're in the "labor bypass era."

TV shows such as *One Born Every Minute* are popular, but they often depict birth as happening in a highly dramatic fashion. Women screaming in pain, flat on their backs with legs in stirrups, pushing until they are purple...

and then the doctor runs in and saves the day. “Thank goodness for hospitals and doctors!” the new parents exclaim—as do the shocked, wide-eyed viewers at home.

Most births reported in the media are shown simply for their shock value. If they weren’t shocking and dramatic, the viewers wouldn’t be hooked on watching them (from on the edges of their seats, of course). Women having babies in the car, in the backs of ambulances, at the shopping center—the focus is on how extraordinary it is that a woman gave birth without any medical assistance and how scary it must’ve been.

Even family and friends contribute to a woman’s fear of birth. If a child’s mother experienced birth as traumatic, she’s likely to grow up believing this to be normal for birth. Horror stories from friends and online sources can increase fear because they overemphasize the pain and drama of birth.

A previous experience of birth ending in intervention or trauma can also heighten fear about any future births. This is especially true if a woman experienced hostility or lack of support from her care providers.

### **What Is Fear of Birth Doing to Women?**

Is it any surprise so many women are scared of giving birth in a culture where birth is still considered the most painful and dangerous thing anyone ever does willingly?

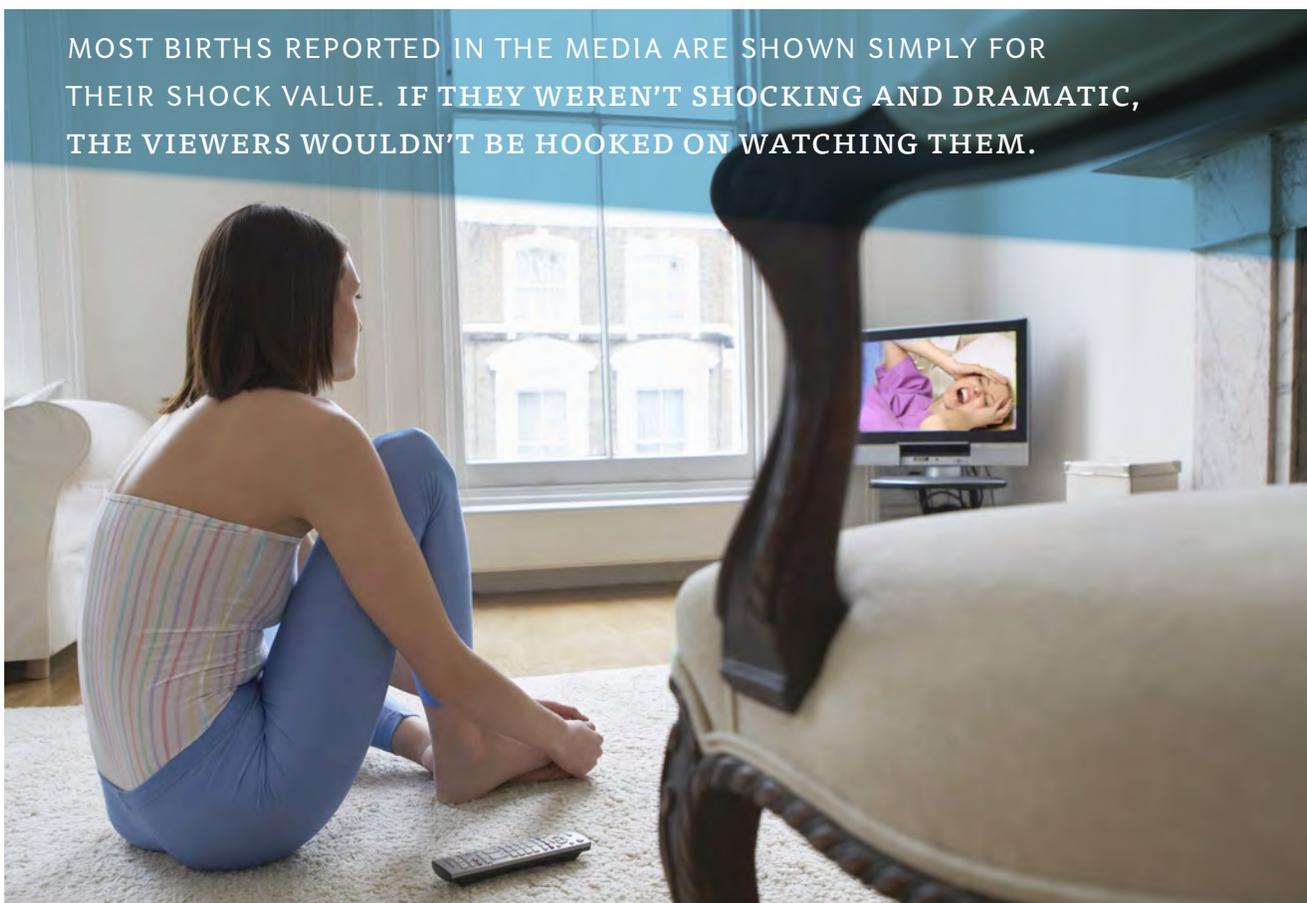
Women who are fearful about labor and birth often say they would far rather be knocked out than go through a natural birth. A 2012 study from Sweden found that women who feared birth were more likely to ask for and to have a C-section.

Fear increases our perception of pain. The same study from Sweden found women who feared birth rated their labor pain as more intense than women who weren’t afraid—even with the use of pain medication. When we are in a fearful state, our bodies release stress hormones. These can cause tension in our muscles and alter the way labor progresses. Our “fight or flight” responses increase the pain we feel.

Fear can also increase the length of labor. A Norwegian study found that labor lasts around 1.5 hours longer in women who are scared of childbirth than it does for those who are not.

In addition, a study published in the journal *BMJ Open* found fear of birth was associated with an increase in postpartum depression (PPD). Women who had no history of PPD were three times more at risk, and those with known depression were five times more likely to experience PPD.

Some women experience physical symptoms of fear during pregnancy, such as nightmares, heart palpitations, dizziness, shortness of breath, a racing pulse, and difficulty concentrating. These symptoms and ongoing stress during



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INDEPENDENT BIRTH CLASSES CAN HELP PROVIDE WOMEN WITH INFORMATION ABOUT NORMAL BIRTH, AND ABOUT THE RISKS AND BENEFITS OF PROCEDURES AND INTERVENTIONS IF THEY ARE NEEDED.



pregnancy can contribute to insomnia, poor eating habits, headaches, high blood pressure, and lowered immunity.

Women with very high levels of stress during pregnancy are more likely to schedule medically unnecessary inductions or C-sections, as well as experience labor complications, such as premature birth and low-birth-weight babies.

In a few hundred years we have gone from believing birth is a natural event in a woman's life to fearing it like an incurable disease.

Women are so frightened by what they have been led to believe, they are more likely to accept interventions during labor. This leads to them having the birth experience they feared and expected. And the next time they give birth, they will more than likely have few expectations that it can be any different.

### **Birth Support Reduces Fear**

Research shows us that women who have continuity of care from known midwives are more likely to have positive and satisfying birth experiences, with fewer interventions. Having the same midwife, or group of midwives, during pregnancy and birth gives a woman the chance to develop trust in the person caring for her. She can discuss her fears and work through how to manage them. Her role as the key decision maker is respected, and she can feel more in control during labor.

Most women give birth in hospital settings and experience shared care. "Shared care" means seeing a different

midwife or doctor at each appointment. During labor the woman arrives at the hospital and doesn't know the staff who is assigned to care for her.

In countries where women have few choices for obstetric care, interventions are likely to be higher. This helps to further the belief that birth is dangerous and medical assistance is necessary.

### **Birth Preparation Removes Fear of the Unknown**

Birth education is often provided through hospitals and tends to focus on what you will and won't be allowed to do. There is little attention on preparing women for normal birth. Rather, the information is based on what can go wrong and how it can be "fixed."

Independent birth classes can help provide women with information about normal birth, and about the risks and benefits of procedures and interventions if they are needed. There is generally a focus on informed consent: what it is and how it applies to them in a birth setting.

Knowledge is very powerful for helping women face their fears about birth. It can be daunting to imagine how you will feel in a situation if you've never experienced it before. But by being aware of the process of birth and the importance of other factors, such as the choice of birthplace, you can dispel a lot of myths for yourself.

There are a number of ways you can reduce the fear of birth. Be as informed as possible about how to have an undisturbed labor and choose a care provider who supports birth as a normal and natural event. 📍



*Sam McCulloch enjoys talking so much about birth that she decided to become a birth educator and doula, supporting parents in making informed choices about their birth experience. In her spare time she watches Downton Abbey and has numerous creative projects on the go. She is mother to three beautiful little humans. View article resources and author information here: [pathwaystofamilywellness.org/references.html](https://pathwaystofamilywellness.org/references.html).*



# Why Did So Many Women Die During Childbirth?

By Sam McCulloch

It's not uncommon to hear people scoff at homebirths, saying things like, "In the olden days, that's why so many women died!" But they don't know all the details. Here are four major reasons why so many women died during and soon after childbirth.

### 1. Changes in Maternity Care

Historically, birth was a home-centered rite of passage. It included the birthing woman, her female relatives, and usually a midwife. Midwives would advise on prenatal care and nutrition, preparing the pregnant woman for the role of motherhood.

During the 1700s, male midwives (often barber surgeons) began attending both abnormal and normal labors and would often use instruments to "ease childbirth," or shorten labor. Little prenatal care was given, other than fasting diets and bloodletting, which were intended to ensure a small baby and an easy birth. Sanitation and poor hygiene were not known to cause problems in those days, and this led to further deaths that could have been avoided.

### 2. Puerperal Fever

There were many theories surrounding the cause of puerperal (or childbed) fever, including bad air, vapors, cold, poor ventilation, and "putrid tendencies." It wasn't until the mid-1800s that a Hungarian doctor, Dr. Ignaz Semmelweis, discovered that when doctors performed autopsies and then delivered babies—without washing their hands or changing their clothes—women would develop puerperal fever and die.

Dr. Semmelweis was not applauded for his discovery. Doctors were offended by the accusation that they were responsible for causing disease, and continued to practice as always. Death due to puerperal fever averaged rates of 25 percent, rising at times to claim the lives of more than 80 percent of women birthing in maternity hospitals—truly epidemic proportions.

Eventually, maternity hospitals began adhering to strict guidelines for sanitation, which resulted in an immediate reduction in deaths by puerperal fever.

### 3. Obstructed Labor

By the 17th century, lying down during labor had become the accepted norm to provide greater ease and access for doctors, who had moved into the birth business. Women with pelvic problems would often be in labor for many hours, even days. Often, doctors forbade women to drink or eat during labor, only allowing them sips of wine or spirits; laboring women would become completely exhausted.

The methods of treating obstructed labor before the invention of the forceps would be considered barbaric today. Doctors used a number of gadgets (including

## THE METHODS OF TREATING OBSTRUCTED LABOR BEFORE THE INVENTION OF THE FORCEPS WOULD BE CONSIDERED BARBARIC TODAY.

hooks) to pull babies out. Some doctors would even break the pelvic bone of the mother, killing her but saving the baby's life.

Cesarean sections were rarely performed, and if the mother survived the surgery, she was likely to die of blood loss or infection afterward.

### 4. Postpartum Hemorrhage (PPH)

Historically, one of the leading causes of maternal death was excessive bleeding after childbirth. It was feared by midwives and doctors alike. Little could be done to stop a hemorrhage; the accepted treatment at the time was to pack the uterus with linen rags that had been dipped in wine or other astringents. Other treatments included applying heated compresses or taking herbal tonics.

Human blood transfusions and the use of ergot, an extract from fungi, have paved the way for more successful treatments for postpartum hemorrhages. Today, induction of labor is known to increase their risk. 📌



*Sam McCulloch enjoys talking so much about birth that she decided to become a birth educator and doula, supporting parents in making informed choices about their birth experience. In her spare time she watches Downton Abbey and has numerous creative projects on the go. She is mother to three beautiful little humans. View article resources and author information here: [pathwaystofamilywellness.org/references.html](https://pathwaystofamilywellness.org/references.html).*



The  
DeLee

# PROTOCOLS

*The Pathologization of Childbirth*

By Matt Rushford, D.C.

In 1900, 95 percent of all U.S. women gave birth at home. By 1955, 95 percent of all births occurred in hospitals. This staggering transition was powerfully driven by the systemic reframing, or “pathologization,” of pregnancy and birth by a man named Joseph DeLee. DeLee is known as “the father of modern obstetrics.” His influence on medicine and maternity was so significant he was featured on the cover of *Time* magazine in 1936. DeLee’s radical views on obstetric interventions were clearly influenced by his experiences as a very young doctor working at a Chicago baby farm. The illegitimate children unlucky enough to be born there suffered a staggeringly high rate of mortality, often from cerebral hemorrhage because of difficult deliveries.

In 1920, DeLee wrote an article for the first edition of the new *American Journal of Obstetrics and Gynecology* titled “The Prophylactic Forceps Operation.” In it he wrote, “So frequent are these bad effects that I have often wondered whether Nature did not deliberately intend women should be used up in the process of reproduction, in a manner analogous to that of salmon, which dies after spawning.”

DeLee went on to present his unusual perspective on the process of birth: namely, as a pathology. He stated that “Labor is pathogenic because experience has proved ideal results rare.” DeLee aggressively pursued the adoption of massive universal changes in obstetric protocol purely based on his own limited professional experience. No studies were cited, no scientific evidence referenced. More important, DeLee had virtually no experience with how birth looks when it takes place naturally, and is managed with a different (non-medical) set of protocols.

At the time, only 10 percent of women in the Chicago area gave birth in hospitals. It was generally regarded as a last resort for unwed mothers and the poor, hardly a representative sample. Not only were the cases to which DeLee was exposed generally in uncommonly poor health and state of mind, but the mere fact that they were in a hospital environment certainly impacted the birth outcomes.

Professionally, obstetrics at the time occupied a rather innocuous, often belittled place in the medical hierarchy. They were the product of a legacy of physicians whose craft had been perpetually undervalued by both the public and even their own peers.

They confronted, too, the fundamental incongruity of their relationship with normal childbirth. Physicians had no training for “normal.” Theirs was a profession of lifesaving, of heroic intervention upon the ailing and sickly, with the promise of recovery.

But pregnant women aren’t “ailing.” They are not sick at all. What is a surgeon doing managing a person who is not sick? DeLee’s answer was simply to redefine “sick.” Specifically, he argued for childbirth, one of the most self-evidently fundamental human biological processes imaginable, to be called a disease.

It is DeLee’s argument for the “pathologic dignity” of childbirth that he is perhaps best known:

*Labor has been called, and still is believed by many, to be a normal function. [Y]et it is a decidedly pathologic process...if a woman falls on a pitchfork, and drives the handle through her perineum, we call that pathologic-abnormal, but if a large baby is driven through the pelvic floor, we say that is natural, and therefore normal. If a baby were to have its head caught in a door very lightly, but enough to cause cerebral hemorrhage, we would say that it is decidedly pathologic, but when a baby’s head is crushed against a tight pelvic floor, and a hemorrhage in the brain kills it, we call this normal.*

This audacious and professionally opportunistic reframing also planted the seeds of the eventual story that our current society holds around medicine and birth, which is that birth was dangerous until doctors saved it. This story is a natural byproduct of the pathologization of birth. If women who are pregnant are “sick,” then naturally they should, like any sick person, rely on a physician’s help. Physicians, from 1920 to the present, have consequently argued for greater and greater medical intervention in birth, greater and greater medical technology, and greater and greater authority and exclusive rights to pre- and postnatal care. Thus, the continuation of the trend from home to hospital birth was driven by powerful social and political factors, some self-serving and some earnestly philanthropic in intent. However, the one factor that did not support the movement of birth into the hospital was science. Hospital births were more dangerous in 1920, and they did not get safer any time soon.

In their book *Lying-In: A History of Childbirth in America*, Richard and Dorothy Wertz note:

*The White House conference on child health and protection issued its report in 1933, entitled “Fetal, Newborn, and Maternal Mortality and Morbidity.” It featured the fact that maternal mortality had not declined between 1915 and 1930 despite the increase in hospital delivery, the introduction of prenatal care, and more use of aseptic techniques. The number of infant deaths from birth injuries had actually increased by 40 percent to 50 percent from 1915 to 1929.*

But science did not stop Joseph DeLee or the emerging cartel of the obstetric field. It was in this now-famous treatise that DeLee proposes that all births be managed with sedatives, surgery, and instrumentation.

There were three parts to DeLee’s formula for medical birth management:

1. Universal sedation of women.
2. Universal episiotomy.
3. Universal forceps extraction of fetus.

DeLee's fatal error is that he manufactured his picture of birth from the minority data, rather than the majority. A sounder scientific approach to the question of how to manage birth would be to create a representative picture of what birth looked like, how it proceeded, and the intrinsic problems or dangers that might exist, before seeking to solve those problems or propose new protocols.

Dismissing the work and results of a massive population of female caregivers was hardly a radical act in 1920, when women had only recently earned the right to vote.

DeLee dismissed the most obvious answer before him: to utilize the system which was producing the best results and improve, replicate, and standardize it. This is indeed what the rest of the civilized world did. But even at the dawn of women's suffrage, this gesture of acknowledgement to a cultural and sexual minority and professional competitor was beyond the capacity of any typical physician of his era.

It seems hard to believe that DeLee would have had no access to the fact that improvement, standardization, and licensing of midwives had already been accomplished with excellent results in Europe. The Midwife Protection Act in Britain helped to successfully establish the very conditions DeLee and his contemporaries refused to consider: safe home and hospital births managed by trained midwives delivering superior results at reduced cost and with reduced complications.

However, his proposals were a radical suggestion even for the highly medicalized hospital birth environment. They were soundly rejected by DeLee's colleague, J. Whitridge Williams, author of the authoritative manual on the subject, *Williams' Obstetrics*. He said, "If I have understood Dr. DeLee correctly, it seems to me that he interferes 19 times too often out of 20." In his last edition of *Obstetrics*, Williams stated, regarding the DeLee protocols, "I am confident that the results would be disastrous were [his] suggestions generally adopted." Ultimately, astonishingly, DeLee's suggestions would indeed be adopted. The 1936 edition of *Obstetrics* had the line dropped, and by 1950 the recommendations were accepted without reservation.

The DeLee protocols institutionalized surgical intervention in all births, even perfectly healthy and normal ones. (This category, essentially, was made extinct by DeLee: All births were pathological. Even today, we do not use the term "safe" or "normal" but only speak of birth in terms of relative risk: "high-risk" and "low-risk.") And while these interventions may have been clinically defensible in rare cases, used universally they institutionalized trauma and complications for women and their babies.



### Consequences, Inertia, and Scientism

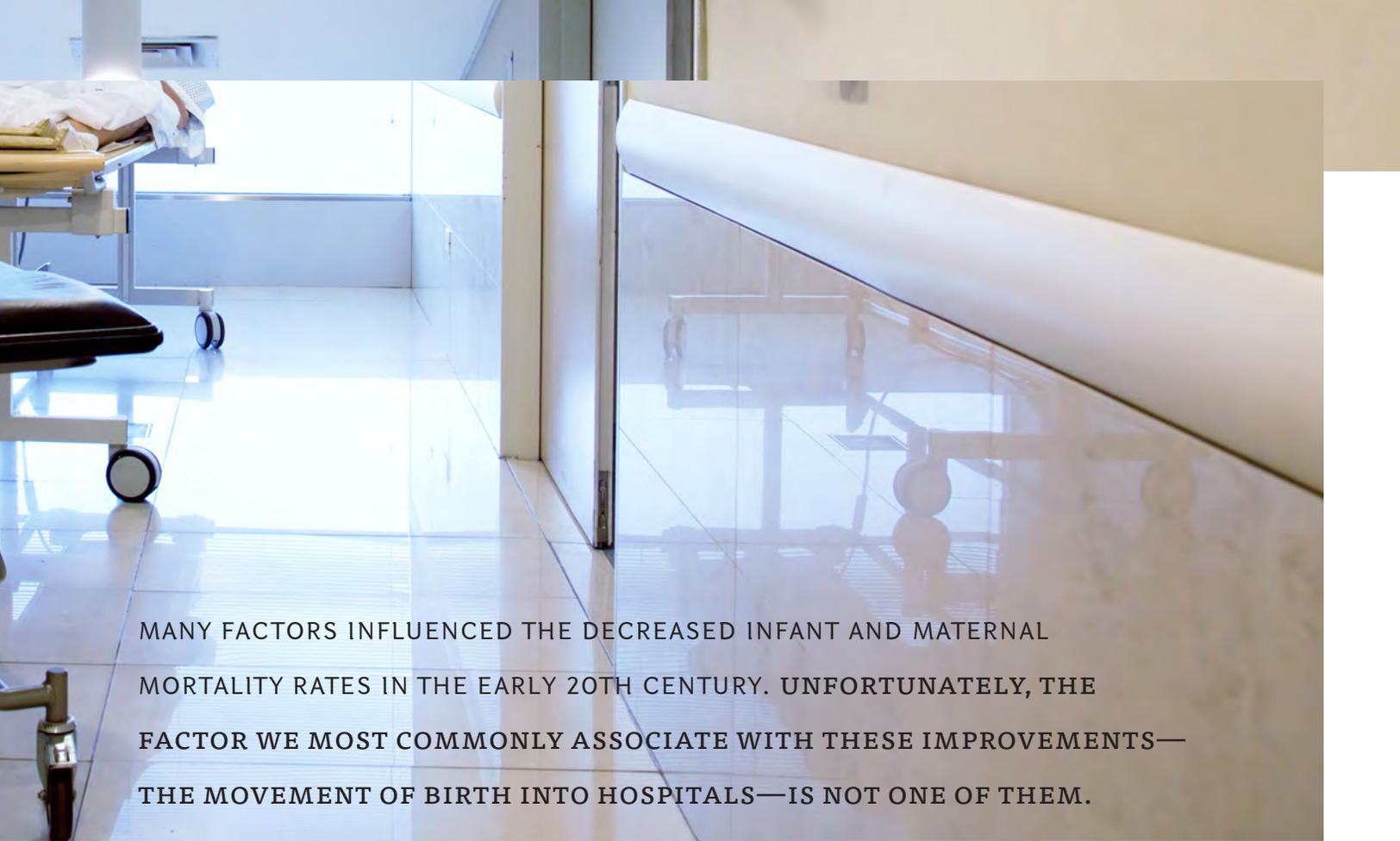
Medicalization of pregnant women in the 20th century engendered the establishment of a culture of institutionalized intervention, which systematically impeded the normal, healthy expression of the biological blueprint for birth.

DeLee's protocols did not, as he perhaps envisioned, save women's lives, but in fact perpetuated high maternal mortality rates. He did, however, accomplish one of his goals: that of elevating the status of the obstetrician and the establishment of a virtual monopoly on childbirth for physicians.

Two years before he died, DeLee seemed to sense the Frankenstein's monster he had unleashed and warned the audience at a Mother's Day address to avoid doctors who attempted to rush the birth process. "Mother Nature's methods of bringing babies are still the best," he stressed belatedly. And while maternal mortality did indeed eventually fall in the U.S., though not until after 1950, many historians aptly note that the dramatic changes in hygiene, nutrition, and sanitation that occurred in the mid to late 20th century were largely responsible for these changes.

In *Women and Health in America: Historical Readings*, Harvard history professor Laurel Thatcher Ulrich writes:

*The pleasant story of scientific progress has been replaced by a darker tale of medical competitiveness and misplaced confidence in an imperfect science. Medical science did not, on the whole,*



MANY FACTORS INFLUENCED THE DECREASED INFANT AND MATERNAL MORTALITY RATES IN THE EARLY 20TH CENTURY. UNFORTUNATELY, THE FACTOR WE MOST COMMONLY ASSOCIATE WITH THESE IMPROVEMENTS—THE MOVEMENT OF BIRTH INTO HOSPITALS—IS NOT ONE OF THEM.

*increase women’s chances of surviving child-birth until well into the twentieth century, the new histories argue, and may actually have increased the dangers.*

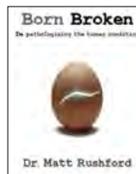
The question you may be asking again here is how, if the results do not support them, do measures like these get perpetuated? Why aren’t they discarded and replaced with more effective measures? Isn’t that the way that scientific progress works?

This is one of the most difficult questions to answer. The most cynical will point to greed, corruption, and the conflicts of interest inherent in a system that profits from the protraction and increasing expense of treatments versus cheaper, simpler, longer-term solutions. Apologists will point to tort reform, malpractice insurance regulations, and other sociopolitical constraints to more efficient progress.

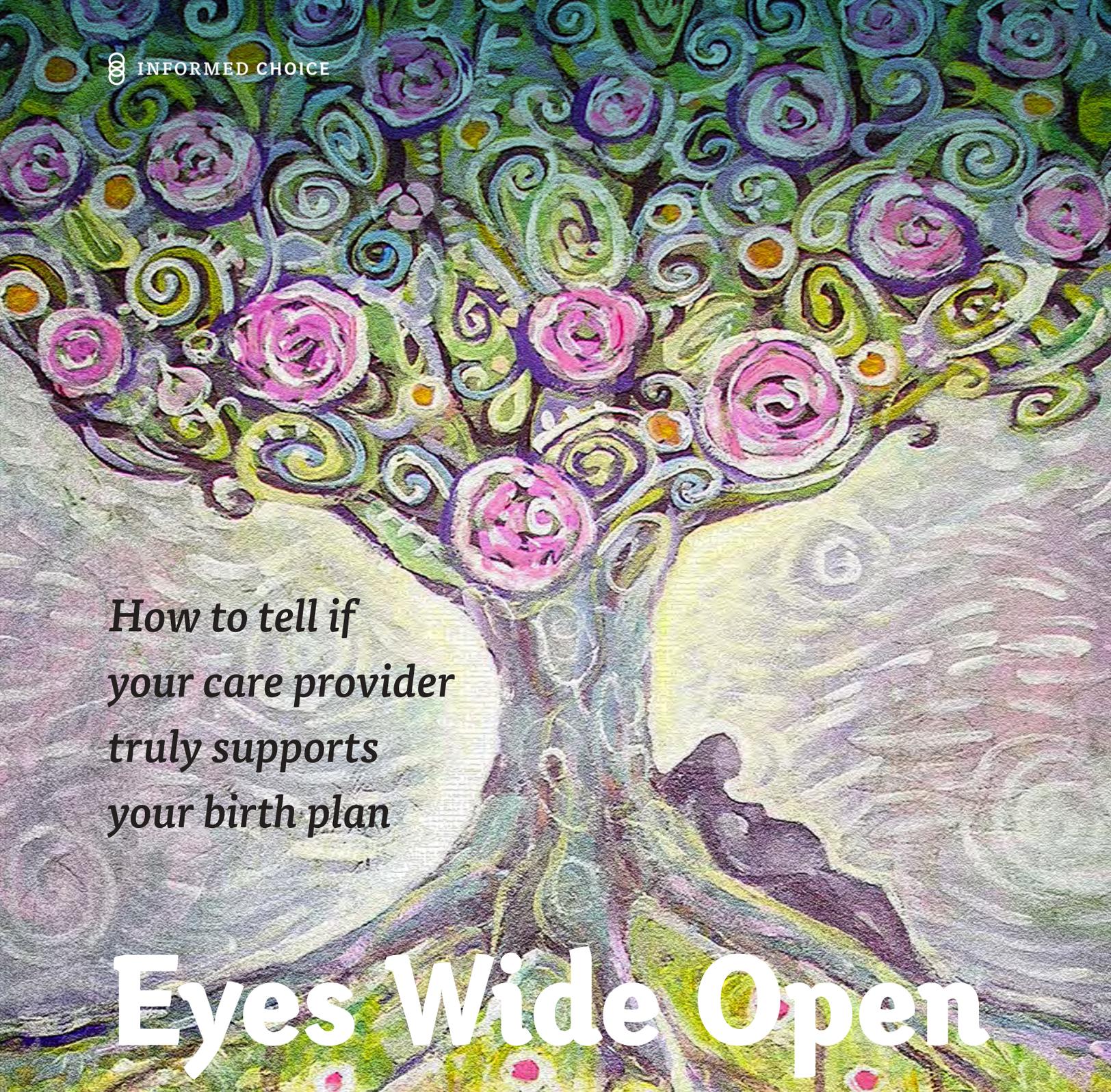
It’s critical to understand that, over time, the continued perpetuation of any protocol or procedure—even a dangerous or unproven one—generates its own intrinsic momentum. This kind of technical inertia becomes increasingly more difficult to disrupt, developing a kind of immunological resistance to scientific scrutiny.

Much of this failure stemmed from an almost religious faith in the power of science and medicine to solve all of humanity’s problems. In the public discourse on medicine and healthcare, this has come to be known as “scientism.”

De-pathologization requires that we accept that technology and science may not be the answer to all our problems, and in fact may be the cause of some. Returning to a respect and recognition of the innate power of nature and the body—of the compelling and uncompromising force of evolution, of which we are a manifestation—is a prerequisite to tapping the potential of our bodies and of nature, and to discriminating between the technology that serves us and the technology that we serve. 📍



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*How to tell if  
your care provider  
truly supports  
your birth plan*

# Eyes Wide Open

By Jessica Austin

**Y**our doula and prenatal instructor might have suggested you prepare a list of priorities and preferences to discuss with your birth-care provider so the two of you can see if you have similar ideas about the care you can expect during your birth. You've looked into your options, you know the approach you want your care providers to take, and you've discussed it with them. But let's discover if you and your support team are truly on the same page.

**Review your original birth vision step by step, asking yourself the following questions:**

1. Which of your original preferences did your care provider agree were reasonable?
2. How did your care provider assure you that the requests he or she agreed to would be supported during the birth? How often have they supported clients with these preferences in the past? How many of their clients ultimately have these preferences met?
3. If you are having a hospital birth with a doctor, did your doctor explain that it is not only her support of your preferences that matters, but also the support you are likely to receive from the nursing staff? In this type of birth, your doctor will likely only be present intermittently, and a nurse will be monitoring you in between. How did your doctor assure you that the nursing staff will be supportive of your preferences?
4. Similarly, doctors and registered midwives very frequently work in teams that share on-call schedules. How has your care provider assured you that the other members of the on-call team will be as supportive of your preferences as she is? If you have a solo-practice registered midwife or a traditional birth attendant, what is their backup plan in case of emergency or birth overlap?
5. Which of your original preferences did your care provider ask you to compromise a bit on? In what ways have you compromised your original preferences?
6. Which of your original preferences did your care provider ask you to let go of altogether? Was there anything your care provider was completely unsupportive of?
7. What new information did your care provider give you that made you feel it was in your best interest to change your mind about these preferences?
8. Does the new information make sense to you, or do you need further details about your care provider's recommendation to make you feel comfortable with the changes you've made to your original preferences?

**YOU'VE LOOKED INTO YOUR OPTIONS, YOU KNOW THE APPROACH YOU WANT YOUR CARE PROVIDERS TO TAKE, AND YOU'VE DISCUSSED IT WITH THEM. BUT LET'S DISCOVER IF YOU AND YOUR SUPPORT TEAM ARE TRULY ON THE SAME PAGE.**

9. Do the changes you've made to your original preferences still support the things that were important to you? For example, if your original preference was to be given room to birth in whichever position you like, thereby avoiding lying on your back in order to be gentle on your perineum, did you change your mind because your care provider gave you new information that convinced you that lying on your back would in fact be the better choice? Or did you change your mind for another reason altogether? (Note: This is for example purposes only... birthing on your back is definitely not considered best for your perineum.)
10. Do the changes you've made to your original preferences still support your overall birth philosophy?
11. Is there anything you would like to discuss further with your care provider?
12. Is there anything you would like a second opinion about?

Now that you have a better idea of how you and your care provider relate in terms of birth philosophy, are you still feeling like you've got a great birth plan and a great birth team? If not, you might want to reconsider your options. 🌀



Jessica Austin is a childbirth educator and doula who attends births in Vancouver. She is known for her work inspiring families to have healthy, undisturbed births and her emphasis on informed choice in childbirth. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).



# 5

# REASONS YOUR BIRTH CAN AFFECT YOUR BABY AND YOUR PARENTING

**By Sarah Ockwell-Smith**

# W

hen I meet a new mom, dad, and baby for the first time at a consultation for colic and sleep, I always start by asking them to tell me about the birth. Mostly I'm met with confusion,

wrinkled eyebrows, and curious looks. Very often they ask me why. After all, they haven't come to see me to talk about their birth—they're here to work out why their baby cries so much. To me, though, the two are so inextricably linked it is impossible to understand the issues they are having with their newborn unless we go back to the beginning. (Sometimes the cause goes even further back—I'm very aware of that!)

Here's why I ask that question, and why I believe that any professional working with new parents must consider the baby's birth to really help:

## **1** The birth can have lasting physical consequences for the baby.

If a baby is born by C-section, ventouse, or forceps, my ears always prick up, especially if the labor was long and involved malpresentation. I work closely with a chiropractor who specializes in working with new babies, and over the years I have learned an awful lot from her. Imagine if your head had been crooked at an unusual angle for several weeks, then imagine that somebody was pushing it into that position even harder for a whole day. You'd have a headache and neckache, right? I have seen babies in obvious discomfort, several with torticollis, unable to turn their heads. "He just won't feed from that side, and cries whenever we try," several moms have told me. They haven't considered it might be painful for their baby to turn his head to do so.

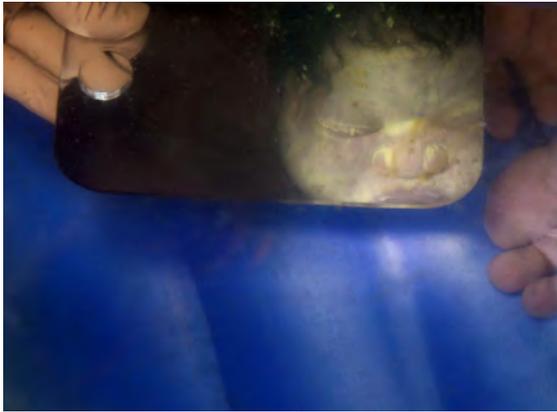
The whole issue becomes more complex when you start delving into the world of cranial nerves. During labor, a baby's cranial bones move and overlap (think of a cone-headed newborn). This is normal, and the bones usually return to their proper position over a few days, mostly thanks to the baby sucking—the movement of the upper and lower jaw stimulates the base of the skull through the palate. Sometimes, however, things don't return to normal. Often abnormal skull compression becomes noticeable in a baby's feeding habits, and he needs to suck much more than usual. If the baby's vagus nerve is compressed, this can also have noticeable effects on his digestive system, causing pain.

MY THIRD SON ARRIVED AT HOME, IN A BIRTH POOL, WITH AN INCREDIBLY RESPECTFUL MIDWIFE WHO DIDN'T TOUCH US AT ALL. NOBODY BUT ME LAID HANDS ON HIM UNTIL HE WAS THREE DAYS OLD. OH MY GOODNESS! NOW I KNEW WHAT THEY MEANT BY "LOVE AT FIRST SIGHT."

All of this is more likely to happen if the labor is long, if the baby is malpresented, or if he is born via emergency C-section, forceps, or ventouse. Visiting a good chiropractor or cranial osteopath can make a profound difference for some new parents and babies. I believe in this so passionately I think it should be available on the NHS. We check a baby's hearing after birth, after all—why not his skull and spine?

## **2** The birth can have lasting physical consequences for the mother.

Again: In my utopian world, all new mothers would be visited by a chiropractor or osteopath. During my first two pregnancies, I suffered from hideous pelvic girdle pain (PGP); it wasn't until my third pregnancy that I discovered that pregnancy didn't have to hurt. I was a changed woman. I was lucky in that I only suffered during pregnancy, but I have known plenty of women who continued to suffer after their births. It affected their posture, both standing and seated, and the constant discomfort slowly began to erode their psyches. This is compounded by the discomfort some women experience while breastfeeding (often a sign that a baby is latched poorly). It's not just the pelvis and spine that matter, though. I have met too many women suffering with perineal trauma, poorly stitched episiotomies and the like, which not only cause great physical discomfort, but emotional trouble, too. This naturally has a knock-on effect long after the event.



**BRIGHT LIGHTS, ROUGH HANDLING, SCRATCHY TOWELS, COLD INSTRUMENTS, LATEX GLOVES, CORD CLAMPS, SILLY HATS AND SCRATCH MITTS, INJECTIONS, AND BITTER-TASTING ORAL DROPS. IT'S NO WONDER BABIES CRY WHEN THEY'RE BORN!**

### **3 The birth can have lasting psychological consequences for the baby.**

Even in births that have gone supposedly well, or have been natural, there are sometimes overlooked consequences. Two big culprits to look out for are the use of exogenous oxytocin (syntocinon/Pitocin), and what happened immediately after birth.

Let's start with the artificial oxytocin.

It's impossible to talk about this without mentioning Michel Odent. In his article "If I Were the Baby: Questioning the Widespread Use of Synthetic Oxytocin," Odent discusses the blood flow from mother to baby via the placenta and states the permeability is higher in the mother-fetal direction (i.e.: blood travels from the mom to baby via the placenta more easily than vice versa; so, too, do any substances traveling in the mother's blood). Odent's concern is the "oxytocin-induced desensitization of the oxytocin receptors." He writes, "It is probable that, at a quasi-global level, we routinely interfere with the development of the oxytocin system of human beings at a critical phase for gene-environment interaction." What does this mean in practical terms? When artificial oxytocin is put into the maternal bloodstream during labor, it can have profound and lasting consequences on a baby's neurophysiology.

"We now have scientific evidence that explains how the capacity to love develops through a complex interaction of hormones," Odent continues, "hormones that are secreted during many experiences of love and close human interaction including sexual intercourse and conception, birth, lactation, and even sharing a meal with loved ones." The role of oxytocin is particularly important. Natural oxytocin, delivered by human touch, for example, has beneficial effects on many organs in the body, including the brain. But Odent theorizes that synthetic oxytocin delivered by an intravenous drip can cause a baby to grow with damaged oxytocin receptors. He links these to rising levels of autism, anxiety, stress, and detachment—including higher levels of anorexia, and drug or alcohol dependency.

Birth is often traumatizing for babies, and it doesn't need to be. When I trained in baby massage, our class's instructor, Peter Walker, asked, "What if the process of birth was the very first massage we receive? What if birth is a pleasurable experience for the baby?" This really made me consider that it is what they are born into that is traumatic—bright lights, rough handling, scratchy towels, cold instruments, latex gloves, cord clamps, silly hats and scratch mitts, injections, and bitter-tasting oral drops. It's no wonder babies cry when they're born!



I was intrigued to learn of the importance of amniotic fluid in calming babies. It's kind of obvious when you think about it. A baby spends nine months in amniotic fluid; it's what you might call a constant. Naturally, then, the scent of the fluid on their skin and the scent of their mother after birth will be calming to them, reminding them of home. Yet, what do we do? We wipe it off, dry them, and wrap them up in a rough towel despite the scientific evidence suggesting it's the wrong thing to do. Babies whose amniotic fluid is not wiped off after birth cry significantly less and this is without even discussing skin to skin to contact, which we'll do below.

#### **4 The birth can have lasting psychological consequences for the mother.**

We know that the blood-brain barrier prevents artificial oxytocin from entering the brain. This may not seem important when you are told that you need an oxytocin drip to “speed up” or even to start your labor, or when you are told it's best you have an injection to deliver your placenta and prevent blood loss. (These methods all rely on synthesized oxytocin.) This results in a direct lack of oxytocin circulating in the maternal brain, which makes it

apparent what a catastrophic effect these supposedly “safe” chemicals can have upon the bonding of mother and child, and the initiation and long-term success of breastfeeding. Oxytocin is the hormone of love, and if we are depriving mothers' brains of this, it doesn't take a rocket scientist to recognize that we may be damaging the love process between mother and baby.

I often work with new mothers ashamed to admit that they still don't know if they really love their babies, or that it took them a long time to do so, and there was no instant “rush of love.” I have experienced it both ways. My first two births were syntocinon-tastic. The first one I had “failed to progress” (or they had failed to wait—you decide!). They deemed my body to have failed because it couldn't get my baby out without a drip to ramp up my contractions. I was then injected with syntometrine against my consent (I wasn't even asked; I was told “I'm just giving you the injection for the placenta now, dear” and jabbed before I had a chance to say anything). My second birth was an induction for pre-eclampsia, and I was told I had to have syntometrine because I was ill/had been induced. (I now know this wasn't necessary, but I was young and naive; I know a lot more now and only wish I could turn back



the clock!) Did I get that instant rush of love with those babies? No. Was breastfeeding easy? No.

My last two babies were dramatically different, however. My third son arrived at home, in a birth pool, in my dimly lit living room with an incredibly respectful midwife who didn't touch us at all. Nobody but me laid hands on him until he was three days old. Oh my goodness! Now I knew what they meant by "love at first sight." Within 30 minutes of his birth, when he was still in my arms in the pool, I would have died for him—it was as if I was a bubble of golden, warm love. I have never felt so high, drugged, or drunk in my life. This was how it should be, and it was how it was for my last baby, too, a birth very similar to my third. The love was chemical and instant. I look at photos of my first two births and I can see shadows of the pain and indignity I had suffered, the trauma I had endured, and the sheer relief it was over. Those same feelings of inadequacy, grief, and confusion lasted for years after the event. Is it any wonder why so many new mothers find it hard to bond with their babies, or find it hard to interpret their cries, to hear their instincts? We strip so many mothers of the chemical euphoria they should experience and pay no attention to the aftereffects.

## 5 The birth can have lasting psychological consequences for the father.

All too often we forget about the dads, but birth can be (and is!) an immensely emotional event for fathers as well. As a doula, I now firmly believe my role is 10 percent supporting the mom (if birthing women are left alone, they pretty much don't need help from me or anyone else) and 90 percent support for the dad. It's funny, but a lot of expectant fathers are reluctant when it comes to employing a doula. The mothers are often much, much keener, and the dads worry that they will feel left out. It couldn't be further from the truth. Research indicates that at births with a doula present, the partner is more supported and more involved.

When birth goes well it can be an amazing high for the dad, too. It can help him bond with his baby almost as instantly as the mom. But when it goes bad...oh, how must it feel to see your partner in distress and then to be sent home alone if your baby was born outside of visiting hours. We don't seem to understand how traumatic that can be for a dad, and the impact that can have upon his transition to fatherhood.

Indeed, we know that when dads are supportive of breastfeeding, the mother is much more likely to be successful and feed for longer. The birth can have a big impact on the dad, and thus affect the support he can give his partner.

What do I do with the information that is given to me about the birth from the new parents? Most of the time, nothing. Sometimes I'll suggest a visit to a chiropractor, breastfeeding counselor, birth afterthoughts midwife, or (rarely) a telephone call to the Birth Trauma Association. I just listen, and listen some more. For that mom or dad it may be the first time somebody has listened. Never underestimate the effect feeling listened to can have on somebody's state of mind.

Next time you meet a new mom with a colicky baby, think about asking her about her birth. 



*Sarah Ockwell-Smith is the author of seven parenting books, including The Gentle Parenting Book, which covers pregnancy and birth through age 7. She previously worked as a doula and antenatal teacher. She lives in England in a 17th-century cottage with her husband, four children, three cats, 20 ex-battery chickens, and six Indian runner ducks. She blogs at sarahockwell-smith.com. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

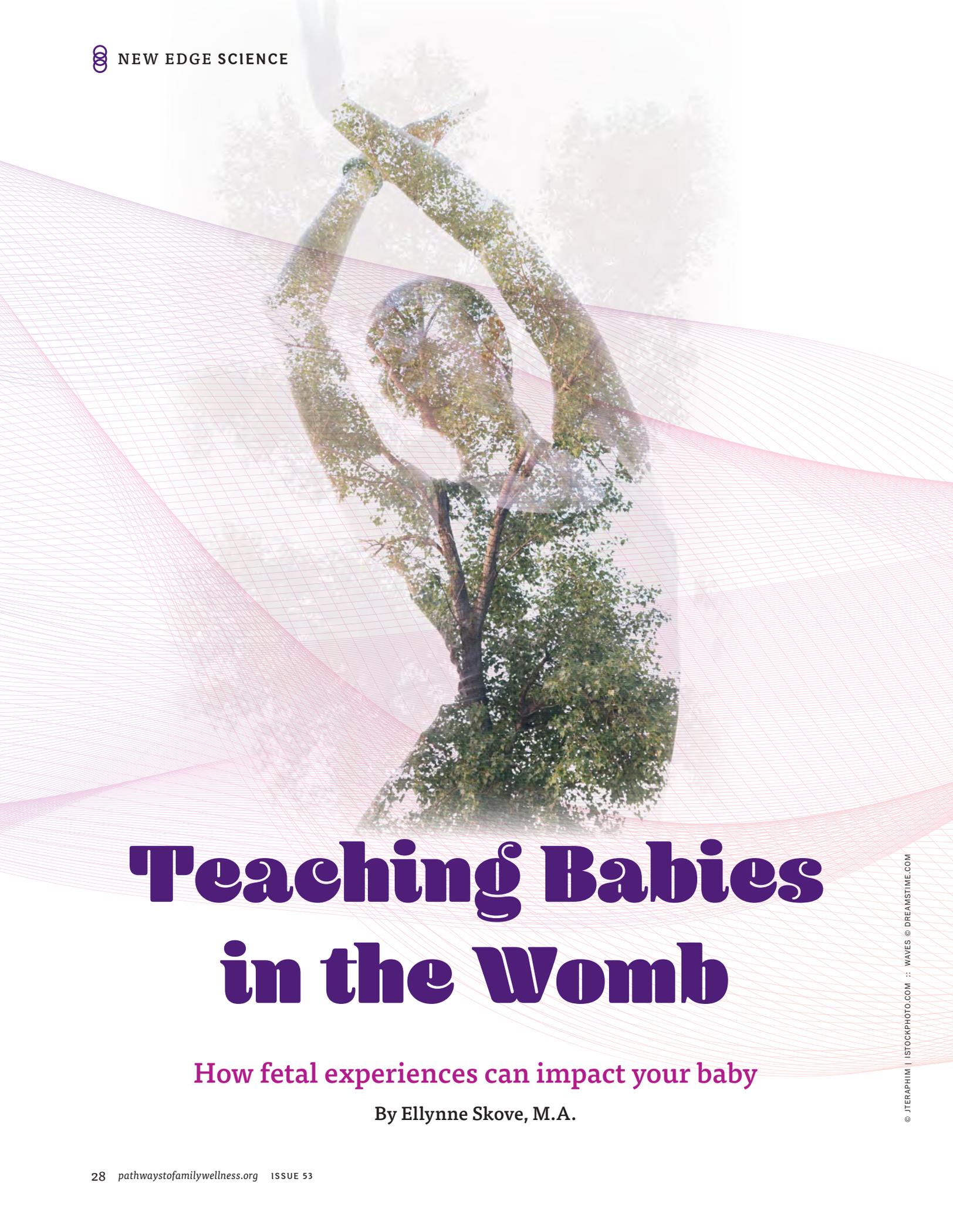


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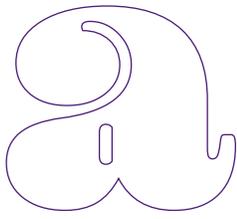
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# Teaching Babies in the Womb

How fetal experiences can impact your baby

By Ellyne Skove, M.A.



After more than 35 years of research, it is now well documented that fetal intelligence exists in the womb. There is even a bumper sticker stating, “The Womb Is a School and All Babies Attend.”

Babies begin to hear at about 22 weeks’ gestation. They feel touch, perceive the intention of our words and actions, and take on the movement experiences of their birth mothers. They experience the effects of growth or stress hormones by expanding or contracting at the cellular level. Babies in the womb even develop implicit memory that is later reflected in the subconscious and in autonomic nervous system functioning.

A newborn human baby has a very underdeveloped nervous system and needs our love and care to assist in regulating, or settling. The human brain grows to 80 percent of its full capacity in the first year after birth. A baby’s brain operates with the low- and mid-brain functions, and grows

machine workouts, etc. have been teaching their babies about deep, rhythmic, strong, and direct movement. It is no surprise that gentle bouncing or swaying doesn’t help their babies settle, but deep rhythmic squats, or walking with them in a carrier does. The motions are familiar!

**Stress.** What about a less desirable imprint where the fetus was exposed to undue stress? Such an example might include a mother’s illness or surgery during pregnancy, the death of a loved one, the loss of a job or home, or immense stress at work. As odd as it may sound, talking with your baby about these situations can be immensely helpful. Consider that almost all parents talk to their babies in the womb anyway. If you are pregnant, or postpartum, and things were overly stressful at some point, simply acknowledging this while including reassuring words about your commitment to being there can make a big difference in regard to the baby releasing contracted behavior related to worry or concern on an implicit level.

## BABIES FEEL TOUCH, PERCEIVE THE INTENTION OF OUR WORDS AND ACTIONS, AND TAKE ON THE MOVEMENT EXPERIENCES OF THEIR BIRTH MOTHERS.

in concert with the nervous system and spinal development. This is what makes us unique as human mammals—we have to grow into our high brain, the neocortex. Early experiences create the architecture of our brain growth and are integral in the formation of our sense of self.

These factors create fetal imprints that can help guide new parents to understanding their newborns and how to help them soothe, settle, engage, and develop a strong attachment for thriving on all levels.

Some examples of prenatal imprints include: babies knowing the music that they heard in the womb, babies desiring movement similar to what they experienced in the womb, and babies who experienced undue stress in the womb.

Parents who can attune to their baby’s fetal imprints develop stronger emotional bonds and feel more successful at early parenting. Here are three things to consider when building prenatal imprints:

**Sound.** I met a baby once whose father and mother were a West African drummer and dancer. Both the music and the dance of this culture involve complex polyrhythms where the head might be moving to 4 counts, the shoulders to 6 counts, the feet to 9 counts, etc. This baby, who was about 7 months old, moved its body polyrhythmically as it sat by its father as he played the drums. It was amazing to behold. The baby had experienced the sound and movement of these rhythms all during its fetal period.

**Movement.** Mothers who engage in strong exercise during pregnancy, such as running, yoga, dance, elliptical

So how can you create positive fetal imprints?

If you are the birth mother, try to develop a habit of daily relaxation or rest with some calm music or deep breathing. Once born, your baby will find this familiar and you can use the same music or practices when helping baby settle for sleep. Consider that your baby is always moving in amniotic fluid and the movement really is very familiar and settling. Have your partner note what movement you’re doing in pregnancy so that he or she can also mimic it to help the new baby settle.

Massage your pregnant belly and use this as a time to talk with your fetus about your day so it knows you are there for support. Your partner can do this as well.

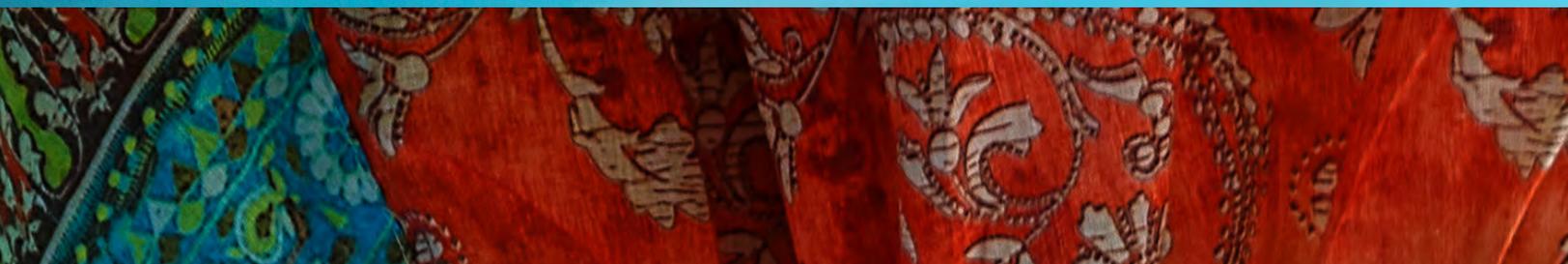
Observe your daily life and see if it feels balanced. If it is not, ask yourself what you can do to help create more balance. What are you doing to welcome your baby in its foundational fetal world? 🌀



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# Creative *fertile*





**T**here are many wisdom traditions that understand the importance of privacy, and of treating a baby, mother, and father like a holy trinity, allowing the parents to celebrate together by focusing on the needs of their baby as they continually honor each other for making this ordinary miracle possible. At birth, we do not distract ourselves with a machine that goes “ping,” or with a gloved hand to examine our progress. Instead we ask our babies, “How do you want to be born?” Then we listen and arrange ourselves to meet their needs and expectations. After birth comes the same question again. “How do you want to be in these arms?” “How do I nurse you?” We’re here to serve our babies. This is the only post-partum they will ever have. They are the priority.

Jeannine Parvati Baker explored these ideas throughout her life, and discussed them with Michael Mendizza before her passing in 2005.

## An interview with Jeannine Parvati Baker

By Michael Mendizza

**MENDIZZA: What is the greatest challenge for women today?**

**BAKER:** The greatest challenge for women today is to be who we really are. Women have a lot of expectations given to them by our families of origin and by our culture. And yet we are continually evolving to be all of the wisdom of the past, and move beyond to who we can be. This new potential is something we're inventing now.

Historically, it is changing dramatically. *Her*storically, it is the same. We all come from the same place. And yet, in this culture, we confuse ourselves. The Earth needs women. We need to come out of our hi-tech offices or own little kitchens and share some of the feminine qualities we embody so all can regain balance. In this millennium we're able to extend beyond this safe circumference, or sometimes unsafe boundary, of our own selves, and connect with others. It's through our children that we carry forth this wisdom.

Many of us have been confused, thinking we had to cultivate an external career. When I got real quiet and listened inside, the Earth told me what it wants. My career is to focus on my babies, my children, and make that the priority. Having done that I now have some credibility when I share with others how ecstatic it is to surrender to being a full woman, which in my experience means expressing all aspects of my fertility.

**MENDIZZA: I've never heard anyone speak about fertility the way you do. The subject doesn't seem to exist in our culture. Why?**

**BAKER:** It's not only the vested interest of corporate America—that multibillion-dollar industry controlling women's fertility or the abortion industry. It's not only out there, it's something inside of us that is blocked. I experience some fear when I approach that awesome responsibility of knowing that my loving one man might result in a new life that will transform me, that will turn me inside out. That will show me, literally, the stuff I am made of, beyond how huge my own ego is. And show me how powerful my desires are. That is scary. But there is a primal power that comes to women when we consciously conceive babies. We are unprepared for that. My calling is to work with young women so that they understand that this is such a celebration, to become fertile and to know ourselves. This is the world's best-kept secret, the ecstatic journey to self-knowing. I am so grateful that I am a woman and I can co-create life, carry those fruits of my loving beneath my heart for nine months. It's allowed me to look at somebody who has real needs and serve them.

**MENDIZZA: Can young women hear what you are saying?**

**BAKER:** Yes, they can. I love to go to conferences where we invite the young women with their mothers to attend. We have so much fun as we're exploring our stories around fertility. These young women have so much wisdom inside. To have the question placed to them: Do you want to have

babies? When do you imagine you'll have babies? What are your future families going to look like? Many have never been asked these questions. Instead, fertility is looked at as some offensive habit to breed that must be controlled. Parents are more concerned with preventing a pregnancy than allowing their daughters to experience the fullest ecstasy that's possible when we first get to know ourselves as women.

Fertility is creative energy. Sometimes we're fertile, sometimes we're not. Sometimes we are creative and sometimes we're not. Sometimes we choose it to be in the form of a baby to show the world what our love looks like, and other times it may come out in acts of kindness, service. It may be a creative project of love in the form of art. There are multiple ways that women can express their creative fertility. I approach young women with an invitation: Let's turn the angle of the mind to see that fertility is actually the way back home to our authentic nature.

**MENDIZZA: We are more mechanical, more mechanistic than ever before, less tied to our own biology and our ancestors. And that's reflected in our values, our consciousness, and how we view fertility and babies.**

**BAKER:** Perhaps it's because my father is an electrical engineer and I grew up soldering units together and I loved machines. And yet, if it ain't broke, why fix it? Conceiving a baby without technocratic assistance is possible for most women on the planet. If given a choice, of course, let's do that. We do have natural, conscious conceptions, which make a natural birth far more likely. If mothers hook into the birth machine, however, that's imprinted on that baby being born, feeling that it needs machines to survive. Then we get machines taking care of other machines and there's no end to it. Voluntary simplicity helps break this cycle of false dependency. In my kitchen I don't have many machines. We do not have a dishwasher. I don't have beaters. We use our bodies for this and we sweep our home because that helps us all stay fit. Our babies are living barbells that build strong bodies. I carry my babies with me all the time. It might appear that I'm a small woman, but I'm really strong. That comes from carrying my babies beneath my heart when they are womb-side, and then once they come Earth-side, I carry my babies on my body.

When we live from our authentic nature I think we are not only doing the best we can for future generations, we're also healing our ancestors simultaneously. For me, having children is that ecstasy. It's an amplification of pleasure that dissolves this illusion of being a skin-encapsulated ego. It brings the unity of consciousness and fertile sexuality. The extension of that, of course, is the orgasm of birth. Then breastfeeding a baby, as well, continues that deep pleasuring, so that my needs and my baby's needs are simultaneously being fulfilled. Then, down the road, I realize I'm also healing my mother and my father, who did not receive this. Because I'm nurturing their children, their grandchildren.

And now I'm a grandmother myself. That's, for me, the living proof that enlightenment gets brighter and brighter in these babies' eyes. To have my own daughter, who has brought me so much joy in my life, amplify that when she gave birth to give me a grandchild who now is, as most grandmothers will also say, is the light of my life.

**MENDIZZA: You give voice to many things that are not spoken.**

**BAKER:** I give voice to things most people are unwilling to speak about because we get judged by others.

**MENDIZZA: You raise a very important question. Why do people have babies?**

**BAKER:** Because there is just too much love for two people, so they need to share it with another. This is why we have babies, to share an abundance of love. This is how we show the world what our love looks like, in the form of babies that are conceived, birthed, raised, and loved.

**MENDIZZA: Many parents have babies to serve their own needs.**

**BAKER:** I, too, am needy, Michael. It's part of being a human. I need to drink water. I need to eat and need to keep warm in the winter. Having needs is part of being human.

**MENDIZZA: Conscious or not, you're there to serve the baby, and that was the reason why you have babies, to serve that baby.**

**BAKER:** My children are my spiritual practice. As you can tell, I have a huge ego, a keen sense of my individuation, purpose, and importance. Having a baby is like play for me, because I lose myself in the relationship. Suddenly here is a baby who's crying, communicating to me a real need. There is no doubt in my mind who comes first at that moment. There is no such thing as privacy once you have a baby. Especially a homebirth, where there has been no separation and I have my baby with me on my body. There is no such thing as privacy even as they begin to crawl and



FERTILITY IS CREATIVE ENERGY. SOMETIMES WE'RE FERTILE, SOMETIMES WE'RE NOT. SOMETIMES WE ARE CREATIVE AND SOMETIMES WE'RE NOT. SOMETIMES WE CHOOSE IT TO BE IN THE FORM OF A BABY TO SHOW THE WORLD WHAT OUR LOVE LOOKS LIKE, AND OTHER TIMES IT MAY COME OUT IN ACTS OF KINDNESS, SERVICE.



THIS IS WHY WE HAVE BABIES, TO SHARE AN ABUNDANCE OF LOVE.  
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OF BABIES THAT ARE CONCEIVED, BIRTHED, RAISED, AND LOVED.

start exploring the household. I would go to the bathroom to be by myself, and here comes my toddler following me. They have no concept of separation, because from a baby's point of view separation is an illusion. In reality it doesn't exist. That's why babies are my teachers. Look in a baby's eye—any baby—and what do you receive back? Pure love, acceptance, and no judgments.

**MENDIZZA:** Your greatest joy actually comes from meeting the baby's needs. And the reason that you have the baby is to nurture that baby.

**BAKER:** Let me be clear on this point. The reason I had this baby was for me. This baby is my spiritual practice. This

baby is what draws joy out of my heart, but it didn't at first. Like almost all new moms, it was a shock to realize how selfish I am, how I thought I needed to get eight hours of sleep. Even before my baby was born, I was up during the middle of the night going to the bathroom. I'm up and down during the night in preparation for attending and awakening with the baby, to sleep with my babies and breastfeeding my babies.

So, I began to ask, where did this idea come from that I need eight hours of solid sleep? And then it came to me. This is a cultural idea. Now I have the great benefit of remembering my dreams. I'm awakened so often I would go into the R.E.M. sleep state many, many, many times each night and have many dreams, which is a key source of the

Shamanic work that I do. And this is the gift that my babies gave to me. What I thought was a burden was actually a gift. And it was so simple. When my babies take naps, I slip asleep too. Because the most important thing for me was to stay in resonance with my children.

And now I see that things are getting better and better for children because there are more mothers like myself who realize that having babies fulfills our destinies as women. It's woven into the softest tissues of ourselves to be mothers, and that is an ecstatic experience. It's not a job or an obligation. It's an invitation to experience tremendous joy and happiness.

Yet in today's culture there is an illusion that you need a lot of help from experts who know more about your own body than you do. Which, again, brings us to the importance of fertility awareness, of helping young women and young men understand the cycles of creative energy that go through us and how to align our personal desires with that creative energy in ways that are best for all our relations. Because sexuality is a powerful creative force, and it does matter how we use it. It does have important consequences.

**MENDIZZA: What is male fertility awareness and how does it blend with what you're talking about?**

**BAKER:** This is a question I continually ask my partner. It is a question for the men's community to answer. I have carried male babies and raised sons. I'm inviting men to come up with your stories. What I celebrate is the "gender-ecity" I see emerging between men and women, willing to tell the truth to one another. And out of that dialogue will come what is men's fertility.

**MENDIZZA: Women carry the babies. They have a somatic experience of this unity, and men are estranged from that. In yesterday's workshop you said a hundred times that the baby and the mom are one. It's much more difficult for men to feel that. What is "real" for the mother is abstract for the father. There were two fathers-to-be in the room and they want to know how to connect with that oneness because this is their baby too. They feel as deeply as the women do. Women are biologically closer to the awareness you are describing.**

**BAKER:** Every cell of that baby's body has the father's genetics. He resonates with his baby. How to get in touch with that resonance is massage, touching. It's so important. The communication that comes from his heart through his hands to the mama's belly—he can literally get in touch with his baby, feel his baby. I've watched at birth when fathers do that and when the baby's fresh from the source and the father says that first word, the baby turns to look at the father. He knows that voice. He's listened to that voice before he was born, before he was even conceived. He has chosen that one man out of all the possible fathers in the world to come to.

**MENDIZZA: Intimacy is a channel of communication. It is through the woman that the man gains access to this other way of being and knowing. The woman carries the baby and discovers this somatically. Through the intimacy of the male-female relationship, this awareness is awakened in men. It is not readily available in the male culture. There's a great deal that men can learn from women.**

**BAKER:** And there's a great deal that I learn from men. It's mutual. There's a lot of honoring of the feminine and talk about how important it is to bring this back to the planet. For me, this is like the pendulum swinging. I want to see both happen at once. We need to honor both genders in this healing dialogue. Otherwise we're just swingers. Narcissistic to parasitic, back and forth.

**MENDIZZA: Pregnancy and giving birth changes you. It opens you up to entirely new perceptions and experiences. A woman being intimate in a very deep way with her man can open up very similar sympathetic perceptions in him.**

**BAKER:** Just this morning our 16-year-old son, Quinn, woke up and came into bed, and the conversation came to a question: "Can you imagine what it feels like to grow a baby, and gain 20 to 40 pounds in nine months? And then within a year, if you're breastfeeding, all of that dissolve away?" Both of these guys, Quinn and his father, are pretty thin men, and I wanted to expand their understanding and perhaps compassion for women who go through this immense physiological, psychological, and spiritual change. And they couldn't imagine. It just blew their minds.

The other side blows my mind. The immense amount of surrender and trust that men cultivate when they conceive a baby. I'm in control. It's in my body. I can eat whatever I want to and it's going to affect your child. What surrender and trust you, brothers, have to give us to allow us that literal ecstasy of gestating your child. It's quite in balance. I learned my surrender, how to be my truth, through trusting nature—my inner nature—directly. Yet for a man to trust someone outside of himself, that takes an immense amount of surrender. 



*Jeannine Parvati Baker was a yogini, herbalist, shamanic midwife, and the founder of Hygieia College of Womancraft and Lay Midwifery. Her writings include Prenatal Yoga and Natural Childbirth, Conscious Conception, and Hygieia: A Woman's Herbal.*



*Michael Mendizza is an author, educator, documentary filmmaker, and founder of Touch the Future, a nonprofit learning design center. His book, Magical Parent, Magical Child: The Art of Joyful Parenting, co-authored with Joseph Chilton Pearce, applies research on optimum states to*

*parenting and education. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

# bliss BEFORE BIRTH

The effects of a mother's thoughts and emotions on her unborn child

By Julie Le Gal Brodeur

**H**ow can you best support your baby's growth and development during your pregnancy? Do your thoughts and feelings affect him?

Pregnancy is a time of preparation, and a time of many changes, inside and out. Whether the circumstances around your pregnancy are joyful or difficult, it's a good time to make a fresh start, and to open yourself to the new relationship you will have with your child, with yourself (especially if this is your first child), and with the world. Cultivating reverence for what is happening, and for who is to come, can be of immense value to you and your child. It often happens quite naturally that a feeling of profound awe wells up when we are confronted with the miracle of life. It comes when you go for a nature walk, when you think of the growing baby as you see beautiful things, as you look at artwork depicting mothers and children, when you sing lullabies to your baby, or when you think of your child as you make something for him.

In traditions of ancient India, China, the Arabian peninsula, and other cultures, pregnant women were surrounded with beautiful things and fine clothing. They were taught the arts of music, singing, and painting, and fed exquisite foods blessed by holy men. They were surrounded by music and were encouraged to think of goodness. This was believed to bring the unborn child talent and beauty.

In Russia and the ancient civilizations of Asia, concerts were organized for pregnant women and their unborn children. In ancient China and India, women drew birds and plants during pregnancy and sang beautiful, gentle songs to their unborn babies. In some countries, arguing with a pregnant woman was prohibited, and if an argument was inevitable, she was to have the last word. In other countries, the pregnant woman's behavior was believed to affect the unborn baby, so they were to refrain from any cruelty or bad thoughts, and were to be protected from any trauma or shock.

It has long been thought, and studies now prove, that a mother's emotional state and surroundings have a profound effect on the unborn child's health and development, as do the mother's thoughts towards the father, the pregnancy, and the child. Any stress or strong emotion in the mother creates a stress reaction in the growing baby, while soothing activities like singing calm the mother and her baby, increasing the blood flow to the child.

It is important that expectant mothers find ways to reduce stress and encourage a healthy and quiet inner life for themselves to counter the pressures of modern living. There may be wisdom in following the ancient traditions of the mother surrounding herself and filling her thoughts with goodness, calm, and beauty. The more loving and gentle you and those around you can be, and the more you and your baby's father cherish one another, the better it will be for you and your baby. 🍀



*Julie Le Gal Brodeur is an actor, photographer, writer, and emerging filmmaker. Upon becoming a mother, and having attended Waldorf schools in Canada, Germany, and England, Julie was inspired to research holistic parenting and the nature of childhood. Her findings brought her to create the Conscious Parenting Guide as a resource for parents and caregivers. She lives in Wakefield, Québec, with her family. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*



# UNDERSTANDING THE POWER OF

# CHIROPRACTIC

By John Minardi, B.H.K., D.C.

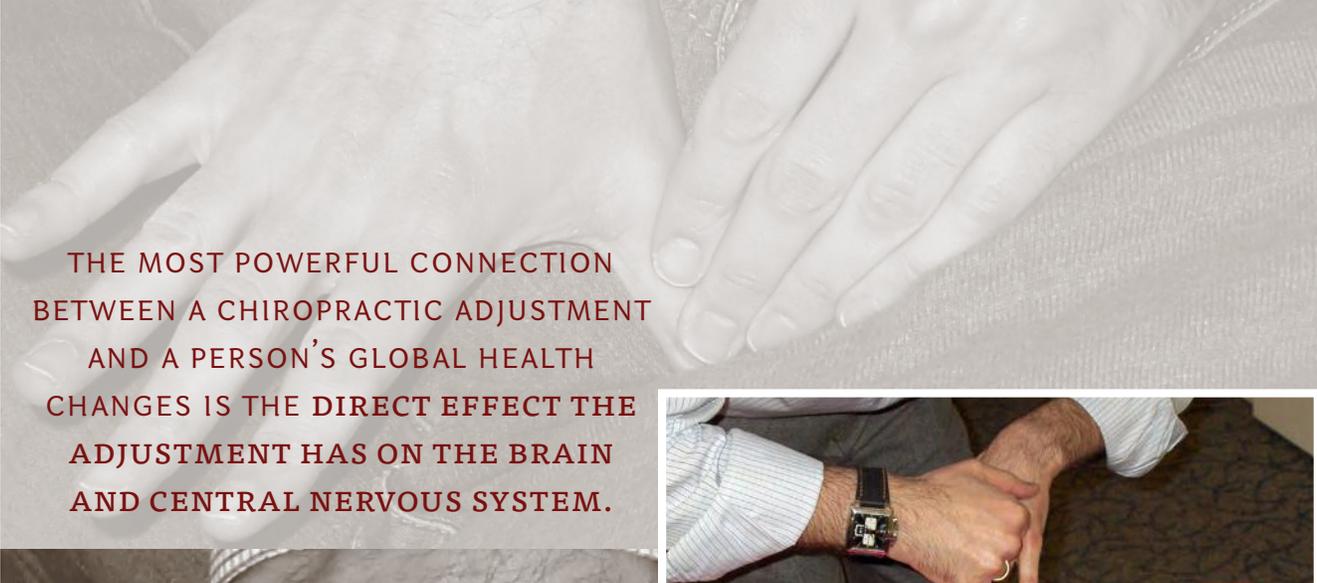
**W**hy do so many women become pregnant under chiropractic care, when they were never able to become pregnant before? Why are so many women seeking out chiropractic care in pregnancy in preparation for safer, easier births? Why are so many birth care providers referring pregnant mothers to chiropractors? How is it that babies who cannot breastfeed or are experiencing symptoms of digestive distress undergo significant changes with feeding and digestion? What does the chiropractic adjustment do to restore normal physiology and improve function?

Chiropractors claim to have a direct influence on a person's nervous system through the chiropractic adjustment. We further claim that people who remain subluxated (having a misalignment in the spine which causes a distortion in the communication of the nervous system) will have some form of neurological dysfunction. However, most people are not aware of the global health changes that can occur under chiropractic care, nor do they understand the complex neurological changes that occur with adjustments. Many people who have been to a chiropractor understand chiropractic from the classic

“nerve pressure” theory. In a nutshell, the theory implies that a bone, or some other structure, moves from its normal position and places pressure on a neighboring nerve. The pressure leads to the nerve not functioning properly, which can result in a host of problems. People under chiropractic care visualize this explanation and can easily understand it. However, if this is the only explanation we give them, they will understand only a very small piece of the power of the chiropractic adjustment.

We know that chiropractic adjustments in the upper cervical spine (upper neck) significantly decrease an individual's hypertension. There is no peripheral nerve connection from the neck to the structure that controls blood pressure, so the nerve pressure theory cannot be the explanation, yet these changes still occur. I contend that the nerve pressure theory is a very small piece of what is taking place inside the body. In my opinion, the most powerful connection between a chiropractic adjustment and a person's global health changes is the direct effect the adjustment has on the brain and central nervous system.

So how does a spinal subluxation affect the brain and nervous system? The subluxation acts as both a physical



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AND CENTRAL NERVOUS SYSTEM.

stressor, due to the strain of the supporting structures connecting to that vertebra, and a chemical stressor, due to the accumulation of inflammation inside the joints. These physical and chemical stressors flood the brain with negative information from the body. The negative stress information is the neurological connection between the subluxation and the limbic system, which launches the stress response. The stress response activates two systems: The sympatho-adrenal system (SAS), and the hypothalamic pituitary adrenal axis (HPA). The SAS activates the sympathetic nervous system, which in turn releases hormones into the circulation. Once these hormones reach the adrenal glands, the adrenal glands release adrenaline into the bloodstream. Adrenaline supplies energy to the muscles and heart to prepare for the stress; however, it takes this energy from reproductive organs and the gastrointestinal tract.

The HPA axis activates the area of the brain which releases additional hormones into circulation. Once these hormones reach the adrenal glands, the adrenals release cortisol. Cortisol supplies energy to the muscles, but it takes this energy from reproductive organs and the immune system. This stress response is a normal response, provided the stressor is removed within a short period. However, when the stressor is not removed quickly, this chronic release of stress hormones negatively alters the immune, reproductive, and gastrointestinal systems, triggering a cascade of disease and illness. By removing the stressor (the subluxation) via chiropractic adjustment, we help stop the chronic stress response and allow energy to be reallocated to the centers that promote growth, expansion, and health.

In a nutshell, each time a chiropractor adjusts someone's spine, we replace the negative information that is flooding the brain with positive information. This recalibrates the brain to help stop the release of chronic stress hormones and allows overall health and healing to occur. Every time a person receives a chiropractic adjustment, it positively affects the brain and nervous system. This positive effect on the brain promotes a state of ease and well-being within the body.



Even this is a small piece of the puzzle, but it gives us better insight on how chiropractic adjustments have a profound neurological effect on the central nervous system. Understanding this neurological effect can help us better identify how an adjustment changes the body's stress response patterns and restores a state of ease. This knowledge enhances our understanding of how a woman can become pregnant under chiropractic care when she was unable to do so in the past. It opens up an important dialogue about how pregnant women under regular chiropractic care may experience greater resilience to modern stressors and have easier pregnancies and births. It may also shed some light on how breastfeeding and digestion in infants improve under chiropractic care. As chiropractors, we do not claim to have a cure for infertility, colic, or any other ailment. What we do is assess and adjust spinal subluxations to help the brain and body adapt and heal. The adaptation and healing process is as unique to each person as their own brains are! 📌



*John Minardi, B.H.K., D.C., is the creator of Minardi Education, an innovative educational series which focuses on increasing certainty in the power of chiropractic. For the past 15 years, Dr. Minardi's primary interest has been to understand the neurology of the vertebral subluxation complex (VSC) and apply this information in a clinical setting for chiropractors and patients. Dr. Minardi brings a unique blend of passion, intensity, and excellent teaching skills in order to explain the segmental and global neurological effects of the VSC, and how they occur in the body. In addition to his busy lecture schedule, Dr. Minardi operates a full-time practice in Oakville, Ontario. Parker Chiropractic Seminars named him Chiropractor of the Year in 2011. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*



# A WAY OF *blessing*

By GeorGina Kelly

*t*he blessingway ceremony has its roots in the traditions of the Navajo *hoshooji* ceremony in North America. It celebrates a feminine rite of passage, inducting women into new and venerated phases of their lives. Customarily, the blessingway ceremony went on for nine days, involving chanting, the use of herbs, grooming rituals, visualization practices, and telling of the story of the deity Changing Woman—her birth, her puberty, and the birth of her twin sons. Navajo women sung over the new mother, ripe with child, preparing her to surrender to the enigmatic power of birth, and honoring her potency and the magnificence of her creative powers. She cradled Life within her womb, and her people celebrated this.

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Many other indigenous cultures held ceremonies to prepare women for birth and to commemorate their transition into motherhood. In Western culture, with our medicalized view of pregnancy and birth, we have lost the rituals from our past. We no longer experience the community gathered around women on the cusp of birthing, offering them practical and emotional support through ceremony. Baby showers are common in Western cultures, but they are sadly diluted of any spiritual substance—they typically concentrate on the baby, rather than the woman, and are focused on the giving of material presents, rather than nourishing the mother-to-be. Fortunately, the Navajo blessingway ceremony has inspired women in contemporary Western culture to reclaim birthing rituals. This shift encourages women to trust the birth process and themselves. A circle of women gather around the expectant mother to tell her birth stories of inspiration, to give her gifts to remind her of women's power through birthing, and to bless her in her journey to motherhood. The purpose of the blessings is to replace any fear with

affirmation of the woman's "sacredness as the gateway for new life," as Jeannine Parvati Baker writes. In the circle, womanhood is celebrated.

The Navajo have a saying: "Whatever happens here on Earth must first be dreamed." This is the principle of a blessingway ceremony, Baker writes—to actualize the "dream," or vision of the women gathering, so that the mother-to-be will have an empowering birth experience. Baker further asserts that the ceremony is a "template for childbirth," demonstrated by the gathering's support of the woman. The expectant mother has to be receptive to the intensity and focus of the group, and be open to receiving gifts and blessings. Many of us find this difficult. We are not used to asking for help or receiving gifts or such loving attention—it is we, the women, who are the givers. The ritual involved in the blessingway prepares a woman to graciously accept help when the baby is born, and the gift of the birth force while in labor. She learns that to give birth, she needs to open, receive, and surrender with thankfulness.



**WHEN WE HOLD A BLESSINGWAY CEREMONY, WE ARE CONNECTING WITH EACH OTHER AS WOMEN, AND CONNECTING WITH ALL WOMEN WHO HAVE GONE BEFORE US.**

One aspect of the blessingway ceremony is to prepare the group to welcome and accept a new person, the baby, into its midst. The threads of the community are bound together through the woman being celebrated, and through this new being soon to be born. When we hold a blessingway ceremony, we are connecting with each other as women, and connecting with all women who have gone before us. Sheila Kitzinger describes this as an integrative function that also “links the human with the divine, and earth with heaven.” The ceremony reminds us that pregnancy and birth are not simply physiological events, but are *bardos*—windows of opportunities for liberation or enlightenment, and highly charged with potential for transformation. There is an acknowledgement that the new mother is being impelled into a new realm of life.

There are no set rules to contemporary blessingways. The personality of the mother-to-be will determine the design of the celebration, and it will be molded by those who are present. Invitations should be sent to the women’s friends and family who have positive perspectives of birth.

However the blessingway ceremony is performed, the new mother should feel loved and blessed by her community, and confident and ready to embrace birth with a spirit of affirmation. 



*GeorGina Kelly is a passionate midwife, working in the homebirth community and as a midwifery educator. She has been a mindfulness practitioner for nearly 20 years. GeorGina created the Art of Mindful Birthing workshops and has facilitated courses for pregnant women, midwives, and birthkeepers since 2005. She is also a facilitator of an advanced skills retreat for midwives, which you can learn about online at [deepeningthejourney.com](http://deepeningthejourney.com). Her work combines meditation, storytelling, and creative expression, all grounded in the practice of mindfulness, and provides the space to awaken and develop inner resourcefulness and deepen embodied ways of knowing. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

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## MY JOURNEY TO A HOMEBIRTH

By Kathy Knight, D.C.

**G**rowing up, the only person I knew who had a homebirth was an aunt who, in my family's opinion, was a bit of a hippie. It was not something "normal" people did. I never considered it as an option for myself.

My homebirth came about because of the experience I had with my first birth. Both births are precious to me, and I value them equally. If I hadn't been challenged by the system and by myself, physically and emotionally, I would never have had the knowledge or courage to take the steps required to take charge of my second birth.

I have a strong belief in the body's innate ability to birth and that pregnancy and birth are normal events that in the vast majority of cases do not require major medical intervention. When I found out I was pregnant with our first child I dutifully went to the doctor, not to find out I was pregnant, but to tell him I was. I'm not really sure why I went—it just seemed the thing you do when you're pregnant. I'm a chiropractor; chiropractic is my choice of healthcare. I hadn't been to a medical doctor in 10 years, and then only for signatures. He gave me some "great" advice about maternity options in Canberra, where I live, including: obstetrics, the birth center, and the public hospital. He may have mumbled something like, "I hope you're not considering a homebirth," but at the time I wasn't, so I let it slide. I said I wanted as little medical intervention as possible, so he steered me in the direction of the birth center and told me to get Janet Balaskas's book, *Active Birth*. He joked (rather condescendingly) that I should swing from the rafters to reduce the labor time.

The birth center seemed to be my ideal place to birth. My birth plan was accepted without question, and my husband, Rob, and I believed our birth would progress smoothly without medical intervention and that we were in good hands. How wrong we were. Even though I was completely well, with not a sign of concern, the birth center staff pressed various interventions upon me every step of the way. These included additional ultrasounds, stripping my membranes, inductions, vaginal examinations, wanting to rupture my membranes, catheters, cannula, drugs, and Syntocinon for the placenta. I knew all these procedures were unnecessary, but I felt powerless to stop them. Every time they brought up a new procedure, it took me away from the birthing state. My anxiety levels rose and I had no belief that the midwife was supporting me. She appeared more interested in performing procedures for the student doctor. Needless to say, my anterior lip wouldn't budge—no wonder, considering my stress levels. My body was thinking it wasn't a safe place to birth, and stopped dilating. Rather than feeling a sense of support and encouragement, I felt directed, pressured, and restricted. There was no respect for letting me birth as my body knew how, in the time frame that my body and baby required.

Charlotte was born with the entire birth-center team in the room, two midwives pulling on her head, and the student doctor holding me down on my back. Intuitively, I wanted to get up, but I choose not to resist their control, knowing my resistance would only make things worse. My anxious midwife, keen on interfering, panicked and started pulling and

twisting the baby's head instead of giving us some time to birth. Charlotte came out with a crack; she had a dislocated shoulder and brainstem damage.

Midwifery care was heavily promoted as being for the woman. Where had that idea gone? What happened to the idea of the midwife being my advocate? Too late, I realized my midwife knew nothing about me, my beliefs, and my understanding of a woman's ability to birth without interference. I had expected her to believe this more strongly than I did. I remember how quickly she had scanned my birth plan; she never asked me any questions about it. I hadn't asked enough questions about her beliefs, either, and what her choices would be in each circumstance.

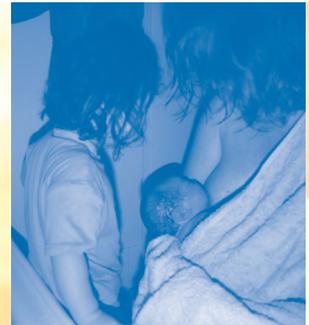
Fortunately my education and training as a chiropractor ensured that Charlotte received the care she needed to facilitate the healing from such trauma. Her dislocated shoulder had not been picked up by the pediatricians; her brainstem damage caused left-sided muscle-tone weakness, which affected her gross motor control. I even enrolled in the International Chiropractic Pediatric Association certification course to advance my skills, now that I knew firsthand

advocates of homebirth: my yoga teacher and women in my class; my doula, Ingrid; my Calmbirth instructor; Dr. Farrant, Dr. Jeanne Ohm and other chiropractors and their wives; and women from a homebirth rally I attended. I realized I had to take the plunge and commit.

I contacted Marie Heath, a very experienced and respected homebirth midwife. As soon as I met her and explained my first birth, I knew I had the right midwife for us. She believed that I was able to give birth without intervention, and that I didn't need the entire hospital to interfere in the birth of my baby. She was on the same wavelength as me regarding how the first birth got interfered with. Once I committed I was relieved. I started to relax and enjoy being pregnant—my niggling pubic pain and sacroiliac joint pain disappeared. I had a lot of emotional baggage to work through to get in the right head and heart space for a homebirth. I got out my crayons and nurtured my creative side.

I meditated every day on the ability of my body and baby to birth. I made a birthing board with positive affirmations and decorated it with pictures of open flowers. My daily affirmations were: "I trust my body, I trust my baby. My

KNOWLEDGE IS POWER, AND KNOWING FIRSTHAND THE IMPORTANCE OF GETTING THE RIGHT SUPPORT TEAM FOR YOU AND THE TOOLS TO MANAGE BIRTH IS LIFE-CHANGING.



what can happen during what the medical staff considered a normal birth.

When I found out I was pregnant with our second baby I wasn't filled with the excitement of the coming birth that I'd had the first time. I was looking forward to having another baby, but not eager to go through the process again. I didn't know where to look for care. The birth center had let me down, but still seemed the most closely aligned with my philosophy; how had it gone so wrong the first time? I took some advice and hired a doula—someone who offers emotional and physical support to a woman and her partner before, during, and after childbirth—to be my advocate. I also enrolled in Calmbirth, a training program designed to release fears and anxiety about birth. My associate, Dr. Natasha Pragnell, began adjusting me using the Webster protocol for optimal neuro-biomechanical balance throughout pregnancy. Dr. Sarah Farrant helped me draw strength and healing from my previous emotional traumas.

I had been looking into having a homebirth, but thought if I could be in the birth center then I would save on the cost. As with most things in life, you get what you pay for. I began to realize cost in dollars did not compare to cost in satisfaction. I started attracting people into my life who were

body knows how to birth. My baby knows how to birth. My body can only create a baby the right size for me to birth. If a woman can give birth in a coma, I don't have to do anything. Let my body do what it knows how to do. Just get out of the way and let it happen." I refocused the language I was using that wasn't encouraging, like "labor," "delivery," and "contractions," and changed it to "birth," "pressure," and "sensations."

I watched movies of homebirths and women giving birth without pain. I fortified my inner knowing by convincing myself that if all those women had done it, then so could I.

The rest of my pregnancy was less eventful. I was led to a book called *Hands of Love: Seven Steps to the Miracle of Birth* by chiropractor and doula Carol J. Phillips. Its message resonated with me. The outcome of birth does not make it good or bad, right or wrong. It's not whether it is slow or fast, painful or not—it is what it is for what you and your baby need it to be. It is perfect. Your body knows what to do and doesn't need to be told by someone who thinks they know better. I let go of my expectation of a perfect birth, whatever that was.

As with my first pregnancy, my due date came and went without event. I had been twinging for a few days, but it was nothing to write home about. Two weeks later I called my support friend, Niki, to come over, since I was feeling

miserable and needy. She encouraged me to call Marie and tell her I was experiencing niggling sensations. Marie said I was fine and just pre-laboring and I would see her in a few days. Rob and my dad were collecting hay for the garden, so they were in and out all day with Charlotte. (There were lots of jokes about the men doing the nesting.) Dad saw that I was a bit unsettled and decided I shouldn't be on my own; he called Mum to come and spend some time with me. We lay on the bed and chatted.

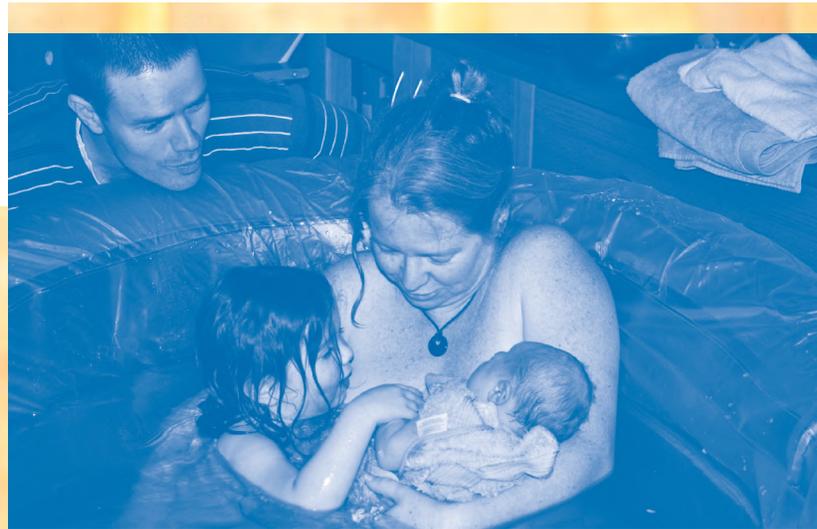
My doula, Ingrid, called too—she must have sensed I needed support. I asked if she could come over that afternoon. My niggling sensations were not going away. I focused on each sensation as if it was opening my cervix. I hoped for the birth to get going, but all I could feel was a mild pulling above my pubic bone. I was sure it was pre-birth practice sensations and the real thing was still days away. My first birth had been 10 hours of arduous work. I concentrated on the sensations, hoping they were the feelings women who don't have pain in childbirth have, but not believing I was actually underway. I let it work on my uterus without trying to resist it or put up with it, as I had during the first birth. The sensations only went on for about 20 seconds, and I maintained my conversation only with slight pauses and changes of breath. We joked a few times that I was probably 9 centimeters dilated.

Ingrid left around 4 p.m., and Mum an hour later. The sensations were maybe 20 minutes apart at their closest, but not consistent. Often there was an hour in between them, and they didn't increase in intensity at all. I napped for an hour and woke up for dinner with Rob and Charlotte. He noticed my changes in breath were getting closer together and asked when the last one was. I had been asleep so didn't really know, but thought maybe one had woken me up. I didn't want to be distracted by observing my body, I just wanted to be in my body and let it do what it needed and not get in the way of the process. I didn't want timing and watching the clock to be my gauge. After dinner he said they were about 10 minutes apart. OK: I was now convinced it would start tonight.

After dinner, Charlotte asked to breastfeed before bed. It wasn't exactly what I planned to be doing at the time, but I thought it was better to have her settled and in bed so we could get ready for the birth. I lay on our bed feeding Charlotte while Rob gently stroked my back to encourage endorphin and oxytocin release. I still thought I was being premature in starting the relaxation techniques, but what could it hurt? I asked Rob to run his fingers through my hair, but he just got the hair in my eyes so I gently redirected him to stroke my back again.

When I tried to ignore the pulling sensation it actually felt worse, and the more I focused on it the less it bothered me. The whole process was frustrating; I just wanted the birth to establish for real. I felt it was unfair I had to work so hard at staying calm and it wasn't even the real thing yet. I could sense that if I didn't stay calm it could easily take over and

I REFOCUSED THE LANGUAGE I WAS USING THAT WASN'T ENCOURAGING, LIKE "LABOR," "DELIVERY," AND "CONTRACTIONS," AND CHANGED IT TO "BIRTH," "PRESSURE," AND "SENSATIONS."



get out of control. I stopped myself from entertaining those thoughts; they weren't going to help me. Rob noticed a slight change in the depth of my breath, and timed the breath changes at five to six minutes apart. We hurried Charlotte to bed. It was 7.20 p.m.

Breastfeeding had stirred things up, and I wanted to get in the bath to relax. I thought we had plenty of time: We'd get ourselves ready, get the support team back, fill up the pool, and settle in to make an evening of it. I went to the toilet and had a mild urge to push. This was interesting, because last time pushing wasn't something I could choose whether or not to do. I trusted my body and decided since I didn't have to push then, I wouldn't. I'd let my body do what it knew how to do.

Rob ran the bath and called Marie—it was 7.29. She was helping another woman give birth, so she called a stand-in midwife. Rob rang Ingrid and told her things had progressed and we'd call her back when we knew for sure it was happening. (He hadn't realized it was already happening, because I was so calm and not making any noises. He'd missed the point that he should have been telling them to come over.) Rob went to the lounge room to set up the birth pool. I couldn't get comfortable in the bath. I couldn't lie down. I was on all fours and the water didn't reach my belly. I then



realized it was happening—not in a few hours but right now, and fast. I called Rob back to the bathroom and told him there wasn't going to be time for the birth pool: "It's happening right now." A hot flush raced down my back, which called for a cold washcloth.

The stand-in midwife, Georgia, called. Rob handed me the phone and I calmly accepted her offer to come over and "check me." She had no idea the birth was imminent. I should have screamed, "I'm having the baby right now!" but I thought better of it. Then Rob called Ingrid back and told her it was happening right now. She was half an hour away. I had an overwhelming urge to bear down, and I felt my membranes pop. I breathed deep and hard and told myself not to push so hard; it would happen on its own. I could feel the head! I realized we are having the baby on our own.

I had to stay calm. Rob told me it was OK; the baby had gone back up. "Yeah but it's coming in the next push!" I told him. I breathed. We got Ingrid back on the phone, since we didn't have Georgia's number. Ingrid was still 20 minutes away, but she knew she wasn't going to make it. She suggested I get out of the bath, because if I stayed in the bath the baby would dive-bomb into the water. I slid out of the bath and onto the mat. I had to stay calm. I asked Rob what he could see and he told me as each part emerged—forehead, eyebrows, eyes, cheekbones, nose, mouth. I took a breath and reflected on my previous birth and how different this one was. There was no way the shoulders were getting stuck this time, it had just been too different. At 7.45, Rob took the catch of his life.

"It's another girl," he said, as he passed Eleanor back through my legs to me. I double-checked. Rob had forgotten to look when Charlotte was born, and almost presumed she was a boy. *Oh my gosh! We did it, and on our own!* I thought. *And it was oh, so easy.* I held my crying baby girl, thinking, *That's good; she's breathing; everything is OK.* Now that's how you're supposed to come into the world: no pushing, no pulling, no interference. Just letting it all happen.

We woke Charlotte, who had been in bed for only 20 minutes. She excitedly declared "Bay-be" and pointed out all her body parts and where my breasts were for "mi-mi." We retired to the bedroom. We couldn't stop laughing. Ingrid arrived 10 minutes later and suggested giving a little push so I could birth the placenta. Ten minutes later Georgia arrived, surprised that we've already had the baby and the placenta. She helped Rob and Charlotte cut the cord. Eleanor needed no guidance with baby-led self attachment as she bobbed her head straight to my breast. I even had ice cream in bed just because I felt like it. I'd had a homebirth; I could do what I liked!

Marie called in at 6 the following morning to check on us before going home to sleep. Eleanor was 4.4 kilograms (9 pounds 11 ounces)—our "little" baby, lighter than her sister but longer, at 58 centimeters (23 inches).

Everyone involved in our homebirth supported me to stand up for my rights as a birthing woman. We feel proud we did it our way: the way we knew was possible and the way it can be done. Knowledge is power, and knowing firsthand the importance of getting the right support team for you and the tools to manage birth is life-changing. I can't thank everyone enough. 



*Kathy Knight, D.C., is a mother of three and has been practicing chiropractic for 16 years—and for more than a decade at her own practice, Universal Chiropractic, in Canberra, Australia. Many personal experiences, as well as those of her clients, have cemented her passion for chiropractic and its amazing ability to transform people's health. Kathy enjoys skiing, rock climbing, the beach, and being active with her children and husband. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

## What Mothers Need to Know About

# Giving Birth



**By Jean Sutton**

**Photography by Alexandra Marie**

That birth is a cooperative action between the mother and baby.

*That babies try very hard to assume the best position for birth.*

That the mother must, if possible, keep her knees lower than her bottom.

*That when resting, she should lie on her left side with her legs level with her body.*

That her baby's efforts to turn across her pubic bones will be between uncomfortable and painful.

*That she can minimize this by adopting forward leaning postures while her baby is moving.*

Wait until the baby is awake to move him. Don't try to move the baby when he is sleeping.

*That when her abdomen sags and her back aches, it is better to wear a pelvic support belt than to tuck her tail bone under. Expect some lordosis.*

That once her baby is in the best position, the only small lump she will feel will be between her hip bone and ribs.

*That a baby in the best position gives good signals to his mother's body to prepare for birth. Remaining upright and mobile will aid labor.*

That this baby is likely to be born on time and proceed just as the books tell us.

*That he will come out with a minimum of effort, in as short a time as possible, and arrive peaceful, unstressed, and ready to get on with life.*

That chemical pain relief is not likely to be needed as the mother's body will respond to her baby's signals, and she will cope magnificently.

*That back-rubbing techniques, perineal massage, etc. actually get in the way of the mother developing her own labor rhythm and entering into the detached endorphin state. Water tubs or birth pools may reduce the amount of pain, but unless the mother is able to assume a forward leaning position, these will do nothing to shorten the labor. Breathing exercises are yet another "survival" technique.*

That early labor will have a heightened sense of excitement—the talkative phase—as things settle into a rhythm, and a more abstracted state as contractions become established. [P](#)

**Excerpted from *Let Birth Be Born Again* by Jean Sutton**



*Jean Sutton is a mother, grandmother, and midwife with a long-established family background in farming and engineering. Jean is the author of *Let Birth Be Born Again* and the co-author of *Understanding & Teaching Optimal Foetal Positioning*. Jean has combined extensive knowledge of childbirth from her lifelong involvement with normal birthing practices and her understanding of the relationship between the maternal pelvis and fetal head from an engineering perspective. Put simply, nothing in the birth process is static! View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*



# Optimal Positioning

## Balancing the Pelvis for a Safer, Easier Birth

By Jeanne Ohm, D.C. • Photography by Tia Ohm

In preparing for a natural birth, we recognize two things: the mother's autonomy in childbirth and the supremacy of normal physiology. A mother-to-be has many resources to draw from in preparation for birth, the greatest being her own innate capacities. Learning about how the body is designed to give birth can lend tremendous understanding and support for the whole birthing process. The words "optimal positioning" signify that the mother and baby have aligned in a way that is complementary for a natural, empowered birth.

The most desirable position for the baby in birth is when the baby's head is down, with the back of the head (occiput) and spine facing the mother's front left side. During birth, from the mother's superior view, the baby's body rotates clockwise, aligning the occiput with the mother's symphysis pubis. Then the baby's head emerges. Once the head is out, the shoulders continue to rotate in that same clockwise motion so they, too, can fit through the mother's pelvis.

If the baby's occiput is facing the mother's right side, in order for the head to get into the most desirable position, the baby must do a "long turn" in the clockwise direction within the mother's entire pelvis to arrive at her symphysis pubis. Frequently, the baby will stall with his occiput up against the mother's sacrum. This is called an occiput posterior presentation. It may lead to a longer and more difficult labor and delivery, or even to

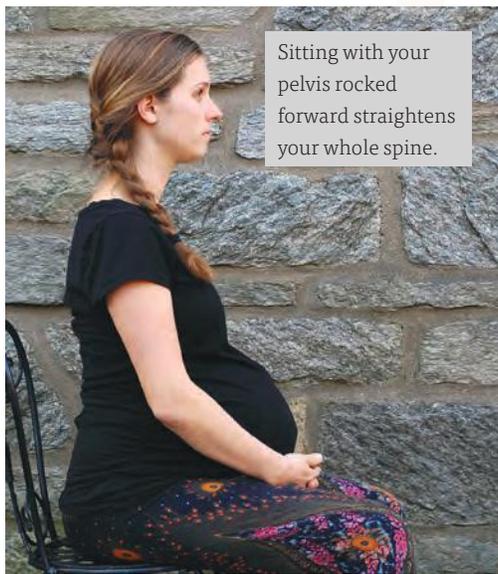
interventions that prevent a natural birth from happening.

Babies move freely throughout pregnancy. Between 35–37 weeks, they settle into what usually becomes their position for birth. Obstetricians perform an ultrasound at 37 weeks, but how can a mother determine her baby's position earlier? And what about mothers who choose not to have ultrasound? One way to learn your baby's position is with belly mapping. You can read about belly mapping on page 56 in this issue of PATHWAYS.

But the biggest question is, why do babies choose a less than optimal position to begin with? Many mothers are not aware that their pelvic balance throughout pregnancy affects their baby's position in birth. Increasing your awareness of your posture and movement will support your baby's ability to find his optimal position for a safe and natural birth.

### Structure Determines Function

Malpositioning in labor may occur partly because of the modern, sedentary lifestyles that thwart optimal positioning during pregnancy. Especially while seated, we often compromise our spinal alignment and optimal positioning. Easy chairs, couches and car seats force us into a slouch position. Even when sitting in straight-backed chairs, we can find



Sitting with your pelvis rocked forward straightens your whole spine.



ourselves slouching, compromising our pelvic balance. Slouching misaligns the pelvis in such a way that it makes it more comfortable for the baby to turn posterior or breech.

If, instead, you sit with your pelvis tilted forward, your lower spine curves forward. Your pelvis will be open and the baby can choose the most ideal position for birth.

Be conscious of your posture as often as possible, especially when you are sitting. Sit with your hips rocked forward and your knees always lower than your hips. Cease slouching, leg-crossing, or sitting on your legs. Sitting toward the front edge of your chair will help overcome negative sitting habits. Well-inflated birth balls and the Swedish kneeling chairs make it easy to keep your knees lower than your pelvis.

When taking long car rides or when sitting at work, take breaks often and move your body. Spend time throughout the day moving your hips in a figure-eight-type motion. You can use the back of a chair to lean on to do this movement. This keeps the joints in your pelvis flexible and better able to maintain a balanced state. These positions also lean the uterus forward and encourage the baby to settle into the anterior position, an ideal position for birth.

Another beneficial movement is pelvic rocks. To start, get on all fours and arch your spine. This strengthens and tones your lower back muscles. Then allow your spine to arch forward. This motion opens up the pelvis, relaxes the uterus and gives ample room for the baby to move. Also, you can exercise by crawling on the floor to optimize positioning.

If you have an occupation that is restrictive to movement or has you maintaining a one-sided posture for long periods of time, it is important that you aim to change postures regularly so you can support pelvic balance. For example, chiropractors and massage therapists may spend their entire day on one side of their table. In this case, maintain pelvic balance by adopting alternate stances.

Sitting in a kneeling chair is ideal because it rocks your pelvis forward by keeping your knees lower than your hips.



If you are frequently holding an older child during pregnancy, and you elevate your hip for added support, know that this repetitive torque to your pelvis can cause structural imbalances that may adversely affect your baby's positioning in utero. This was the case for me when I was pregnant with my sixth baby. Having held my fifth child on my left side consistently, my baby was led into a posterior occipital presentation for labor.

It might seem inconvenient to balance out your daily positions, but your awareness and effort to do so throughout pregnancy can make a significant difference in your birth experience.

**Longstanding Imbalances**

Previous physical trauma may cause issues in optimal positioning as well. Can you recall falling, tripping, or being in a car accident? Maybe a sport you played, such as hockey or lacrosse, had you repeat a one-sided, twisting motion? These traumas, regardless of how long ago they happened, may have affected your spinal alignment, and therefore your pelvic balance may be compromised for birth.

When the pelvis is out of alignment there is often tension in the attached ligaments. Because these ligaments also attach to the uterus, an uneven pulling can cause the uterus to rotate, making it difficult for the baby to assume his ideal position.

Chiropractic care throughout pregnancy is a safe and effective way to balance pelvic misalignments. Doctors who are certified in the Webster technique use gentle and specific adjustments to realign the pelvis and restore function to the nerves, muscles, and ligaments associated with pregnancy and birth.

Top photos: In pregnancy, moving your hips in a figure-eight motion keeps mobility in the joints. In labor, it can assist a baby to find the ideal position. Bottom: A rocking, shimmy motion feels great and also helps the baby settle into an optimal position.



**Movement**

Restrictive and repetitive movements and postures, along with old injuries in our spine and pelvis, create further restrictions in our joints. These restrictions affect muscle, ligament, and nerve function. In

pregnancy and birth, we want the joints in the pelvis to open and move. We want the muscles, ligaments and nerves to be working for maximum strength and optimal function. Movement throughout pregnancy is essential. Certain movements during



Sifting is done with a *rebozo*, or shawl, and the motions get the baby moving around until it finds the best fit in the pelvis.

pregnancy support joint mobility and at the same time help establish optimal positioning.

**Pelvic rocking.** Get on all fours, arch the back up and down. If the baby has settled into a less than ideal position, pelvic rocking can provide the motion and space for a baby to move.

**Figure eight.** Lean against the back of a chair, and while you are leaning forward, gently and evenly move your pelvis in a figure-eight-type rotation to keep your pelvic joints uniformly balanced.

**Hip shimmy.** As you lean forward (over a birth ball or a chair, or on all fours), your birth assistant holds each side of your hips and rocks them back and forth. In this way, the baby responds to the movement as your hip joints mobilize. The combined support and motion to the hips feels great!

**Belly sifting.** Get on all fours. Have a partner wrap a scarf or shawl under your belly, then pull up and gently jiggle right and left.

**Pelvic sifting.** Lie on your back. Have a partner put the scarf under your pelvis and, while lifting, jiggle your hips. Depending on the baby's position this ancient technique helps encourage baby movement.

### **Movement During Labor**

Even if the baby is in an optimal position at the onset of labor, new positions may arise. If these new fetal positions slow labor down or even stall labor (a condition called dystocia), unnecessary interventions may ensue.

Movement is key in all labors, and all mothers should be encouraged to get into any positions that they feel are necessary. During my sixth labor, it became apparent that my baby was in the occiput posterior position.

## **DYSTOCIA**

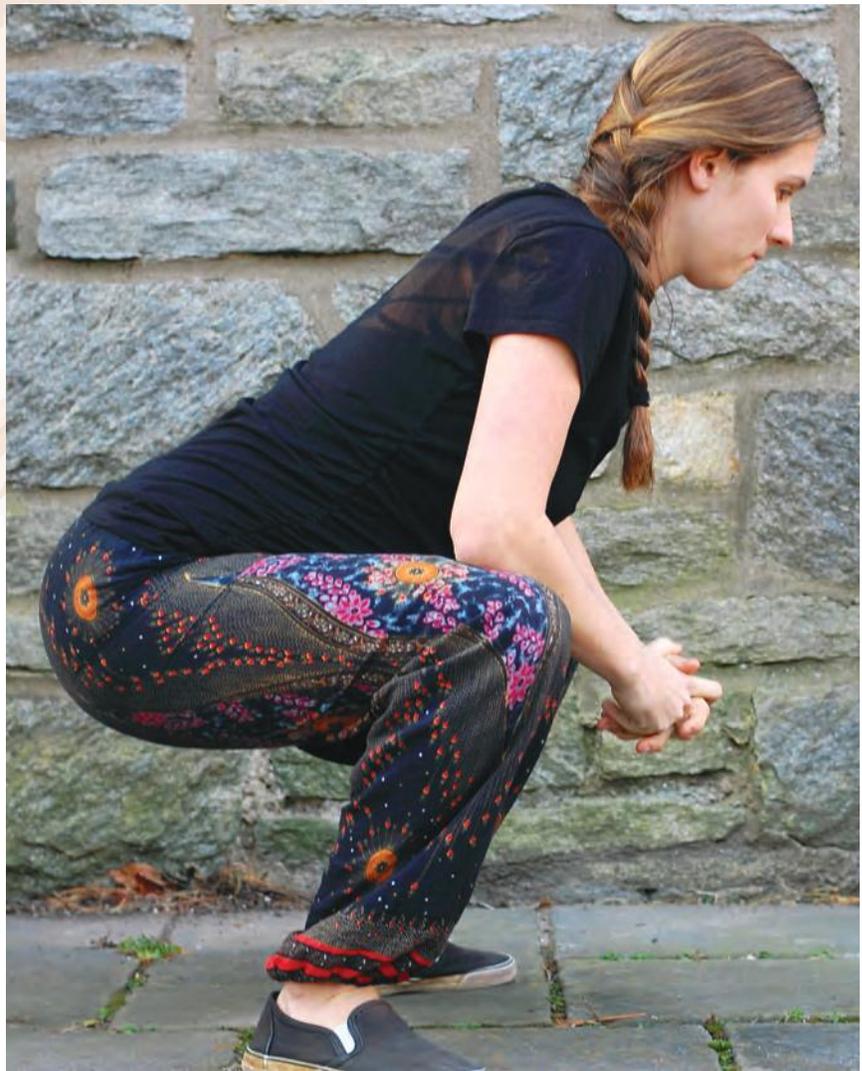
There are three causes of dystocia in birth, per the *Williams Obstetrics* textbook. The first relates to the power of the uterus and its ability to function as designed. The uterine muscle needs proper nerve supply in order to function correctly. Pelvic imbalance puts undue stress on uterine nerves and ligaments, affecting their optimal function.

The second cause of dystocia relates to the passageway, or the alignment of the mother's pelvis. If the pelvic bones are not balanced correctly, it will be more difficult for the baby to move through the pelvis.

The third cause of dystocia relates to the passenger, or the baby's movement through the mother's pelvis and birth canal. Again, pelvic misalignments put undue tension on uterine muscles and ligaments, which in turn pull on the uterus and impair the baby's ability to optimize its position and movement.

Preliminary clinical studies indicate that regular chiropractic care throughout pregnancy may, in fact, address these three causes of dystocia.

Right: Squatting in pregnancy helps strengthen your legs in preparation for birth. Below: Pelvic rocking keeps your spine flexible and allows your baby to move more freely in utero.



This was likely due to carrying my fifth son exclusively on my left hip during pregnancy. By the end of labor I experienced very intense back pain and became exhausted. Although I do not usually choose to lay down for birth, that little voice inside of me prompted me to go to my bed. Giving in, I laid down on my left side and drew my right knee upwards. No sooner than I had done this my baby did a 180 degree rotation, moving from occiput-posterior to occiput-anterior. As soon as the rotation was complete, she came sliding right out!

Labor is a dance between the mother and baby. Together they find the ideal movements and positions

that allow for a safe and easier birth experience. Listening to our inner voice and literally moving with it is the essence of this dance. It can make the difference between a safer, easier birth and one filled with intervention.

Simple things, such as standing upright if you have been lying down, walking if you have been stationary, rotating the hips, and other movements in labor, can help this dance unfold. All of the techniques shown above for pregnancy can be used in labor as well. Some are more suited to certain cases, and all have the possibility of balancing the pelvis and helping the baby descend into the birth canal for a safer, easier birth.

It's important for moms to realize

how to support their own physiology and trust that their body and baby knows what is best for their birth. 

*Thank you to midwife Amy Hoyt for the inspiration to write this article.*



*Jeanne Ohm, D.C., is an instructor, author, and innovator. Her passions include training chiropractors for wellness care in*

*pregnancy, birth, and infancy; forming alliances for chiropractors with like-spirited practitioners; empowering mothers to make informed, conscious choices; and developing pertinent educational materials. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

*You're on the path of motherhood.*

# *When is your chiropractic visit?*



More women are discovering the many benefits associated with chiropractic care throughout pregnancy. Chiropractors respect the body's natural design and function and support your desire for a safer, easier birth.

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*Chiropractic during pregnancy...  
safe, gentle, effective.*



# BELLY MAPPING

By Gail Tully

Photos by Chris McBride



In the last months of your pregnancy, your baby's kicks and wiggles become more certain, and more perceivable. When you lie on your back with your knees bent, your abdomen is often soft enough to feel through your skin and uterine wall to contact your baby.

Feel your baby's contours. The womb and your belly muscles, although they are likely softer than usual at this stage, will protect your baby during your gentle but determined touch. Getting to know your baby's shape will help you picture her position in your womb. (You can see the steps on my website, [spinningbabies.com](http://spinningbabies.com), or get a more detailed description and a template to draw in my *Belly Mapping Workbook*.)

Sketching your baby on paper is even more powerful than visualizing your baby in your mind's eye. "Seeing" your baby ignites fires in your heart beyond imagination. Highly technical ultrasound scans have been shown to increase parents' positive perceptions of their babies. Yet ultrasound is a medical tool





**SKETCHING YOUR BABY ON PAPER IS EVEN MORE POWERFUL THAN VISUALIZING YOUR BABY IN YOUR MIND'S EYE. "SEEING" YOUR BABY IGNITES FIRES IN YOUR HEART BEYOND IMAGINATION.**

that can either reassure or increase questions, many of which suspend bonding until the question of normalcy is answered. Another way of visualizing a baby is to have her painted right on the mother's abdomen. Painting the baby in the position determined by the pregnant woman's perceptions of kicks and wiggles is a bonding experience that unites the parent, partner, and family in celebration of the life within.

Let's explore how drawing can increase bonding. Your hand moves the pencil or crayon along the curves and lines of your child. It's as if you discover this mysterious visitor as you draw. You begin to see the image, feeling the love of creation as you draw. This is the being within, and the art expresses your hope, your wonder, your own emerging self.

Belly Mapping is a three-part process to discover your baby's position in late pregnancy.

1. First, draw a circle, dividing it into four areas to help you draw baby's small parts in their proper locations. Fill in the "pie" you've drawn with marks to indicate the kicks, flutters, bulges, and firm, smooth areas.
2. Sketch the baby around the circles and lines, like connecting the dots in a coloring book page. Next, put a doll over

your map, and then over your belly, to visualize your baby's actual position. Do the hands match the location of small flutters? That's about where they should be. Put the doll's feet where you feel the biggest kicks. Swing the doll's back around to match the largest firm, smooth part of the baby that you feel. (An anterior placenta will mask the baby with the big, smooth placenta.)

3. Lastly, you can describe your baby's position with right, left, anterior, posterior or other words. Learn more in the *Belly Mapping Workbook*.

The photos on these pages will help you see the what the finished paintings look like. But the real result is in the connection between mother and child within. 📍



*Gail Tully is the "Spinning Babies Lady" behind the website [SpinningBabies.com](http://SpinningBabies.com). A homebirth midwife in Minnesota, Gail is a leader in this new physiological approach that uses body balancing and baby-aware labor progress solutions to achieve an easier birth. Gail speaks about birthing solutions for audiences around the world. View article resources and author information here: [pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).*

THE MOTHER IS THE CENTER OF GRAVITY FOR THE CHILD. EVEN FACING OUTWARD, THE CHILD LEANS TO MOTHER AS THE LOCUS OF PERSPECTIVE. FROM THENCE IS THE WORLD INTERPRETED AS FRIENDLY OR HOSTILE. PREGNANCY AND BIRTH IS AN OPEN, SENSITIVE PERIOD OF MATERNAL BRAIN DEVELOPMENT. A MOTHER'S VERY SENSE OF HERSELF CAN BE RAISED OR CRASHED BY THE REGARD IN WHICH WE, HER PROFESSIONAL AND SOCIAL SUPPORT, CARE FOR HER. HOLD THE MOTHER IN HIGH REGARD, FOR THE PERSPECTIVE OF ALL WHO LIVE ON THE WORLD IS SHAPED BY HER BELIEFS.

-GAIL TULLY



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# CAN CHIROPRACTORS *TURN* BREECH BABIES?

BY THE PATHWAYS TEAM





Can chiropractors turn breech babies? If you had any idea how many times chiropractors get asked this question—as if chiropractors were obstetricians—you’d be shocked.

The external cephalic version (ECV), a procedure done by obstetricians and some midwives, is a medical procedure that numbs the mother’s uterus and manually attempts to turn the fetus from head up to head down while in utero. Monitoring with ultrasound is essential because manually pushing the baby into another position does not come without risk. It is done in a hospital in case something goes wrong and an emergency C-section is warranted.

Completely separate from the medical ECV is the phenomenon of reestablishing pelvic balance. This helps to remove tension in pelvic muscles and ligaments and through the restoration of normal biomechanics in the mother, babies optimize their positioning *on their own*. A Web search will reveal biomechanical exercises, body postures, and movements that a mother can do to re-establish her pelvic balance if she’s carrying breech. One topic sure to come up is chiropractic care, particularly the Webster technique. Heck, the Webster technique is becoming a buzzword on many pregnancy chat rooms and forums where moms are seeking options to increase their likelihood of a natural vaginal birth. As the C-section rate continues to rise worldwide, the risky side effects of a major abdominal surgery are becoming a common concern. Many women do not want to be a statistic, nor do they want to miss out on the experience of a natural, physiological birth.

### Turning Heads, Not Babies!

Because of chiropractic’s safe and gentle approach in pregnancy, a lot of heads are turning in the healthcare industry. The American Pregnancy Association addresses the benefits of chiropractic for pregnant women:

*During pregnancy, there are several physiological and endocrinological changes that occur in preparation for creating the environment for the developing baby. The following changes could result in a misaligned spine or joints:*

- Protruding abdomen and increased back curve
- Pelvic changes
- Postural adaptations

*Establishing pelvic balance and alignment is another reason to obtain chiropractic care during pregnancy... With a balanced pelvis, babies have a greater chance of moving into the correct position for birth, and the crisis and worry associated with breech and posterior presentations may be avoided altogether. Optimal baby positioning at the time of birth also eliminates*

*the potential for dystocia (difficult labor) and therefore results in easier and safer deliveries for both the mother and baby.*

*The nervous system is the master communication system to all the body systems, including the reproductive system. Keeping the spine aligned helps the entire body work more effectively.*

This is essentially what chiropractic is all about—restoring normal physiological function with gentle spinal adjustments. With no structural or neurological interference, the body has a fascinating ability to correct abnormalities, heal itself, and restore normal function.

### The Webster Technique

While chiropractors can’t turn breech babies, what they can do is gently and specifically adjust a mother’s spine and pelvis back into a proper balanced state, reestablishing normal physiological function. In this balanced state, the baby can do what it’s designed to do, find the best possible position for itself for birth.

The Webster technique was developed by Larry Webster, D.C., in 1982. This specific chiropractic analysis and adjustment was designed to restore normal body function. It was observed time and time again that when this technique was used on pregnant women who were carrying breech, their babies turned from breech to head down. (Some babies even turned from posterior to anterior.) Once balance in the mother’s pelvis was restored by this adjustment to her spine, babies sought out their optimal position for birth.

To most people who haven’t been exposed to the studies of anatomy and physiology that so eloquently validate the profession, it seemed like chiropractors were “turning breech babies.” After all:

- Before Mom visited the chiropractor, the baby was breech.
- After Mom visited the chiropractor, the baby wasn’t breech anymore.
- Therefore, the chiropractor turned the baby, right? Not exactly...

### An Inside-Out Approach

If chiropractors could turn breech babies, chiropractic would be an “outside-in” approach, meaning the doctor would be treating the breech directly. In fact, chiropractic is an “inside-out” approach. Here’s how the International Chiropractic Pediatric Association (ICPA) describes it:

*Chiropractic care benefits all aspects of your body’s ability to be healthy. This is accomplished by working with the nervous system—the communication system between your brain and body. Doctors of chiropractic work to correct spinal, pelvic and cranial misalignments. When misaligned, these*



REFERRING TO THE WEBSTER TECHNIQUE AS A “TREATMENT” FOR BREECH PRESENTATION CREATES MISUNDERSTANDING AND UNNECESSARY CONTROVERSY, AND ULTIMATELY DEFIES THE VERY PRINCIPLES THAT CHIROPRACTIC WAS FOUNDED ON.

### **Chiropractic and Baby Positioning**

A closer look at pelvic biomechanics indicates that when the mother’s pelvis is out of alignment, her nerves, muscles, and ligaments may be affected in a way to contribute to baby malposition. When a mother’s spine is realigned to proper position, a symphony of physiological responses happens immediately in response to the uninterrupted communication between the central nervous system and the rest of the body. Tension in muscles and ligaments is released and the now-balanced pelvis may allow the baby to assume a more optimal position in preparation for birth.

More than a dozen articles have been published in the *Journal of Pediatric, Maternal, and Family Health* alone that observe and reference this phenomenon in the clinical setting. The ICPA runs ongoing studies in its Practice-Based Research Network to explore the benefits of the Webster adjustment in pregnant and non-pregnant patients.

It is important to recognize that not every chiropractor is thoroughly trained in performing the Webster technique. This is why the ICPA offers extensive postgraduate coursework and awards qualified chiropractors a Certificate of Proficiency in the Webster technique. Only those doctors on the ICPA’s directory maintain recognized certification status for the Webster protocol, as they receive continuing education and updates regarding this technique. 

*structures create an imbalance in surrounding muscles and ligaments. Additionally, the resulting nerve-system stress may affect the body’s ability to function optimally.*

The ICPA also states that the Webster technique:

*... is a specific assessment and diversified adjustment for all weight-bearing individuals and is utilized to enhance neuro-biomechanics in that individual. The ICPA emphasizes that the Webster adjustment is not a treatment for fetal malposition or in-utero constraint. Both breech and in-utero constraint are conditions of the baby, and only obstetric practitioners treat the unborn baby.*

Referring to the Webster technique as a “treatment” for breech presentation creates misunderstanding and unnecessary controversy, and ultimately defies the very principles that chiropractic was founded on.



To find a chiropractor in your area certified in the Webster technique, view the ICPA’s directory online at [icpa4kids.org/Find-a-Chiropractor](http://icpa4kids.org/Find-a-Chiropractor).

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# THIS IS A MOTHER'S LOVE

Story and Photo by Ali Smith



I recall vividly the first night our son, Harper, slept at home with us. He was all of two days old. He slept right next to us in a tiny hammock thing. The idea that he was now on the outside of my body was so bizarre to me that no matter where he was, I felt myself having to touch something attached to him...a toe, his blanket, something to keep us connected and make me feel that I was still protecting him.

In the middle of that first night, he let out a tiny noise that caused me to bolt upright out of a dead sleep, gasping frantically. My husband didn't stir—but I felt possessed. Radio-controlled. Like a voodoo doctor had stuck a pin in me. It was shocking.

### The Early Days of Motherhood

Sometimes I miss the earliest days of motherhood. They were insane, of course, but the passing of time creates nostalgia. My son didn't sleep more than three hours at a clip for the first year of his life, which meant neither did I, which kicked my ass. But, in a funny way, it was a very clear time. Much of the outside world dropped away. I wouldn't have felt compelled to keep up with work and socializing even if I'd been able to, physically and mentally. I accepted that my husband and I were in a no-sex period and neither of us felt pressured to change that. We three just existed in this "baby bubble."

I had to feed this baby and keep him alive. Everything else was extra. That simple goal, that animal connection, was freeing for someone who had lived a goal-oriented life; someone who was raised to prize intellect and reason. In that period I had to learn to live day to day.

Naturally, at a certain point the outside world began to encroach again and I felt the strain. While taking care of baby, I'd start to worry that I was disappearing...that my career was done for. When I was out in the world, trying to run the old familiar race, I missed my son like a body misses a limb. Having leaky boobs reminding me of feeding times didn't help. Trying to have significant conversations on three hours of intermittent sleep didn't always go well. The contrast between the two worlds caused a lot of tension for me.

### Harper at Three

Now that Harper is almost 3, the goals of parenting are more muddled. Keeping tethered to him requires thought, mental gymnastics, and reasoning—not just sticking my boob in his mouth or reaching out to hold his toe while he sleeps. Mine is not the only face he sees in focus anymore. Mine is not the only voice he responds to.

Yesterday was a very hard day at the tail end of a difficult week of teething and inexplicable frustration for Harper. Usually a sweet, fun-loving child who is generous with kisses and hugs, he had spent the week as a whining, difficult toddler whom I barely recognized. It brought us both to tears more than once.

On our way home from the park, Harper reached up for me to carry him, which I did. When I scooped him up, the entire weight of him slumped deeply into me. It wasn't the weight of a tiny baby. It was the weight of another human being who desperately needed comfort. And his head—that beautiful head of golden curls, recently cut short for the very first time through a veil of my tears—lay like a heavy melon against my neck. I breathed in the sweet smell of a sweaty boy child who'd been exploring the park for hours. I felt the light touch of his small arms as they encircled my neck, his hands coming to rest on my back. In that moment, I was consumed by a sense of my good fortune and by the awesome nature of my responsibility as his mother. I am the one person in this world who will ever enable him to feel exactly this way.

### This Is a Mother's Love

He'll have friends and lovers and I hope at least one fantastic and true love in his future, and they will all, I pray, provide him with deep understanding and comfort. But this...this. This is a mother's love. The burden and responsibility of being his mother can sometimes overwhelm me, but it never ceases to feel like what it is: a privilege.

Whether I do perfectly well or horribly badly as a parent—or, most likely, something in between—I will remain his one and only chance at feeling he can rely on, be soothed by, be loved unconditionally by his mother. I hope never to be a mother he has to run away from (for more than a little while, anyway). I hope to allow him his own personality, mistakes, and triumphs. And, for my own sake, I hope that I can revisit those early days in the bubble—their simplicity, honesty, animal nature, and completely mind-blowing intensity—within myself from time to time for the rest of my life. 📌

This article was excerpted from Ali Smith's book *This Is A Mother's Love* at [momalovethebook.com](http://momalovethebook.com).



Ali Smith is an award-winning portrait photographer from New York City. She's shot for magazines, newspapers, and publishing houses internationally. Her work largely focuses on the lives of women, children, and families. You can visit her online at [alismsmith.com](http://alismsmith.com). View article resources and author information here:

[pathwaystofamilywellness.org/references.html](http://pathwaystofamilywellness.org/references.html).



## The Last Time

*From the moment you hold your baby in your arms, you will never be the same.  
You might long for the person you were before,  
When you have freedom and time,  
And nothing in particular to worry about.  
You will know tiredness like you never knew it before,  
And days will run into days that are exactly the same,  
Full of feedings and burping,  
Nappy changes and crying,  
Whining and fighting,  
Naps or a lack of naps,  
It might seem like a never-ending cycle.*

*But don't forget...  
There is a last time for everything.  
There will come a time when you will feed your baby for the very last time.  
They will fall asleep on you after a long day  
And it will be the last time you ever hold your sleeping child.  
One day you will carry them on your hip then set them down,  
And never pick them up that way again.  
You will scrub their hair in the bath one night  
And from that day on they will want to bathe alone.  
They will hold your hand to cross the road,  
Then never reach for it again.  
They will creep into your room at midnight for cuddles,  
And it will be the last night you ever wake to this.  
One afternoon you will sing "The Wheels on the Bus," and do all the actions,  
Then never sing them that song again.*

*They will kiss you goodbye at the school gate,  
The next day they will ask to walk to the gate alone.  
You will read a final bedtime story and wipe your last dirty face.  
They will run to you with arms raised for the very last time.  
The thing is, you won't even know it's the last time.*

*Until there are no more times.  
And even then, it will take you a while to realize.  
So while you are living in these times,  
remember there are only so many of them  
and when they are gone, you will yearn for just  
one more day of them.  
For one last time.*

—AUTHOR UNKNOWN




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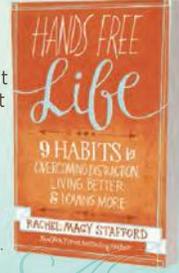
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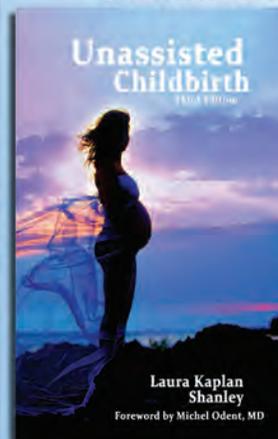
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begin to value mothers  
as the givers and  
supporters of life,  
then we will see  
social change  
in ways that matter.”

— INA MAY GASKIN

