



my
birthingkit
tools for mindful birthing

Natural Birth Support

By Kim Young



Welcome to My Birthing Kit

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Unfortunately, the South African economy and currency made teaching an American program progressively more difficult to justify, and the My Birthing Kit program has been developed to make empowered birthing more accessible for mothers in countries all over the world.

Thank you to each and every couple that attended my courses, I learned so much from you all.

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Origins

In the beginning

I am originally from England and I met Andrew, my South African husband in the UK in 1997. At the time I was in my second year at Portsmouth University studying my honours degree in Applied Chemistry. When we met he only had a few months remaining on his visa before he was due to return to Cape Town.

The separation was harder than anticipated and to my delight I was invited to spend Christmas and New Year in Cape Town with him and his family.

That was my first ever hot Christmas and New Year, and I fell in love with Cape Town instantly. After a month in South Africa I returned to the UK where I asked my department head about the possibility of transferring my degree to Cape Town. I was told that this would not be possible, but my 3rd year was a placement year to gain work experience, so if I could find a place in Cape Town to work in an applicable field I could do my placement there.

Andrew's mother, a retired doctor in Gastroenterology, was still supervising PhDs at the University of Cape Town, and spoke to some old colleagues about the possibility of my coming to Cape Town and working in their laboratories for a year to gain the required experience to contribute to my degree. And so I spent 1998 to 1999 living in Cape Town, and working full time in the Biochemistry department at UCT.

I returned to the UK after my placement year to complete my Honours degree, and after graduating I arranged to return to Cape Town and UCT to take a Master's degree in Molecular and Cellular Biology at the same department.

Andrew was studying English at UCT and after we both graduated in 2002 we got married, then a few months later headed to the UK with plans to travel, then settle back in Cape Town within 5 years.

I started working for GlaxoSmithkline shortly after we returned to England and we started travelling almost immediately, whenever the opportunity arose.

In 2005 we were in the process of planning our next trip when I discovered that I was pregnant. Now, if you are reading this as an expectant mother you will appreciate that when you find out that you are pregnant there is a realisation that accompanies that discovery which is, that at some point, that baby will have to come out, one way or another!

In England an elective Caesarean is not an option and having had back issues since the age of 17, and having had spinal surgery a few years before I fell pregnant, I knew that I wanted to avoid an epidural at all costs.

Whilst thinking about options for birthing I had a vague recollection of a daytime TV talk show where an old lady had been talking about something called 'HypnoBirthing®'. I remembered vividly a video of a woman giving birth, and that she looked like she was fast asleep! This seemed tremendously appealing although I couldn't remember the name at the time.

Disappointingly, at the time nobody was teaching HypnoBirthing® close to Hertfordshire where we lived. So, I bought a rather generic pregnancy relaxation/hypnosis CD kit online. The relaxations were fabulous for afternoon naps, but I remember thinking that it didn't really include any 'tools' for the birth. Regardless, I was

on a mission to have an amazing birth experience and had read every single book I could find (analysis paralysis). I was eating well and was as fit as I could possibly be.

At 39 + 5 weeks, I woke up around 02:00 with a strange popping sensation. I quickly realised that my waters had broken, but not with the dramatic gush as always seen on TV – which is what I had expected. I walked around our apartment for at least an hour with tightening sensations coming every 3 minutes or so, before waking my husband... I was still not convinced 'this was it'. We called the hospital in Cambridge and they told us we needed to come in.

The first six hours of labour were really manageable, I sat in a chair feeling fairly relaxed, breathing through contractions whilst my husband fell asleep on the bed. At some point a midwife came in to check on my progress and told me that I was 'only 2cm'.

I asked if I could get into a bath or pool and was told that it was currently occupied, but that also my blood pressure was high, so the pool was not recommended, and that she was going to fetch a doctor to discuss this high blood pressure.

The combination of disappointment of the slow progress, not being able to get into water, and the now sudden fear that my blood pressure was concern enough to consult a doctor, caused a noticeable shift in intensity that I only recognised years later when reliving this experience.

My contractions became significantly more intense than they had been up to that point and I remember physically bracing myself each time I knew the next was coming. By the time I was

fully dilated I was forced onto the bed and shouted at by two staff members to push. That felt neither natural or instinctive and was utterly exhausting.

After two hours of 'purple pushing' and making zero progress I was told that my baby was in distress and that if I had not given birth within the next 10 minutes I would be taken to theatre. The midwives then performed an assisted delivery with episiotomy, and the baby was born. The cord was around the baby's neck, and was cut instantly as baby was swept away for checks without us even knowing whether it was a boy or a girl.

I remember someone eventually returning, handing my baby to me and informing me that it was a girl. I also remember the irritation I felt at having that moment stolen after waiting the entire pregnancy to make that discovery myself.

Everybody seemed to leave the room at that point, my husband left to call family and friends, and the midwives (after instructing me that I must now feed the baby) left to go and do what midwives do.

I remember sitting (uncomfortably) looking at this tiny human and being overwhelmed with a mix of emotions I couldn't process. I felt like I had been run over by a truck, been violated in some way, and was now completely alone. Yet it was supposed to be one of the happiest moments of my life?

It took many years for me to make peace with Kiera's birth. It had been a natural birth after 18 hours with only the use of Entonox (gas and air), but it was most definitely not what I envisioned birth to be, or what I would be willing to put myself through again.

My life-changing birth experience

I fell pregnant for the second time in 2007. By this time Kiera was around 2½ years old, I had moved from Glaxo to Pfizer, and I knew instantly that I needed to approach this birth differently.

I decided to research HypnoBirthing® more fully, hoping that two years on there would be more options available. I discussed with my husband the possibility of a home birth and he agreed in principle, but had a lot of questions about safety and practicality that I added to my list to research. I then told him, this time round I was determined to attend a full HypnoBirthing® course. That was not greeted with the same enthusiasm as the home birth suggestion and he reminded me that ‘I had done well with my CD previously, and wasn’t it very expensive?’

I insisted this was something I needed to do, there was no way I would walk into another birth without better tools and preparation. My husband then conceded, he was happy for me to go ahead and find a HypnoBirthing® class, but there was no way he was going to sit through some ‘hippy birth class’ with people he didn’t know, so I was welcome to go alone and then tell him whatever he needed to do on the day and he would support me fully.

In all my years of teaching I find many dads are hesitant to attend classes – the name HypnoBirthing® put as many people off as it attracted. In my first group class dads would sometimes look like they’d rather be anywhere else, but by the end of the first class they were always converts!

A few days after that discussion on home birth and classes, I met with a friend for coffee who announced that she was also

expecting baby number two. I told her that I planned to use HypnoBirthing® and she told me that a friend of hers had just finished training as a HypnoBirthing® teacher. This lady had a birth experience using HypnoBirthing® that was so amazing it inspired her to become a teacher and she had asked my friend if she would volunteer to sit through her first attempt at teaching.

This was the best news ever! This HypnoBirthing® teacher was local and affordable, so I asked my friend if I could perhaps go with her if the teacher agreed.

So, my friend and I attended our first HypnoBirthing® class together (minus our sceptical husbands). I remember walking into that class thinking, “I can’t believe I am going to do this again” and leaving, feeling “This has the potential to be a totally different experience.”

One evening, around 19:00 in June 2008, I was busy preparing supper whilst getting Kiera ready for bed when my water broke on the kitchen floor.

I had been on the phone to Natasha, our childminder, who then suggested that Kiera go to them to spend the evening and sleepover. In the time that it took my husband to drop her there my contractions had shortened to between two and three minutes apart. I realised that this was happening faster second time round and the midwife was called.

I spent some time in the bath, breathing through each contraction as it came and the endorphin release (discussed later) was so high that I was covered in goosebumps from head to toe, smiling through the contractions.

As the baby moved down I couldn't find a comfortable position in the bath, so I moved downstairs to our smaller bathroom that contained just a toilet and basin. I sat on the toilet just breathing and smiling – a very surreal sensation given my first birth experience.

My husband had gone to great lengths to make our lounge beautiful for the birth, candles, cushions and throws with my relaxation tracks playing in the background. I remember thinking I should go and appreciate the effort, but very quickly realised the toilet had been far more comfortable so decided to return to the bathroom.

Walking the few metres from the lounge to the bathroom I suddenly realised that something felt different, I could actually feel the baby's head. I told Andrew to call the midwife from the kitchen because the head was coming, I will never forget the 'deer in headlights' look on his face.

I sat back on the toilet as the midwife appeared and I told her that I could feel the head, she then asked me to stand so that she could actually catch the baby. It was then that I asked for Entonox and was told that I really didn't need it and that she hadn't brought it in from her car!

In the next moment the baby was out and placed onto my chest as I sat back down. I discovered that our baby was a boy, a hugely exciting moment, baby James had entered the world.

James was incredibly calm and alert from that first moment, he latched on instantly and fed for an hour. Once the placenta had been birthed I cut the cord myself, and whilst dad got some skin-to-skin time whilst I had a shower. Once the midwife had

cleared up and the baby was asleep we sat and had the curry I had been making earlier, when my waters broke.

My life-changing birth experience lasted a total of 1 hour 48 minutes (with a pushing phase recorded as less than 2 minutes) and I was blessed to experience a pain free birth. I felt invincible after the birth and I realised that when the mind is in the right place, there is nothing the body can't achieve.



“ The experience was one of the most exhilarating, emotional, extreme and beautiful experiences of my entire life! Sean was the most amazing birthing companion and never for a second letting us waiver from the plan even though he has since admitted that he had some doubts at times, I never once felt that from him! Thank you to you and the tools for allowing me the chance to work for the birth that I wanted! It's was just magical! ”

Kate, 1st Time Mom

Becoming a teacher and beyond

In the months following James's birth I was astounded at the lingering 'high' I was experiencing. I was desperate to share my experience with anybody that would be willing to listen. It was then I decided I needed to become a HypnoBirthing® teacher. In November 2008 I trained as a HypnoBirthing® teacher in Brighton, UK without any thought to what I planned to do with that qualification in the future.

That Christmas was spent in Cape Town introducing the new addition to the South African half of the family. As soon as we landed we realised how much we both missed Cape Town and the conversations about returning for good followed. We had already overstayed our original plan in the UK by 2 years, so we decided 2009 would be the year to come back.

We had been back in Hertfordshire for a couple of weeks when Pfizer contacted me to discuss the risks of possible redundancy. Having decided we were going to emigrate at the end of the year anyway, it seemed serendipitous and I applied for voluntary redundancy. In the months before we left England I started teaching HypnoBirthing® and realised how it gave me an opportunity to teach something I was so passionate about, but to also work around my young children.

In November 2009, we returned to South Africa and I founded Beautifully Born. In the first few months of contacting midwives and doulas I was utterly disheartened to constantly hear "nobody in South Africa wants natural birth, that will never take off" – added to that, HypnoBirthing® was virtually unheard of in South Africa.

In January 2010 I was contacted by an expectant mother who had stumbled across my website and was keen to take classes. This mom had an amazing homebirth with a midwife and quickly told her friends. It wasn't long before I was under huge demand for HypnoBirthing® but with no support from any other practitioners.

I contacted Marie Mongan (Mickey), founder of HypnoBirthing® who was happy for me to become one of the 20 practitioner trainers globally, but I need to be a Hypnotherapist to fill the role. I spent 18 months studying through a college in England and became a Clinical Hypnotherapist, which finally allowed me to teach new HypnoBirthing® teachers in addition to teaching expectant couples.

Between 2010 and 2020 I taught over 1 000 couples and 51 new HypnoBirthing® practitioners. I have carefully documented every couple that I have taught, where they gave birth, who their care provider was and the outcome of their birth. In this time I have recorded a 68% natural birth rate with a 2% use of epidural.

Creation of My Birthing Kit

In 2019 I realised that teaching an American programme in South Africa was no longer sustainable, as the Rand continued to fall in value against the US Dollar. So many of the talented practitioners I had taught were giving up because they could no longer afford the annual affiliation fee. Rather than hang up my gloves, I decided to create an affordable program that would be more easily accessible to all women, with resources available online rather than in print to reduce the carbon footprint and cost to pregnant moms.

What do you get from My Birthing Kit?

This program is designed to give you tools to manage your birth yourself and to achieve the best birth possible. It combines recordings that will teach you to take yourself into a deep state of relaxation, information to help you learn how your body is designed to birth, and resources and knowledge to empower you to make choices on where you plan to have your baby and who your care provider is.

Birth isn't about hospitals, doctors, even midwives and doulas. It is about you, your partner and your baby and making that life-changing experience a wonderful one. According to the World Health Organization (WHO) 95% of women are able to have a normal, natural, physiological birth. This means that typically only 5% will need assistance during their pregnancy or birth and are considered higher risk.

My Birthing Kit has been designed to help you have an easier more manageable birth. This is definitely achievable because it is something your body is designed to do, just as it is designed

to conceive your baby, birth your baby and then later feed that baby. Birth is a physiological process that has been happening for millennia before hospitals and pain-relief ever existed. Realistically this, or any other program cannot guarantee a pain-free birth, it is not the focus of this kit. That's not to say that it can't happen, I had a pain-free birth myself as have many mothers I have taught over the years. We are working for an easier, more comfortable and manageable birth experience.

My Birthing Kit involves the mental, emotional and physical preparation for your birth. You wouldn't enroll for any physical event without doing some training beforehand. Working through this program will allow you to think about what you really want from your birth experience, and help you to be more mindful about the choices you make as you prepare for your baby's birthing day.

Your partner plays an important role in supporting the birth. They will learn tools they can apply during the birth which will enable you to feel supported and therefore focus more easily on using your own tools. Whilst My Birthing Kit can be used to self-study, we strongly suggest that you find a trained My Birthing Kit Practitioner in your area to guide you through the tools, techniques and relaxations included in the course.



“ I still use the techniques taught from your classes for pain management when needed, and to help lowering my blood pressure and heart rate when I need to. I have also taught my children to use your techniques to help cope with various stresses and to help them have peaceful calming sleep. ”

Tanya, attended classes in 2011



I Trust my Body to Birth

Why do we fear what we are made to do?

For the majority of women the thought of childbirth is quite daunting, and perhaps that is because most of the time, the stories we hear are not at all positive!

We constantly hear about the pain and complications we will face, so it's not surprising that many women then consider major abdominal surgery to be an easier option.

I often wondered in the past, and even before birthing my own children, “Why would we be the only mammal that experiences extreme pain when we give birth?”. If you were to interrupt an animal that was birthing, they would most often remove themselves to go somewhere to be unobserved. They certainly don't need to be knocked out, numbed from the waist down, or have their babies surgically removed.

I once had a student suggest that pain occurred during labour because the muscles were working so hard. If you think about pain logically you will realise that pain is a delayed response. If you over-do it at the gym, run a marathon, or spend an entire day lifting boxes as you are moving to a new house, you don't experience pain whilst you are busy, you feel the pain of that over-exertion the following day (and often the second day is even worse!). If this were a valid consideration, then surely we would not experience pain whilst we are birthing? It would only be sore the day after when we have already given birth to the baby?

Why is pain considered to be a natural part of childbirth, when in every single other instance in our lives pain is an indication that something is wrong?

History of Childbirth

It's interesting to note how far back this fear of childbirth actually dates and that it could well be linked with ancestral memory (there is evidence that fears, and phobias can be genetically imprinted through generations). Going back as far as 3000 B.C., European religion was prominently Pagan, and their holistic beliefs revolved around Mother Earth and nature supported by both male and female gods. Women were hugely important in this society, many had skills as herbalists, healers and midwives; and pregnant women were treated with utmost care and respect.

Birth was viewed as a religious rite and was hugely celebrated – the birthing mother was viewed as a goddess in that only gods possessed the power to bring forth new life. The entire community came together to support this process, and there are countless cave paintings and statues representing this.

Educated historical learners such as Hippocrates and Soranus, spoke about the benefits of relaxation during childbirth and that pain was not present in the absence of complications. There are historical documents stating that labours lasted an average of just two hours.

When Christianity became the main religion, men became far more dominant in society, and progressively the women that had the skills as herbalists, healers and midwives were labeled as witches and executed, thereby leaving the pregnant and birthing women unsupported.

Labouring mothers were segregated and isolated during their birth and if there were complications they often died, increasing

the fear associated with birth and thereto the complications.

By the time that the original Bible was translated from the original Hebrew version into other languages, birth appeared for the first time in a reference known as “The Curse of Eve”. The original Hebrew version had no specific reference to childbirth and the curse given by God to both Adam and to Eve was equal, and translates roughly to “work, or to toil”.

It is possible that, given the terrible conditions surrounding birth at the time, the connection was made. Even the menstrual cycle is commonly referred to as 'The Curse’. Thus, the belief and expectation that pain is a natural accompaniment to childbirth was created.

The first woman in history to receive pain relief for childbirth was Queen Victoria (of England) for the birth of her seventh baby. The use of chloroform was so dangerous it had to be administered in hospital. This is where the shift came – until this point everybody had birthed at home without pain relief. Births began to move towards hospitals to make use of medication. Caesarean section survival rate was 50/50, so when there were complications your odds of surviving were not good.

Moving into hospitals brought additional complications. For hundreds of years, healthy women and healthy babies were dying of what was termed “Childbed Fever”, which was actually just infection. There was a point in history where the dirtier a doctor's scrubs were the more widely respected he was!

Dr Ignaz Semelweis, a Hungarian doctor who worked at a hospital in Vienna in 1847, discovered that washing hands and dipping them into antiseptic reduced his maternal mortality

rate (mothers dying) from 14% to 1%. His theories were widely dismissed by the rest of the medical profession and he was eventually committed to an asylum, where he died two weeks later after being beaten by the guards and, ironically, his wounds became infected.

By the time conditions started to improve in hospitals, medication was over-prescribed and overused, and the fear of natural birth was already deeply ingrained. World-renowned obstetrician Michel Odent believes that over time, women have lost their faith, and therefore their ability to birth naturally.

The perfect design

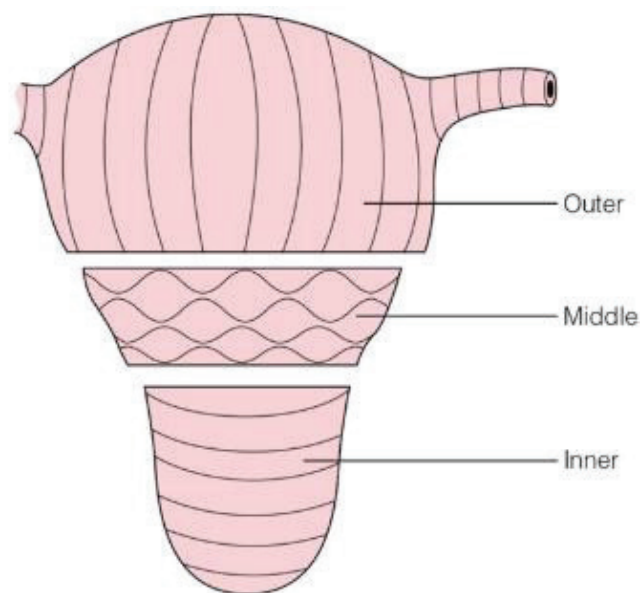
The uterus is what makes pregnancy and birth possible (its old-fashioned name is the womb). Before pregnancy the uterus is about the size of a small apple, by the end of pregnancy it is huge – large enough to accommodate your baby, amniotic fluid and placenta. The uterus is shaped like a balloon, the top rounded part of the uterus is called the fundus, and the neck at the bottom, is the cervix.

What I didn't know until I did my HypnoBirthing® course in 2005 is that the uterus actually consists of three separate layers of muscle (this despite having a Biology A level, two science degrees, a completed full antenatal course and I'd already had a baby!).

The outer layer of muscle fibres are vertical and run up and over the uterus, these are the longitudinal muscles. The middle layer is a layer of blood vessels to make sure that the uterus has a really good supply of oxygenated blood. Usually the stronger

a muscle is the larger it's blood supply – this applies here, the uterus is made up of very strong muscle fibres.

The inner muscle layer which are closest to your baby are horizontal muscles, and they run around the uterus perpendicular (at right angles) to the outer longitudinal muscles. These inner fibres get closer together and more condensed as they get down to the base of the uterus and the cervix.



The Uterine Layers

The way birth should work

When a baby is ready to be born, the baby triggers spontaneous labour (this is actually vitally important because it doesn't happen with an elective Caesarean).

Whilst the exact mechanism is unclear, it is believed that once a baby's lungs are sufficiently developed to breathe following

birth, the baby releases a hormone as a signal to mom. In response to the hormone released by the baby, mothers' body then releases a cocktail of hormones – one of which is called Oxytocin*.

**Oxytocin is a remarkable hormone known as “The Love Hormone”, it will be the reason that you are reading this book! Oxytocin allows us to fall in love and connect with other humans, it is released during sex, especially during orgasm! It is the hormone responsible for birth (contractions) and is the hormone that will allow you to bond and fall in love with your baby once it is born. Oxytocin also plays a role in breastfeeding, this is why for mothers who breastfeed, their uterus retracts more quickly than those that don't because the presence of Oxytocin stimulates the uterus. Oxytocin has another unique characteristic, it is incredibly shy! Oxytocin does not like to be observed.*

When Oxytocin is released into the mother's body it stimulates her uterus to begin to surge (contract) but ONLY the outer longitudinal muscles respond to this hormone. The outer vertical muscle fibres shorten and pull upwards, creating a lifting effect of the uterus (in exactly the same way that your bicep bulges when flexed).

The vertical longitudinal muscles are connected to the inner circular muscles at the base of the uterus. As the outer longitudinal muscles shorten and pull up, it draws the inner circular muscles upward and outward, allowing the walls of the cervix to progressively thin out, and then open.

In order for the cervix to open through this process the inner circular muscles must be relaxed.

If the inner circular muscles are relaxed, the two sets of muscles work in a completely synchronized way. When our muscles are relaxed, the body is also relaxed, and when we are relaxed the brain releases a neuropeptide chemical called endorphin.

Endorphins are our “feel good” chemical. We experience endorphin high with exercise, good food, music that gives you goosebumps, massage – pretty much anything that makes you feel good!

The more relaxed your muscles are, the more endorphins are released, and the more relaxed the muscles become, so more endorphins released, and so on.

Endorphins are two hundred times more potent than morphine. This means that your body is capable of producing pain relief that is infinitely more effective than any medication you could be offered in a hospital.

When the inner circular muscles are relaxed the inner and outer muscles work together, the outer muscles pulling up and drawing the inner circular muscles up and out opening the cervix. The outer longitudinal muscles are the active muscles, the inner circular muscles are passive (doing no work), the cervix only opens due to the work done by the outer layer.

Whilst this process occurs, the fundus at the top of the uterus drops down with each contraction applying pressure from above, which slowly and progressively nudges the baby downwards.

This is the incredible way that our body is designed to give birth!

Why does labour hurt?

Our bodies really are perfectly designed to give birth, so why do not all women have a wonderful birthing experience? Why do some women experience terrible pain during labour when this is something we are made to do? The interesting fact is that when it comes to pain during childbirth, it actually has far more to do with our minds than our body.

In the 1920s in London, Dr. Grantley Dick-Read watched a woman silently and effortlessly birth her baby after refusing the chloroform he tried to administer. After the birth he asked her, “Why didn't you want the medication?” and she simply replied, “It didn't hurt doctor – it wasn't supposed to was it?”

Following this he began to notice that women that had difficult and painful labours were far more fearful, whereas the lady who had birthed so easily had absolutely no expectation of pain, and just got on with it.

Dick-Read came up with a theory that he called the FEAR > TENSION > PAIN cycle. The fear that had been drilled into these birthing mothers created tension in their muscles, causing those muscles to work against each other, in turn causing pain.

In contrast, he observed that the more relaxed a woman became during her birth, the easier the process was. Dr Dick-Read proposed that women were capable of producing some miraculous chemical within the body that made their birth so much easier. We now know that he was referring to endorphins which weren't chemically classified until 1974, almost fifty years after he made this discovery.

Sadly, the rest of the medical profession at the time refused to believe that an emotional state could cause a physical response in the body.

The Mind-Body Connection

The Autonomic Nervous System

In order to understand exactly what happens to the body when fear is present it is necessary to consider the Autonomic Nervous System (ANS).

The ANS is the part of the brain that controls all of our involuntary reflexes, all those processes that occur naturally without thought or your control, for example, heart beating, breathing, digestion, blinking, coughing and sneezing, to name a few.

There are two separate components to the ANS, the parasympathetic (Healing Room – rest and digest, feed and breed) where we are supposed to spend between 95 and 98% of our lives, and the sympathetic (Emergency Room) in which we are designed to spend between 2 and 5%.

When we find ourselves in danger the body releases stress hormones known as catecholamines and the sympathetic nervous system is activated. The heart rate increases, blood pressure goes up, breathing rate increases and all of the blood in the body immediately diverts to the major organs such as heart and lungs for survival, and to the arms and legs to trigger a response known as Fight/ Flight/ Freeze. In that moment our options are to defend ourselves, or run, and when neither of

those is appropriate, we choose the third option – freeze (this is evident when someone is in a state of shock).

Whilst this defense response definitely keeps us alive in many instances, we actually physically respond exactly the same way to an imagined danger as we do to a real one. If you have ever watched a scary movie, even though you know it is not real, and there is no danger to you physically, your body will still respond to your thoughts and what you are watching on the screen.

Thankfully, fight/ flight/ freeze is not a fixed state, and once the threat or fear has passed the parasympathetic nervous system will take over and return the body to a relaxed state.

What happens when fear is present during labour

If a mother goes into labour feeling unsafe, unsure, or even unsupported, then her body will already be in defense state and catecholamines will be released, triggering the Fight/ Flight/ Freeze response. In a birthing room, neither fighting or running are a natural response, so the body naturally chooses to freeze.

As the uterus is not a major organ for survival, the blood contained within the middle layer now diverts to the heart and lungs, arms and legs with the fight/ flight/ freeze response.

When muscles are working with reduced oxygenated blood we experience a burning cramp-like sensation due to a buildup of lactate (often referred to as lactic acid build up).

This can be quite uncomfortable, and the mother will begin to become aware of this change. Because the blood is diverting

away from the uterus, it is also diverting away from the placenta which controls the blood supply to the baby. The baby can now begin to show signs of being distressed too. Along with the muscles in the body that will tighten for fight/flight/freeze, the inner circular muscles of the uterus will also tighten to prevent the baby being born in an unsafe environment.

Failure to progress?

The longitudinal muscles still have Oxytocin stimulating them and they will continue to shorten and pull up. With the tightening of the inner circular muscles there is now resistance between the two sets of muscles as they are now working against each other which causes significant pain.

The fundus continues to drop, nudging the baby downward, only now that is against a tightly closed cervix with nowhere to go. The baby becomes distressed, the cervix is “stuck” and refuses to open. This scenario is known as “Failure to Progress” and is the major cause of intervention or emergency Caesarean.

Failure to progress is actually a very clever mechanism. If you imagine that you were a prehistoric woman, and you are out in the open and about to birth your baby. You see a predator coming over the hill towards you, you would naturally release stress hormones, triggering the Fight/ Flight/ Freeze response.

Your heart rate increases, your breathing and blood pressure increase, your blood diverts to your arms and legs allowing you to run, and your cervix tightly closes to prevent your baby going anywhere for the time being. You run away and return to your cave.

Now that you are safe, the parasympathetic nervous system takes over, the blood pressure comes down, breathing and heart rate slow, blood returns to all areas of the body and your muscles relax again, thus allowing labour to continue in safety.

A deer in a forest would react exactly the same way – if it were about to birth its young and it hears a twig break, that could be a predator, so it won't stay put and wait and see, it will run away. Only once the deer knows that it is safe, will it allow its body to relax and for the birth to continue, even if that is a week later!

Doctors know that “failure to progress” is caused by the tightening of the inner circular muscles, sadly they still seem unwilling to accept that the cause of this symptom is directly connected to the emotional state of the mother.

Once a mother enters the fear > tension > pain cycle, more and more stress hormones will flood her body. We cannot be full of stress hormone and love hormone at the same time! As the stress hormones increase, Oxytocin is suppressed, meaning that not only is the cervix no longer opening, but with time, the contractions will slow or even stop.

It is not uncommon for a first-time mom to be labouring beautifully at home, but when she arrives at the hospital everything stops. The environment has now changed, and it is an adjustment emotionally and physically as she is subjected to blood pressure checks, urine samples and an internal examination.

The medical response to failure to progress is often to put moms on a drip of synthetic Oxytocin (known as Pitocin or Syntocinon), to 'speed up' or re-establish the contractions. But,

the only layer of the uterus affected by Oxytocin, whether it is synthetic or natural, is the outer longitudinal muscles layer, it has no effect on the inner layer which is refusing to budge. Typically, moms exposed to the drip have a far higher chance of ending with an emergency Caesarean.

There is good news though. Whilst stress hormones suppress Oxytocin, endorphins suppress the stress hormones. If you found yourself in a position where labour has slowed right down, or even stopped, was becoming unmanageable or too intense, by releasing endorphins you can reverse that effect and produce your own natural pain relief. All of the tools provided in My Birthing Kit will teach you to manage your birth to have your best birth experience possible.

How to have my Best Birth

To have the best birth possible, it is necessary to trust your body. Your body is designed to birth your baby, just as it is designed to conceive, grow and feed your baby once it is born. Women have been birthing for centuries before hospitals and epidurals even existed. It is in fact, the only time in a woman's life that she will go to hospital when there is nothing wrong with her.

Releasing any fear is absolutely crucial for a better birth. Fear may come from stories that you have been told, movies you have watched, things you have read, comments from family, friends or medical staff; or it may be deeper than that, previous traumas in your life, relationships and experiences.

Once you release those negative emotions we can start to focus on the positive – meeting your baby. This program will

help develop a bond with your baby so that you can really look forward to the day your baby arrives.

My Birthing Kit also prepares you for your best birth by giving you valuable information to make informed choices about your birth including choosing the right care-provider and support for your birth, and understanding how the environment around you during your birth also plays an enormous role in how your body responds.

Changing the mindset

Once you start to understand how the body is perfectly made to give birth it definitely increases confidence. I have always felt just understanding the chemistry and why women experience pain during labour already puts them in a much stronger, more empowered position.

You know now that if your labour did happen to slow down or stop when you were to arrive at hospital it would be because of the change of environment, and that it is not a fixed state.

Given the opportunity to rest, the labour, in time will get back on track. You are far less likely to accept unnecessary interventions with this new knowledge at hand.

Language we use

If you have ever really looked at the language surrounding pregnancy and birth you will see that some of the terms are very medical, which can often be both intimidating and confusing. Language is emotive and has a direct impact on how we feel. When we don't understand language being used (particularly in a medical setting) we tend to be more compliant. Part of the

goal of My Birthing Kit is to feel more positive about birth and to continue to change our mindset we need to reframe some of the words that we use.

Reframing Words

Contraction

If you were to ask one hundred random people what they think a contraction feels like, I believe that most would say 'painful' whether they are speaking from personal experience, having witnessed one, or neither! Having discussed how the layers of the uterus interact during a contraction, the word contraction to my mind doesn't come close to describing what is actually happening to those muscle layers.

There is an association with the word contraction which is most definitely not a positive one. We could re-program the way you feel about that word, it's just far simpler to use a different word.

In My Birthing Kit we use the word 'Surge' instead of the word contraction. This is so that you can start to think of it in a more positive way. One of your affirmations states, "Each surge of my body brings my baby closer to me". A surge then becomes something positive that you embrace, whereas a contraction is usually feared and the response is to tense.

Delivery

Pizza and post are delivered, babies are not! We don't refer to the 'delivery' of your baby; we speak about the birth.

Due dates

Typically, only 5% of babies will be born on their estimated due date. Babies are born anywhere within a 5-week window, so your baby will not be premature if they arrive at 37 weeks, and technically they are not actually post-date until you pass 42 weeks.

The only way you would know the exact date that your baby will arrive is if you are booked in for an elective Caesarean. It makes far more sense to think of your baby's 'due month'.

Pain

We will be avoiding the use of the word 'pain' throughout this program. When you think about pain logically, it is usually an indication that something is wrong. If you wake up in the morning with pain in your neck you might think "What have I done?"; "I've done something wrong". If that pain doesn't improve you might take a painkiller; if there is still no change you would get it assessed by a professional.

If your body is functioning the way that it is designed to do, you may be feeling pressure, sensations, tightening. They can sometimes be intense, but there is a big difference between an intense sensation and pain. Famous American midwife Ina Mae Gaskin says "Don't think of it as pain (labour), think of it as an intense sensation that requires all of your focus."

Pushing

We don't refer to pushing your baby out in this program. The body is equipped with something known as the Natural Expulsion Reflex (NER) which allows your body, through the dropping of the fundus, to birth your baby without the need of forceful pushing. There have been cases recorded of women in comas who have gone into spontaneous labour and their babies born whilst the mother was unconscious. Your body can birth your baby – it is our minds that get in the way of the process!

Forced pushing, often known as Valsalva or Purple Pushing (because mothers literally go purple) has been scientifically proven to be counterproductive for the birthing phase. It lengthens the time in the second phase, increases exhaustion for mom, distress for baby, pelvic floor damage, assisted deliveries, episiotomies, tearing, haemorrhoids and even burst blood vessels in the eyes and face!

In My Birthing Kit you will learn a breathing technique known as J Breathing to work with your NER, significantly reducing the risk of those risks mentioned above.

Waters Breaking

Ordinarily something breaking in your body is not a good thing! We prefer to say “the waters release”.

Braxton Hicks

These are the tightening sensations you may or may not be feeling – some expectant mothers have them but are completely unaware. It will most likely feel as though the

top of your bump goes very hard and very tight, holds for a few seconds and then releases. These tightening sensations are completely normal and are a good sign that your muscles are toning themselves. We prefer to call them 'practice surges' rather than Braxton Hicks which is actually the name of the male doctor that 'discovered' them!

By adjusting the language as described, you can continue to release any fear created by the medical terms commonly used.

Nutrition and exercise

You may have heard the expression “eating for two” during pregnancy, but unfortunately there isn't much truth in it. You should be aiming to eat around 300 calories a day in addition to your pre-pregnancy diet if you happen to be calorie conscious.

A healthy weight gain for pregnancy is around 1 - 2 Kg per month.

The food that you consume during your pregnancy provides the building blocks for your growing baby, so ideally you want to be providing good quality blocks in order to support the process.

Recommended Foods

Protein – Lean red meat, chicken, fish, nuts, seeds, eggs, dairy products

Vegetables – eat the rainbow!

Carbohydrates - Whole-wheat bread and pasta, brown rice, oats, sweet potatoes

Fats - Avocados, cheese, dark chocolate, nuts, seeds, oily fish
Avoid – Alcohol, nicotine, caffeine (current recommendation is no more than 2 cups of caffeinated coffee in a day), raw fish, processed foods, unnecessary fats, excessive sugar or sweets.

Importance of Water

You should be aiming to drink around 2 litres (8 glasses) of water per day through your pregnancy. Your amniotic fluid is replaced 3 times a day which is a terrific volume of fluid (and the reason that you pee constantly in pregnancy), and your baby's waste products are leaving your body the same way as your own. A healthy water intake throughout your pregnancy can help reduce the risk of pre-eclampsia later in pregnancy.

The body is approximately 60% water, it helps you maintain a healthy body temperature, plays a major role in your spinal cord and assists the transport of nutrients throughout your body – an important consideration in pregnancy. During pregnancy your blood volume increases, and you are also now supporting the growth of your baby.

Drinking enough water can prevent joint pain, constipation, muscles cramps and headaches.

Occasionally in the last trimester, mothers experience water retention, often indicated by puffy hands and feet. They often make the mistake of thinking they are drinking too much water and then cut back. Ironically the reverse is true. Your body is clinging on to the water that it has.

During particularly hot weather you can dehydrate more quickly, you will want to drink more water than you usually do at these

times. Your amniotic fluid levels are directly affected by your fluid intake so if there is an indication that your amniotic fluid levels are low (but there are no other signs of concern), you need to increase your water intake immediately.

A good indicator that you are healthily hydrated is the colour of your urine, it should look like light lemonade (or a Sauvignon Blanc, if you can remember that from pre-pregnancy!) – if it is any darker then you need to drink more.

Pregnancy exercise

Being fit and toned during your pregnancy can definitely help keep weight gain under control, can help during labour if you do happen to be active, and will assist with your post-birth recovery.

If you have always done a particular type of exercise you are generally safe to continue for as long as it remains comfortable. Be aware that your centre of balance has changed and the hormone relaxin can cause your ligaments to soften – so avoid any over stretching (particularly in the hip joints).

If you want to start exercising then find a class that is tailored for pregnancy – Pilates, yoga or aqua aerobics are ideal.

If you don't have time or funds to attend classes, then even walking is a fantastic form of exercise. If time really is a concern, perhaps try parking a little further away from the shops or your office to encourage yourself to get in those extra steps each day.

Watch your posture when you walk, it is not uncommon to see pregnant moms leaning back to compensate for the weight

of the baby in the front, this leads to the comical “pregnancy waddle” which is not good for your posture. Whilst walking try to imagine that there is a string running from your earlobe, through your shoulder to your hip, then try to keep it in a straight line. You'll want to be wearing sensible, preferably flat shoes too.

Posture when sitting is also important, try not to slouch too much. Sitting on a gym ball can help. Gym balls are available from most sports retailers, it does not need to be a pregnancy or birth specific ball (those will be three times the price!). Look for an anti-burst gym ball and buy the right size for your height. Most moms are good with a 65cm ball, if you are particularly short then go with a 55cm, if you are over 167cm then you need a 75cm.

To inflate your ball you will need a foot pump or heavy-duty pump – a bicycle pump or plastic one provided with the ball will not work. Exercise balls stretch with pressure, so it takes some force to get it to the correct size. When sitting on your ball your hips should be higher than your knees when the ball is inflated the proper amount.

Pelvic floor

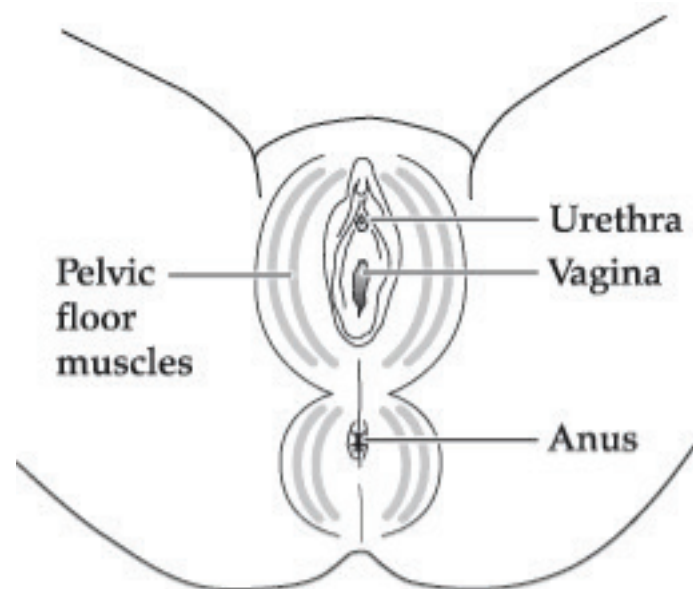
You should be doing some form of pelvic floor exercise during your pregnancy. Almost 50% of women have some bladder issues post-pregnancy. Please note that it is not post-natural birth vs post-Caesarean that causes the issue, it is post-pregnancy.

The pelvic floor muscles sit like a hammock supporting all of the weight of our internal organs. During pregnancy there is a significant increase in the weight those muscles support. If

those muscles have not been exercised and toned during the pregnancy, once your baby is born and that weight has been removed those stretched muscles can be left fairly 'slack'. This is when coughing, sneezing and laughing can cause some bladder leakage! This is definitely something you should want to avoid.

Pelvic floor exercises

Your pelvic floor muscles are located under your pubic region in a 'figure 8' shape. There are muscles around the urethra (where you wee) muscles around the vagina, and muscles around the anus.



Pelvic floor

The strongest concentration of these muscles is at the back, if you imagine you were trying to hold in a 'fart' you will be engaging these muscles. The muscles at the front can be located by momentarily slowing the flow of urine whilst on the toilet. Most women are familiar with the muscles around the vagina from intercourse.

Kegels (pelvic floor exercises) involve gently tightening all three areas of those muscles, then allowing them to release. Please do not contract your pelvic floor as hard as you can, these exercises involve a gentle squeeze, then a release (around a 30% contraction).

Pelvic floor elevator

The pelvic floor elevator is a Pilates-based exercise used to tone your pelvic floor. It can be performed standing, sitting, or lying down.

Start by gently squeezing or 'drawing up' your pelvic floor muscles from the back to the front, hold for a second or two, then relax. Repeat again, only this time imagine you were drawing up higher internally, to 'the next floor', hold for a second or two, then relax. Once more draw up your pelvic floor, this time going higher still (or imagining you could draw them up as high as your navel), now as you relax the final time allow the muscles to relax completely – take it 'down to the basement' (I also describe this as "opening the bomb doors").

It is as important that you are also able to release your pelvic floor muscles, as it is that they are toned.

You should be aiming to do around five to ten sets of these exercises every day. If you struggle to remember then I recommend you find yourself 'an anchor' (something that reminds you) such as each time you brush your teeth, or whilst waiting for the kettle to boil.

Once your baby has been born you need to continue with your pelvic floor exercises for at least 6 weeks afterwards.

Perineal massage

Another exercise you can do to prepare the body is perineal massage. This can be done 6 to 8 weeks before due date (32 to 34 weeks of pregnancy onwards), three times a week for approximately 5 minutes.

There is clinical evidence that perineal massage can help reduce the risk of tearing or need for an episiotomy in most cases.

Using any natural oil (olive, coconut, vegetable) or lubricating gel if you have (decanted into an egg cup or ramekin) coat the thumb in the oil and insert your thumb into the vagina. You may find semi-reclined is the easiest position to achieve this. With gentle pressure rotate your thumb around from a 10 o'clock to a 2 o'clock position (passing the bottom of the vagina closest to the anus) and back for 5 minutes.

This massage should be comfortable with gentle pressure. If you struggle to find a position that works for you, you can ask your birth partner to assist.

This massage is not intended to stretch 'per se', by massaging in oil you are softening the folds of the skin, improving the blood supply to the area, and most importantly, whilst you are performing this technique, consciously release and relax everything in that area, so that you are teaching yourself to relax this area when under pressure.

Post-birth exercise

You will need to wait around six weeks before you start to properly exercise again. Wait until you have seen your

gynaecologist or midwife for your follow-up appointment and have been given the all clear to begin exercising again.

Once you return to regular exercise, listen to your body. If it feels uncomfortable – stop. It took 40 weeks to gain your pregnancy weight and grow your baby, don't expect to be back to wearing your pre-pregnancy jeans overnight.

Although it might be hard to rest and not do chores around the house in the first few weeks, remember to be kind to yourself and, when you can, relax. You will recovery more quickly and efficiently if you give your body this time to heal. Newborn babies take a tremendous amount of time and energy and there is not much sleep for the first few months, take it slowly.



“ After my two very traumatic previous births, this birth was healing beyond anything I had, or could have wished for. It was the most magical, mystical, empowering experience of my life. I don’t have enough words of thanks for what you do and how I wish I could tell every pregnant mom how powerful and capable they are, and how manageable and magical birth can be. Doing your course and having our baby at home were the two best decisions I could ever have made. ”

Dani, 3rd Time Mom



I Trust My Mind

The Power of the Mind

The mind is the most powerful tool that you have. For years the mind and body were thought of as separate components, now, it is believed that they are far more strongly connected than we ever imagined. The body can be thought of as a robot, and the mind is the computer driving and controlling that robot. Nothing can be conceived without a thought driving that process.

When your mind is programmed in a positive way, the body will respond in a positive way. Repeatedly visualising yourself having a beautiful calm birth allows you to really begin believing that it is achievable.

Where does hypnosis come in?

For many people the word hypnosis brings to mind an image of somebody acting like a chicken on a stage. The important thing to remember is that in the scenario the person on the stage volunteered to be up there. All hypnosis is self-hypnosis, in that it is a state that a person allows themselves to access, whether that be self-induced through meditation or yoga, listening to a relaxation exercise, or guided by a therapist.

Despite its 'mystical' reputation, hypnosis is actually a normal and very natural state that every person on the planet experiences at some point during a regular day, regardless of their age, occupation, religious beliefs or ethnic origin.

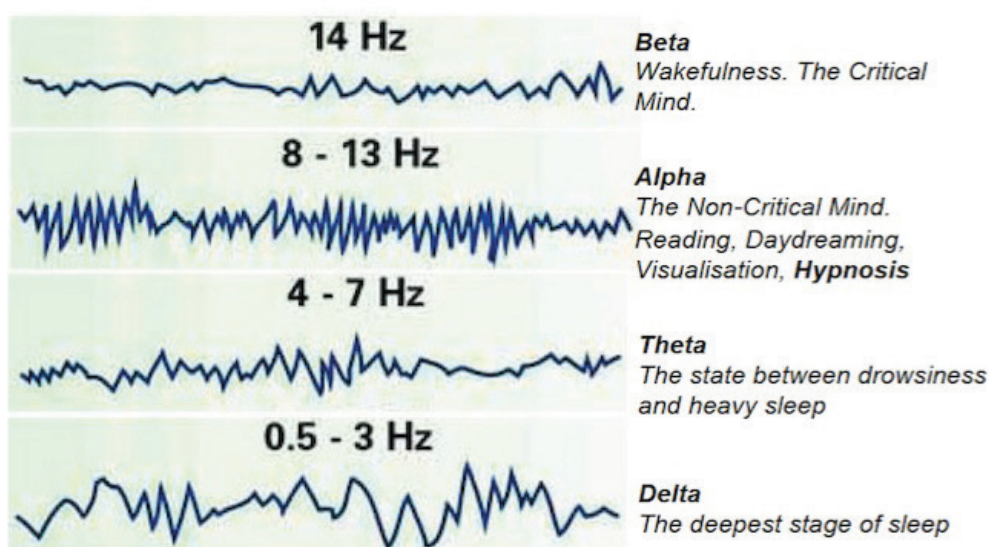
Our brain functions using various frequencies depending on the current level of brain activity. When we are actively thinking and concentrating, our brainwaves are strong and rapid Beta

waves. As we relax our brainwaves begin to slow from Beta to Alpha which is where the state of hypnosis occurs.

We experience this state any time we are feeling calm and relaxed, and particularly if we focus on just one thing, such as reading a book, watching TV, driving etc. Have you ever driven home after a long day at work and been unable to recall the journey? Daydreaming is another good example, have you ever found yourself in a very boring meeting and realised you have not heard the conversation for the past few minutes?

The word hypnosis was assigned by a Scottish Doctor, James Braid, derived from the Greek word 'Hypnos' meaning sleep. Once he had labelled the state, he realized it was actually nothing like sleep and he tried to rename it 'mono-ideaism' which for obvious reasons didn't catch on. A more precise description of this state than the word hypnosis, would actually be 'focused relaxation'. As we relax further, the brain frequency slows even more from Alpha to Theta which is somewhere between feeling drowsy and falling asleep, followed by Delta which is the deepest level of sleep.

Brain Waves – levels of consciousness



When we enter this Alpha frequency state of focused relaxation it allows us to 'switch off' our logical, thinking, conscious mind and gain access the deeper level known as the subconscious.

The subconscious level is programmed throughout our lives with experiences and events which can leave imprints that change our beliefs, behaviours and habits, sometimes without us even being aware. Almost 90% of our behaviours are driven by this deeper level which makes it much like a hard drive. Anything that is deemed important enough to store in our deeper subconscious mind is stored there permanently.

The subconscious is protected by a 'filter' known as the conscious critical faculty which behaves much like a 'firewall' that prevents us from reprogramming that hard drive-like subconscious.

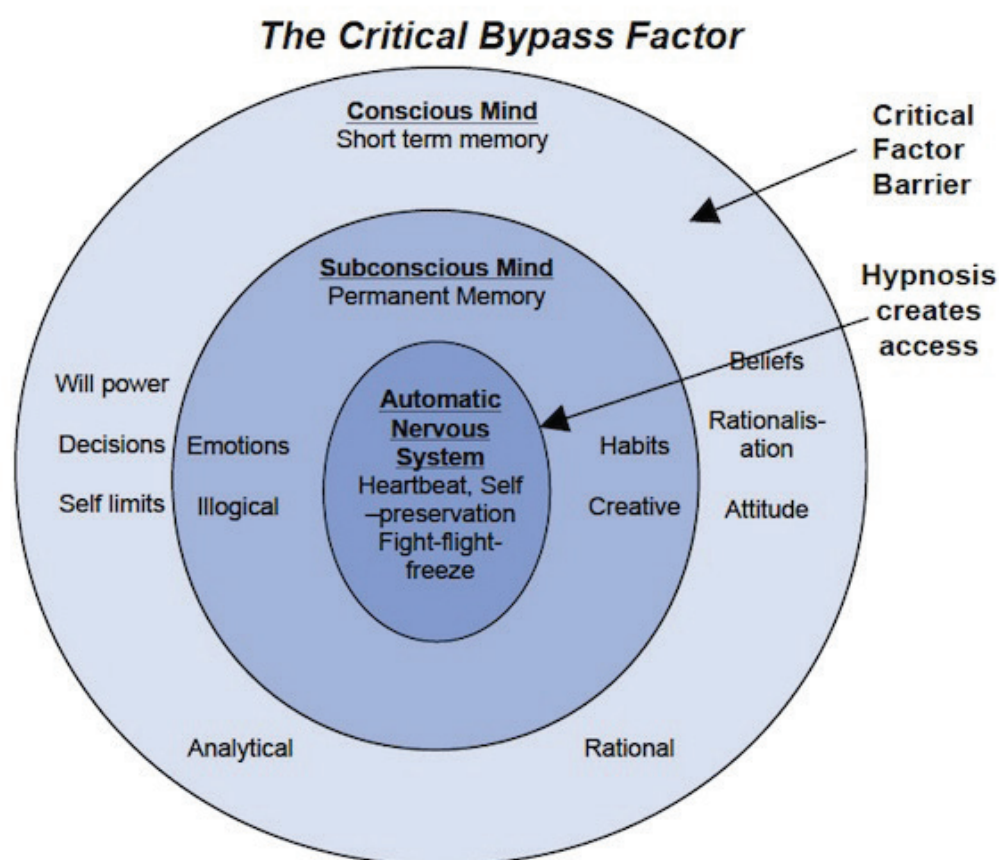
Sometimes our conscious (logical, thinking practical brain) would like to change a habit, belief or behaviour, often knowing it would be in our benefit to do so, but the subconscious will always override and continue to drive that behaviour. If we have been living with set programming for a significant length of time, our brain will convince us that the habit or behaviour is necessary for survival, it will then always override and reject any conscious attempts or external suggestions to change.

You will be well-aware of this strange phenomenon if you have ever tried talking yourself out of a fear or phobia. No matter how much logic you apply to overcoming that fear response, in the moment the logic is completely ignored, and the physical response is automatic. The body is controlled by the subconscious.

The subconscious cannot hold conflicting messages, it cannot believe that birth is both traumatic and painful, but also something that our body is perfectly designed to do.

When the mind slows to the Alpha frequency and enters the state of focused relaxation your 'firewall' gets switched off, which then allows you access to reprogram your hard-drive. Any new programming will always override the old programming, providing it is seen to be to your benefit.

When you practice with your daily pregnancy relaxation you will be consistently reinforcing positive messages in the subconscious about birth and your body's ability to bring your baby into the world calmly and easily. The body will naturally follow that programming.



Defining what you will experience during a relaxation session is harder. Hypnosis is just relaxation and many people are waiting for an 'out of body' experience where they won't know who they are or what happened. Stage hypnosis has led us to this misconception and those clients are often disappointed and think that the 'hypnosis' didn't work. Please remember that all hypnosis is self-hypnosis (a state you control) and it is just relaxation.

Some people feel their body gets lighter, some feel heavier, some people experience tingling, and some feel like they fall asleep instantly. This focused relaxation is not something that you can get wrong and it is not something that you need to 'try to do'. Essentially the more you physically relax, the more you can mentally relax and allow your 'firewall' to switch off so that new programming can be accepted.

For people who have used meditation or yoga, or are particularly visual or artistic, relaxation seems to come very naturally. For the very analytical over-thinkers, relaxation can take some practice. If this is you, you may find when you start with your daily pregnancy relaxation that your mind constantly drifts, and you cannot stop the thoughts popping up. Relaxation is a skill that improves with time – much like any physical exercise, this is mental exercise. If you find your mind wandering, bring it back to your breathing or your body each time. The more you physically relax, the more you can mentally relax. Once you have perfected taking yourself into that relaxed state it becomes a tool for life.

Reprogramming and Releasing fear

Often, throughout our lives, we are subjected to stories, images and experiences that leave negative imprints which also become

stored in the subconscious. Pregnancy can most definitely stir some emotion, hormones aside, your life is soon to change rather dramatically, and you may well be overthinking some of the aspects of that.

As your mind is an essential component to the birthing process it is imperative that any anxiety, fears or negative thoughts be released. Question any feelings that make you uncomfortable, where do they come from? Make a list of concerns, fears or negative thoughts you may have, a table has been provided in the additional resources. Fears can sometimes be practical, financial, logistical, career, health insurance, even space in your house! These tend to be conscious fears.

Deeper subconscious fears (with emotion) may include

- *Your own birth and the stories you have been told*
- *Other birth stories or a previous birth of your own?*
- *Relationships, with your partner, previous partners, or maybe with your parents or siblings?*
- *Abuse*
- *How will having a baby affect your career? Marriage? Friendships? Travel?*
- *Was this baby planned? Do you feel connected and ready to meet them?*
- *Movies you have seen or stories you have read*
- *A fear of hospitals or interventions*
- *How will your own childhood affect your parenting style?*

Sit and think about all the things that are making you feel uncomfortable, concerned or anxious. Make a list of everything and anything that comes up and give each item a rating of 1 to 5, with 5 having the strongest response.

Ask your partner to do the same. Sit with each other and discuss your fears and concerns. Fairly often the 1s, 2s and 3s which tend to be practical, financial, logistical, conscious fears that can be worked through together and released once a solution has been found. The 4s and 5s will be deeper concerns, they have emotion attached and are subconscious fears.

My Birthing Kit includes a Fear Release relaxation recording for you to work with which can be used more than once if needed. Ideally, you will be attending classes with a certified My Birthing Kit practitioner who can take you through this exercise, which is often more effective when delivered in person.

If you or your practitioner feel that there are deeper issues that may need to be resolved it can be helpful to ask for a referral to a certified hypnotherapist. Once you have worked through those experiences and emotions you are far better prepared to welcome your baby into your life and your family.

Building My Birthing Toolkit

Relaxation

The day your baby arrives is a hugely momentous occasion, ideally one that should be approached with excitement, much like a wedding day.

You wouldn't consider approaching your wedding day without some planning and preparing beforehand! Sometimes we have been programmed with stories or images (from movies, sitcoms or dramas) that have left us feeling anxious and fearful rather than excited.

The good news is that we can release that fear so that our baby's birthing day becomes something we really look forward to. One of the best ways to eliminate fear, tension, stress or anxiety is through regular relaxation – this sounds obvious, but sadly, it is something that very few of us take time to do with our busy and demanding lifestyles.

Relaxation not only allows your body to rest and return to a parasympathetic state, it has been found that the body is able to heal and function more efficiently during deep relaxation. It allows you to sleep more deeply and for longer and also allows your body to release endorphins.

Endorphins as discussed, have a positive calming response and are our body's natural pain relief chemical. Stress hormones (catacholamines) cannot co-exist with this feel-good chemical. So, not only does your relaxation practice benefit your sleep, it will assist you with everyday life to feel calmer and more relaxed. The techniques you will learn and practice with this program are literally life skills.

If there are any words or phrases within the recording that you are not entirely comfortable with, you can easily substitute them with something that feels better for you. Remember that all hypnosis is self-hypnosis and you can interpret your relaxation exercises so that they work best for you. Similarly, if there are ever sounds or noises that distract you as you

practice your relaxation, allow that noise or sound to fade into the background and use it to deepen your relaxation further.

You may find that sometimes you listen to your recording and your mind drifts in and out, this is very normal due to the fact that our brainwaves oscillate.

Sometimes you may find yourself listening and hearing everything, other times you may prefer to rest and hear nothing at all. Each of these experiences is normal and the information that is needed is being absorbed by your subconscious hard-drive.

My Birthing Kit Recordings

Affirmations (Track 1)

Affirmations are positive repetitive messages that help you stay calm and positive through your pregnancy, and prepare you for the day you meet your baby.

You have been provided with an audio version of the following affirmations. You may listen to your affirmations whilst driving (this is not recommended for the relaxation recordings) and you should listen to them as often as you can.

As you become familiar with the affirmations you may find that some resonate more strongly with you. You can write your favourite affirmations on post-it notes, then stick them around the house, inside a cupboard or drawer that you open often.

Speak your favourite affirmation aloud, or save it as a screensaver or wallpaper on your phone (you can find affirmations as pictures on Pinterest). These positive messages can help increase your

confidence and calmness and seeing, hearing and writing them repeatedly reinforces the belief in the statement.

A copy of the affirmations has been included in your additional resources so that they can be printed. My Birthing Kit also includes individual affirmations that you can print and colour in.

My Birthing Kit Affirmations for Comfortable Birth

Birth is a safe and wonderful experience

I relax my mind, I relax my body

I release all fear and look forward to my birthing day

I am confident, I am strong

I know my baby feels my calmness and confidence

I trust in my body and my ability to give birth

My body knows exactly what to do

I am confident in my ability to birth naturally and easily

During labour and birth I will be completely relaxed and comfortable

I will have a peaceful, calm and comfortable birth

My baby is healthy, my body is healthy

I will breathe deeply and slowly to relax my body

My body is made to give birth gently and easily

I believe my baby will come into the world smoothly and easily

My body is totally relaxed

All I need to do is relax and breathe, nothing more

I feel the strong waves of labour and I trust that everything is progressing as it should

*I relax my mind and my body
Courage, faith and patience
My body knows how to have this baby just as it knew how
to grow this baby
I accept whatever turn my birthing may take
I breathe slowly and evenly
Inhaling peace, exhaling tension
I surrender my birthing over to my baby and my body
My body has a wide-open space for my baby to descend
My body will give birth in its own time
I feel the endorphins flowing throughout my body
Each surge brings my baby closer to me
I practice my relaxation daily so that my baby can also relax*

Pregnancy Relaxation (Track 2)

The pregnancy relaxation recording that has been included in your kit should be practiced every night at bedtime. This relaxation is the most important recording included in your kit and should be practiced daily. It is fine for you to fall asleep during the relaxation. This is perhaps the greatest concern mothers have once they start with their relaxation, that they fall asleep and don't hear the recording.

But even in the deepest level of sleep, if a dog were barking across the road, you would hear the dog and you might incorporate that sound into a dream, but you don't wake up. If there were breaking glass, or somebody screaming, you would instantly respond.

Be reassured that our ears never switch off – so you will still benefit from all of the suggestions in the recording. Because our ears never switch off you will be aware of sounds around you or outside of the room. With time you can teach yourself to allow those sounds to fade into the background and even deepen your level of relaxation. This is a particularly useful skill to develop if you are planning to birth in a hospital environment.

Most expectant mothers find that they sleep much more deeply and easily when they start practicing daily relaxation, this makes the tiring process of pregnancy easier to cope with. As already mentioned, sometimes you might find that your mind is wandering whilst you listen, this is quite normal.

Just bring your awareness back to your breathing or your body. Each time you practice your relaxation your body releases endorphins which are calming and beneficial to you, but also to your baby. Adjust your evening routine to include the relaxation exercise so that you can both benefit from those endorphins.

Twenty minutes of deep relaxation feels equivalent to around four hours of sleep, and if you have the opportunity to rest during the day you can listen to your pregnancy relaxation again (you cannot over listen to it) to experience a 'power nap'. The relaxation also works well for young children! If you need your child to have an afternoon sleep, you can lie with them and listen together.

When you have been listening to your recording for a few weeks and you are confident that you are relaxing, challenge yourself by varying your practice. Listen to the recording at a different time of day in a different position where there may be other sounds or distractions. Your state or level of relaxation should not be dependent on time of day, position or place.

Deepening Exercise and Endorphin Glove Exercise (Track 3)

This recording consists of two deepening exercises designed to assist you reach a deeper level of relaxation more quickly than your nightly relaxation exercise. The deepening incorporates an anchoring trigger (more on this below) that with practice can instantly create a deep relaxation and calmness whilst boosting your endorphins. This trigger can be particularly useful on the day of your baby's birth.

The glove relaxation follows the deepening and is a visualisation where you can imagine redirecting the endorphins in your body to collect in your hand, which may be experienced as a tingly or numb sensation – whatever sensation is comfortable and familiar to you. With practice you will be able to transfer that numbness to anywhere on your body.

If you are attending classes with a My Birthing Kit practitioner, they will guide you through this exercise.

Fear Release Recording (Track 4)

The fear release recording included in your kit is a relaxation that will allow you to release any deeper unwanted fears or anxieties that you have in a safe and comfortable way. It is possible to have subconscious fears that we are unaware of, that only trigger once we are in a setting that creates a recognition. Even if you are already feeling confident about your birth and feel that there is nothing you need to release, this recording should still be used. Make sure that you have made a list of your concerns and anxieties in the table provided in the additional resources.

Listen to your fear release one evening in place of your pregnancy relaxation at around 32 weeks, as this gives you an opportunity to repeat it at a later time if necessary or to find a therapist for further work should you need it. The fear release can also be listened to at bedtime, and if you happen to fall asleep be reassured that the necessary work will still be taking place in the deeper subconscious level.

Couples attending classes with a My Birthing Kit practitioner will be taken through the fear release session by their practitioner.

Positions for Relaxation

It is not recommended for pregnant women spend too much time on their backs, as the weight of the baby can potentially restrict the blood flow to the lower half of your body. If you choose to listen to your relaxation recordings whilst on your back, you should pile up enough pillows behind you and under your arms (build a 'fort' or a 'nest') so that you are semi-reclined and not flat.

The other ideal position for relaxation is known as the 'lateral' position, this looks similar to the recovery position – lying on your side with your top leg bent at the hip and knee. Place a pillow underneath your bump to support the weight of the baby and place a second pillow underneath your top knee to avoid overstretching the ligaments in the hip joints. Body or pregnancy pillows can be extremely helpful with finding a more comfortable sleeping position whilst offering support.

Anchoring

Anchoring is a process where we program a particular event, place, thing or object to trigger a desired response. For example,

each time I switch on the kettle I remember to take my pregnancy vitamins. When I brush my teeth in the morning and before bedtime I will do my pelvic floor exercises.

Anchors can be used in everyday life if there is something you need to remember on a regular basis. This program will use several anchoring techniques to trigger deeper relaxation, or a sense of calmness, which can be developed with practice.

Time Distortion

If you have ever found yourself totally absorbed in a good book and not noticed the time that had passed, you have experienced time distortion. The well-known phrase 'time flies when you are having fun' also relates to this phenomenon. Mothers in labour often experience a sense of time distortion due to the amnesic effect of Oxytocin.

This is further enhanced when relaxation tools are used during the labour. Often twenty minutes that passes feels like five, which is why you might often be surprised when you reach the end of your relaxation recording as it feels as though you just started!

Use time distortion to your advantage, when you think that labour has started, let your birth partner time your surges and resist the temptation to track them yourself. Rather focus on your breathing and relaxation with each surge. Once you have made the necessary phone calls (even better let your partner make those too) switch off your phone, take off your watch, and if there happens to be a clock in the room where you are labouring, cover it! It is really only necessary to record your surges in the beginning to know when to call your midwife, doula or to leave for the hospital, after that the timing not important.

Instant Relaxation

Once you have mastered relaxing to your recordings you can practice the following instant relaxation. Sometimes you may not have twenty minutes to reach a deep state of relaxation and being able to relax instantly could be an advantage. A vaginal examination is a good example, the more relaxed you are the more comfortable it is likely to be.

The simplest method is a progressive relaxation, relaxing from the top of your head to the soles of your feet. Imagine that your body is divided into 5 zones as illustrated.



Zone 5: Head, neck & shoulders

Zone 4: Back, arms & hands

Zone 3: Tummy & Hips

Zone 2: Legs & Knees

Zone 1: Knees down to toes

Take in a deep breath, pause, then as you slowly breathe out count from five down to one, relaxing each of the zones of your

body completely. It will feel as though you are melting down from your head to your feet. Practice this technique regularly, it can be a useful tool in everyday life when you need to relax.

Breathing

Relaxation breathing

Breathing is one of the most effective tools available to assist with reaching a state of relaxation. When we are stressed or scared our heart rate and breathing increase. By controlling your breathing, and breathing rhythmically, you can control your heart rate. This breathing technique will help you reach a state of relaxation more quickly and easily. This technique involves breathing in for a count of four, pausing for a count of four and breathing out for four or more (six if you can).

Relaxation breathing will help slow your breathing rate, reduce your blood pressure and lower your pulse. If you can achieve a longer exhale you will breath out more carbon dioxide, increasing the oxygen in your blood and releasing endorphins. Breathing in this way changes your physiology and helps you maintain or return to a parasympathetic state (calm state).

Use this breathing daily as you practice daily with your pregnancy relaxation recording at bedtime. When combined with your relaxation practice, this breathing technique becomes an 'anchor' meaning that your brain begins to associate this breathing with going into relaxation.

In labour this breathing technique is used in-between your surges (contractions).

Breathing technique

Sitting comfortably, take a deep breath in through the nose for a count of 4, pause gently for a count of 4, now slowly breathe out for a count of 4 or more. (Aim for 6 – you may find that as you practice it becomes easier to breathe out for longer).

This breathing ideally is done in and out through the nose, but if that doesn't feel comfortable then you can modify so that it works best for you.

Once you feel yourself starting to relax, usually after repeating four or five times, you can switch back to your own breathing pace. Don't over-use this breathing as it can make you feel a little light-headed!

Surge breathing

This second breathing technique is used through your surges to work with the lifting of your uterine muscles.

By breathing up into your abdomen and inflating it like a balloon, you can exaggerate the shortening and lifting affect that occurs with each surge. Breathe up long and slow into your abdomen until you have expanded as much as you possibly can, then breathe back down the same.

Your My Birthing Kit practitioner will demonstrate and observe to ensure you have perfected this breathing.

This breathing is used throughout the thinning and opening of your cervix with each and every surge, using the relaxation breathing between each surge whilst your muscles are resting.

You would repeat this breathing as many times as you need to until the surge ends – with a surge lasting up to one minute you may find you need to repeat this breathing 3 times.

Not only does this breathing technique give you something to focus on, it gives you something to work with. It also gives you a gauge of how far you are through the surge. Remind yourself that you are unlikely to need to repeat this breathing more than three times to get to the end of the surge, another surge out of the way, another step closer to holding your baby!

This breathing technique really feels like it breaks your labour into manageable chunks – breathe through each surge as it comes, then rest and relax in between. Many moms find it helps to visualise filling a balloon, expanding that balloon with their in-breath, then as they exhale they imagine blowing that balloon away and watch it disappear into the distance.

Surge breathing technique

Place your hands on your abdomen so that your fingertips are touching. Empty your lungs, then taking a long slow breathe in through your nose inflate your abdomen so that your fingertips move apart (aim to reach 10 seconds with your in-breath, you may only get to 5 or 6 initially, with practice you will find that you can breathe in for longer). Once you feel you have breathed in as much as you possibly can, breathe back down for the same.

J-Breathing

At some point your cervix will be fully open, you then move from the thinning and opening phase into the birthing phase. Often at this point, mothers feel the need to change position

or their breathing, and sometimes your care provider will tell you that you are fully dilated. Almost all women will experience immense pressure as though they are hugely constipated! This is an exciting point; the finish line is now in sight – your baby is coming!

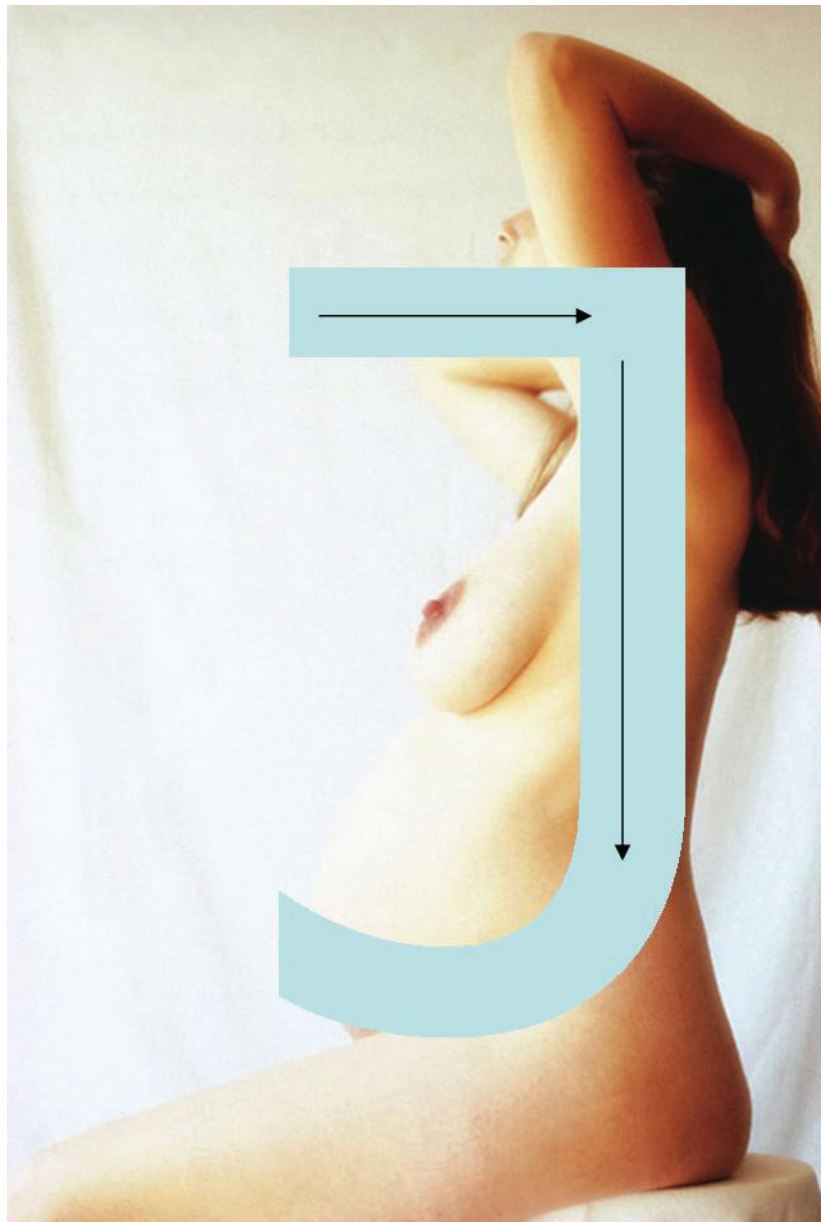
For the birth itself many doctors still believe in a technique known as Valsalva pushing, mentioned earlier in the use of language section.

Valsalva pushing involves mothers holding their breath and pushing as hard as they possibly can whilst the doctor counts to ten. This method is both outdated and counter-productive.

The J-Breathing method used in My Birthing Kit is designed to work with your body's natural expulsion reflex. Again, there have been countless cases of women in comas that have gone into labour spontaneously, triggered by the baby and the baby has been born with the mother still unconscious.

Your body knows how to birth your baby and it does not need to be forced.

There is a visualisation that accompanies J Breathing.



J-Breathing Technique

Take in a deep breath, then as you slowly breathe out, imagine your breath and your energy flowing down your spine, and then up and out in a 'J'. Similar techniques are used in martial arts where your breath is used to direct your energy and focus. This is infinitely more effective than holding your breath and forcefully pushing.

During this breathing you can exaggerate the movements to assist your surges. Take in a deep breath, then as you begin to breath out drop your chin down towards the chest and roll your shoulders down and round (as though you were doing an abdominal crunch). With this movement you should feel a slight pressure in your upper abs (this is where your fundus is also applying pressure to nudge your baby down).

At the same time, tilt your pelvis up and under (as though you were doing a reverse abdominal crunch) – this will assist nudging the baby up and under the pubic bone and makes more space in your pelvis.

Repeat this breathing and movement as many times as you need to through the surge. The relaxation breathing is used again in-between each surge to maximise the use of that rest window in between.

Even if your baby's head were out and the surge then ends, rest and wait for the next surge before bearing down again. You should never be working without a surge. Remember that this is something your body can do with or without you. These breathing techniques are designed to assist your body's natural expulsion reflex.

The best place to practice this breathing is on the toilet with a bowel movement. With passing a stool you can either forcefully push and risk some discomfort, or you can bear down more gently and slowly with the release of air and let it happen slowly and gently – the same applies to birth! This breathing does involve a bearing down (applying pressure with the movement) but it is very different to pushing as hard as you can until your face goes purple! The most important thing to remember for

the birthing phase is to listen to your body and do what feels instinctive for you.

Visualisation

Visualisations have been found to be immensely powerful and to have a direct impact on what is actually happening in the body.

In the 1990s a study was carried out in Russia that included elite level athletes preparing for the Olympics. The athletes were split into groups to compare the effectiveness of mental and physical training. The first group were training hard with only physical training, the second group were 75% physical but included daily meditation and visualisation, the third group used half and half, the final group just maintained their physical fitness and the focus was predominately mental training – self-hypnosis, visualisation and meditation. The greatest improvement was in the final group.

It was found that when you repeatedly visualise a process you actually fire the same neurons in the brain as though you were actively training. Visualising the desired outcome over and over convinces the subconscious mind that it is achievable which naturally increases your confidence.

Many people have told me over the years that they struggle with visualisation, but this too is a tool that can be enhanced with practice. We all have an ability to visualize, it is how we can describe our front door to another person, how you recognize people that you have met before, or how you spot your car in a full car park – we hold images of everything.

Begin by imagining the type of birth that you are hoping for, picture it in your mind as vividly as you can. Who is with you? What are you wearing? Take note of the lighting and the temperature of the room, the music you will play. Whilst you might not have much control on the place that you give birth you can certainly make that place feel more comforting. This will be covered in more detail in choosing the right environment.

There are several visualisations that can be used during labour and birth to enhance your experience.



Opening flower

The opening flower is a beautiful visualisation that you can use during labour and also for the birth itself. Imagine your circular muscles softly opening outwards, or during the birthing phase imagine the tissues unfolding gently to allow your baby to move down.

Waves



Water is an incredibly calming element and many moms find themselves visualising their surges as waves, or even surfing those waves. A surge builds in intensity and reaches a peak before dispersing, this is a wonderful way to work with your surges.

Ripples on water



Imagining ripples on water during the thinning and opening phase of labour can be a very peaceful visualisation. Picture in your mind's eye a droplet of water falling from above your head, then landing where your waist is as you imagine the water spreading outwards and your inner circular muscles responding and doing the same.

Balloon



The uterus is shaped like a balloon, broader at the top and narrow at the bottom towards the cervix. During a surge the uterus rises as the longitudinal muscles shorten, pulling the circular muscles upward and outward. A balloon is a fantastic visualisation to use with your surge breathing. As you breathe in, fill the balloon as much as you can, then as you breathe out imagine blowing the

balloon away – another surge gone, and another step closer to meeting your baby.

Massage

Research suggests that are several potential benefits to massaging a mother during labour. Gentle, or soft massage, can override the pain gate mechanism. The body is flooded with endorphins stimulated by the pleasant sensation and these messages travel faster to the brain so that the brain no longer perceives the pain.

The stimulation from intense massage also stimulates the brain to release endorphins. Researchers also believe that massage might work by decreasing cortisol, or stress hormones and increasing levels of serotonin and dopamine in your brain.

Evidence from a 2018 Cochrane review on massage for pain relief during labour found that massage seemed to be beneficial for decreasing pain, decreasing anxiety, and increasing satisfaction with the birth experience.

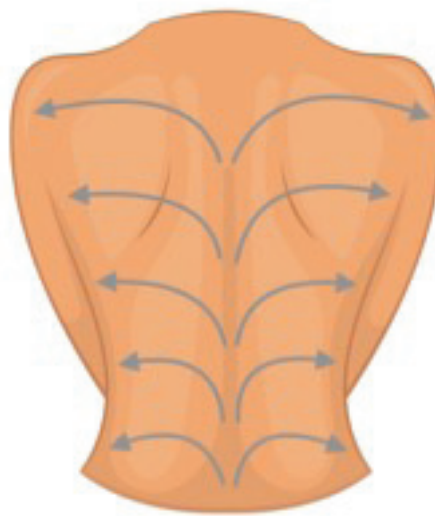
A soft touch massage can be hugely effective for releasing endorphins and supporting your relaxation during labour. It is important to start the techniques very early in the labour so that you can progressively build on the endorphins in your body. This is a wonderful technique that your partner can apply.

Technique

Starting with your palms facing you, spread your fingers widely. Beginning at the base of mom's spine in the centre of the back, slowly stroke your hands outwards to the sides of her

body and around to the sides in line with the underarm. Return your hands to the centre of the back and repeat, progressively moving upward each time.

Once you reach the shoulders, take the hands down the back of the arms to the elbow. Return to the base of the spine and repeat the process. This will also be demonstrated by your My Birthing Kit practitioner.



This massage is extremely light and will feel almost like a tickle. The goal is to produce ‘goosebumps’ which indicates that endorphins are being released. If you are particularly sensitive this can be adapted to use more of the back of the fingers. If you can cope with an increase in the sensation then the fingertips or nails can be used.

If you are unable to get to mom’s back during the labour (if she were in a bath or lying on a bed), stroking on the underside of the arm from the wrist upwards will also release endorphins. This stroking of the underarm can be used any time in pregnancy, if you happen to be sitting and watching TV together – endorphins are as beneficial to mother and baby in pregnancy as they are in labour.

This massage/ tickling technique can be modified later and used as an effective induction technique. If you happen to pass your due date and there are no signs of anything happening, or if labour stops once you arrived at the hospital, this massage can be adapted to help kickstart things.

Repeat the massage as described above, when you reach the shoulders, instead of taking the hands down the back of the arms to the elbows, you now continue up past the shoulders, around the sides of the neck, behind the ears, and up into the hair – all of these areas are erogenous zones!

Combining this with gentle nipple stimulation will release Oxytocin. The combination of endorphins (which will suppress the stress hormones and allow the inner circular muscles to relax) and Oxytocin (to stimulate the outer muscle layer to shorten and pull up) can be extremely effective at getting labour started or restarted.



“ My birthing experience was incredible and I shock people with how my birth went. I couldn’t recommend it more, every woman should know about these techniques to keep them calm through labour as well as the lead up to the birth. Many people said because I had a big baby I would need to have a C-section and I kept telling myself ‘My body won’t grow a baby that I cannot birth.’ Thank you again for your course! It was amazing! ”

Megan, 1st Time Mom



I Trust My Birthing Team

Choosing the right service provider

Hospital midwife

If you are birthing in a private hospital, then the person/people you will see most of during your labour are the hospital midwives. Whilst these midwives are medically qualified to deliver your baby, they generally don't.

In South Africa it is the doctor / gynaecologist that is called towards the end of your birth to 'catch' your baby. Whilst many hospital midwives would probably like to spend some time with birthing mothers, coaching and supporting them, they are usually too busy with monitoring, completing checks, paperwork, and often supporting more than one mother!

Sometimes there can be a shift change during your birth and the midwife that you have become familiar with will need to leave.

Independent / Private Midwife

An independent midwife differs from a hospital midwife in that they are not fixed to a specific birthing facility. Independent midwives are hired by a couple who are planning a natural birth, and have had a low risk pregnancy, to be their primary caregiver.

The couple will see their midwife through the pregnancy for all of their appointments and checkups, the advantage with this is that you develop a relationship with your midwife over time. All independent midwives have a back-up facility that they can call on in the event that something occurs in the pregnancy or during a birth that is considered higher risk and falls out of their

expertise. You would meet with the back-up gynae several times during the pregnancy, often for the ultrasounds. This really is to 'put a face to the name' as your midwife will continue to be your primary care-provider and the doctor is purely a back-up.

Gynaecologist

In England, all births are supported by midwives, and a gynaecologist is only ever seen for a high-risk pregnancy, or if something had taken a dramatic turn during the birth.

A gynaecologist is a doctor that has progressed to specialise in obstetrics and gynaecology, they are highly skilled doctors and surgeons who are trained to look for abnormalities in pregnancy and birth. Some gynaecologists are open about the fact that their preference is to perform a Caesarean section rather than supporting natural birth.

I have been fortunate to teach HypnoBirthing® to a number of gynaecologists for their own births and all have said that natural birth was preferential to a Caesarean for them personally.

Interestingly, the same doctors explained to me that most gynaecologists are exposed to natural birth during their internship. In that time if they have delivered as many as 20 babies naturally they have done exceptionally well.

In one of my very first classes in Cape Town I had a hospital midwife attend the class, she was interested in learning more about HypnoBirthing® at the time. This midwife did her midwifery training in Scotland and delivered almost 300 babies in the process.

There are gynaecologists who are supportive of natural birth, but not many. Do some homework and don't be afraid to ask questions, and also make sure you reinforce the point that your primary goal is a natural birth.

If you are not feeling supported through your pregnancy or find that your doctor does not take the time to answer the questions you may have, never be afraid to find a new one! (I have known moms to switch care providers in the final few weeks of pregnancy).

You want to be very confident on the day, that if your doctor has decided that a Caesarean is necessary that it is because there is a medical concern for you or your baby, and not because they are due to be on the golf course in two hours' time.

Doula

Doula is a Greek word that roughly means 'of service to women'. A doula is not medically trained to deliver your baby, they are not interested in your blood pressure or how open your cervix is. A doula's primary role is to support and your partner physically and emotionally. Remember that Oxytocin is a shy hormone and having someone 'hold the space' around you can make a mother feel safer and calmer.

Many doulas have skills with reflexology, hot/cold therapy, acupressure and on a more intuitive level, knowing when a mom would benefit from resting, when is a good time to get into a bath or a shower, when you need total silence or words of encouragement. Whilst dads are great at births when they have learnt some skills to apply, sometimes they don't want the extra responsibility of managing the finer details, and often

a doula is a great addition to reassure them that all is fine and going well.

Again, in a hospital setting it is often just mom and partner alone, a doula can really be a good constant support through the process.

The largest study assessing the benefits of a doula (Cochrane review of 15 000 births) found that “continuous physical and emotional support for women in labour was associated with fewer medical interventions and a slightly shorter duration of labour”.

It is a very good idea to chat to and meet a few doulas until you find one that both you and your partner 'click' with. It would be worse to hire the wrong doula, than to not have one at all.

Choosing the right environment

Hospital

The majority of South African women choose to birth in a hospital environment.

Advantages

- If you fall in to the 5% of women that require assistance for your birth, then no transfer is necessary.
- If you decide you want medication it is available (Using these tools will certainly reduce the necessity for pain relief but always remember it is your birth and your choice).

Disadvantages

- The hospital environment can feel very clinical, which isn't particularly conducive to relaxation.
- With a hospital birth you don't actually see your gynaecologist until the very end of your labour, the person you see most of will be the nurse on duty who will come in and out and check your progress. This usually means with a hospital birth mom and partner are alone for the bulk of the labour.
- You cannot always guarantee a private room post-birth, this means that your partner may not be able to stay with you and it can be fairly noisy in a ward.
- You may need to be fairly forceful to insist your baby stays with you at all times (or with partner).

Birthing centre

If you are fortunate to have access to a birthing centre you have the benefits of a hospital setting without the clinical feel. Most birthing centres tend to be midwifery-led which means there is a far more intimate level of support for the birthing couple.

Home Birth

I think many couples like the idea of a home birth, but are nervous in case there is a complication during labour. What most people don't realise is that even if you are in a hospital and a Caesarean birth is necessary, it takes around 35 to 45 minutes to prepare the theatre ready for that surgery to take place.

There can be as many as 10 medical personnel in a theatre for a Caesarean section – if it were 3am and someone has decided

this birth needs to be a C-section those people are not sitting in the staff canteen waiting around, they are at home and are on call. It takes time for all of this to happen.

With a home birth a midwife will monitor a mother very closely, if at any point they become concerned about either mother or baby's well-being they phone ahead to the backup facility and in the time that it takes to transfer with the midwife to the hospital, the theatre is being prepared.

Midwives for homebirth are essentially mobile paramedics and carry virtually everything they would need to deal with a birth – oxygen, suturing, medication to stop any bleeding, and some even carry Entonox (Laughing gas / Nitrous oxide).

The largest study analyzing the safety of home birth was published from the combined data of 21 studies and the outcome of half a million home births – statistically home births were found to be as safe as hospital birth.

Baby's choice

There is always a chance that your baby decides it wants to come right now, and all of your carefully made plans now go out of the window! In my years of teaching HypnoBirthing® I've had moms catch their own baby in the back of the car, birth in the hospital lift, one in the hospital passageway and one on her bathroom floor.

If you baby is coming it is because it is ready to, if you are in a car ideally you would want to stop and pull over. You need to support the weight of the baby as it emerges and lift baby onto your stomach or chest for skin-to-skin contact placing

something warm over you both. You could then continue on your journey to the hospital so that someone can later cut the cord and check that the placenta has come out cleanly.

There is absolutely nothing you need to do with the umbilical cord yourself! In some cultures, they practice what is called a 'Lotus Birth' even after the placenta has come out (which can take up to an hour) – they leave the placenta attached to the baby via the cord placing the placenta in a tub or bowl until the cord dries up and fall off, which can take a week to 10 days.

Importance of Birth Preferences

Many doctors will tell expectant mothers that there is no point in having a birth plan, because you can't 'plan' birth. I agree with this to a certain extent, birth can definitely be unpredictable. This is why it is better to think of a birth plan as your birth preferences, or a Birthing Day Wish List.

Having a hard copy of birth preferences is often the first opportunity you get to verbalise the birth you are hoping for. Without a birth plan mothers tend to fall into the hospital routine protocols and procedures.

So, take time to think about what is important to you for your baby's birth day, visualise the room and the people you imagine to be present, what you are wearing, etc.

A section has been included in My Birthing Kit to work through and give thought to the things that are important to you and your partner. A one-page birth preferences template is also included.

Here are some examples of things you may wish to include in your birth preferences:

Early labour

- I am planning a home/ Hospital/ Water birth
- I would like for my partner/ spouse/ doula to be present
- My spouse is able to make any decisions should I be unable to
- To allow for my labour to begin spontaneously if there is no medical concern
- To stay at home until labour is established

Admission

- To return home if labour is not established or slows
- After the mandatory checks are performed I would prefer intermittent monitoring
- We would prefer attendance by a midwife familiar with our birth preferences

During Labour

- I would like to keep as mobile as possible and free to choose my position
- I prefer the room to be kept dimly lit
- I would like to eat and drink as I feel necessary
- I would prefer to rest if labour is slow or resting
- I would like to avoid unnecessary conversations or questions

Some important points to research are:

Gestation

Discuss early on, how far past your estimated due date your care provider is willing to let you go. That your preference is a spontaneous labour and that you would prefer to avoid chemical or physical induction unless it is medically necessary.

Delayed cord clamping

Whilst your baby is in utero the placenta is part of their circulatory system. When your baby is born, for a period of time after the birth, the blood that is in the placenta travels through the umbilical cord to the baby. If the cord is clamped and cut immediately, around 1/3rd of the baby's blood volume is retained in the placenta, this is around 4 to 6 months' worth of iron supply for the baby.

The NICE (National Institute of Clinical Excellence) guidelines in the UK state that the umbilical cord should be left to pulsate for a minimum of 90 seconds. The placenta can take up to one hour to leave the body, there really is no rush to cut the cord.

There was a belief in the past that if a baby required assistance then the cord should be cut so that it could be taken away for treatment. Research has more recently found that the baby is receiving both blood and oxygen from mom through the cord and should the baby require assistance it is still better to leave the cord intact.

Cleaning the umbilical cord

Once your baby's cord has been cut they will be left with a small piece of cord (around 5cm) still attached, closed at the other end with a plastic clip. You will need to keep the base of the cord stump (on your baby's tummy) clean.

Salt water is a good, inexpensive antibacterial agent. Dissolve a teaspoon of salt in one cup of boiling water (ALLOW TO COOL). This can be stored in a sealed jar and a little applied to cotton wool than can be used to wipe your baby's cord at each nappy change.

You could invest in some Weccsin Graze and Wound Healing powder if you prefer, this is sprinkled on to the cord stump and speeds up the healing process. Most South African hospitals recommend surgical spirits for cord care, I personally would not recommend this for your baby, it is an extremely harsh chemical for such sensitive skin and has a burning sensation when applied to open wounds (the cord scab will actually lift up and fall off over time).

Managed Third Stage

Third Stage is the placental delivery. Once your baby has been born the placenta's job is complete and it will detach from the wall of the uterus and be expelled.

If you've had a normal, natural, manageable birth and you plan to breast feed, the baby latching onto the breast produces Oxytocin, stimulating the uterus and assisting the placenta to leave the body. Managed third stage involves the use of an injection of synthetic Oxytocin given into the thigh to speed up the delivery of the placenta.

Most gynaecologists in South Africa will use the injection routinely and are not open for discussion about alternatives. The advantage of the injection is that it can help reduce the risk of postpartum haemorrhage (PPH), this is where the placenta detaches from the uterine wall and the blood vessels don't close – not a common occurrence but it can be dangerous if it happens.

The NICE guidelines state that a mother should be allowed one hour for the placenta to be expelled. If it has not come out in that time, then the injection can be offered. The disadvantages are that it is a synthetic Oxytocin which could potentially interfere with your body's natural production of your love hormone. There

is also an increased risk of the uterus being hyper stimulated and the placenta not detaching fully, and parts could potentially be retained.

If you had any family history of haemophilia or PPH with a previous birth, the injection would absolutely be advisable. Research natural third stage vs managed third stage to read the pros and cons in more depth.

If your care provider is not willing to forgo the injection you could possibly request a timeframe, perhaps thirty minutes after the birth before the injection is given. If you get your baby latched to the breast there is a good chance the placenta may come out before then.

Vitamin K

Vitamin K is an injection given to newborn babies shortly after birth to prevent a rare haemorrhaging disorder in the brain. This disorder affects between 1 and 5 in 100 000 babies. Vitamin K helps blood to clot so reduces the risk of this happening. Some parents object to the injections so shortly after birth. It can be administered orally, but it is not as potent, and requires a follow-up dose, with additional cost and logistics.

Most midwives have told me that the injection almost goes unnoticed if the baby is latched onto the breast and feeding. The research for and against Vitamin K for newborns is quite a minefield – take some time to read evidence-based articles and include your preferences in your birth plan.

Research your hospital policies, and have a tour of where you plan to birth so that you can have a good idea of what facilities

are available and how the room looks. Take a list of questions that you may want to ask and complete any paperwork that can be done in advance while you are there (or take it home to read through first), as this means one less thing to think about on your birthing day.

Whilst the ultimate goal is an unmedicated natural birth, there are no restrictions at all should you decide to use medication for your birth. Similarly, it might be a useful exercise to create a plan A, plan B and even plan C birth plan in the event of an unexpected turn.

When planning a homebirth, consider what preferences you would want to apply should you need to transfer to a hospital. If you are planning a natural birth in hospital, think about the preferences that you might need to adapt should a Caesarean become necessary.

Creating your Birth Preferences

Once you have created your birth plan and discussed it with your partner (it can often be your partner that advocates your birth preferences on the day) take it to your next appointment and discuss your wishes with your care provider. Occasionally you may need to compromise or negotiate. If too many of the things you are hoping for are being declined, then you need to reassess whether you have the right care provider for the job. Remember, that even though you may have been with the same doctor for years, supporting natural birth may not be their preference.

For you, this will be a once-off, life-changing experience that will stay with you forever. If you need to employ someone else to support you for this specific job then that's OK. Even though

you may have a good rapport with your doctor, remember that they are still a service provider being paid for a service.

When all parties are happy with the final birth preferences, you can ask that your care provider sign your birth plan and add a copy to your notes. When asked to sign the document you may find your care provider will take more time to go through your preferences with you.

On the day, remember that your doctor usually arrives towards the end, if the nurses on duty see your birth preferences in your notes and it has been signed by your doctor it definitely carries more weight! Make sure that you have extra copies of your birth plan so that if a copy disappears with a shift change, you have another to discuss with the midwife on duty.

I am often asked how medical staff will respond to you producing a birth plan. In my years of teaching, the feedback I almost always hear is that midwives are usually relieved to have a couple that have prepared and thought about their birth, rather than expecting them to instruct you through the process.

Your birth plan can be discussed in a diplomatic way rather than a forceful one. You could for example say, “My partner and I have a birth plan that we discussed with our doctor and they are happy with everything we requested. If you are able to support us with any of these things we would be extremely grateful”.

Enhancing the Environment

French obstetrician Michel Odent says that birth should be as intimate as that baby's conception. Exactly the same hormone

is involved in both of those processes. Odent also says that the role of a care provider is comparable to that of a lifeguard, in that a lifeguard doesn't dive into a swimming pool to help you swim when you are managing perfectly well – their job is to assist if you get into difficulty.

It is not only life-threatening situations that can activate the sympathetic nervous system, environmental factors are also a contributing factor. Environments with very bright lights, extreme temperatures, loud noises and even highly-strung people can all cause us stress. Too little attention is paid to the birthing environment and how a mother feels inside of it.

In the 1950s, Michel Odent was working at a hospital just outside Paris that had a C-section rate of around 35% – this was far higher than necessary, and he began to ask the staff why so many interventions were being used.

He suggested to the hospital staff that they allowed mothers to rather follow their instinct when it came to their birth. He believed strongly that mothers know instinctively what they need to do, but they need to be left alone in order for that instinct to kick in.

Odent made dramatic changes to the delivery rooms at the hospital to improve the environment for expectant mothers – to demonstrate, here are pictures from his book *birth Reborn*. The first image shows a typical delivery room from the 1950s.



French hospital delivery room

The following two images show what was introduced to replace the typical delivery room, based on his recommendations. The rooms were very private, cosy, warm and dimly lit with access to birthing stools, large comfortable beds and birthing pools.

Birthing pools were introduced as an alternative to offering mothers medication. If a mother was having a long and difficult labour she was offered the use of the birthing pool rather than an epidural, which gave her an opportunity to relax, boosting her Oxytocin and endorphins and speeding labour up.



Odent birth room

Just by making changes to the birthing room environment and by limiting interventions and interference, the Caesarean rate at the hospital was reduced from 35% to 6%.

How the room looks doesn't matter so much if you are having a hospital birth; what is more important is how you feel inside of it.

There are lots of things you can do to make a room feel more comfortable, and this in fact is a great job for your partner! Think of re-creating a date night environment – both settings need to release the love hormone Oxytocin. It is an advantage if you know what your birthing room looks like.

Take a tour

If you haven't yet done so, go and have a tour of your birthing facility. It is a very good opportunity to form an image in your mind of where you will be on the day. Check details such as lighting (can you dim the lights and burn candles?). Are there birth balls available? Is there a bath you can use? Can your

partner stay overnight? Is there midwife familiar with self-hypnosis for birthing? Maybe make a note of her name so that you can check on the day if she is on duty.

Make a list of questions that you might want to ask while you are there, without a list, you will almost certainly forget at least one of the questions you had in mind!

Check your timing

Make sure you know exactly how long it takes to get to your birthing facility, considering the different volumes of traffic at different times of day. Thankfully, most moms go into labour at night when there is minimal traffic to contend with. Make sure you know exactly where you need to go, sometimes hospitals have a different entrance for out of hours services and the maternity/labour unit may not be where you have been visiting through your pregnancy for your check ups and ultrasounds.

Pre-admission

If you have been into hospital before you will know that there is an awful lot of paperwork to complete. You can request to fill in pre-admission paperwork long before your birthing day, saving a lot of time and the frustration of filling in routine forms and signing papers whilst trying to breathe through your surges!

Enhancing Oxytocin

- Dim the lights
- Light candles if permitted (electric candles are a great alternative)

- Choose soft music or your relaxation recordings
- Make sure that the room is a comfortable temperature
- Wear your own clothes
- Take a favourite throw or blanket
- Take your own pillow
- Have a scan picture of your baby close by
- Have pictures of your favourite place in nature
- Have snacks (dried fruit and nuts are a great choice)
- Water that you can drink in any position (a sports bottle is ideal)
- Have the room quiet – unnecessary conversation needs to be avoided
- Cover the clock, switch off your phone and take off your watch
- Put up your door sign

Water Birth

A birthing pool can change the atmosphere of the birthing room entirely and can really enhance the effects of deep relaxation. The sound of the water running or moving can be very cathartic and soothing.

When a labouring mother gets into water it creates a sensation of weightlessness which allows her to move more freely into whatever position is most comfortable. Squatting, a beneficial but challenging position that allows the pelvis to open and shortens the birth path, is far easier to maintain in a birthing pool given the buoyancy of the water.

Both Oxytocin and endorphins (natural pain relieving chemical) are enhanced when a mother relaxes in warm water, which means she is more comfortable and labour can move more quickly. An increase in endorphins also means the inhibition of catecholamines (stress

hormones) which cause pain and labour to slow down. Water has the following positive effects:

- Allows freedom of movement
- Speeds up labour
- Reduces blood pressure
- Provides significant pain relief
- Promotes relaxation
- Conserves mother's energy
- Reduces the need for drugs and interventions
- Gives mother a private protected space
- Reduces perineal trauma and eliminates episiotomies
- Reduces Caesarean section rate
- Is highly rated by mothers
- Is highly rated by experienced providers
- Encourages an easier birth for mother and a gentler welcome for baby

VBAC (Vaginal Birth After Caesarean)

If you have previously had a Caesarean and are now considering a normal birth there are a few considerations. The benefit of a natural birth will mean a faster recovery – an advantage for a mother caring for both a newborn and a toddler.

The concern is that the risk of uterine rupture is slightly higher with a natural birth than a repeat Caesarean. Your greatest challenge will be securing a supportive care provider – sadly many doctors will not support VBAC despite the fact that ACOG (American College of Obstetrics and Gynaecology) says that a VBAC may actually be safer than repeat surgery in some cases.

Find groups online that support VBAC, and ask for recommendations of care providers in your area from other mothers, doulas and midwives.

The requirements usually include an 18-month gap between deliveries, whether you have previously experienced a uterine rupture, the condition and position of your scar (which will be assessed by the midwife or doctor) and how many Caesareans you have had previously.

The tools learnt through this program can definitely give you an advantage for a successful VBAC as it helps you prepare mentally (perhaps your previous experience was not a positive one and the surgical birth was unplanned), physically and emotionally. A gentler birth where you are in tune and working with your body allows for an easier VBAC.

Helping my partner to prepare

Your birthing partner may be your spouse, partner, friend, mother or sister. It is far easier for a birthing mother to relax into her birth when someone is supporting the space around her.

My husband renamed 'birth companion' to 'project manager', as in his mind it was the partner's job to manage everything practical during the process – timing the surges, making necessary phone calls, talking to medical staff on mom's behalf and discussing the birth preferences, setting up the room as described above, covering the clock, putting up a door sign, talking mom through her breathing, visualisations and deepening exercises, massage techniques, helping with

position changes, providing water and snacks, running a bath, and placing pillows where needed.

Dads are great at a birth when they have a job to do, but they need to know how they can help in advance. If you feel the responsibility will be too much for your partner, then adding a doula to your birthing team is a great option.

Everything your partner needs to know!

When labour starts

- Keep mom relaxed at home! Both of you get as much rest as possible in the early stages. Listen to your pregnancy relaxation – whilst the relaxation really helps to reprogram your hard drive and teaches you to relax throughout the pregnancy, most moms will find comfort listening to it in labour because it immediately puts them into a calm relaxed state
- Mom can be in any position she is comfortable, using her surge breathing with each and every surge (breathing up into the abdomen, visualising filling the balloon) and her relaxation breathing between them
- Use some soft-touch massage
- Make sure mom has plenty of water to drink and snacks to eat (dried fruit and nuts are ideal)
- Time the surges – you can work out a signal between you, but most of the time mom will stop talking (even mid-sentence), stop moving, close her eyes and breathe very deeply. It takes a fair amount of focus so avoid talking to mom during a surge and where possible try

to intercept others that may try to speak to her during a surge. A surge doesn't last more than a minute, so the question can easily wait.

- Call the hospital, midwife or doula. As soon as you are confident that labour is happening let your birthing team know. You may want to relay information such as when labour started, how often the surges are occurring, whether mom is still comfortable. Have the waters released? Was the fluid clear?
- When the surges are close enough (3 in 10 minutes), leave for the hospital unless mom wants to leave before that point. Make sure that you have all of the bags and help mom to the car. It is a good idea for mom to listen to her relaxation or affirmations in the car en-route to the hospital as that helps her to maintain the relaxation she has been working on at home
- When you arrive, set up the room – dim the lights, put on the relaxation recording or music that mom has chosen, light candles (if permitted), put up pictures, cover the clock, make sure the room is a comfortable temperature, put up a door sign and avoid unnecessary conversation (intercepting those that might interrupt mom)
- Help mom with position changes, place pillows where needed, place cool face-cloths on her forehead or neck if she is getting warm
- Remind her to breathe and offer words of encouragement and support

A printable version of your partner's role has been included in the additional resources.



I Trust My Baby

Connecting with baby – Pre-birth Bonding

A midwife once told me that only 50 percent of pregnancies are carefully planned, that the other 50% happen when that child is ready to join your family. I thought that was a very lovely sentiment, but it highlighted to me that sometimes a pregnancy might not have been part of your plan, that it has happened sooner than you intended. If you have not yet started to connect with your baby, don't worry, it will happen!

The idea with pre-birth bonding is that the stronger the bond you develop with your baby during the pregnancy, the stronger that bond is once your baby is born. It definitely doesn't go away.

It has been found that the emotional state of a mother during her pregnancy can have an impact on the development of the baby. Mothers that had excessive levels of stress during their pregnancy seemed to have babies that were restless and unsettled. In contrast, mothers that took time to get to know their babies, connect with them, and to practice daily relaxation, saw fewer low weight babies, fewer pre-term babies, and a much stronger connection between the baby and parents after the birth.

Most moms will feel their baby moving between 18 and 22 weeks – when your baby is moving it makes it easier to interact with them. The first movements will probably feel like trapped wind, a sort of bubbly sensation. With subsequent pregnancies you might recognise those sensations even earlier. Your partner will most likely be able to feel your baby move between 24 and 28 weeks.

Once you can feel your baby moving it begins to feel more 'real'. You might start to recognise that your baby has periods where they are more active, that they respond to certain tones of voice, a particular person, touch, sound, type of food. Your baby is very aware of everything going on around them and that awareness happens surprisingly early on.

From ten weeks after conception a baby is already moving in very specific ways to co-ordinate the space around them, even before mom is aware that her baby is moving.

Research has found that babies are listening and learning even before they are born. From around 26 weeks of pregnancy a baby is able to recognise both parents' voices and able to distinguish your voice over any others. From this stage of pregnancy, the baby's ear is structurally the same as an adult's, and sound is amplified through amniotic fluid.

It has been proven without doubt that babies have pre-birth memory, which means that voices heard on a regular basis are remembered. A study performed at the University of South Carolina required moms to read Dr Seuss's *Cat in the Hat* every day for the last two months of pregnancy. When the babies were born they used special pacifiers (dummies) to record sucking patterns, where different sucking patterns would result in different recordings being played to the babies. It took the babies less than 20 minutes to work out the correct sucking pattern to bring up the recording of moms reading the *Cat in the Hat*.

I remember a midwife in the UK telling me how babies almost always stopped crying to the *Eastenders* theme tune if mum had happened to watch the series during her pregnancy. In my

years of teaching, many couples who played their relaxation tracks aloud through the pregnancy subsequently used them as part of the bedtime routine for their baby.

Another study found that babies are able to recognise language and their native tongue before birth. If you happen to speak more than one language, take time to speak to your baby in these languages, as the tones are being learnt and remembered. Researchers found that babies even mimic their cries to their mother's home language – French babies were found to cry in an ascending tone, whilst German babies cry in a falling note.

Not only is your baby learning tones, voices and sounds, they are also learning tastes and smells long before birth. By 7 months, the baby's taste buds are fully developed and olfactory receptors are functioning to receive smells. The flavours of the food that you eat make their way to the amniotic fluid which is continuously swallowed by your baby in utero. It has been found that after birth, babies instinctively prefer flavours of foods that their mother consumed through the pregnancy.

In all of my years teaching HypnoBirthing®, mothers almost always reported that their babies were calm, easygoing and relaxed, even when the birth itself had been a necessary Caesarean.

Your daily relaxation practice is beneficial for you as well as your baby, so commit to practicing every night. Each time you relax, your body releases endorphins as mentioned previously. Endorphins pass directly through the placenta to your baby, which has a calming effect for your baby too.

It has been found that babies are actually capable of producing their own endorphins from 7 weeks after conception, so not only

are they receiving feel-good chemicals from you, they can make their own in response to yours. I believe this shows later in life – research has repeatedly found that what babies experience in the uterus directly impacts upon their development; that you are imprinting your environment for your baby.

Connecting with your baby

Talk to your baby – if you speak more than one language then use them too

Singing – you don't have to have the best voice in the world, just remember that your baby is listening.

Playing – patting, rubbing, pressing your bump. If baby is facing in the right direction, then they will start to interact with you.

Massage your bump

Play music – you might even recognise your baby's preferences

Have siblings and family members talk to your baby

All of these things will allow you to start interacting with your baby, but they have additional benefits too.

It's interesting that historically it was thought that babies are born as a 'blank' canvas', and that they only begin to learn once they are actually born. Then later, a zero to three theory was proposed, suggesting babies absorb most of their information from birth to three years old. Current research, however, shows that babies are learning in-utero and the bulk of this learning begins at 28 weeks' gestation.

At this point of the pregnancy all the neurons in the brain start connecting to form what are known as synapses (the connections between the cells that allow messages to travel).

This connecting process continues exponentially until age Doctor Nils Bergman, a specialist in perinatal neuroscience and skin-to-skin contact, describes this process as 'firing and wiring'.

If a particular synapse is stimulated during this window of development, then it becomes 'hard-wired' and is now a permanent fixture. This means that all of the activities that facilitate bonding with your baby are also sensory stimulation and have the potential to grow your baby's brain as well.

Connecting with baby – Post-birth bonding

What happens after your baby's birth is as important as the bonding that occurs during the pregnancy. Skin-to-skin is a little more challenging with a Caesarean, but it can definitely be achieved, and it is something you should request of your care provider.

A mother's body temperature is able to fluctuate 2 degrees either side of normal body temperature after her baby is born. So, your body can either warm or cool your baby, and far more efficiently than an incubator.

Dr Bergman performed a study a few years ago where he made sure that fathers had at least 15 minutes of skin-to-skin with their baby within the first two hours of birth. During this contact he was taking blood samples from the dads, remarkably there were dramatic hormonal changes occurring. This means that

there is a physical bonding that occurs between dad and baby as well when they have skin-to-skin contact.

A mother breastfeeding a premature baby produces completely different milk to that for a newborn, and a mother breastfeeding twins can produce different milk for each baby depending on what they need nutritionally. Your body truly is miraculous.

Stem cells have been discovered in breastmilk, with the potential to become any other cell. This means that a baby born with a defect could have it rectified by stem cells from the mother before it is even detected.

Breech positioning

Babies usually turn head down between 32 and 37 weeks, although occasionally some babies will turn just before labour begins. This rotation naturally occurs because the head is the heaviest part of your baby, once the baby is almost fully grown it is drawn by gravity to a head down position.

If your baby has not turned head down by 35 weeks there are many techniques you can apply to encourage your baby to turn. Start off by seeing a chiropractor to check your pelvic alignment, many of us spend too much time sitting which can cause poor alignment. If your pelvis is even slightly out of alignment it can prevent your baby getting in to an optimum position.

Hypnosis has been found to be an extremely effective method to turn breech positioned babies. A study performed in the United States found that of 100 breech positioned babies, 81 were successfully turned using hypnosis. Through the process

mothers were talked through visualising their uterine muscles becoming relaxed and soft, allowing the baby the freedom to move, then visualising that process and seeing their baby happily settled head down.

External Cephalic Version (ECV) is a method used by medical professionals to physically manipulate the abdomen to turn the baby. The same study saw 20 of 100 babies whose mothers did not use hypnosis turn using ECV. Often the babies turned with this method turned back to a breech position shortly afterwards.

Acupuncture and acupressure, as well as reflexology have also been known to assist a baby to turn. A rather baffling traditional Chinese medicine known as moxibustion, where a rolled-up herb is burnt underneath the little toe of the expectant mother's foot, has also been found to be around 80% successful at turning breech positioned babies, although Western doctors are still unable to explain why.

It is possible to birth a baby in a breech position should your baby not turn. In Canada breech birth is considered a variation of normal birth and is widely supported. Unfortunately, not all countries support breech birth and the training is rarely covered in medical school – finding support for the birth will be the biggest challenge in this case.

Optimum positioning

Your baby's position is tremendously important, and you should try to keep track of the movements you feel through your pregnancy to be aware of how your baby is positioned. The website www.spinningbabies.com is a fantastic resource for

positioning, and includes a technique known as belly-mapping where you draw on your abdomen to work out where your baby is positioned, then there are pages of techniques to assist in adjusting that position if required.

Optimum positioning can be achieved by adjusting your posture, movement and sleeping position. When your baby is head down you may feel hiccups low in your abdomen, this can feel like a repetitive popping sensation and is reassuring that baby's head is where it needs to be.

You will most likely be feeling a lump under your ribcage on your left, and most of the kicks on the opposite side. When your baby is positioned facing to the side, it means that the longest part of the head is positioned in the widest part of the pelvis (both are oval in shape).

Pregnancy and Birth Myths

Baby is too big

Growing a baby that is too big to birth is incredibly rare and generally does not occur unless there is a medical condition such as gestational diabetes.

Your baby is genetically part of your body and it is highly unlikely that you are going to grow a baby with functioning lungs, kidneys, fingers and toes, but accidentally make it too big! Ultrasound can be as much as 1Kg out with the weight estimation. The only way to know what a baby actually weighs is to place them on a scale once they are born.

Once a Caesarean always a Caesarean

This is not necessarily so, despite being commonly spoken. Attempting a VBAC (Vaginal Birth After Caesarean) is a maternal preference and there are pros and cons. One of the greatest challenges is finding a supportive care provider. Generally, a gap of at least 18 months is required between your Caesarean and attempting a VBAC.

Find a support group online for VBAC and then find a care provider that will allow a Trial of Labour (TOL). A successful VBAC will mean a faster recovery and a shorter hospital stay – both are major considerations when you have a newborn and a toddler to juggle.

Your care provider will assess the type of incision used previously, any other uterine surgeries, whether there has been a previous uterine rupture and how many Caesareans you have already had.

You cannot get into water

Sometimes moms are told that they should not get into a bath during labour due to a risk of infection. However, the risk of infection actually comes from other elements being introduced.

A vaginal examination without sterile gloves would be a possible source of contamination, and sex is one of the natural induction techniques you should avoid if your membranes have released. Otherwise, the risk of infection is negligible.

The vagina is not like a vacuum, it doesn't suck up dust, fluff and anything else that may be passing by. It is important to also

know, that bacteria do not have tails and are unable to 'swim up' like sperm. In a clean environment the risk of infection is incredibly rare, whereas the benefits of labouring in water are widely documented.

The cervix gets stuck

Sadly, stories of mothers that planned a natural birth which ended in an emergency Caesarean are far too common. Caesareans absolutely have their place and can be a life-saving operation in many instances. The cervix not opening is caused by the inner circular muscles tightening, this occurs when a mother is feeling unsafe or unsure.

Remember as previously discussed, no species would birth their young in an unsafe environment. All too often labour is tracked against the 'Freidman Curve' and mothers are expected to dilate one centimeter per hour. When this expectation is not met they are often subjected to a barrage of interventions which only cause more stress and tightening of those muscles. Given the opportunity to rest and relax the labour should continue.

You cannot eat or drink during labour

Mothers are often told that they cannot eat or drink in labour in case they need to be taken to theatre in an emergency. But ask, have you ever heard of someone being refused surgery following a car accident on the way home from a 3-course meal?

The World Health Organisation says there is no medical reason to prevent a labouring mother eating or drinking. Your body is using energy to birth your baby and it is both logical and sensible to provide your body with replenishing energy. Some mothers

still have an appetite in labour, but if you don't, still try to eat little and often. Dried or fresh fruit and nuts are a great source of energy, and you definitely don't need to stock up on 'marathon' food. Listen to your body, if you feel hungry then eat.

Water is an essential element of both pregnancy and birth. Make sure that you have water available to drink at all times during the labour (your birth companion can monitor this). If your waters have released or if you get into water it is especially important to keep up your fluid intake.

Infection is imminent

Infection is very rare. When your membranes have released there can be a delay of up to 24 hours before your surges start. If your amniotic fluid is clear and your baby is moving a normal amount, relax at home until your surges actually start.

Signs of labour onset

The Show

The medical term for this is 'the bloody show', but the fact is that it doesn't always contain blood. This is essentially the plug of mucous that has kept your uterus sealed while your baby has been busy growing. You may see the show anywhere up to two weeks before your baby arrives. Whilst it is a very positive sign that your body is getting ready, it does not mean that your baby is coming right now.

The show can actually come away in bits and pieces, it can replenish itself, it can also come away in its entirety. Sometimes

it may disappear down the toilet, or the shower or bath drain without you ever realising it had come free – it is not something you would feel, it will be something that you see.

The show can look like stringy egg white, it can be pinky tinged, and can sometimes contain blood, and it can look like clear vaseline or even jelly.

Waters releasing

Your waters releasing (breaking) mean that you are a lot closer to meeting your baby! Your waters can actually release in two different ways – either a trickle, or a gush (as in the movies!). Only around 15% go with a gush so it is less common than the trickle.

For me, in both pregnancies I felt a 'pop' immediately before the fluid started to trickle out, sometimes if your baby moves you get a little more of a leak. Either of these events will require you to wear a pad of some kind because you will continue to leak fluid – if the fluid is clear there is no cause for concern.

Be reassured that your body will continue to make more amniotic fluid, but you do need to keep up your fluid intake. Sometimes there can be a delay of up to 24 hours before the surges start.

For this reason, if your fluid is clear and your baby is still moving it is far better to wait at home and relax as long as possible and only head to the hospital once your surges are well established. If you have a midwife or doula it is a good idea to let them know that your water has released so that they are on standby.

Surges

Your surges could be the first sign that things are happening. Practice surges are erratic, they don't form patterns and will often go away with a change of activity.

If you have been having tightening sensations for an hour or more, coming at regular intervals and they seem to be getting closer together, then it is a good idea to start timing them. Time your surges from the start of the first surge to the start of the next.

You can make a note of the duration and the time between (a table has been included for you in the appendix). If you prefer you can always find a timer app for the timing. Remember to let your partner record the surges for you – your job is to relax and breathe through each surge and not be concerned about timing.

Ideally wait until you are having 3 surges in the space of 10 minutes before leaving for the hospital. It is better to wait at home as long as you are comfortable. Let your partner call the hospital or midwife, and they should relay information such as the time between surges, how long they are lasting and when they started, if your waters have released and whether the fluid was clear.

Once the midwife has been called or you decide it is time to leave for the hospital it is less important to continue timing – this initial timing is to give you a ballpark idea when to leave. Once the necessary phone calls have been made, switch off your phone, take off your watch and if there is a clock in the room where you are birthing, cover it.

Feeling or being constipated, or having loose stools

Some moms experience flu-like symptoms leading up to the birth, some experience a runny tummy or a sensation of being constipated. Listen to your body, if you feel like it might be the start of labour make sure everything is packed and ready to go and then relax as much as possible!

Induction

If there are no signs of your baby making an appearance after 40 weeks you may suddenly find yourself under pressure for induction by your care provider.

Most first babies statistically come around 40+3 weeks, however most doctors will get itchy feet long before that. The concern is that the placenta starts to age – this is actually quite normal and natural and can be seen as white spots during an ultrasound. Providing there are no other signs of concern this is not necessarily a reason for induction or a Caesarean.

My Birthing Kit is not anti-Caesarean, anti-medication or even anti-induction. All of these have their place. Induction, however, should only be considered if there is an indication that it is safer to end the pregnancy at this point in time than it is to let that pregnancy continue – whether this is for mother or baby's well-being.

Induction should definitely not be used because your doctor is going on holiday, you would like your baby to share a birthday with someone else, or that your doctor suspects your baby may be large*.

**Please be aware that ultra-sound is not a reliable determination of a baby's size, it can be up to 1Kg either side of that estimate. The only way to know what a baby accurately weighs is to place them on a scale once the baby is born. It is incredibly rare for a baby to be physically too big to birth, and usually only occurs when there is a medical condition such as gestational diabetes where babies can typically be slightly larger. Remember that it is very unlikely that you are going to grow a perfectly formed human baby with fingerprints, eyelashes, toenails and functioning organs but accidentally make it too big for your body to birth!*

If you find yourself in a position where induction has been suggested, you can ask how you rank on the Bishop's Score. This is an internal examination where your care provider will check your cervix and be able to determine signs that indicate your readiness for labour. Whilst an internal examination in the last few weeks of pregnancy is not ideal, often opening the discussion on the Bishop's score may alert your care provider that you are aware of the pros and cons of induction and are waiting until the body and baby are ready.

Cervical feature	Bishop's score			
	0	1	2	3
Dilatation	<1 cm	1–2 cm	3–4 cm	>4 cm
Length	4 cm	2–4 cm	1–2 cm	<1 cm
Consistency	Firm	Medium	Soft	
Position	Posterior	Central	Anterior	
Station	3	2	1,0	>+1

Bishop's Score

If you score between zero and five the chances are that induction will have no effect, as neither your body or your baby are ready for it to happen at this time. If you are scoring above five it is far more likely to be successful.

Scoring above five means that your body and baby are getting ready for birth, but now how urgent is it to get things moving? You can now open channels for negotiation. Perhaps ask for 24 hours to go home and try some natural techniques first and then come back to reassess.

Chemical and physical induction can be very effective, but one intervention often leads to another and if you can encourage your body to go into labour naturally it is definitely preferable and well worth the effort of buying more time.

In my years as a childbirth educator I have had moms that have had a necessary induction due to a medical indication. They still went on to apply all of the relaxation and visualization tools they had learnt in my classes to have a successful natural birth without any further interventions or medication.

Natural Induction

There is no shortage of 'old wives' tales' of how to encourage labour to start. Being a huge believer in the placebo effect, I wouldn't dismiss any of them!

The following are some very effective ways of getting things moving naturally. Remember that as with chemical or physical induction, if your body and baby are not ready for it to happen then it is unlikely to be effective. If things are quite close to happening these methods can definitely assist!

Sex

Any kind of intimacy releases the love hormone Oxytocin – kissing, hugging, nipple or clitoral stimulation and mom reaching

orgasm if possible will release Oxytocin, the hormone that will stimulate your uterus to start surging. Sex has an additional benefit in that semen contains prostaglandin – the hormone that is used for chemical induction in the form of a pessary or gel, to force the cervix to soften. It is quite ironic that the thing that started this whole cycle is capable of ending it!

Hot and spicy foods

By stirring up your digestive system you can inadvertently stimulate your birthing muscles!

Walking

Walking can be a very effective method of inducing labour.

A warm bath

Sometimes having the opportunity to rest and relax can remove any tension that could be preventing your body from relaxing into labour.

Fear release

If there is any unresolved fear or anxiety surrounding your birth, or becoming a parent, it can absolutely prevent your body from releasing. Remember how any level of stress pre-pregnancy could interfere with your menstrual cycle. Do a quick inventory with yourself and check whether there might be something you are anxious or concerned about.

Remember that failure to progress occurs if the brain is telling the body that it is not a good time for the baby to come. Perhaps

there are some unfinished tasks you want to complete before you can completely relax and let go? There is a fear release recording included in your My Birthing Kit program, better still, contact your practitioner for a one-to-one session or ask them for a referral to a hypnotherapist if you feel the issue may be deeper seated.

Dates

Several studies have found that consuming dates in the last few weeks of pregnancy (36 weeks onwards) could be beneficial and there no downsides (unless you really dislike dates, or possibly have gestational diabetes).

Randomized trials found that eating dates during the latter stages of pregnancy, around 60-80 grams a day of the fruit, may increase cervical ripening, reduce the need for a medical labour induction or augmentation, and one small study found a positive effect on reducing postpartum blood loss.

Homeopathy

Seek the guidance of a homeopath who will be able to give you remedies that can help encourage labour to start. There are some that can stimulate your surges, this can be useful if you are post-date and there is no sign of labour starting, or if you have arrived at the hospital and everything has stopped. There are also remedies that can help with post-birth recovery and breastfeeding.

Raspberry Leaf tea

Often moms ask about raspberry leaf tea (RLT), so I have decided to include it. Whilst RLT doesn't actually induce labour it is

supposed to make the muscles of your uterus more toned, and thereby making your uterine waves more efficient during labour. There is very little research on the effects of RLT on humans during pregnancy, but no adverse effects have been reported.

When to call your Midwife or Doctor

Sometimes unexpected things occur in pregnancy and birth, and if you ever feel concerned about anything at all regarding your baby, your physical or mental health speak to your care provider immediately.

Please don't ever feel embarrassed or that you are 'bothering people' – moms often have an uncanny instinct when it comes to their baby and it is always better to put your mind at rest and it is the job of your care provider to do that.

Premature labour

If you happen to go into labour before 37 weeks' gestation your baby is then considered to be early and may need assistance.

Movement

If you have not felt your baby move for more than 6 hours perhaps take some time to focus on your baby. Your baby should not move less in the last trimester, although the movements become subtler, so it is easier to miss them. If you are concerned that they are moving less than normal, then call your doctor. You may find it helpful to note how long it typically takes to feel 10 movements, if this pattern changed or you are concerned about reduced movement, contact your care provider.

Amniotic fluid

If your membranes release (they don't necessarily have to, it is possible for a baby to be born with the membranes intact) you need to check your amniotic fluid. Amniotic fluid is colourless, has virtually no smell, and no particles other than vernix (white flecks). If your amniotic fluid was greeny/brown in colour and has a bad smell it means that meconium is present which can be an indication of distress.

Although some babies are known to release amniotic fluid just before birth when there are no issues or concerns, it does mean that the birth needs to be handled a little more carefully as your baby emerges.

Bleeding

Whilst it is normal to see spots, or streaks of blood in a show or after your waters release, heavier bleeding (like a period) is not normal and should definitely be assessed by a medical professional.

Excessive itching

A rare condition known as cholestasis of pregnancy is indicated by excessive itching, primarily of the hands and feet, late in pregnancy.



“ Thank you for the course. I felt like it kept me really calm even with the special circumstances. ”

Maxine, 1st Time Mom, Partial placenta abruption and emergency Caesarean at 37 weeks



I Trust My Birthing Instincts

Baby and Body Working Together

The Uterus

Before pregnancy, your uterus is about the size of a small apple. Think of how long it takes to grow as large as it does by the end of pregnancy to accommodate your baby, amniotic fluid and placenta! Once your baby has been born, within six weeks it retracts back to its original size.

Uterine seal

At the moment of conception when the fertilised egg attaches to the wall of the uterus, a seal is formed in the neck of the uterus (the cervix) to close it off. This protects your growing baby from the possibility of bacterial infection. This seal can come free just before labour and is known as the 'show'.

Hormonal changes and the cervix

Before pregnancy the cervix has the consistency of cartilage – hard, bony and rigid (much like the bridge of your nose or your sternum). Hormones secreted through the pregnancy soften the cervix progressively to the softness of your earlobe so that it become spongy and pliable.

This then allows the cervix to thin out to paper thickness during labour to such an extent that even when a rim of cervix is remaining it is elastic enough to stretch out around your baby's head. Once your baby has been born your cervix goes back to being hard, rigid and bony again!

Pelvic adjustment

The pelvis is designed to allow us to be upright, to walk and run, as well as a protective structure for the internal pelvic organs. The female pelvis is wider than a male pelvis to help accommodate a growing baby and to make birth possible. The bones of the pelvis are held together by connecting ligaments. During pregnancy, progesterone and relaxin relax these ligaments to allow flexibility in the pelvis, which enables the baby to pass through more easily.

Relaxation

The ability to relax deeply is absolutely a skill for life. Each and every time you relax your body releases endorphins. Endorphins bring you back to your parasympathetic nervous system and a calm state. Mothers that are practicing daily relaxation quickly find that they sleep better, feel calmer and more rested and are able to cope with day-to-day stresses more efficiently. And every time you relax and release endorphins they pass directly through the placenta to your baby having a calming effect for them too.

Your relaxation practice will prepare you for your birthing day too. Being able to relax during the birth gives the muscles of your uterus the opportunity to work together unrestricted and therefore more comfortably. The endorphins released now enhance that relaxation and more endorphins are produced. Endorphins are 200 times more potent than morphine, so relaxation enables you to produce your own natural pain-relief.

During relaxation a specific area of the brain, known as the neocortex, is switched off. This area of our brain is responsible

for fears, inhibitions and phobias. When we enter relaxation and turn off the neocortex we begin to use the 'limbic brain' which allows the body to function in a far more primitive way, like other mammals in the animal kingdom. The neocortex is stimulated by lights, interaction and communication, which is why mothers that are undisturbed during labour are able to birth far more easily.

Relaxin

Relaxin is released into the body throughout pregnancy to assist in softening your ligaments. The softening of the ligaments around your pelvis allows the pubic bone to move forwards and for the pelvis to expand if needed, to make additional space for your baby during birth.

It is due to this hormone that you need to be conscious of your posture and movements through your pregnancy. Try not to over-extend the hip joints when moving (place a pillow between your knees whilst lying down, try to swing both legs together when getting in and out of the car).

Relaxin softens the walls of the vagina which allow the folds of the tissues to smooth out and the surface area to increase for birth. It allows the amniotic membrane to thin, allowing them to release. A natural lubrication is produced in the last few weeks of pregnancy that you may notice when you go to the toilet. This differs from amniotic fluid which is very like water, in that this is a slimier consistency, this is produced to assist your baby to slide more easily through the birth path.

Relaxin also softens your baby's ligaments which makes them more flexible for the birth – babies almost become mini-contortionists!

Surges

When your baby is ready to be born, it releases a hormone that signals it is now sufficiently developed for birth to take place. In response to the hormone released by the baby, mom's body releases a cocktail of hormones, one of which is Oxytocin.

Oxytocin stimulates the uterus to surge, causing the outer longitudinal muscles to shorten and lift, which in turn draws the inner circular muscles upwards and outwards allowing the cervix to progressively thin and open.

Fontanelles

The two soft spots on the head that your baby will be born with allow the head to mould and elongate, making it easier to pass through the birth path. The fontanelles are almost a 'heavy canvas' texture that allow the bones of the skull to overlap if needed. It is not uncommon to see a baby born vaginally with a 'cone-head', but within 24 hours the head will settle into its normal shape.

Rotation

A baby will rotate their body throughout the birth process, so that it is always presenting the smallest part of its body in relation to mom's.

How far?

The cervix moves down and forwards during labour – once the cervix is fully open the baby's head has to travel around 4-5cm. If mom is upright and squatting that will help widen the pelvis and shorten the birth path.

Feel Mentally Ready

Don't focus on the guess date!

The exact mechanism for spontaneous labour is unknown, but it is believed that when the baby is sufficiently developed for birth to take place it releases a hormone which triggers the release of Oxytocin in the mother's body. This means that spontaneous labour will only begin when your baby is ready for it to happen. You would never consider cracking an egg to release the chick within, or slicing open a chrysalis to release the butterfly – birth will only occur when the time is absolutely right.

Typically, only 5% of births happen on their estimated due date, the rest will take place anywhere within a 5-week window. Normal gestation is between 37 and 42 weeks, in other words your baby is not premature if they come at 37 weeks, and technically you are not post-date until you are past 42 weeks. Relax, and trust that your baby will come when it is ready to.

Maintaining relaxation

Whilst the pregnancy relaxation recording is designed to help 'reprogram' your hard-drive in pregnancy, you may well find it helpful to listen to whilst in labour. Listening to your relaxation can immediately help you reach that deep relaxation and often sleep through the early part of labour.

You may also find it beneficial to listen to your relaxation with headphones in the car on the way to the hospital to maintain the level of relaxation and focus that you have worked on at home.

Preparations – Your Birth Day Bag

Packing your bags from around 36 weeks means one less thing to think about. You may want to keep your items for baby in a separate smaller bag. A checklist has been included in your additional resources. You can tick off each item as you pack.

Other considerations

If you have other children, have you planned for them should you go into labour at night? Even with a homebirth, make sure you have a back-up plan in place in the event of you needing to transfer to hospital.

If labour stalls or stops

It is normal for labour to ebb and flow at a different pace, and it can quite often stop entirely. This is often seen when a mother arrives at the hospital after having laboured beautifully at home. It is important in this situation that you are not pushed into unnecessary interventions. Should your labour slow down or stop, the most important thing to remember is that it is not a fixed state – given the opportunity to rest and relax the labour will continue. Use your relaxations tools to help you relax and negotiate more time with your care provider.

By applying using relaxation and your My Birthing Kit tools you can allow your body to release endorphins, which will inhibit the release of stress hormones and allow your muscles to relax. Releasing Oxytocin through any kind of intimacy, nipple or clitoral stimulation can stimulate your outer vertical uterine muscles to shorten and restart labour.

If labour has completely stopped, you can try and get some sleep. Relaxing in the bath or a shower can help your muscles to relax. If you are in a bath tub which is not as deep as a birthing pool, you can cover your exposed parts with a towel dipped into the water, your birth partner can get a jug and scoop the warm water over the towel to help those areas stay at a constant temperature.

Feel Emotionally Ready

Always remember, there have been cases of women in comas that have birthed their baby whilst being unconscious. Birth is something your body can accomplish with or without your assistance. Each of the breathing techniques in this program is designed to work with what your body is doing, assisting the process. If you have chosen well and discussed your preferences with your care provider in advance, they will hopefully give you the space you need to birth your baby instinctively, and only guide you if needed.

The most important thing is to switch off your mind, to 'let go' and let your body take the lead. Never push without a uterine surge.

I remember a final class many years ago where a mom hesitated to ask a question. When I insisted, she said, "I guess I'm a bit nervous that I won't be able to achieve a deep relaxed state when I am giving birth".

Before I had a chance to answer, her husband looked at her and said, "It doesn't matter". We all looked to him and he said, "Five weeks ago before we started this course, you were so

terrified of a natural birth we were weighing up the pros and cons of having a Caesarean. Now, almost every day you say how exciting it is going to be when we know our baby is finally coming! Which means that you have let go of the fear that you had before”.

Everyone in the group was impressed with this dad’s insightfulness, and he went on to say, “Have you not noticed how in some of the birthing videos we have watched the mom does go into a deep relaxed state and looks like she is asleep. Other moms are just birthing without fear – so whether you achieve that deep relaxation or not, it doesn’t matter, we are going to have an amazing birth regardless”.

This was a real ‘movie moment’ for me – I had taught hundreds of mothers and watched countless birthing movies, but I had never made the connection this man had managed to see. Some moms using self-hypnosis for birth do go into a very deep state, remain quiet and still throughout; other mothers are far more active, interactive and vocal, both are positive births!

I also recall the day my son was born. During the day I was sitting in my garden reading my HypnoBirthing® book for what felt like the 50th time, and I suddenly had a wave of panic! “What if this doesn’t work! I’ve spent months practicing these techniques, I’m not strong enough to have a repeat of my first experience, and perhaps I shouldn’t have told so many people about this amazing homebirth I have planned!”.

All of these thoughts were now racing through my mind... that evening, when my waters released on the kitchen floor, everything just ‘clicked’ I knew exactly what I need to do. At no point did I consciously think about what breathing was needed,

everything was totally instinctive, and I felt completely calm and relaxed. This of course came from the weeks of programming and daily practice.

It is perfectly normal and natural to have doubts or ‘wobbles’ leading up to your birthing day, remember that those are conscious fears, the conscious mind has no effect on how your body responds (if it did we could simply talk ourselves out of fears and phobias).

It is the subconscious that controls how your body reacts. If you have committed to your daily relaxation and released any anxiety or fear then you have done all that you possibly can to ensure a positive birthing experience.

Both my own experience and the story from the dad in that class made me realise that I cannot determine whether a mother I have taught will choose to internalize her experience, be vocal, mobile and active, use just the breathing, perhaps focus on visualization, need physical touch and support, or want to be completely unobserved. It’s impossible to predict how you will feel on the day – trust your instincts and follow the lead of your body.

Avoiding Unnecessary Interventions

As previously covered, sometimes interventions, induction, or even a Caesarean may be necessary. Each of these events should not be taken lightly and only considered if there is a medical concern for mother or baby. If you have chosen your care provider carefully and trust them completely there should be no doubt that a suggested intervention is necessary.

However, it is always a good idea to ask as many questions as you can before agreeing to something which could change the path or outcome of your birth. Your support person or partner should ideally be the one asking questions on your behalf with you both discussing them before making any final decision.

Nothing can be performed without consent and you are entitled to determine whether the suggested action is the right path to take at this time.

Ask questions such as “What is the concern?”, “Is the baby OK?”, “Is there something else we can try before we move away from our birth preferences?”.

Remember your BRAINS! If an intervention or medication has been suggested ask each of the following questions, each of which is explained below.

B – Benefits

R – Risks (or side effects)

A – Alternatives?

I – Instinct or intuition?

N – Nothing

S – Smile / Space

B – What are the benefits of the intervention or medication that has been suggested? Is this going to be a benefit for mom, as in getting into a birthing pool? Or is it going to be a benefit for the doctor, as in speeding labour up?

R – Are there any potential risks associated with the suggested intervention? E.g. In the case of membranes being ruptured artificially (AROM) labour can become more intense very quickly

and it can increase the risk of the baby releasing meconium. Side effects from any medication – make sure you are aware of any potential side effects for you or your baby before accepting any medication.

A – are there any alternatives you could consider before a medical or physical intervention? If labour is not progressing fast enough for your care provider, perhaps getting into water could help mom relax and labour to move on? Changing position, going for a walk, bouncing on a ball, even some privacy for nipple or clitoral stimulation could all potentially speed labour up without the need for intervention.

I – What do your instincts tell you? Check in with yourself and see whether something is holding you back. Perhaps you need some time alone without being observed? Perhaps there was a shift change and the new midwife on duty is talking to you incessantly?

N – Nothing. What is the worst case scenario here? If you do nothing at all right now, what then? If the concern is time, the doctor may tell you it could take another ‘6 hours’ before you meet your baby (remember that there is absolutely no way to determine this). You could respond, “Thank you doctor, that’s fine, we have waited 40 weeks already, another 6 hours is fine with us”.

S – Smile, because you want to ask these questions in a non-aggressive way, and you do still want your care provider on your side! Or space – ask if you can have some time alone with your partner to discuss these options before you decide.

Signs that labour is progressing

These are positive indications that labour is advancing

- If your waters have released you will need to wear a maternity pad, it is not uncommon to see spots of blood.
- Fluctuations in body temperature can occur in the later stages of labour.
- Sensations of nausea or needing to vomit, although it is unusual with women using deep relaxation tools.
- Suddenly requesting medication or feeling that you can't do it any more (transition). Through the thinning and opening phase of labour a mother has no gauge of her progress and Oxytocin creates an amnesic effect, making her feel floaty and disconnected. Transition is the only point in labour where adrenaline is actually needed, it gives the mother a 'second wind' to move into an active phase where she can begin to work with her body and bear down. This release of adrenaline also gives the baby a kick-start to take its first breath. This shift in hormones can create some strange responses. It doesn't last long and is (thankfully) usually too late for medication.

Positions for Birth

When you feel pressure like you are constipated, or need to have a bowel movement, it is a sure sign that you have moved into the birthing phase and your baby has started to descend. Many moms will want to change their position at this point.

Some mothers do feel an urge to push and some don't. Again, listen to your body and do what feels instinctive.

Reclined

If you do want to be on a bed, please make sure that you are not totally flat! Either raise the head of the bed (in the case of a hospital birth) or place pillows behind your head so that you are at least at a 45-degree angle. Being completely flat reduces the cervical opening by around 30%, reduces oxygen to your baby, and because of the natural curvature of the spine it requires more force to push the baby 'uphill' against gravity.

Lateral position

This side-lying position is often used by mothers using self-hypnosis in the early stages of labour because they are familiar with going in to relaxation lying on their side. This gives them the opportunity to rest and often sleep in the early stages. It is possible to birth in the position should you choose to; your birth companion can assist by supporting your upper leg

Toilet sitting

The toilet is often referred to as 'the dilation station'. Whilst it may sound quite comical, many labouring women will find comfort sitting on the toilet for a number of reasons. Sitting on the toilet is ideal because it is an upright, squat position with no pressure or strain on the legs, this means you are working with the effect of gravity, widening the pelvis and shortening the birth path.

The toilet has an additional benefit in that it is the only place that our pelvic floor muscles instinctively release! From the

time that we are potty trained we hold our pelvic floor muscles in a state of tension to control bladder and bowel movement. We subconsciously pattern-match to release those muscles as soon as we sit on a toilet – which is exactly what is needed for birth.

If the cistern is built into the wall you can place a pillow behind your back to lean back against. If there is an external cistern you can place a pillow against it and sit the ‘wrong’ way round, straddling the toilet which also leaves your back available for massage.

With a hospital birth a toilet can be an excellent place to ‘escape’ if you feel you need some privacy or want to feel unobserved. Note that you will need to move or stand up from the toilet when your baby’s head is crowning.

Birthing ball

A ball is great to use in labour, as you can spiral your hips if you are feeling pressure in the lower back, bounce gently up and down, or just sit and lean your upper body over a bed or sofa which will again leave your back exposed for massage.

Squatting

Squatting really is the best position you can use for the birthing phase. It shortens the birth path, widens the pelvis, relaxes and opens the perineal tissues (reducing the need for episiotomy or risk of tearing), works with the effect of gravity and gives you a clear view of your baby’s birth. Squatting can be hard work for the legs unless you are in a birthing pool where the water can add an element of buoyancy and weightlessness. You will

either want to prepare your legs during pregnancy, opt for a water birth, or adapt your squat where possible to assist your legs in holding this position.

Using the hospital bed

Occasionally there may be a care provider who insists that moms be on the bed. It is good to know that you can actually be on a bed and use it to your advantage.

By putting the head of the bed as close to vertical as possible you can then squat on the bed holding on to the top of the headboard. Hands and knees can also be used whilst on a bed.

Supported squat

Your birth companion can sit on a chair and you can squat between their legs with your arms resting over their legs to take some of the weight from your legs. This allows the comfort of having your birth companion in direct contact with you and they can offer support and encouragement to you over your shoulder.

You can also sit face-to-face with your birth companion with your legs over theirs, dropping down between their legs with a surge.

Hands and Knees and Child's Pose

Hands and knees can be an ideal position to use in between surges to give your legs a rest if you have been squatting. Both hands and knees and Child's Pose can be used if you suspect your baby is in a posterior position and have been feeling surges

in your lower back. These positions can help reposition your baby for easier birth.

Standing or Supported Stand

Gravity works best when upright or standing. The baby's head is able to apply even and direct pressure to the cervix, assisting the dilation. Surges can be more effective and efficient when standing. In this position, the labouring mother can hold onto her birth partner, or have the birth partner support her from behind. They can also rock and sway from the hips or lean forwards against a wall.

When your birth experience is not the one you planned

Sometimes you can spend months preparing for your birth and do everything right, yet on the day Mother Nature or even your baby have a different plan. It doesn't matter how much preparation you apply, sometimes things are just out of our control. Become familiar and comfortable with the affirmation "I accept whatever turn my birthing may take".

In the case of a medical concern, a surgical birth might be the safest outcome for either you or your baby. One of the best ways to be comfortable with a change of plan is to know that you have asked appropriate questions and have exhausted all other options. Often the frustration with an experience that was not the desired goal comes from asking yourself whether you should have done something differently. If you have asked questions and know why everything has been suggested and whether there was no alternative, you can be more comfortable with the outcome.

A midwife once said to me that she felt it was more disappointing for a couple if they didn't get the birth they wanted when they had put in so much effort. I responded that was a very negative view that could apply to everything in life. Would you not study for an exam just in case you didn't pass? Would you not plan your wedding outside just in case it rained? Again, we can put effort in to anything without a guarantee of the outcome, it doesn't mean that effort was wasted.



“ I had an emergency C-section after being in labour for 12 hours, 9cm dilated with no drugs. I don't think I would have progressed that far in labour without the techniques I learned and applied from my course. I stayed calm and focussed on breathing through my surges. Our little boy joined the world without screaming and is such a calm baby. I can't wait to have another baby just because of the unbelievable experience I've had and how my body was capable of doing what it did. ”

Esmeralda, 1st Time Mom



I Trust My Parenting Instincts

Post-birth bonding and the golden hour

Bonding post-birth is almost as important as your pre-birth bonding. It begins as your baby emerges. Imagine how much changes in the moment.

Your baby will be moving from a dark, tightly-enclosed space with constant sound and temperature to a very different environment. This transition could be extremely overwhelming and should be made as gentle as possible.

Request that lights be dimmed as your baby is born, keep voices quiet and subdued, make sure that your baby is placed directly skin-to-skin on either your chest or abdomen. Babies are sterile when they are born, being placed on your skin allows them to colonise bacteria from your environment rather than that of a hospital, in addition to the bacteria they were exposed to in the birth path which is believed to help your baby's immune system and long-term gut health.

Being placed on mom's skin regulates the baby's body temperature and stimulates heart rate, hormone and enzyme levels and breathing. Making eye contact with the parents and hearing their voices turns on thousands of neurons in the baby's brain and they begin to adapt to their new environment.

Baby should be allowed to 'breast crawl' where possible. A newborn baby will instinctively move towards the breast to feed, attracted by the smell of colostrum. When moving towards the breast the baby will progressively shift their body and push off with their feet. It has been found that this movement with the feet massages mom's abdomen helping the uterus to contract and to assist the placenta to be released.

Checks (APGAR – appearance, pulse, grimace, activity and respiration) can be performed with your baby on your chest, as these are external observations and your baby does not need to be removed to perform them.

Weighing can be postponed – whilst it is interesting to know what your baby weighs, the priority is to have undisturbed time to connect with them first.

Vernix (the white waxy substance) often called ‘Birthday frosting’ that can be found on your baby’s skin after birth should not be removed. Vernix has protected your baby’s skin from being immersed in fluid for 9 months. Vernix acts as an antibacterial layer, is nutrient rich and incredibly moisturizing, it should not be removed from your baby’s skin. In fact, it can be massaged into their skin instead.

Breastfeeding is Best Feeding

As with birth, moms will have different experiences with breastfeeding, and both require a positive attitude, patience and good support in order to succeed. Avoid thinking “I’ll try and breastfeed and see how it goes” – be confident that you CAN, it is also something your body is perfectly designed to do.

Find a La Leche League support group (Facebook) and have lactation support contacts (ask your My Birthing Kit practitioner). Attend a breastfeeding clinic before the birth to observe breastfeeding. Often it is easier when you have seen others hold their babies and how to position for the best latch. Breastfeeding can be challenging at first, ask for support from a qualified counsellor if you feel you need guidance or support.

Trust yourself and your body! You won't see how much you are feeding your baby, but as long as enough wet nappies are produced and your baby gains weight, you are doing brilliantly. As long as this is happening, resist the temptation (or advice) to "just give a bottle" – your milk is perfect for your baby and supplementing with formula may sabotage your supply in the early days.

Do not compare your baby's feeding patterns to those of bottle-fed babies. Babies who are fed formula typically last three hours between feeds because formula is harder to digest. Breast milk is digested within 90 minutes, and so more is needed, little and often. Feeding as frequently as every hour is not unusual in the first six weeks, as your baby can stomach more at each feed they will be able to last for longer before the next.

In the first few days the body produces colostrum (a straw-coloured liquid). Colostrum is also referred to as 'liquid gold'. It is produced in tiny quantities, your baby's stomach can hold around 1 teaspoon (5ml) after birth, and over the next few days they can gradually stomach more and more.

Colostrum is very low in fat, high in protein and contains antibodies that are essential for your baby's immune system – a teaspoon of colostrum is nutritionally equivalent to 30ml of formula. Colostrum also has a laxative effect which allows the baby to clear the meconium (first bowel movement) from their system.

In the first six weeks when feeding becomes established, don't worry about doing anything else. Let someone else cook and clean for you – your one and only job is to feed your baby. Try your best to sleep when the baby sleeps and forget the

housework. Again, don't compare yourself to friends, especially those with bottle-fed babies.

Don't be too quick to expect your baby to sleep through the night. Night feeds are especially important to successful breastfeeding – breastfeeding hormones peak at night, and to ensure continued supply, night feeds are essential.

Do not feed on a routine – demand feeding is essential. Remember that breastfeeding works on a “supply and demand” basis, and by following your baby's lead you will ensure that your body produces exactly the right amount of milk. Feeding on a routine is a sure way to sabotage your baby's nutritional and emotional needs as well as to diminish your supply. The old wives' tale “demand feeding leads to a demanding baby” is categorically not true.

Learn about your baby's growth spurts (*The Wonder Weeks* is a great book) – growth and development spurts occur between 6-10 days, 3 weeks, 4-6 weeks, 3 months, 4 months, 6 months and 9 months, with the biggest being at 4 months).

At certain times, your baby may seem to feed continuously, become cranky and unsettled. This constant feeding ensures your body increases milk production, and it normally occurs just before a developmental milestone or a significant weight increase.

Your baby is putting in an advance order, so to speak, so just go with it and don't be tempted to offer a bottle, and your body will adjust quickly to your baby's increased nutritional needs. It does not mean that you have stopped producing enough milk for your baby, even though it may feel that way!

Remember that breastfeeding is not just about nutrition! Unlike formula, breast milk is EVERYTHING to a breastfed baby – it is food, drink, comfort and security.

If you're ever tempted to think, "He can't be hungry again!", remember that he can, and with a stomach approximately the size of a walnut, he probably is. And remember, perhaps your baby is thirsty or just needs to be held.

Bathing your baby

Current research suggests that you should leave your baby for at least 12 hours before bathing them for the first time. Before that time if there is anything dirty on your baby a sponge bath is the easiest way to clean your baby until their cord stump has healed, after which point you can progress to a baby bath tub. Bathing your baby too frequently can dry out their skin.

Make sure that the room is warm, and that you are working on a flat surface. Check that you have a soft towel, baby sponge or wash cloth, a change of clothes, clean nappy and a bowl with warm water. Leave your baby's nappy on (clean this area last) wrap your baby in the towel only exposing the area you are cleaning to prevent them from getting cold.

Using the sponge start behind the ears and neck, pay careful attention to the creases in these areas and under the arms. Progress to cleaning your baby's hair.

There is no need to use soap or shampoo, warm clean water is sufficient.

Nappy changing

Your baby's first bowel movement will be meconium which is a thick, black, tar-like consistency. Make sure that you wipe your baby girl from front to back when cleaning the nappy area, and you may want to place a wad of tissue or cotton wool over your baby boy's penis when cleaning, as they inevitably urinate vertically once there is air contact.

Once the meconium has passed through the stools will be a transitional stool which is a green colour, then after around 5 days, followed by a yellow liquid stool which can look like it contains seeds.

Generally, a newborn will have as many wet nappies and around half that number for a stool, as days they are old (a 3-day old baby will have around 3 wet nappies and one or two bowel movements).

A formula fed baby will have fewer bowel movements which will be firmer in consistency than a breastfed baby.

Occasionally you may see spots of blood in the nappy of a baby girl, this is known as 'false menstruation' and occurs as your hormones pass through her body.

Early Days Parenting

Babies don't come with a pre-programmed schedule. There is an entire industry dedicated to telling you how best to parent your baby, and almost everybody you will speak to has different advice. It's no wonder new parents often feel completely overwhelmed!

Try to remember:

- Nobody knows your baby better than you, you are the expert for your baby.
- Not all babies are the same, and not all parents are the same.
- Babies are unpredictable.
- Without meeting you or your baby and assessing each of your medical histories extensively nobody can say with any certainty what will work for you.
- You cannot spoil a newborn baby.

Many people promote a time-based routine. Parenting styles are a personal choice, and many parents found a method that may have worked for them, but before you accept the necessity of a strictly timed routine, it's worth understanding the roots of the "routine culture" and why it is now considered seriously outdated.

In the 1940s and 1950s, babies suffered from stomach disorders which occasionally could be fatal. Doctors were unsure of what was causing the problems and eventually deduced that demand-feeding was putting pressure on the babies' digestive systems.

A strict protocol of four-hourly feeding was introduced in hospitals and mothers and nurses were too scared to feed in between the scheduled times, for fear of harming the babies. Once home, babies would often scream to be held or fed, but the mothers believed changing the schedule would harm their babies.

Often the only way mothers could cope with the constant crying was to leave the baby outside in the garden, alone, where they couldn't be heard. It was later discovered that the issues were

not caused by demand feeding, but by bacteria that bred in unsterilized bottles and teats. Subsequent experiments showed demand feeding was far more beneficial to babies and mothers. But the “routine culture” had become established, and parents believed their babies would be spoiled if they responded to every sound or picked them up when they cried.

Many studies have assessed the validity of “Attachment Parenting”, which encourages a non-routine style of parenting. Parents meet their babies’ needs and respond to their babies as individuals. These babies do not tend to grow up spoiled and demanding, but rather independent, confident and happy.

Benefits of Instinctive Parenting

Babies who have their needs met quickly are shown to cry less, not more. African babies that are carried continuously hardly ever cry. Their mothers are aware as soon as the baby needs something, and respond accordingly.

Children who were responded to quickly as babies have been shown to have greater confidence and are happier to be independent at an earlier age, as they trust their parents to be there for them should they need them.

Babies who are left to cry, or taught sleep training techniques such as controlled crying or gradual retreat, experience increased levels of the stress hormone cortisol which can affect the brain development and lead to aggressive behaviour later in life.

Sleep training methods do work, and when used your baby will eventually cry less. When a baby is left to cry they eventually

quieten because, believing they have been abandoned, the body begins to “shut down” in order to preserve energy and avoid attracting predators. This puts a huge strain on the cardiovascular system. They also learn that the one method of communicating, crying, does not work, and so they simply give up trying.

It is impossible for a baby to learn habits before the age of four months. The brain has not developed sufficiently to store memories and will therefore learn neither good nor bad habits.

As young babies do not form habits, it is perfectly acceptable to rock, sing, feed or cuddle your baby to sleep. Your baby has been rocked in your uterus for the past nine months, so will not become spoilt by it now.

Rocking has also been found to be essential to babies’ brain development. Breast milk contains hormones that make your baby sleepy – it therefore stands to reason that feeding a baby to sleep cannot be detrimental.

Babies also need their parents at night, not just during the day. There are no quick fixes when it comes to parenting, so avoid techniques that force your baby to sleep through from an early age. Remember that babies are not usually able to physically sleep through the night (i.e. a six hour stretch) until they are around 7Kg (15lbs), when can take in sufficient nutrition through the day.

However, your baby will probably continue to wake for a variety of reasons – fear, loneliness, discomfort, thirst, hunger, teething, illness, nightmares. This can continue throughout babyhood, toddlerhood and right up to adolescence.

Enjoy your baby! Enjoy the cuddles, the challenges, the highs and the lows, and don't let anyone else's criticism cause you to spend those precious early days worrying about your parenting. You're doing perfectly!



Additional Resources

My Birthing Kit affirmations for Comfortable Birth

*Birth is a safe and wonderful experience
I relax my mind, I relax my body
I release all fear and look forward to my birthing day
I am confident, I am strong
I know my baby feels my calmness and confidence
I trust in my body and my ability to give birth
My body knows exactly what to do
I am confident in my ability to birth naturally and easily
During labour and birth I will be completely relaxed and comfortable
I will have a peaceful, calm and comfortable birth
My baby is healthy, my body is healthy
I will breathe deeply and slowly to relax my body
My body is made to give birth gently and easily
I believe my baby will come into the world smoothly and easily
My body is totally relaxed
All I need to do is relax and breathe, nothing more
I feel the strong waves of labour and I trust that everything is progressing as it should
I relax my mind and my body
Courage, faith and patience
My body knows how to have this baby just as it knew how to grow this baby
I accept whatever turn my birthing may take
I breathe slowly and evenly
Inhaling peace, exhaling tension
I surrender my birthing over to my baby and my body
My body has a wide-open space for my baby to descend
My body will give birth in its own time
I feel the endorphins flowing throughout my body
Each surge brings my baby closer to me
I practice my relaxation daily so that my baby can also relax*

My Birthing Kit Preparation plan

Week 20 to 34

- Listen to your pregnancy relaxation at least once every day
- Listen to your affirmations when busy around the house or driving
- Practice your relaxation breathing (4 in, 8 out) at the start of every relaxation session for 3 or 4 breaths
- Practice your instant progressive relaxation (5, 4, 3, 2, 1 visualisation)
- Practice your Surge breathing every day and through any tightening sensations
- Use your J-breathing with each bowel movement
- Watch your posture when sitting or walking
- Do some pelvic floor exercises daily
- Create your birth plan and discuss with your care provider at the earliest opportunity

Week 35 onwards

- Ensure your baby is in an optimum position by this stage
- Visit a chiropractor if position is not optimum
- Practice polar bear or child's pose to adjust from posterior positioning
- Refer to breech section for notes on breech adjustment
- Visit www.spinningbabies.com for help with positions
- Practice your deepening relaxation

Week 36

- Continue daily relaxation
- Check whether you have any remaining concerns. Repeat your fear release or speak to your teacher
- Practice perineal massage 3 times a week for 5 minutes
- Pack your birth bag

Birth Partner Anchor Script

Have mom seated comfortably with her feet on the floor and hands resting on her lap, stand to her side with your palm facing her at neck height. This initiation works in conjunction with the relaxation breathing, ensure you are keeping count as you read.

I would like you to stare at my hand without moving your head, and even though your eyes may start to feel tired, please keep your eyes open until I ask you to close them.

In a moment I will slowly raise my hand in front of your face, as I do, I would like you to slowly breathe in for a count of four, still staring at my hand (raise hand slowly for 4 seconds, ending above the forehead) gently hold that breath, keep staring at my hand... 1, 2, 3, 4 and as I lower my hand, breathe out slowly... (slowly lower your hand) 1, 2, 3, 4, 5, 6... that's it...

Again, following my hand with your relaxation breathing, (repeat the same motion with your hand) breathe in for four... hold for four... and now out for six...

And once more, breath in for four (repeat raising your hand above the forehead) hold for four, and this time as I slowly lower my hand down and as you exhale, allow your eyes to gently close... (bring the hand slowly down)

Perfect, beautifully relaxed...(place your hand on shoulder with gentle pressure for 5 seconds)

Eyes now comfortably relaxed, so much so, that even though you know you could open them, it just seems too difficult. They feel so comfortable, almost as though they were glued shut...

Now, at your own breathing pace, breathing in relaxation, breathing out tension, letting your breath release and relax your body, just as you will when you are birthing your baby.

I am now going to pick up your arm from your lap, allow your hand and arm to relax completely, let them melt down so that I'm taking all of their weight (pick up the hand supporting the wrist) in a moment I am going to release your heavy arm so that it lands back in your lap, as it lands in your lap, allow yourself to relax twice as deeply... (release the arm)

Good...

I am going to repeat the same movement with your arm (pick up the arm again) release and relax every muscle, every cell and every nerve in that arm so that it feels so heavy and limp, as I release your arm into your lap this time let yourself relax even more deeply... (release)

And one final time, I will pick up and release your arm, this time, when your arm lands in your lap you will allow yourself to go into the deepest relaxation you have ever experienced... totally calm, relaxed and at peace (pick up and release)

Feel how relaxed your body is at this moment, recognise how quickly you reached this wonderful state. You are able to achieve this state any time you wish, and this relaxation will be enhanced each time I lift and drop your arm, in pregnancy, or during your labour...

And now... I am going to count from one up to five, you will come back to the room feeling energised and refreshed and confident in your amazing ability to relax at will...1 ,2, 3, 4, 5...

Fear Release log sheet

List all of the concerns, fears and anxieties you may have in this table. Give each item a rating with a value between 1 and 5, based on how much that item bothers you, with 1 being of little concern and 5 being the strongest concern.

These items do not need to be specific to the birth, it could be parenting, financial, logistical, practical, health, dynamics of your life.

Have your partner make their own list and take time to sit together to discuss your list.

Fear/Concern/Anxiety	Value 1-5

Example Birth Plan

Create your own birth preferences using the electronic template provided in your kit.

<ul style="list-style-type: none"> • I am planning a home/hospital birth using mindful birthing tools • I would like my husband/birth partner/doula to be present. • I am happy to let my partner make any decisions if I am unable to for any reason – please ensure he is aware of and understands any procedure about to take place. 	<p>Labour & Environment</p> <ul style="list-style-type: none"> - We are using self-hypnosis tools for birth and would prefer attendance by a midwife familiar with hypnosis for birth, if possible - I would prefer my birth and the birth environment to be as quiet & uninterrupted as possible/I would like to be kept fully updated of my progress throughout labour - I would like to be free to adopt whatever position and whatever level of activity I feel is appropriate during the birth, and to deliver in whatever position feels most comfortable to me/I would like to be prompted to remain active and helped with positioning. - I would prefer not to give birth in the presence of anyone who does not strictly need to be there/I am happy for students to be present - Please direct any questions to my husband or doula/please direct all questions to me - We would prefer the room to be kept dimly lit. - I would prefer no "coaching" or "directed pushing" in the second stage unless medically necessary/I would appreciate prompts on how to birth my baby in the second stage 	<p>The Birth</p> <ul style="list-style-type: none"> - I would prefer myself/my husband/the midwife to bring the baby directly onto my chest after the birth - We would prefer people other than my husband and myself to handle the baby as little as possible in the first hour after the birth, unless circumstances dictate otherwise - We would like to discover the sex of the baby ourselves 	<p>Medication and Relaxation / Pain Relief</p> <ul style="list-style-type: none"> - I would appreciate no references were made to pain or pain relief – please do not offer me pain relief (even gas & air) - if I feel I need anything I will ask for it. - I would like to labour in a birthing pool 	<p>Special Circumstances</p> <ul style="list-style-type: none"> - I would like the labour to proceed at its own pace unless medical circumstances dictate otherwise and would prefer to use natural alternatives if labour is slow. We would appreciate the opportunity to try these techniques in private. - In the event of a pause during labour, I would prefer to rest and let the birth continue at its own speed unless there is a clear medical reason to do otherwise.
<p>Monitoring</p> <ul style="list-style-type: none"> - I would prefer as few vaginal examinations as possible/I am happy to have VEs as necessary - If vaginal examinations are necessary, I would prefer not to know details of dilation or position/I would like to be kept informed of my progress - I would prefer intermittent (sonic aid for waterbirth) monitoring 	<p>After the Birth & Feeding</p> <ul style="list-style-type: none"> - I would prefer to have a natural third stage without synthetic oxytocin, as long as labour progresses normally/managed third stage with synthetic oxytocin - please do not clamp or cut the cord until it has stopped pulsating - My husband would like the option of cutting the cord/we would like the midwife to cut the cord - We would prefer the baby to be given Vitamin K orally only/by injection/no Vitamin K - I would prefer the baby not to be cleaned or bathed straight away (to allow time for the vernix to naturally absorb) and that we are left alone to bond for one hour before the baby is weighed - I would prefer the basic post-natal checks to be carried out with the baby in my arms if possible - I plan to breastfeed as soon as possible and would like to avoid all artificial forms of nipple for the baby - If the baby is to receive formula, I would like this to be discussed with us in advance - If formula cannot be avoided, I would prefer for it to be given in a cup rather than a bottle 			

Everything your partner needs to know!

When labour starts

- Keep mom relaxed at home!
- Both get as much rest as possible in the early stages.
- As soon as you are confident that labour is happening let your doula or independent midwife know
- Listen to the pregnancy relaxation (Whilst the relaxation really helps to reprogram the hard drive and teaches mom to relax throughout the pregnancy, most moms will find comfort listening to it in labour because it immediately puts them into a calm relaxed state)
- Mom can be in any position she is comfortable in
- Time the surges, you can work out a signal between you, but most of the time mom will stop talking (even mid-sentence) stop moving, close her eyes and breathe very deeply.
- Using the surge breathing with each and every surge (breathing up into the abdomen, visualising filling the balloon)
- Use the relaxation breathing between the surges
- Use some soft-touch massage
- Make sure mom has plenty of water to drink and snacks to eat (Dried fruit and nuts are ideal)
- Remind mom to use the toilet every few hours

When to go

- When the surges are close together (3 in 10 minutes) unless mom wants to leave before that point.
- Call the hospital. You may want to relay information such as when labour started, how often are the surges occurring, whether mom is still comfortable. Have the waters released? Was the fluid clear?
- Make sure that you have all of the bags and help mom to the

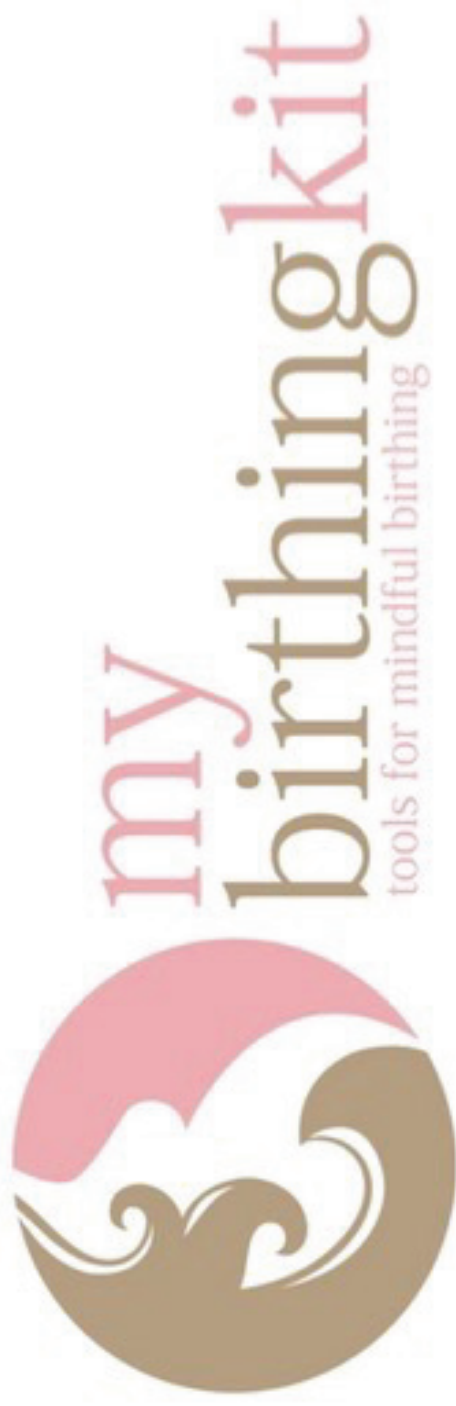
car. It is a good idea for mom to listen to her relaxation or affirmations in the car en-route to the hospital as that helps her to maintain the relaxation she has been working on at home)

- It takes a fair amount of focus to breathe through a surge, so avoid talking to mom during a surge, and where possible try to intercept others that may try to speak to her. A surge doesn't last more than a minute, so the question can easily wait.
- When you arrive, set up the room – dim the lights, put on the relaxation recording or music that mom has chosen, light candles (if permitted) put up pictures, cover the clock, make sure the room is a comfortable temperature, put up a door sign and avoid unnecessary conversation (intercepting those that might interrupt mom)
- Discuss your birth preferences with the staff and give them the 'Supporting My Birthing Kit' handout
- Help mom with position changes, place pillows where needed, place cool face-cloths on her forehead or neck if she is getting warm
- Remind her to breathe and offer words of encouragement and support
- Ask relevant questions if an intervention or medication is suggested – remember your BRAINS!

Packing your Birthing Day Bag

Packing bags around 36 weeks means one less thing to think about. You may want to keep the items for baby in a separate smaller bag. Tick off each item as you pack.

Birth bag checklist	
Maternity notes or paperwork	
ID and medical aid cards	
Birth plan	
Phone (make sure your relaxation recordings and music choice are on your phone)	
Headphones	
Phone Charger plus adapter	
Snacks (dried fruit / nuts) plus snacks for partner	
Sports water bottle	
Tissues	
Face cloth and hand towel	
Comfy socks / slippers	
Washbag (Deodorant, shower gel, shampoo, toothbrush etc.)	
Hairbrush and hairbands	
Pajamas (although a nightshirt that can unbutton may be more comfortable)	
Dressing gown	
Ear plugs and eye mask	
Pillow / breastfeeding pillow	
Comfy high-waist underwear	
Comfortable clothes and shoes for going home	
Maternity pads	
Compression wrap (if you choose to use one)	
Lip balm	
Basic make-up if desired	
4 Nursing bras	
Breast pads	
Nipple cream	
Arnica tablets (Homeopathic remedy for recovery)	
Hand sanitizer	
For Baby	
5 or 6 baby vests	
Going home outfit or clothing	
A couple of hats	
12 Nappies	
Socks or booties	
Baby mittens	
Jacket or snowsuit (for winter babies)	
Muslins or burping cloths	
Baby blanket	
Car seat	



We would appreciate if you could enter as quietly as possible

Thank you for supporting our birth!

Supporting My Birthing Kit For Care providers & Medical Staff

- We are using self-hypnosis and mindful tools to assist our birth and would appreciate your support where possible.
- We would prefer to keep the room quiet and the lights dimmed.
- We have birth preferences that have been discussed and approved by our doctor, we would appreciate your support for these preferences.
- Please do not offer medication, if the birthing mother wants medication she will ask for it.
- The birthing mother is using self-hypnosis, it takes effort to come out of this state to communicate, please rather speak to the birth support partner so that they can direct questions to her.
- Please try and keep conversation to a minimum.
- If possible, please refer to 'surges' rather than 'contractions' and 'pressure' or 'sensations' rather than pain.
- Mothers using self-hypnosis for mindful birthing often remain in one position, please allow her to do this, unless there is a medical indication that she should move.
- Should labour slow or rest we would prefer the opportunity for some privacy to try some natural techniques, or to rest until labour continues.
- During the second stage we would prefer no coached pushing and that the birthing mother is allowed the opportunity to follow her instincts and work with the natural expulsion reflex.

Recommended reading

Prenatal Parenting

Schwartz, Leni: *Bonding Before Birth*

Birth

Baklas, Janet: *The Waterbirth Book*

Dick-Read, Grantley: *Childbirth Without Fear*

England, Pam & Horowitz, Rob: *Birthing from Within*

Gaskin, Ina Mae: *Spiritual Midwifery*

Kitzinger, Sheila: *Birth Your Way*

Kitzinger, Sheila: *Homebirth*

Odent, Michel: *Birth Reborn: What Childbirth Should Be*

Odent, Michel: *The Farmer & The Obstetrician*

Sears, William & Martha: *The Birth Book*

Parenting

Buckley S. *Gentle Birth, Gentle Mothering*

Jackson, Deborah: *Three in a Bed*

Karp, Harvey: *Baby Bliss*

Karp, Harvey: *The Happiest Toddler on the Block*

Liedloff, Jean: *The Continuum Concept*

Pantley, Elizabeth: *The No-Cry Sleep Solution*

Sears, William & Martha: *The Baby Book*

Vanderijt, H & Plooij, F: *The Wonder Weeks*

Breastfeeding

Gaskin, Ina Mae: *Babies, Breastfeeding & Bonding*

Odent, Michel: *The Nature of Birth & Breastfeeding*

Palmer, G: *The Politics of Breastfeeding*

Torgas, J & Gotsch, G: *The Womanly Art of Breastfeeding*

Other

Stadlen, Naomi: *What Mothers Do – Especially When It Looks Like Nothing*