

PREPARATION FOR BIRTH

“To everything there is a season, and a time to every purpose under heaven: a time to be born...”

ECCLESIASTES 3

WELL ADJUSTED BABIES

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Praise for Well Adjusted Babies

“Jennifer’s book has empowered us with priceless knowledge, the confidence to question, and has given us choices that we never realised we had. It is also an entertaining and delightful read.”

CRAIG AND MICHELLE ATTARD (NEW PARENTS)

“Well Adjusted Babies explains the risks associated with some of the more common aspects of modern living such as particular foods, drugs and household toxins, as well as the medical interventions that tend to feature commonly in orthodox models of pregnancy and birthing. Jennifer also discusses issues surrounding vaccination, breastfeeding and nutrition, encouraging the reader to ensure that the decisions that they make are ones that sit comfortably with their own beliefs and ethos.”

MERYL DOREY (EDITOR, INFORMED VOICE MAGAZINE)

“I believe every practitioner (chiropractor or not) who claims to promote wellness, indeed every expectant mother, should have a copy of this book.”

DR GLENN MAGINNESS (CHIROPRACTOR AND PAEDIATRIC EDUCATOR)

“Well Adjusted Babies is a sensitive, touching and beautiful book about conception, pregnancy, delivery and parenting from a chiropractic perspective. The reader remains enthralled with the candour with which the author tells her journey and the passion she brings to the at times very sensitive subject matter.”

DR PHILLIP EBRALL (HEAD, DIVISION OF CHIROPRACTIC, RMIT UNIVERSITY)

“Jen celebrates life with deep honesty and compassion, and encourages us all to do the same in her wonderful book. Well Adjusted Babies is a sweet reminder that our greatest teacher and companion is our own heart.”

TIFFANI CLINGIN (KINESIOLOGIST)

There is so much involved when preparing for childbirth, and this planning stage can evoke an array of emotions for pregnant couples. The challenge with any ‘preparation’ is to be mindful that life is unpredictable. During labour, our best laid plans are often tested and pushed to their limits.

In retrospect, I can identify particular stages in my life where I lacked flexibility, where I have wanted to be in control and had to be reminded of God’s divine plan. Often the more fixated we are on something, or the more focused we are on achieving a particular outcome, the harder it is to hear life’s subtle reminders, the “be flexible” warnings. Sometimes we need a more obvious red flag or a slap in the face to appreciate just how stubborn we are being. Birthing can be one of those experiences.

When we try to coerce life to suit our agenda, we generally encounter resistance. As mothers, we need to remain open to the wonderful lessons that birthing can unfold for each of us.

Many vibrant, healthy women enter labour with high expectations about their performance and expect labour to be another marathon or personal achievement. Childbirth is so much more.

Birthing is an opportunity to surrender completely to a process that is bigger than ourselves. It reminds us to embrace our highest self and our highest guidance.

“Labour seems to resist all of our best laid plans to control it.”

ESSENTIAL ITEMS FOR YOUR BIRTH BAG

Packing your bag with the help of your birth partner is essential. Keep all items together within easy access, ready for the birth.

Depending on your birth plan, where you are having your baby and the facilities provided, choose which of the following items that will be relevant for you:

FOR THE CAR

- **A white towel**—should your waters break while you are travelling to hospital or the birthing centre, it is preferable to have a white towel available so that you

can record the colour of the fluid. Clear fluid is normal, while coloured fluid may indicate that your baby is distressed. Having a towel enables you to show your midwife upon arrival.

- **A bucket**—always handy in case of vomiting.
- **Some drinking water**
- **A hot water bottle**—easy to use for pain relief in initial stages (particularly at home or in the car). Hot packs are available in birthing centres and hospitals.

FOR THE HOSPITAL OR BIRTHING CENTRE

- **Cloth nappies** (x 6)—to immerse in hot water. Using extremely hot towels on the abdomen and the lower back is helpful for pain management.
- **A bucket**—to immerse nappies in, and a bucket lid to keep the water hot.
- **Thick, heavy-duty, industrial gloves**—these enable your partner to immerse their hands in the hot bucket of water and wring the towels out.
- **Drinks**—primarily include bottled water, but glucose sports drinks and juices help to sustain energy.
- **Bendable straws**—these enable your birth partner to make drinks accessible to you, even if you are in an awkward position.
- **A water spray gun**—for spraying a little water onto the face and back. Adding a few drops of aromatherapy oil can be soothing as well.
- **Face cloths** (x 2)—one to dip into cold water to wipe the brow and the other to use on your perineum when the baby is crowning. Let me suggest two different coloured cloths to avoid confusion!
- **Essential oils to burn**—*please see Aromatherapy Labour Oils in Chapter 7*. You will need an electric oil burner as candles are generally not allowed in hospitals and birthing centres.
- **Peppermint essential oil**—for use in the toilet. It is important to keep the bladder empty as a woman's labouring abilities can be affected if it is full. Adding a few drops of peppermint oil into the toilet allows the vapour to stimulate the urethra and bladder.¹
- **Calcium snacks** or supplements may help ease the sensations of pain. Calcium supplements during a normal menstrual cycle are known to soothe the annoying symptoms of premenstrual syndrome.² Calcium carbonate significantly reduces four key categories of symptoms: mood swings, bloating, food cravings

and pain. Sesame seed bars and almonds are one of the best sources of natural calcium and are easily consumed during labour.

- **Food snacks and drinks**—for the birthing team and mother during labour and post-birth. Include some quality juices and herbal teas with honey.
- **Blueberries** were traditionally used by North American women³ for the treatment of labour pains. A labouring mother might like to nibble on some during her birth. Dried blueberries could be utilised but fresh is always best.
- **Arnica homeopathics**—Arnica 2000 taken before, during and after birth helps reduce swelling and bruising post-birth, while Arnica lotions applied after labour are also very effective.⁴
- **Birthing homeopathics** or the “Ezy Birth Homeopathic Kit” (*please see Resources section*).
- **Clothes and toiletries**—pack a couple of pairs of pyjamas and allow for two or three changes of underwear per day.
- **Sanitary pads and breast pads**—your nipples will be sensitive with initial feeding.
- **Natal Nurse Pack** from the Australian Breastfeeding Association—these include two re-useable pads containing ThermaPlast (similar to a cold pack) which are slipped into a disposable sleeve and are designed to relieve the post-birth swelling and soreness. They can be ordered directly from the association (please see Resources section). Alternatively, wrap an ice pack in a cloth and place this against the ‘new mum’s’ perineum. (Later, when you are at home, a handy hint is to buy a packet of frozen popsicles, wrap them individually in a cloth and place against your perineum.)
- **Swimming bathers**—for your partner in case they join you in the shower or bath. Midwives see enough bare bums without having to see your beloved’s as well!
- **Change of clothes** and pyjamas for your partner.
- **Clothes for baby**
- **Disposable nappies**— even if you intend to use cloth nappies, disposable ones are very handy for the baby’s initial dark, sticky, meconium bowel movements.
- **Cloth nappies**—B.Y.O. or charges apply to hire them.
- **Camera**, extra memory card and batteries.
- **CDs**—for music during your birth.
- **Flowers, photos** of loved ones, etc—anything to make you feel at home.

- **Massage oil**—*please see Aromatherapy Labour Oils in Chapter 7.*
- **Lip balm**—often labouring women become slightly dehydrated.
- **A pair of warm socks**—particularly if you'll be labouring in winter. Floors can be quite cool in hospitals and a comfortable pair of socks can be very nurturing.

ESSENTIAL ITEMS FOR A HOME BIRTH

- **Two large pieces of plastic or rubber** (available from hardware stores); alternatively, purchase plastic shower curtains.
- **Four old sheets** (ones that you are happy to throw out).
- **Old towels** (4–6; ones that you are happy to throw out).
- **Plenty of cushions**, pillows or beanbags for the birthing mother to lean into. Drape sheets and towels over them.
- **Face cloths** (x 2)—one for the brow, one for the perineum.
- **Hand basin**
- **Hot water bottles** (x 2)—for pain relief.
- **Box of tissues**
- **Buckets** (x 2; one with a lid).
- **Cloth nappies** (x 6)—for use as heat packs.
- **Heavy-duty rubber gloves**—to wring out hot water from the cloths.
- **Sieve for water births.**
- **Heaters or fans**, depending on the time of year.
- **Homeopathics**, such as Rescue Remedy and Arnica 30.
- **Massage oil**
- **Ice cubes**
- **Drinks**—water, juice and glucose sports drinks for energy.
- **Bendy straws**
- **Camera** with extra memory card and batteries.
- **Thermometer**
- **Maternity pads** (x 2 packets)

- **Change of underwear** (2–3 pairs)
- **Nightie or pyjamas** for the mother
- **Garbage bags** for soiled sheets.
- **Old bunny rugs** (x 4)—to wrap your messy newborn in. If it is likely to be cold, include an old hat or woolen bonnet and socks.
- **New bunny rugs** and clothes for baby—singlet, booties, etc, should you decide to change your baby or bathe them.
- **Baby bath** if you want to use one. Alternatively, newborns feel much safer being held close to your body as you share a bath.

EMERGENCY BAG

Have an Emergency Bag ready. Chances are that you won't need it, but just in case you decide to change birthing environments, for medical or personal reasons, the birth team will have all of these things in one place. Include in your emergency bag the same items as you would for a standard hospital birth.

25 REMINDERS FOR THE LAST SIX TO EIGHT WEEKS

The last few weeks of pregnancy are vitally important. Here are some suggestions for a mother during her final stages of pregnancy.

1. **CRAWL ON ALL FOURS (HANDS AND KNEES) FOR FIVE TO TEN MINUTES, TWICE A DAY**

This position allows optimum room for your baby to correctly place itself within your pelvis. This task is particularly beneficial if, upon abdominal examination, you find that your baby has rotated within your pelvis (into a posterior position, for example), or is yet to move down into your pelvis.

Posterior babies used to be uncommon in previous decades. It has been suggested that this is because women of these times would regularly scrub the floor on their hands and knees. This type of posture, with gravity's assistance, encouraged babies to move anteriorly into the pelvis.

In preparation for birth we need to make a conscious effort to crawl around the house. If you feel inclined, embrace those ‘nesting urges’ and get down on your hands and knees and dust those neglected skirting boards and corners! Alternatively read a magazine or newspaper whilst on all fours.

2. KEEP AN UPRIGHT POSTURE

Avoid sitting in a reclined position (backward leaning) on the couch or in the car, as these postures do not encourage correct positioning for your baby.

3. ENSURE YOUR SPINE IS ALIGNED FOR A MORE STRAIGHTFORWARD BIRTH

Due to hormonal changes and gravitational forces, pregnant women often develop specific subluxation and postural patterns. Research shows that correct alignment of the pelvis and spine contributes to a more straightforward labour with less pain and trauma for mother and child.

One particular subluxation pattern seen in pregnant women is the “Double PI Ilium/Sacral base posterior”. The pregnant mother tends to carry her head, drooping shoulders and whole upper body forward, decreasing the curve in her lower back. This results in head, neck, shoulder and back pain.⁵

While not as commonplace as other patterns, according to Dr McCullen in her paper, *Spinal Stabilisation*,⁶ “This type of subluxation pattern has more severe long-term consequences as the patient will be prone to protracted (long) labour, intense back pain during her labour and disordered uterine action (contractions that are inconsistent).”

Chiropractors can ensure that your spine is properly aligned and subluxation-free, and regular visits while you are pregnant will diminish the chance of complications during labour. *Please see section on chiropractic care later in this chapter.*

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4. PERFORM REGULAR PERINEAL MASSAGE

This is important, particularly if this is your first birth, or if you have suffered perineal tears with a previous birth. This massage, while at times painful and difficult, is one of the best methods for physically preparing the body for birth. *Please see Why Is Perineal Massage Important? later in this chapter.*

“I do not know of any woman who has routinely performed daily perineal massage from 30 weeks gestation who has needed an episiotomy.”

DR MARITA SMITH, CHIROPRACTOR, REGISTERED MIDWIFE AND NURSE.

5. PERFORM PELVIC FLOOR STRENGTHENING EXERCISES

Keeping your pelvic floor strong at this late stage of pregnancy ensures quicker recovery post-birth.

A common complaint of new mothers is that no one tells them how 'heavy and sore' their body can feel after a labour. **There are few things worse than feeling as if you have to physically hold your pelvic floor as you climb a set of stairs. So get busy with these strengthening exercises.** *Please see Why Should I Strengthen My Pelvic Floor later in this chapter.*

6. APPLY VITAMIN E OR JOJOBA OIL TO YOUR PERINEAL AREA DAILY

This activity helps to soften the area. If you are a new mother, your perineum has not had to stretch and accommodate for the passing of a small being before. So help your body by encouraging elasticity. This will also be useful if you have previously experienced perineal tears.

7. APPLY OILS AND CREAMS ONTO YOUR STOMACH AND BREASTS TO HELP PREVENT STRETCH MARKS

It is beneficial to continue applying these lotions pre and post-birth, as your milk comes in and the breast tissue is further stretched.

8. BREAST MASSAGE IN THE LAST FEW WEEKS OF YOUR PREGNANCY HAS BEEN SUGGESTED BY SOME AUTHORS TO INCREASE MILK SUPPLY

With this massage you may experience some colostrum leakage; this is natural. Knowing that you have abundant colostrum and breast milk available for your newborn instils great confidence in a new mum.

9. DRINK PLENTY OF RASPBERRY LEAF AND STINGING NETTLE TEA

These teas are available from health food stores. Use two handfuls of dried leaves and cover with boiling water in a litre jar, leave for four hours, strain and drink one cup per day. If making fresh, use three quarters of a teaspoon per cup.

Raspberry Leaf tea can be used alone or in combination with Squaw Vine, Beth Root and Blue Cohosh to help encourage a steady labour.⁷

Stinging Nettle teas are rich in iron and vitamin K, which help to reduce the risk of haemorrhage and improve recovery post-birth. Nettles also help to reduce haemorrhoids as they are mildly astringent and strengthen blood vessel walls. Stinging Nettles are also beneficial during the first trimester.⁸

Drink **Raspberry Leaf tea** regularly in the last six weeks of pregnancy as it is highly nutritious. Containing calcium, iron, folic acid and vitamin E, it prepares your body for birthing by helping to soften your cervix. Raspberry leaves consumed after labour also help milk production and hasten recovery of the uterus and pelvic area, post-birth.⁹

10. UTILISE HOMEOPATHICS

Speak to a registered homeopath for their recommendations.

11. BE PARTICULARLY MINDFUL OF YOUR DIET IN THESE LAST FEW WEEKS

In the **last few weeks of pregnancy**, focus on attaining enough vitamin C, B, E, K, iron, zinc and probiotics. **Vegetarian mothers** will also need to attain plenty of calcium and vitamin B12. Nothing beats getting these vitamins and minerals naturally from foods. *Please refer to Chapter 5 for foods rich in specific vitamins and other dietary recommendations.*

Here are some additional tips:

- **Vitamin C**—attained through good quality fruits and vegetables. Vitamin C is vital for foetal development and for a mother's increased demands of collagen for her growing breasts and stomach. Furthermore, vitamin C helps with the rate of post-labour healing, boosts your immunity and aids the body's ability to absorb iron (sustained iron levels are vital).
- **Vitamins B** (in particular B2, B6, B9 and B12)—they may help to reduce the risk of both pre-eclampsia and intra-uterine growth retardation.

- **Vitamin E**—firstly from your diet, then in supplement form. Vitamin E is a valuable antioxidant; it protects against haemorrhoids and varicose veins, normalises blood pressure and aids delivery.
- **Vitamin K**—important for proper blood clotting and the prevention of haemorrhage.
- **Zinc**—this mineral helps prevent stretch marks, perineal tearing and cracked nipples, and is important for foetal growth. Including zinc-rich foods every day in your diet may also help to prevent birth defects.¹⁰
- **Iron**—a pregnant mother’s diet should be rich in iron throughout her pregnancy, particularly in the last trimester. If this is your first pregnancy you may not need to take an iron supplement; with subsequent pregnancies, your blood tests may indicate lower iron levels and additional iron supplements (non-chelated) are required.

12. TRY BREATHING OUT WHEN HAVING A BOWEL MOTION

This helps a pregnant mother learn how to relax and release her pelvic floor.¹¹ *Please refer to the Benefits of Strengthening the Pelvic Floor section later in this chapter.*

13. HAVE A NAP EACH DAY

Adequate rest is important for both you and your growing baby.

*“Take rest; a field that has rested
gives a bountiful crop.”*

OID (43 BC-17 AD)

14. CORRECT SLEEPING POSITION

It is recommended that once you know that your baby is correctly positioned towards the front of your uterus (best checked by your midwife), that you lie predominantly on the same side as your baby’s back to encourage him/her to stay in this same position.

As you lay on your side, place a small pillow underneath your pendulous belly (i.e. between your belly and the mattress). This helps to prevent the weight of

your baby pulling your pelvis forward. Then place another small pillow between your knees to assist correct alignment of your spine and pelvis.

15. VISUALISE, VISUALISE, VISUALISE YOUR BABY'S IDEAL POSITION FOR BIRTH



Visualise your baby's position for birth:

- Head down
- With their chin tucked down onto chest
- Baby's back to mum's belly button
- Arms tucked down and against their body

16. PREPARE YOUR NIPPLES FOR BREASTFEEDING BY GENTLY PINCHING AND ROLLING THEM

These techniques help prevent nipples becoming too sore when first breastfeeding. These methods also familiarise a woman with handling her breasts and can be performed on both sides for two minutes a day in the last four to six weeks.

A mother can prepare her nipples by not wearing a bra and exposing the nipples to the gentle friction of clothes, also by exposing the nipples to sunlight for a few minutes a day. Rubbing the nipples with wheatgerm oil or expressed colostrum (late in pregnancy) is another important preparatory step.

Don't rub your nipples with a towel or a brush in an attempt to toughen them, as this will merely rub off skin cells and leave your nipples tender. Also avoid washing your nipples with soap as this will cause them to dry out and promote cracking when they are later stretched.

TO PREPARE NIPPLES FOR BREASTFEEDING:

PINCHING: Using your thumb and forefinger, gently squeeze just behind the nipple. If your nipple does not protrude, gently pull them outward.

ROLLING: Once you have pinched, roll your nipple between your thumb and forefinger, gently stretching it forward out of your breast.

17. DON'T TELL YOUR FRIENDS AND FAMILY YOUR EXACT DUE DATE

Being vague about when you will reach your 40 weeks gestation can be very helpful, particularly if you do go over your due date. Remember that babies initiate labour when they are ready. Being discreet avoids repeated phone calls from well meaning friends and family, and helps to minimise impatience for all involved.

18. MAKE A PHONE TREE

Nominate a couple of people to call after you've had your baby, and then have family and friends make the rest of the calls for you.

It is often best to only let a few people know when your labour starts, as this avoids unnecessary concern and tension. You can share your happy news with your family and friends once the big event is all over. From personal experience, this helps to prevent added stress and anxiety for everyone involved.

19. SPEND TIME WITH SOMEONE ELSE'S NEW BABY

This helps you visualise and appreciate just how beautiful and tiny your baby will be. Hold these babies, smell them and watch them feeding—this will be you soon!

20. USE MEDITATION TAPES

Quieten your mind and allow yourself time to connect with your unborn baby. *Please see Resources section for some suggestions.*

*“What your child learns in the womb
cannot be learned on earth.”*

YOGI BHAJAN

21. RESOLVE ANY ISSUES AND ACKNOWLEDGE ANY FEARS

It is beneficial for a pregnant couple to address any fears or anxieties they may have about birth. A labouring mother's body is less likely to relax and open up during birth if she has internal conflict, or if there has been a lack of communication amongst the support team.

Sit with your partner, get comfortable (isn't that such a funny phrase—how can you get comfortable when you've got a basketball between your legs?) and take the time necessary to allow any concerns to surface. It is completely normal for couples to feel scared or nervous. It is best to be honest and not judge these emotions.

Allowing emotions to surface and to flow without fear while pregnant enables you to fully prepare for birth and the wonderful journey of parenting.

Giving birth is possibly the greatest physical and emotional challenge you will ever face. Creating the time and space to face fears as a birthing couple (or with your birth partner if you have asked a girlfriend or your mother) can dramatically alter your birth outcome.

As a mother, some of your fears might be that there is something wrong with your baby, or that you will feel defeated by the pain of labour. You may fear that you'll disappoint your partner in some way, or yourself.

Your partner might feel anxious about seeing you in a tremendous amount of pain, possibly for hours, or seeing you vomit or weep with exhaustion. They may be nervous about your level of health and whether you'll be placed in any danger.

Ask your partner how they think they will respond during labour. How will they cope speaking with doctors and midwives?

Talk about these things in advance and remember the old saying that “failing to plan is a plan to fail”. Make sure everyone on your team is very clear on your birth objectives and that they are 100% supportive. If you are feeling challenged about the labour, speak to your midwife, watch positive birthing videos or read positive birthing stories. Keep focusing on ways that you can empower yourself as a birthing mother.

Take faith in knowing that women have successfully been giving birth since the beginning of time. Our bodies are designed for birth. Allowing emotions to surface and to flow without fear will enable you to fully prepare for birth and the wonderful journey of parenting.

22. ATTEND A PROACTIVE BIRTH SEMINAR

We no longer live in tribe-based cultures where young women witness and support other women birthing. Lacking the opportunity to observe natural labour without the sensationalism and hype of the media, we often misunderstand this natural process. Proactive birth seminars can fill in this gap, reminding us of the enormity of the event, and helping us to remember that birthing should be an empowering life experience.

Please see Resources section for suggested seminars.

23. TRY NOT TO EAT FISH IN THE LAST 2–3 WEEKS OF PREGNANCY

Fish prohibits prostaglandin production, which is necessary for initiating labour.¹² Mothers ideally should limit their intake of fresh fish entirely at this point and similarly reduce their daily intake of fish oil supplements to every alternate day.

24. TAKE SUPPLEMENTARY TISSUE SALTS

These chewable tablets are safe, highly effective and easily accessible from health food stores.

RECOMMENDED TISSUE SALTS

- **Magnesium Phosphate**—useful for preventing leg cramps and heartburn.
- **Calcium Fluoride**—aids varicose conditions.
- **Silica**—helps to prevent stretch marks.
- **Nat Mur** (or Sodium Chloride)—helps with fluid retention.

13

25. WALK AROUND THE HOUSE NAKED AND LOOK AT YOURSELF IN THE MIRROR

There is little room for modesty during labour. Getting used to seeing yourself naked prepares you for the likely scenario of strangers being with you in labour and seeing your naked body working to its full capacity.

BRING ME COMFORT!! HOW CAN MY SPINE AFFECT MY BIRTH OUTCOME?

Perhaps the easiest way to address comfort is by looking at how nerve dysfunction may affect mothers and babies as they share the birthing journey.

COMFORT FOR MOTHER

Maintaining and improving the function of your spine with chiropractic adjustments throughout your pregnancy helps to clear your nervous system of interference.

This allows you to be as healthy as possible and enables your body to **easily combat many of the physical hurdles of pregnancy.**

COMFORT FOR BABY

Having your spine checked by a chiropractor helps to ensure that your pelvis is sitting correctly and **allows for optimum room for your baby to grow and move.**

Maternal subluxations have also been implicated in foetal constraint (i.e. constraint within the uterus and pelvis).¹⁴ This can interfere not only with your baby's comfort level during pregnancy but also their presentation at birth and birth outcome. Studies demonstrate that there may even be long-term developmental effects in the infant due to uterus constraint.¹⁵ *Please refer to chapter 21 for further definition and explanation of vertebral subluxations.*

ADDED COMFORT DURING BIRTH

The benefits of chiropractic for birthing are now frequently documented.

- Research shows that ensuring that your pelvis and spine are correctly aligned may contribute to a **more straightforward labour, with less pain and trauma** for mother and child. A study conducted by Dr Irvin Henderson MD (a member of the American Medical Association Board of Trustees) demonstrated that women who received chiropractic adjustments in their third trimester were able to carry and deliver their child with much more comfort.¹⁶
- Another study commented on the **significant reduction in labour time** for those women who had chiropractic care throughout their pregnancy. With chiropractic adjustments, first-time mums averaged a 24% reduction in labour time, while experienced mothers enjoyed a 39% reduction when compared to other birthing women.¹⁷
- Correct biomechanics of the spine and pelvis during birth allows your baby to apply even pressure onto your cervix with the head, which **enables your body to dilate effectively**, resulting in shorter labour time.

*“If you would seek health,
look first to the spine.”*

SOCRATES

REASONS SUBLUXATIONS OCCUR IN PREGNANCY AND WAYS TO MINIMISE THE EFFECTS

Subluxations of the pelvis readily occur during pregnancy. Most frequently they occur in three separate places - in either of the two sacroiliac joints at the rear or the symphysis pubis joint, found at the front of the pelvis. Some of the reasons subluxations occur in pregnancy are as follows:

- Weight gain.
- Hormonal changes and alterations to the supporting structures of joints.
- Variations in the types of pelvis and how they respond to stressors exerted during pregnancy.
- Previous physical traumas or accidents that have been left uncorrected and have altered the biomechanics of the pelvis.
- Number of pregnancies and the status of pelvic musculature.
- Lifestyle factors and level of exercise.

WEIGHT GAIN

During pregnancy, weight gain is a normal physiological process, with hormonal and specific visceral (organ) changes orchestrating this gain. Nowadays, health professionals are more concerned with an expectant mother's nutritional status rather than the 'correct' amount of weight that a woman should gain.

The weight gain of pregnant women is partly due to the increasing size of the foetus and maternal organs, an increase in protein and fat storage and increased interstitial fluid.¹⁸ This gain can have a significant effect on the natural curvature of the lower back (lumbar lordosis).

It is this increase in weight and the hormonal changes that occur during pregnancy that allows for an increase in the lumbar lordosis. This increase is commonly referred to as 'Pride of Pregnancy' and can, in turn, affect other areas of the spine.¹⁹

OTHER SPINAL CHANGES

Initially in pregnancy, the mid back area of the spine (thoracic) is often strained, causing local subluxation. This is due to the rib cage flattening as a result of hormonal changes, an increase in breast size, and breathing rate and depth.²⁰ Later in the pregnancy, subluxations in both the cervical (neck) and thoracic areas tend to occur as

compensation for weight gain, the increased lumbar lordosis and hormonal changes.

HORMONAL CHANGES

Many hormones are at play during pregnancy. These hormones are imperative for sustaining gestation and are the cause of significant physiological change for the mother. Dr Joan Fallon, in her book *Chiropractic and Pregnancy*, comments that, "The basis of all change that occurs in pregnancy is hormonal".²¹

Two hormones that directly affect the spine are:

- **Progesterone**

The main functions of progesterone are to relax muscle, increase fat storage (thus aiding breast development) and to increase the body's core temperature.

- **Oestrogen**

Oestrogen increases the mobility of joints, promotes growth of the uterus and breasts, increases water retention and decreases salt excretion. As women, we can take comfort in knowing there is good reason why pregnant women should be hormonally challenged, have enormous breasts and puff up like balloons!

As women, we can take comfort in knowing there is good reason why pregnant women should be hormonally challenged, have enormous breasts and puff up like balloons!

In all seriousness, we can see how hormonal changes during pregnancy increase the likelihood for pelvic subluxations. These subluxations or altered biomechanics may encumber your baby's descent into the birth canal by creating uneven weight or pressure distribution onto the cervix. This in turn may affect the cervix's ability to dilate effectively.

The medical text *Gray's Anatomy*²² has for many decades outlined the effects of subluxation for a pregnant woman:

"During pregnancy the pelvic joints and ligaments are relaxed and capable of more extensive movements. This relationship renders the locking mechanism of the sacroiliac joint less restrictive and permits greater rotation. This change allows alterations in the diameter of the pelvis at childbirth. The less the locking mechanism, the more the strain of the weight-bearing falls on the ligaments leading to the frequent occurrence of sacroiliac strain after pregnancy.

"After childbirth the ligaments may become tightened up, but in some cases the locking may occur in the position of rotation of the hip bones, adopted during pregnancy. This so-called subluxation of the sacroiliac joint causes pain by the unusual tension which it imposes on the ligaments."

TYPES OF PELVISES

Anatomists have found great variations in the types of human pelvis. The pelvis can be characterised by the shape of the pelvic inlet. The importance of these distinctions becomes apparent when acknowledging how each pelvis may respond to the stress of pregnancy and childbirth.²³

Lets examine the differences:

- The **Gynecoid pelvis** is found in approximately 50% of women, while 20% have an **Anthropoid pelvis**. Both pelvis types are well-suited for childbirth and will generally accommodate well for the head of the foetus and distribute forces equally.
- The **Android pelvis** is found in 30% of women and is a more male-like pelvis due to its triangular inlet and flat sacrum. This type of pelvis can result in a labour where the head of the baby presses on the mother's sacrum and associated nerves, causing considerable back pain. The sacroiliac joints will frequently subluxate during pregnancy to accommodate such pressure.
- The **Platypelloid pelvis** or flat pelvis, found in a very small number of women, will generally respond to the pressures exerted during birth by subluxating the symphysis pubis (joint at the front of the pelvis). With this shaped pelvis a baby may present face first, which can result in abnormal moulding of the baby's cranial bones.

These examples show how a mother's varied pelvis shape can further predispose her to subluxation during her pregnancy and birth. Active birth positions are known to increase pelvic dimensions during labour, but if subluxations remain uncorrected then a mother's birthing capabilities may become further impaired.

TRAUMA OR PREVIOUS PHYSICAL TRAUMA

Any area of the spine that has been previously traumatised by a physical injury and has been left uncorrected may affect a mother's health during pregnancy. Like any weak link in a chain, a weak area of the spine has a predisposition for further damage if placed under stress. Hormonal changes and weight gain may also exacerbate previous injuries.

Likewise physical trauma a pregnant mother experiences, will ultimately effect the alignment of her spine and pelvis, which may in turn compromise her unborn baby's ability to move freely within the uterus. *Please see "Why Is A Baby's Position Important?" section for more information.*

PUBLISHED CASE STUDY

HISTORY AND EXAMINATION ▶ A 32-year-old pregnant female presented with pain in her pubic region (the joint at the front of the pelvis) that she had been experiencing since 28 weeks pregnancy. The mother reported that she thought the pubic pain had been initiated through trauma six weeks previously while she was running to catch a train and pushing a stroller.

The pain was severe, limited motion and did not allow her to sleep at night. Upon observation, she used a waddling gait and had difficulty sitting.

Palpation revealed tenderness, inflammation and a prominent pubic tubercle on the left side. Motion palpation indicated subluxation at the right sacroiliac joint.

RESULTS ▶ Five chiropractic adjustments to the symphysis pubis and trigger point work to the region of the Round Ligament of the uterus were performed every other day until the birth. Some pain relief occurred following the first adjustment and the patient was able to sleep that night; by the fifth adjustment, she was pain-free.

Chiropractic care recontinued four days post-birth.²⁴

NUMBER OF PREGNANCIES

Each successive pregnancy stretches pelvic musculature and ligamentous tissue. Therefore, women who have had multiple pregnancies and have not consciously re-strengthened abdominal and spinal musculature are often highly susceptible to pelvic subluxations.

TIPS FOR CARING FOR YOUR SPINE DURING PREGNANCY

- Don't try to sit up from a lying position using your abdominal muscles. Instead, bend your knees, turn onto your side and push yourself up with your arm.
- Remember to unlock your knees when standing and refrain from wearing high-heels.
- Avoid standing with your hands on your hips and pushing your tummy forward.
- Let others lift heavy items for you and avoid carrying toddlers.
- Avoid twisting your spine on top of your pelvis, instead trying moving your whole body with your feet. For example, when getting out of the car, turn your whole body towards the open door as you place your feet on the ground.
- Avoid remaining in one position for too long.
- Keep your pelvic floor strong.
- Breathe deeply into your lower abdomen, especially when stressed.
- Gently stretch your body daily.
- Have your spine regularly checked by a chiropractor.

LIFESTYLE

Healthy lifestyle choices are imperative during pregnancy, and many of these have been discussed in Chapters 2, 3 and 4. Each of these factors during pregnancy contribute to a mother's susceptibility to vertebral and/or pelvic subluxation.

WHY IS A BABY'S POSITION IMPORTANT?

Birth injuries, trauma and deaths are increased in malposition/malpresentation pregnancies.

Chiropractic care may be effective in correcting foetal malposition and malpresentation in pregnancy. Chiropractor Larry Webster, now deceased, pioneered a technique—the Webster In-Utero Constraint Technique—whereby a pregnant woman's sacrum (tailbone) is evaluated and adjusted in a specific manner to equalise nerve flow to a uterus in disharmony. It is a precise technique that reduces nerve interference and assists biomechanical balance. Webster's is ideal for all pregnant women, not just for women with a breech diagnosis.

According to Dr Jeanne Ohm, "The Webster technique is in fact a specific chiropractic analysis and adjustment that decreases interference to the nervous system and balances pelvic muscles and ligaments. This in turn reduces the cause of intrauterine constraint and allows the baby to get into the best possible position for birth."

This technique can be utilised when there has been a breech, transverse or posterior diagnosis. It may also be used throughout pregnancy, integrated as a wellness adjustment for all mothers, to aid in optimal foetal positioning by reducing intrauterine constraint.

PUBLISHED CASE STUDY

A paper examining the success of the Webster technique was presented at the recent World Federation of Chiropractic Congress in Sydney in June 2005.²⁵

FINDINGS ► A retrospective study of 30 patient files was made. Average patient age was 30.93 years (age range 20–46 years). Patients averaged 34.4 weeks of gestation (range: 29–39 weeks).

Foetal malposition/malpresentation cases were as follows: facial position (one case), transverse position (four cases), posterior lie position (11 cases), breech position (14 cases). The average number of visits was 3.7 (range 1–9 visits) within an average of 8.6 days (range 2–28 days).

RESULTS ▶ All malposition and malpresentation cases were corrected using the Webster technique and were verified by ultrasound.

This retrospective analysis provides supporting evidence on the effectiveness of chiropractic's Webster technique for correcting foetal malposition and malpresentation in pregnancy.

NOTE: While I am keen to share the history of success this technique has seen, it is imperative to explain to all mothers that **for some women, this technique may work like a textbook example and achieve the desired outcome, yet for other mothers there may be a divine reason their baby has chosen to enter the world breech, transverse or posterior.**

NERVE DYSFUNCTION CAUSED BY A BABY'S POSITION IN-UTERO AND BIRTH PRESENTATION

There are many causes of nerve dysfunction (i.e. vertebral subluxation) for the newborn. These include:

- a baby's birth position within the uterus.
- a baby's birth presentation (e.g. posterior or breech).
- birth trauma (for a newborn's spine and nervous system) with assisted deliveries including vacuum extraction, forceps, caesarean and natural vaginal deliveries.

Chapter 11 discusses how this nerve dysfunction occurs specifically. It also explains that the effects of such trauma may result in respiratory depression, neurological defects, irritability, colic, difficulty with feeding and attachment and sleeping problems. Undetected, these problems may manifest as learning difficulties, asthma, ear infections, hyperactivity and many other childhood problems.

A BREECH BABY

Somewhere between 28 and 32 weeks, babies start to turn head first into the pelvic cavity. After 36 weeks, if your baby is still bottom first, then he will be termed 'breech'. Most obstetricians will suggest that you prepare yourself for a caesarean, particularly if this is your first baby. Concerns for safety with a breech delivery include the possibility of compressing or prolapsing the umbilical cord, and the likelihood of the baby inhaling fluid. Other risk factors associated with breech presentation include high rate of death, neurological problems, cerebral palsy, frac-

tures and traumatic conditions such as Erb's palsy. Interestingly, up to 50% of children with hip problems had a breech birth.²⁶

WHAT CAUSES A BREECH PRESENTATION?

There seems to be a variety of contributing factors for breech presentations, including multiple pregnancy or a history of a premature delivery or breech pregnancy. Other reasons for this inverted presentation may include too little or too much amniotic fluid, an abnormally-shaped uterus, growths such as a fibroids or placenta previa.

Most breech babies are born healthy. However, it is important if your care giver has termed your baby breech that an ultrasound be arranged to assess any risks involved for mother or child. This is also pertinent if you are keen to try any activities which will encourage your baby to move into a more positive birthing position during your last few weeks of gestation.

TYPES OF BREECH PRESENTATIONS

- **Frank breech:** the baby's buttocks are aimed toward the birth canal with the legs and feet sticking straight up in front of the body.
- **Complete breech:** the buttocks are down with the legs folded at the knees and the feet near the buttocks.
- **Footling breech:** one or both of the baby's feet are pointing down.

THE CHIROPRACTIC APPROACH TO BREECH BABIES AND OPTIMAL UTERUS TONE

There is no one reason as to why babies move in and out of the optimal birthing position.

As the uterus is a "soft tissue", it stretches with the growth of your baby and often in some directions more than others. The contraction of the uterine smooth muscle is known to be an involuntary action controlled and co-ordinated by the subconscious brain and nervous system.

OUR BREECH EXPERIENCE

From around the six month of my fifth pregnancy, our baby was consistently found to be in the breech position.

Breech positioning is less common in women who have had multiple pregnancies, however I attribute the constraint of the smooth muscle of my uterus to the level of exercise I was doing pre-pregnancy. Ironically I had been the fittest and strongest I have ever been in my life after joining a running group, and I was clocking up some considerable distances before finding out we were pregnant again.

Having a baby that was breech was quite a predicament indeed for this chiropractic couple (remembering I am also married to a chiropractor). I kept asking myself, "How can this be?"

As we grew closer to our eighth month, I had exhausted most options and techniques (including Webster's) that may have been able to encourage our baby to move down deep into my pelvis. It was at this time that I was reminded about taking the time to listen to my body's needs, taking time to relax and allow healing to occur.

It was through the guidance of a noble and caring Dr Vallone that I was able to experience a more peaceful tone of my uterus. I was attending a paediatric chiropractic seminar and Dr Vallone was teaching a myofascial release technique for pregnant women. She observed my awkward posture and the tension through my pelvis and torso, and kindly offered to adjust me.

By subtly feeling and releasing the tension in the layers of muscles holding my uterus, and by delicately adjusting my pelvis, Dr Vallone helped my body to unwind. I could feel my baby turn head down almost immediately, and with a second adjustment the following morning, Arlo moved fully into the birth canal.

You see, it is not about the application of a technique or procedure; it is about listening to the needs of mother and baby. So when working with the smooth muscle of the uterus, there are a several factors a practitioner needs to consider:

- Are there any known uterine problems such as placenta previa, shortened umbilical cord, fibroids or any other factor that may prevent successful version?
- Are there known limitations (pelvic abnormalities, size or flare, congenital abnormalities, spondylolisthesis, asymmetrical facets) that may be influencing smooth muscle of the uterus?
- Is the skeletal system sturdy and neutral?
- Is the mother's posture strained or constrained?
- What degree of nerve dysfunction and subluxation is evident?
- Is the smooth muscle and myofascial tissue free and mobile?
- Are there previous traumas or lifestyle factors that need addressing?

Using the Webster technique, a chiropractor works on the muscle bundle or trigger points within the supporting connective tissue, thus helping the body to correct the pelvic subluxation.

This chiropractic technique initially became particularly popular for helping breech babies. *The Journal of Manipulative and Physiological Therapeutics* in 2002 reported that this technique has an 82% success rate.²⁷ In addition to being utilised for breech positioning, this technique is also known to be successful when babies are transverse or posterior.

Webster's is also ideal for all pregnant women, not just for women carrying a malpositioned baby. In fact, it's an extremely beneficial chiropractic wellness technique which helps to minimise the likelihood of malpositioning of an infant in-utero and malpresentation at birth.

NOTE TO MOTHERS: Mothers who are faced with the likely scenario of a breech baby should realise that no one technique or exercise will necessarily turn their baby. I suggest mothers focus on connecting with their baby and their body in order to best assist their unborn child to re-orient themselves (if their baby so desires). Herein lie the lessons of surrender. I truly believe that babies are born exactly the way they are meant to be born. It is my opinion that the less we force our agendas and the more we connect with our babies, the more likely our births are to be calm and straightforward.

Of all the women I have known who have been diagnosed breech, the ones who have had the most success in creating an optimum birthing position are those who take a cumulative approach, remembering their bodies are capable of great things. I feel it is irresponsible for any technique to claim that it can turn a baby, as it is the mother and baby who 'create' the change.

NOTE TO PRACTITIONERS: I shared the story of Our Breech Experience earlier in the chapter to remind us that one sole technique is not always the solution for breech babies. While Webster's is extremely effective and I too have utilised it successfully with pregnant mothers, it is important to approach cases individually and to listen to the needs of the mother and baby that are standing before you.

Therefore, adjustments should be catered specifically; for one mother-baby duo this may entail the Webster technique; for another, Myofascial Release or Logan Basic, for example.

In summary, chiropractors and health practitioners are unable to force or manipulate nature—we are simply servants to the intelligent and innate capacity of the mother and child. If a baby does not wish to re-orientate its position, then we are not to question Mother Nature's rationale, nor imply that the mother has failed.

Please see Appendix for further information.

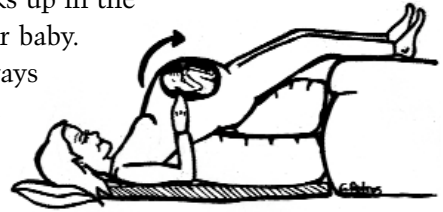
ACTIVITIES FOR PARENTS TO FOCUS ON

If an ultrasound has confirmed a breech position (and baby appears healthy and well), bear in mind there are many different methods that may encourage your baby to turn. So before throwing in the towel along with any hopes you may have had for a vaginal birth, remember that time is on your side. Rather than feeling blue, focus on the following proactive activities:

EXERCISES

In a breech position your baby is sitting upright in your pelvis, and ideally we wish to encourage him to tip downwards, head first. Angling your body so that your head is lower than your pelvis (so your bottom sticks up in the air) helps to create increased pressure on your baby.

This position encourages him to move crossways and then down into your pelvis, head first. It is also beneficial to visualise your baby moving into the correct position while you perform these activities.



1. Knee Chest Position

Arrange yourself on all fours (i.e. on your hands and knees), then lower your upper body so that your head and shoulders rest on the floor, while your bottom remains in the air. Hold for 20 minutes, twice a day.

2. Breech Tilt

On the floor, in front of your sofa, gather three or four firm cushions or pillows. Place two of these pillows, one on top of the other, against the base of the couch. Then place a yoga mat or towel against the base of the couch, adjacent to these pillows. The mat allows for cushioning for your upper body.

The aim of this exercise is to then lie down on your yoga mat and lift your legs onto the sofa. Ensure that your bottom is touching the edge of the sofa. Then lift your pelvis into the air by pushing down with your feet and gently drag the two cushions that are next to you, in and under your legs and bottom. The cushions are meant to support your body at a 45° angle, so you may need to add an extra cushion. This task may sound difficult but with a little persistence and practice, you'll conquer it.

Perform both of these exercises on an empty stomach, twice a day, for about 20 minutes.²⁸

CONSULT A CHIROPRACTOR FOR BREECH-ASSIST TECHNIQUES

Please see related section earlier in this chapter.

CONSULT AN ACUPUNCTURIST, HOMEOPATH OR CHINESE HERBALIST

Combining acupuncture and dietary changes to promote an energy balance in the body can help to turn breech babies. Seek a practitioner who has skill and experience in this area. An acupuncturist will aim to realign the electromagnetic energy of the body and may use either acupuncture needles or moxibustion over consecutive sessions.

A Chinese herbalist or naturopath will be able to guide you on specific dietary changes that can promote more 'yang' energy in your body. According to Eastern philosophies, when the body indicates too much 'yin' energy, your baby may also adopt this condition and breech positioning will be encouraged. 'Yin' is promoted by too many sugary, cold foods such as ice cream, chemical stimulants such as coffee and smoking, and a lack of rest.²⁹

Upon examination, a homeopath may suggest possibly Pulsatilla 200 or Tuberculinum 10m. Please do not self-prescribe, as these recommendations will depend upon your individual requirements.³⁰

KINESIOLOGY

Consider having a kinesiology session (*please see related section later in this chapter*).

USING SOUND AND LIGHT

Research has shown that babies are able to hear sounds from within the uterus (*see Chapter 3 for further discussion of this*). Some women have had success encouraging their babies to move down towards the birth canal by using headphones playing music held low over the uterus. Alternatively, the father of the child could speak to them from a contact-point on the lower abdomen. Other women use the light of a torch held over the same area to encourage their baby to move down into the pelvis towards the light source. Honestly, I would probably just shine the light source right between my legs—directly onto the birth canal—so as to avoid any navigational errors or foetal confusion! Take your pick.

ELEPHANT WALKING

This posture is designed to encourage your baby out of a breech position. This activity involves walking around the house on your hands and feet (instead of your

knees)—this is no easy task.

VISUALISE

Cover your house with pictures of babies in the correct foetal position.

DIVING

Other literature suggests diving into a pool several times. Who knows, surely it is worth a try!

A POSTERIOR BABY

A 'posterior baby' is positioned towards the front of the mother's body with its spine against her spine. The ideal position for your baby pre-labour is with your baby's chin tucked under and its spine facing to the front of the mother's body. With a posterior position, your baby will have difficulty being able to move down and over the cervix. Dilation will be slower and the labouring mother will generally experience significant back pain and a longer labour.³¹

Interestingly, some posterior babies may turn or rotate into a more favourable delivery position during labour itself, particularly with active birth positions.³²

ACTIVITIES FOR PARENTS TO FOCUS ON

The following suggestions can help your baby to move into a more ideal anterior position during your pregnancy:

CONSULT A CHIROPRACTOR

*Please see *The Chiropractic Approach to Breech Babies and Optimal Uterus Tone*.*

EXERCISES

Arrange yourself in an 'all-fours' position.

1. Crawl

Crawl around the carpeted areas of your house in 5–10 minute intervals, 2–3 times a day. You can also rest in this all-fours position and read the paper, for example.

2. Sideways Bend

While in the all-fours position keep your upper body still and bring one of your hips up towards the shoulder on the same side. Start by breathing in, then as you breathe out, tighten the muscles on your left side and draw your hip up towards your left shoulder. As you breathe in, move your hip back to the neutral starting position. Repeat on the other side.

3. Back Arching

While in the all-fours position, breathe in; as you breathe out, arch your back upwards and relax your head down. Keep your abdominal muscles relaxed. Breathe in again and bring your body back to neutral.

With these activities, if you feel your baby move towards the front of your body, go for a walk to encourage the head to engage into your pelvis.³³

It is recommended that once you know that your baby is correctly positioned anteriorly (best checked by your midwife), you lie on your left side while resting, which encourages your baby to do the same.

WATCH YOUR POSTURE

Avoid sitting in reclined positions, such as leaning backward on the couch or in car seats. Research suggests that sitting upright in straight-backed chairs, straddling a chair backwards or using office kneeler chairs will encourage your baby to enter the pelvis in an anterior position.³⁴

ACUPUNCTURE AND HOMEOPATHY

These are both beneficial therapies—as discussed within the *Breech Baby* section above.

WHY IS PERINEAL MASSAGE IMPORTANT?

WHY BOTHER?

Let's be honest from the start, if this is your first pregnancy, then the thought of having to do perineal massage might not thrill you. I have to admit I was tentative - and rightly so because when perineal massage is done properly, it hurts! Literature indicates the benefit of consistently massaging the perineum during late pregnancy as a birthing mother will be less likely to tear during labour.³⁵ Wouldn't you agree that

encouraging your perineum not to tear is a good thing?

Some women approach perineal massage half-heartedly, presuming that all will be fine. Sadly, many women are then unprepared for the likely scenario of an episiotomy during labour, because their pelvic floor and perineum will not relax and accommodate for their baby. After hearing countless birthing stories, most women after birth wish that they had taken more time to prepare their bodies for labour.

NOTE TO PARTNERS: If it isn't enough that women have to psych themselves to even think of stretching perineal tissue, some mothers and midwives have informed me of their partner's reluctance to help. All I can say is this: the scar tissue from an episiotomy could affect the remainder of a mother's sexual life, with future intercourse being possibly painful as a result. Birthing is not women's business—it's family business. If a woman's sexual pleasure is affected, so will her partner's be affected. So don't be prudish or shy—work together.

Perineal stretching is also vitally important if a birthing mother has scar tissue from a previous birth. Scar tissue loses elasticity and generally remains restrictive in nature.

Factors that influence tearing!³⁶

- The strength of your contractions.
- The stretch ability or elasticity of your body tissue.
- The size of your baby.
- Position of your baby's head.
- Your position during delivery.
- The speed of your delivery.
- The skill of your attendant.
- Scarring from previous deliveries.

HOW DO I MASSAGE MY PERINEUM?

Your mission, should you choose to accept it (YOU CAN DO IT!), is to stretch and massage the tissues around your vagina and perineum. To begin, wash your hands well, then lean back into a relaxed position.

Remember, if this stretching doesn't feel uncomfortable and hurt a little, then you are not stretching firmly enough. So be brave, take a deep breath and relax into preparing your body for a gentle and safe birth.

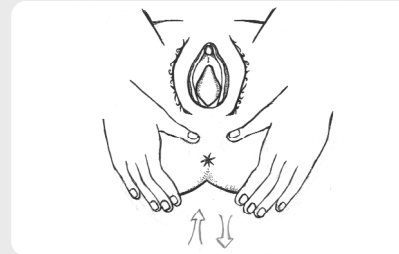
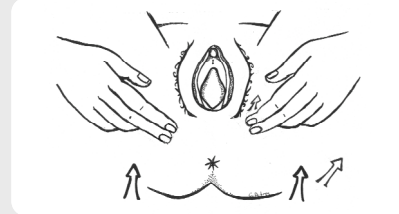
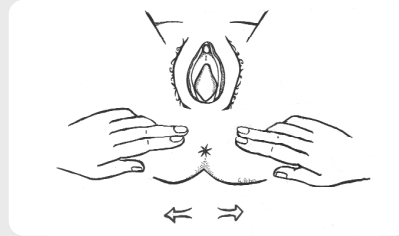
You don't have to do perineal massage on your own; I would certainly recommend that you try it after making love. True, this does sound a bit messy, but it's better that you and your partner get used to being messy. Birthing is messy. Birthing is real. Having your partner stretch your perineum as a pre-labour activity is very real.

There is little room for modesty when preparing for childbirth. Watching a birth is a gift, a humbling miracle—but lets not kid ourselves, it is certainly not glamorous.

External Massage

Locate the area of skin at the centre of your perineum, directly between your vagina and anus. Place your index and middle fingers of both hands opposite each other and pull your fingers out towards your thighs, dragging the skin with you. This creates tissue pull through the superficial layers of skin. Repeat 10–20 times.

Then turn your fingers in slightly and drag them up towards your pubic hair. Repeat 10–20 times. Then move back to the centre point of your perineum and place the tips of your thumbs opposite each other. Move one thumb up towards your vagina and the other thumb down towards your anus (this feels as delightful as a ‘Chinese burn’!). Repeat 10–20 times.³⁷

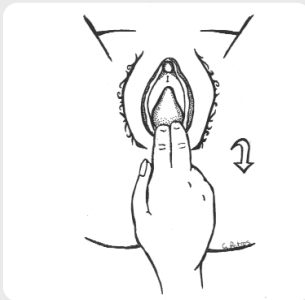


Internal Massage

Place two fingers inside your vagina and pull down and out slightly. Pull down firmly until you feel a good stretch. Then pull down a little bit more.

Then pull sideways firmly.

Swap hands and stretch the other side. Repeat these three directions 10–20 times.³⁷



If you and your partner want to take a natural approach to labour, then you will need to become comfortable with looking at and touching your female genitalia. There is little room for modesty when preparing for childbirth. Watching a birth is a gift—a humbling miracle—but let's not kid ourselves, it is certainly not glamorous.

If your partner refuses to participate or resists helping you with the massage, then this is a very clear indication that together you need to clarify your birthing preferences and objectives.

As a couple or individually you can use KY jelly, vitamin E oil or jojoba oil for massage. When you are performing this stretching, it is important to focus on opening up your body. Try to relax, and have confidence in your body's ability to stretch and give birth to your baby.

When do we start? Begin perineal massage any time from 30 weeks.

How often? If perineal massage is performed correctly (it will hurt); twice a week. Perineal massage should take 15–30 minutes.

WHY SHOULD I STRENGTHEN MY PELVIC FLOOR?

Your pelvic floor muscles are the muscles right between your legs. They make a figure of eight loop surrounding the urethral and vaginal sphincters and the anal sphincter at the rear. Unlike your uterus, these muscles are under your conscious control and need strengthening. Irrespective of your birth outcome, be that vaginal or caesarean, all pregnant women need to strengthen their pelvic floor.

A recent Norwegian study³⁸ suggests that while there may be a small increased incidence of pelvic floor damage among women who deliver their babies vaginally, the major risk factors are a hurried second stage of labour, forceps delivery and episiotomy—not natural vaginal birth per se.

“Women do pay the price, physically and emotionally, for childbirth, but caesarean is not guaranteed to prevent pelvic floor problems in later life. A lot of women who have their babies by caesarean still become incontinent.” ³⁹

THE BENEFITS OF STRENGTHENING THESE MUSCLES DURING PREGNANCY:

- **Being able to relax your pelvic floor during labour**

If you practice strengthening these muscles, you will develop an awareness of where they are so that during labour you can consciously relax this area.⁴⁰

To speak frankly, this will be highly useful when your midwife turns to you as your baby's head is crowning, and says, "Now just let your vagina relax, let it go." She says this just as your perineum fills with the weight of your baby's head and you feel your body stretch to accommodate for something the size of a frozen chicken. You will then look at her in absolute horror and confusion.

It is not an easy task to "just let your vagina relax" when you fear that your womanhood is going to be ripped in two. Your initial reaction is to squeeze these muscles as tight as possible and force that baby back into your uterus, where quite frankly, it can stay for eternity!

Unless you've practiced contracting and then relaxing these pelvic floor muscles, you'll simply end up screaming, "No way!", "What the hell do you mean?", "Relax what? Where?"

You need to strengthen these muscles in order to relax them during the crowning stage of labour.

- **Better circulation promotes better healing**

Exercising a muscle brings more blood to an area and promotes better circulation. Having efficient blood supply to your pelvic floor will enable these muscles to stretch easily during labour and allow for quick healing post-birth.⁴¹

- **To prevent vulval or anal varicosities (haemorrhoids) during labour**

A strong pelvic floor prevents sphincter weakness and the occurrence of subsequent haemorrhoids. The pressure on your pelvic floor during labour and the engorgement of these tissues post-labour will encourage haemorrhoids if your pelvic floor is weak.⁴²

- **Helps prevent constipation**

At some point after giving birth you will have to use your bowels. Unconsciously you may resist this urge through fear. Many mothers post-birth feel anxious that it may hurt or they may cause themselves grave injury. A weak pelvic floor encourages such fear.

It is not an easy task to "just let your vagina relax" when you fear that your womanhood is going to be ripped in two. Your initial reaction is to squeeze these muscles as tight as possible and force that baby back into your uterus, where quite frankly, it can stay for eternity!

ADVANTAGES OF STRENGTHENING YOUR PELVIC FLOOR POST-NATALLY:

Failing to strengthen your pelvic floor during pregnancy encourages a weakness post-labour which, over time, can be exaggerated. Complacency sets in and Pelvic Floor Dysfunction (PFD) becomes a daily reality. Then as women age, they often wonder why their body feels so different.

- A strong pelvic floor helps prevent the symptoms of PFD, which include:
 - urinary urgency or urinary incontinence (the inability to control your bladder)
 - the need to urinate frequently, a common complaint amongst women post-birth.

Urination depends on muscle coordination between the bladder and the pelvic floor muscles. These muscles are meant to relax while the bladder contracts. However with PFD, the pelvic floor muscles continue to tighten when the bladder contracts. The result is poor urine flow. Straining and pushing to get the last drop of urine out is believed to further aggravate the muscles of the pelvic floor, resulting in a vicious cycle.⁴³

- A strong pelvic floor helps to increase or improve the sensations experienced when making love. PFD can lessen these sensations.
- PFD can result in a prolapsed uterus, where the uterus is no longer positioned correctly and specialist intervention may be required.

There are some wonderful products now on the market to assist with pelvic floor awareness. One such product is “EPI-NO” by Tecsana, a home training device which helps to prevent perineal injuries and incontinence. *For further product information please see Resources section.*

PREVENTION STRATEGIES FOR PFD

Suggested by the Incontinence Lifestyles⁴⁴ website.

- Bladder training (to strengthen the bladder muscles)
- Trigger point therapy (on tender points of the perineum)
- Internal massage to address the perineum
- Chiropractic adjustments
- Myofascial therapy
- TENS unit
- Acupuncture
- Dietary modifications to prevent bladder spasm, constipation and dehydration
- Gentle exercise
- Postural education
- Prevention of sitting for extended periods
- Warm baths

ABNORMAL SPINAL CURVATURE AND PELVIC ORGAN PROLAPSE

A study found that any abnormal change in spinal curvature, especially a loss of lumbar lordosis (the natural curvature in the lower back), appears to be a significant risk factor in the development of pelvic organ prolapse.⁴⁵

The researchers studied 363 patients, of which 92 had abnormal spinal curvatures. Of these, 84 had experienced pelvic organ prolapse. **When compared to patients with normal curvature, patients with an abnormal spinal curvature were three times more likely to develop pelvic organ prolapse.**

Other studies have found a similar association. One study found that women with advanced prolapse have less curvature in their lower back than women without prolapse.⁴⁶ Another study found that women with an increased curve in their mid-back had a greater chance of developing uterine prolapse.⁴⁷

Good spinal health is imperative not only during your pregnancy but for maintaining wellness and vitality as we age.

WHAT ARE SOME OTHER BENEFICIAL THERAPIES?

There are many beneficial therapies a pregnant mother can utilise in preparation for birth.

HOMEOPATHIC REMEDIES FOR PRE-LABOUR AND BIRTH

Homeopathics prior to birth and during labour can be extremely useful. Remedies are selected on the basis of the best match with the 'totality' of each person's assessment.

Some women have had little exposure to homeopathics, so the following examples are included to help you identify why homeopathics may be applicable.⁴⁸ Please clarify these suggestions with your homeopath and do not self-prescribe:

- **Caulophyllum 30** prepares your uterus for delivery and helps ensure a steady labour (one dose each week for six weeks before delivery and once a day for ten days before your due date).
- **Caulophyllum 200** is effective at the start of labour. If you are overdue, Caulophyllum 200 can be taken morning and night until labour commences. If your doctor has booked you in for an induction, take the remedy every three hours until labour is established.

Take one dose of *Caulophyllum* 200 as soon as labour commences, and you can take an additional dose if your labour is not progressing well.

- **Pulsitilla 220** is useful when labour is slow and the labouring woman is having difficulty coping.
- **Nux Vomica** is used for nausea. *Ipecac* 30 is useful for vomiting that won't stop.
- **Aconite 6** is useful for fear of delivery or for shock after delivery.
- **Arnica 220** can be used immediately after labour for bruising of the birth canal and for the first few days after delivery.

Another alternative is the “Ezy Birth Homeopathic Kit” (*please see Resource section*). These homeopathics are designed to be used in three parts: before, during and post-birth. I have had personal experience with both forms of homeopathics and have found them to be extremely beneficial for labour.

ACUPUNCTURE

Acupuncture is a Traditional Chinese diagnostic therapy. Acupuncture can offer relief for some of the symptoms of pregnancy, including high blood pressure, insomnia, oedema and fatigue. This technique is also effective for helping to turn posterior and breech babies. 'Tune up' treatments are given to promote good energy flow to the uterus and cervix, while during labour, acupuncture can be given for pain relief, failure to progress, exhaustion and retention of the placenta.⁴⁹

TRADITIONAL CHINESE MEDICINE

Traditional Chinese Medicine (TCM) is an ancient system of healing that bases diagnosis on an individual's pattern of symptoms rather than looking for a known condition. Chinese herbalism is one element of TCM. Herbs are not taken singularly but together as a formula to address the pattern of disharmony. TCM is a holistic and safe therapy that can effectively address many maternal health issues. As some herbs are contraindicated in pregnancy, always refer to a registered therapist. As discussed in Chapter 3, Chinese herbs are also particularly beneficial post-birth.⁵⁰

KINESIOLOGY

“Kinesiologists use gentle muscle testing to help access the unconscious wishes, doubts and fears which hinder our experience of life. Pre-natal kinesiology is a beautiful process and is wonderful for people who may want to deepen their awareness of their baby, manage stress and move forward with clarity. Using essential oils, acu-

pressure and a variety of other nurturing tools, kinesiology can support expectant mothers to be fully prepared for their new roles.”⁵¹

NATUROPATHIC HERBS

Naturopathy utilises a combination of diet and non-invasive therapies to stimulate the healing process and recreate body equilibrium. Rather than treating symptoms directly, naturopaths work to improve underlying health so an individual is less susceptible to illness. Most naturopaths draw on a wide range of techniques. Common ailments that naturopathy can assist with during pregnancy include iron deficiency, fatigue, leg cramps and poor circulation.

Please see Resources for Natural Therapy Association websites.

*“Nothing in life is to be feared,
it is only to be understood.”*

MARIE CURIE

OTHER WELL ADJUSTED PRODUCTS INCLUDE:

- **Well Adjusted Babies**
THE COMPLETE BOOK
- **BBB Pillow**
COMFORT FOR BABY, BREASTS AND BELLY
- **Which Foods When**
A HANDY CHART FOR INFANT NUTRITION
- **WAB Audio**
MP3 CHAPTERS FROM WELL ADJUSTED BABIES
- **Which Foods When Cookbook**
A COLOURFUL EXTENDED COOKBOOK & REFERENCE
FOR HEALTHY INFANT NUTRITION

FOR ORDERS & MORE INFORMATION,
PLEASE VISIT OUR WEBSITE:

www.welladjustedbabies.com

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