Preparations for Birth
Proactive Strategies

Course Pack & Additional Resources

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# Table of Contents

- Choosing Your Support Team: Quiz for Partners  
  Page 3
- All About Doulas: A Consumer’s Guide  
  Page 7
- Prenatal Perineal Massage  
  Page 14
- Homeopathic Preparation for Delivery  
  Page 16
- Optimal Fetal Positioning  
  Page 17
- Homeopathy to Turn a Baby in an Unfavorable Position  
  Page 21
- The Value of Affirmations  
  Page 22
- Baby Stuff: What do you really need?  
  Page 25
- Additional Resources  
  Page 27
Choosing Your Support Team
Quiz for Partners

A very important ingredient in your birth support team is your choice of caregiver (midwife or doctor) and place of birth (hospital, birth center, or home). If you are still in the process of choosing a caregiver and a location for your birth, then our module focused on that subject (*I’m Pregnant! NowWhat?*) is designed to aid you in making an informed decision.

Assuming you have already chosen a caregiver and know where you plan to give birth, I would just like to add that it is your right to feel comfortable with your choice. If you have doubts about your care provider or have considered switching to another provider/setting, it may not be too late to do so (even at the very last minute). Here’s a hint: If you find yourself coming home from prenatal visits in tears, then something is off. See if opening lines of communication can provide clarity or resolve any issues. It does not get easier to raise your concerns in labor; they are best addressed prenatally, in a forthright manner. You have a right to feel supported in your choices. You are the consumer here and, one way or another, you are paying the bill.

Goals for This Exercise:

- Moms: (1) Try to anticipate the types of support that you will respond to and (2) understand that your partner may not be the best person to meet ALL of your needs in labor.
- Dads/Partners: (1) Understand the type of support that your partner may require in labor and (2) consider what your role at the birth will be.
- Establish good communication regarding mutual expectations and problem solve any issues *before* the birth (e.g., before an unwanted mother-in-law shows up).
- Plan for success: Give the mother permission to get her needs met in labor. Trust me, this is MUCH better than having unarticulated needs, making assumptions that your partner will meet them, and then being disappointed or resentful when un-communicated needs don’t get met. Needs don’t go away when we don’t honor them; in fact, they often get stronger!
- Remember, whatever is best and safest for mom, is also best for the baby. Your birth is about you and your family. It is okay to ask family and friends to respect your wishes.

How to Do This Exercise

- Each partner fills out their section of the quiz.
- Next, find a time to come together and share your questions and answers with each other.
- Explore any topics where you might have mis-matched expectations or where one person’s needs are not a good fit for the partner’s ability to fulfill that need. Just identify mismatched areas or points of potential conflict, without judging them.
- Next, come up with positive solutions for identified challenges. This might involve exploring, for example, hiring a doula. It may be reassuring to know that most doulas offer a no-obligation interview with prospective clients to discover whether the doula and the couple are a good match. If you are wondering about it, go ahead and interview a couple of doulas.
Questions for the Expectant Mother

1. When feeling stressed, anxious, unwell, or in pain, what do you do to make yourself feel better?

2. What types of activity help you to relax? (warm bath, music, massage, dark, quiet room, specific activities? other?). List everything that has worked in the past for you.

3. When others have helped you through a challenging experience, what have they done (specifically) that was helpful? Was there anything that was not helpful, or perhaps even made the challenge more difficult for you (even if it was well intentioned)?

4. What are your expectations of your partner during your upcoming labor and birth?

5. Rate each of the following according to the extent you find it comforting.

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<th>Very comforting</th>
<th>Somewhat helpful</th>
<th>Unsure</th>
<th>Probably not helpful</th>
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<td>To be left alone</td>
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<td>Massage, touch techniques</td>
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6. **Make a list** of the people in your life who meet the following criteria:
   - Are available to be present at my baby’s birth
   - Want to be present at my baby’s birth
   - Would be an asset during the labor and birth process (make it easier on me)
   - Share similar beliefs about birth
   - Can provide unconditional, nonjudgmental, non-inhibiting support
   - Have confidence in me and my capacities
   - Are not afraid of birth
   - Will be able to witness me in pain without becoming overly upset
   - Possess a personality and style capable of meeting my needs in labor, especially helping me to relax

7. Now, identify the person(s) on the list who can also best complement your partner’s capacities, limitations, and preferences.

8. Who do you feel would be your ideal support team?
Questions for Partner

1. How active a participant in the labor and birth process do you anticipate being? (Put a check after each item below that best describes your preferred role.)

   - Primary support person
   - Part of a team providing support
   - Witness to birth and emotional support only
   - Very hands-on, help with positioning, massage, comfort measures
   - Help in making all decisions
   - Would like to help catch the baby, cut the umbilical cord
   - Want to take a back row seat; view the birth from the mother’s perspective
   - Would feel disappointed if there wasn’t much for me to do to help
   - It would be okay with me if I wasn’t very involved with hands-on support
   - I would prefer to not be present for the birth
   - Unsure about my role; want to see how it goes

2. Is there anything your partner could do in labor that would frighten or upset you?

3. Are you aware of any expectations regarding your role at the birth that make you feel uncomfortable?

4. Are there any individuals whom you feel strongly should not be present at your baby’s birth?

5. Describe your ideal birth support team.
All About Doulas: A Consumer’s Guide

What is a doula?
A doula is a labor support professional who “mothers the mother” during childbirth, as well as during the prenatal and postpartum periods. Birth doulas provide support to pregnant women prenatally, through labor and birth, and in the early days postpartum. Postpartum doulas provide in-home services to families, typically lasting from three weeks to three months, or longer with special circumstances. Some doulas combine the birth and postpartum roles into a complete service package, thereby offering continuity of care throughout the childbearing year.

Doulas are non-medical care providers. Their role is limited to informational, emotional, physical, and logistical support. They do not provide clinical care such as taking blood pressure or checking dilation in labor, nor do they give medical advice. A “doula” who offers vaginal checks at home in early labor, for example, may be offering a service that you find desirable, however her role is more accurately described as “monitrice” (a clinical role which falls somewhere in between the doula and the midwife role). Postpartum doulas are not “baby nurses,” but a nurse may offer in-home care to postpartum families. Likewise, a “doula” who “prescribes” homeopathic or herbal treatments to support healing also may be offering a service that you value, but she is operating outside of the scope of practice of the doula professional.

All doulas provide information, emotional support, and comfort measures such as massage, hydrotherapy, and enhanced relaxation. Doulas enjoy providing attention to expectant parents and getting to know their clients prenatally. By the time you go into labor, your doula has become a trusted friend and mentor. During labor and birth, doulas feel privileged to be present and helping at such a sacred and joyful event. Postpartum doulas simply love hanging out with new moms and their babies! Your doula is there to support you in your choices and to provide concrete physical and logistical support. Doulas do not take the place of dads, partners, or other family members who want to help you. Their job is to facilitate everyone’s optimal participation at your birth, as well as to provide support to the entire family through the postpartum recovery and adjustment period. If you are a single mother, your doula can serve as your primary support person so that you are never left alone in labor.

A selection of services provided by birth doulas:
- Nutritional counseling
- Tips for coping with discomforts of pregnancy
- Preparation for birth
- Assistance in creating a birth plan
- Support at home in early labor
- Comfort measures in labor
- Massage
- Suggestions and support for positioning in labor
- Continuous support throughout labor and birth
- Troubleshooting for difficult births
- Facilitate communication and informed decision making with your health care providers
- Support for dads and partners
Preparations for Birth

- Natural birth coach and advocate
- Support for VBAC (Vaginal Birth After Cesarean)
- Cesarean and post-cesarean support
- Respect for the bond between mom and baby in those tender early hours
- Encouragement and skilled support to breastfeed
- Postpartum home visit(s)
- Community resources and referrals

A selection of services provided by postpartum doulas:

- Breastfeeding support
- Newborn care
- Comfort measures and support for the mother’s physical recovery
- Shopping, errands, meal preparation
- Laundry, light cleaning, household organization (not housecleaning)
- Sibling adjustment support (not babysitting or nanny services)
- Depression screening and referrals
- Education on infant topics
- Community resources and referrals

Shifts worked by postpartum doulas vary. Some may do over nights; others may stick to the weekday hours when their children are in school, and so on. Expect a typical shift to be from three to four hours, though some doulas may work an eight-hour day. There are no rules—it is up to you and your doula. Typically, support is more concentrated in the first two weeks and then gradually the family weans off of doula support. However, in special circumstances such as multiples, preemies, babies with special needs, or moms suffering from postpartum depression, postpartum doulas may be involved over a longer period of time.

Before hiring a postpartum doula, consider whether or not you are really seeking a nanny for your other children or house cleaning help. If those are your primary motivations, then you should hire a nanny or house cleaner and will probably come out better financially by doing so. Another option may be to start out with a doula for the first couple of weeks while mom is recovering physically, adjusting emotionally, and may be in need of breastfeeding support, and then transition towards hiring a nanny later (say, in the case of twins or multiples).

What is a certified doula?
A certified doula has chosen to complete a certification process through a doula or childbirth association such as DONA International, CAPPA, or others. While certification processes differ, certification generally means that a person has: (1) completed a proscribed training program, (2) documented a minimum level of hands-on experience with positive client evaluations, (3) completed reading requirements, and (4) agreed to work within the Scope of Practice as defined by the certifying organization. The process certainly guarantees a minimum level of training and experience for providing doula services. Doulas represent an effort to professionalize the traditional role of the female support person at birth and during postpartum.
Is certification important?
It depends upon whom you ask. From the consumer perspective, good worth of mouth in the community, or a recommendation from a trusted friend trumps certification any day. Certification is no guarantee that your doula encompasses the personal qualities of patience, humor, compassion, integrity …

On the other hand, some insurance companies may reimburse for doula services. The National Uniform Claim Committee (NUCC) (the folks who assign billing codes and provider identification numbers for insurance reimbursement purposes) has recently defined the role of the doula and assigned a provider number and billing codes for doula services. This is not a guarantee of reimbursement (that is up to your insurance company and your own direct advocacy efforts with them), but it certainly enables the process. As the practice of reimbursement becomes more common, hiring a certified doula is likely to increase your chances of reimbursement. Ask your doula if any of her clients have been successful in getting reimbursement or partial reimbursement for her services, whether or not she has a provider number, knows which codes to use, and can provide you with a proper receipt to submit to your insurance provider.

What do doulas charge for their services?
Because individual doulas are self-employed and set their own rates, there is no precise standard to determine how much you should pay for doula services. Some doulas have a set fee, while others may use a sliding scale so that they can provide services to clients at a range of income levels. Expect doula rates to vary based on level of experience, additional services provided, geographic area, and certification status.

In general, birth doulas charge from $500 to $1200 for a package of services that includes the birth. Keep in mind that this fee generally includes phone consultations and prenatal and postpartum visits, as well as compensating the doula for the days and weeks she commits to being on-call for you, in addition to paying for her services at the birth itself. Postpartum doulas generally charge from $20 to $35 per hour. Presumably, the more experienced, and therefore more skilled, doulas are the ones charging the higher fees, with less experienced doulas starting out at the lower end of the scale.

What are the benefits of doula support?
There have now been several studies on the benefits of continuous labor support on labor and birth outcomes. Laboring women who are supported by doulas have lower c-section rates, lower instrumental delivery (forceps and vacuum extraction) rates, and are less likely to use epidurals or pain medication than women who do not have doula support. These women also have shorter labors, have more positive childbirth experiences overall, and are more likely to breastfeed. Furthermore, the newborns of these women have higher one-minute and five-minute Apgar scores (a routine assessment of the newborn’s well-being immediately post-birth).

Postpartum doulas can have a strong impact on early parenting success. The evidence shows that women who use a postpartum doula have increased rates of breastfeeding, decreased rates of postpartum depression, a stronger bond with their newborns, greater self-confidence in their parenting abilities, and increased understanding of newborn care.
Is it appropriate to have a doula if my partner will be at the birth?
Yes! The doula’s role includes supporting the laboring woman and supporting her partner. Your doula should be able to work alongside your partner and/or other family members and show him/her/them how to best support you. If you and your partner have taken childbirth classes, the doula can remind you of techniques you learned in class and provide guidance through the physical and emotional challenges of labor and birth. Your doula can enable your partner to take a break, facilitate communication with your care providers, and, in short, be an excellent addition to your birth team.

Is a doula appropriate if I have an epidural?
Yes! Many women are unsure of whether they will want an epidural (or know they will want one) prior to going into labor. While you should ask your doula if she is comfortable working with women who choose a medicated birth, the role of the doula is not to critique your birth choices but rather to support you and ensure that your wishes are respected. A doula can improve your chances of having an unmedicated birth if that is what you prefer, but she should also be able to provide you with non-judgmental emotional and physical support in the context of a medicated birth. Women who choose to use an epidural during labor can especially benefit from a doula during the pushing stage, as this stage can take longer for medicated births due to the decreased physical sensations intrinsic to the use of epidurals. In addition, because the medications used often make babies less alert than normal, it is extremely helpful to have a doula during the immediate postpartum period so that she can support early breastfeeding efforts. Epidurals provide pain relief, not emotional support!

Is a doula appropriate if I am having a planned cesarean birth?
Yes! Although women having planned cesareans do not experience labor in the same way as women planning vaginal births, a doula can still be helpful to prepare you for the experience. Your doula can help you learn about the choices that you have in the context of a cesarean birth and can also provide emotional support before, during, and after the surgery. Because recovery from a cesarean often takes longer and is more complex than recovery from a vaginal birth, a doula can be an asset to parents during the postpartum period. A postpartum doula can help with newborn care, provide breastfeeding support, prepare meals, and help take care of your home while you recover from surgery.

How can I find a doula?
Center for the Childbearing Year maintains an online directory of service providers in Michigan. The doulas listed there are, by no means, a comprehensive list of doulas practicing in the area, nor should listing on the site be interpreted as an endorsement of any one individual. You may also want to try the DONA International website. If you live in Michigan and cannot afford to hire a doula, check out the nonprofit Michigan Doula Connection. This website enables low-income families to find volunteer birth or postpartum doulas who provide services free of charge. Some bilingual doulas are available through this website.

If your baby’s father is unavailable to support you because he is away on active duty in the military, there may be free help available to you through various state and/or national organizations providing free doula care to the wives of military personnel. Operation Special Delivery is one such organization.
Tips on hiring a doula

- First, screen to see who is accepting clients around your due date.

- Ask how much the doula charges and what services are included in her fee.

- If the answers to the first two questions lead you to want to pursue the possibility of hiring this person, then you could ask for some time for a short phone interview.

- Ask about her level of experience, whether or not she has been formally trained as a doula, whether or not she is certified, and what her philosophy of care is (i.e., what are her thoughts and experience with breastfeeding?). You might want to know if she is a mother herself, what she thinks her biggest strength as a doula is, what she enjoys most about her work, etc. For a more complete list of questions, see below.

- An enthusiastic but inexperienced doula with whom you feel a warm rapport may be preferable to a more experienced doula with whom you feel uncomfortable, for any reason. Trust your instincts. This is all about getting your needs met.

- As you move through this process, you will likely have narrowed down your selection to one or two people with whom both you and your partner (if any) should meet in person and interview.

- Ask for and check references. The most useless doula in the world is the one who is unreliable (if she doesn’t answer her phone when you are in labor, who cares how skillful or “nice” she is?). Doulas who have created good word-of-mouth about their services are likely to endeavor to ensure that you too are a satisfied customer.

- Check credentials. If the doula claims to be a DONA International-certified doula, you can confirm her certification by using the DONA online doula locator. I expect other certifying organizations have a similar system.

- Does the doula have an agenda (my way or the highway)? If so, is her agenda congruent with yours? Try to think of a few questions before the interview that are designed to get at the answers most important to you. Have your partner articulate any questions or concerns he/she may have as well. In the end, make sure you hire someone who can provide non-judgmental support for you and your family. You don’t want to have to hide your diet pop cans or your toddler’s play guns when your doula comes to your home, nor apologize for a medicated birth if those are your choices. (I’m having a hard time letting the diet pop statement stand, because it’s SO bad for you, but I hope that makes my point about non-judgmental support … I would not be the doula for you if you wanted me to bring you your diet pop in labor, or at least, I would be very challenged in this regard.)

- In the case of hiring a postpartum doula, many couples find themselves in a rather urgent frame of mind (“Can you start today?”). Consider starting with a one-week commitment from your doula with the possibility of extending beyond that time frame. If integrating a
stranger into your home proves more stressful than helpful, you may have chosen the wrong doula.

**Sample questions to ask a prospective doula**

The best way to choose your doula is to consider the fact that the doula will be present at your birth, or providing in-home support at a time when you may feel vulnerable. Ask yourself with whom you (and your partner) feel the most comfortable. Just what are you looking for? What helps you when you are feeling stressed? Information, humor, kindness, massage, a flexible attitude, a good listener? Are you looking for a mother figure or more of a big sister? The personality and beliefs of your doula may well be more important than any other factor. If you choose to interview one or more doulas, it can be helpful to ask the following questions. In the final decision, trust your gut. A less experienced, uncertified doula may resonate better with you than the most experienced doula in town.

- How long have you been in practice as a doula?
- How many families have you served?
- What training have you completed to prepare you for this role?
- Are you certified?
- What is your philosophy about your doula work and its purpose?
- Are you a mother yourself? (This may or may not be important to you. Doulas who are not mothers themselves may have more time to focus on you and your needs, while doulas who are mothers themselves certainly will bring an added dimension of understanding to their care. On the other hand, experienced mothers may be more opinionated about the “right” way to do things, based upon their own beliefs and experiences. Look for someone capable of flexible, non-judgmental support or, if she has an agenda, make sure it’s the same as yours!)
- Do you have experience with other clients whose situations are similar to mine (e.g., first-time mothers, natural/medicated birth, same hospital, home births, older mothers, single mothers, VBAC moms, etc.)?
- How much do you charge?
- Do you require payment up front? If so, under what circumstances would I receive a refund?
- What is included in your fee (prenatal/postnatal visits, phone support)?
- Do you work with a backup doula?
- Do you have any references from families with whom you have worked?
Preparations for Birth

Additional questions for birth doulas

- How certain are you that you will be able to attend my birth? Do you have any other commitments during that time period?
- How do you picture yourself supporting me and my partner during the birth?
- Do you provide labor support at home in early labor for women planning hospital deliveries?
- Do you only work as a birth doula or can we also hire you for postpartum work if needed?

Additional questions for postpartum doulas

- Are you available for overnight help, weekend help, daytime help, etc.?
- How much experience do you have providing breastfeeding support?
- What services do you provide or exclude? (For example, some doulas may be willing to do some sibling care, scrub out a bath tub, or walk the dog, while others may not. Really think through what it is that you need and then ask questions to determine if the doula can meet your needs. In some cases, parents might be better off hiring a babysitter or nanny if their concerns revolve around balancing the needs of a two-year-old and newborn twins.)
- Do you have any add-on services (such as bringing meals, massage, etc.)?
**Prenatal Perineal Massage**

There is no hard evidence that prenatal perineal massage is linked with better birth outcomes or, more specifically, lowering the incidence of trauma to the perineum. However, there is a growing body of anecdotal evidence that the practice of perineal massage is helpful. Midwives report that women who practice perineal massage regularly in the last 6 weeks of pregnancy experience less stinging sensation during crowning and are less likely to tear or get an episiotomy. An added value is that the practice familiarizes women with stretching sensations in this area so she will more easily relax these muscles when stinging occurs just before the moment of birth.

Several other factors will influence whether or not a woman tears or experiences an episiotomy at her birth including:

- Choice of caregiver
- Decision to have an epidural
- Consent to vacuum or forceps
- Maternal position at delivery
- Physiologic, spontaneous pushing efforts versus coached pushing
- Skill of caregiver in preventive techniques and the art of gentle vaginal birth
- Baby’s tolerance of second stage
- Health of maternal tissues (nutritional status; absence/presence of various vaginal infections with discharge that irritates the tissues)
- Past trauma, sexual abuse, or assault leading to fear and tension in the mother

In conclusion, prenatal perineal massage may help promote the development of a healthy mind/body connection that women can tap into at birth. There is no evidence that neglecting the practice altogether puts women at risk for tearing. So feel free to take a playful approach; it can only help.

**Directions**

- The massage can be done with a partner or by the woman alone.

- Wash your hands and trim your nails. Sit in a warm, comfortable area, spreading your legs apart in a semi-sitting birthing position. To become familiar with your perineal area, use a mirror for the first couple of massages (a floor-to-ceiling mirror works best). Use massage oil, such as pure vegetable oil, olive oil, calendula oil, etc. Water-soluble K-Y jelly can also be used. Avoid petroleum-based oil, such as Vaseline as it disrupts the normal vaginal flora. Apply the oil to your fingers and thumbs and around your perineum.
• Insert your thumbs as deeply as you can inside your vagina. Press the perineal area down toward the rectum and toward the sides. Gently continue to stretch this opening until you feel a slight burn or tingling.

• Hold this stretch until the tingling subsides and gently massage the lower part of the vaginal canal back and forth.

• While massaging, hook your thumbs onto the sides of the vaginal canal and gently pull these tissues forward, as your baby’s head will do during delivery.

• Finally, massage the tissues between the thumb and forefinger, back and forth, for about a minute.

• Being too vigorous could cause bruising or swelling in these sensitive tissues or tension in the muscles—all counterproductive! If the massage is experienced as painful, back off, slow down, and honor your feelings.

• During the massage, avoid pressure on the urethra as this could induce irritation in that area. Think of the perineum as the face of a clock. If you were looking at it from the partner’s perspective, focus the massage between 10 and 2, or the lower half of the opening.

• As you become more comfortable with this process, try integrating kegel exercises into the routine to help you get the feel for your pelvic floor muscles.

• Frequency? As you wish—anywhere from daily starting at 34 weeks to a frequency of your own desire. Perhaps 3–4 times per week for 5–15 minutes?

CAUTION: Do not do perineal massage if the membranes are broken, or in the presence of an active herpes outbreak or other vaginal infection.
Homeopathic Preparation for Delivery
(optional)

If you are inclined towards complementary medicine, then you may be interested to know that many homeopaths recommend the following remedies be taken during the last month of pregnancy to help prepare the woman for labor. Follow your instincts and, if homeopathy is not normally a method of health care that you use—and therefore you do not already understand or have a degree of confidence in how it works—then, by all means, feel free to skip this recommendation. Certainly, every woman does not require that preventive measures be taken, but there are some who may benefit. I particularly encourage first-time mothers and women who have a history of post-dates pregnancies, dysfunctional labors with failure to progress, or unusually long labors to give the regimen a try.

**Caulophyllum 30C (Blue Cohosh)**
Blue Cohosh is a natural source of oxytocin (the hormone that causes the uterus to contract). It helps produce effective contractions and is used to initiate or enhance labor. When homeopathically prepared, it will not bring on contractions if the woman is not ready to go into labor and, indeed, may relieve excessive toning (a.k.a. “Braxton-Hicks”) contractions.

**Cimicifuga 30C (Black Cohosh)**
To ease fear of giving birth. Cimicifuga complements the action of Caulophyllum by aiding the uterus to contract in a coordinated and effective way. Cimicifuga also works to relieve displaced labor pains such as sciatica, hip cramps, and the like.

**Arnica 30C**
To avoid the physical trauma which may be associated with childbirth. Arnica can prevent excess blood loss, shock, and trauma to soft tissues. It is often used prophylactically prior to surgery, dental treatments, and so on. After the birth, both mom and baby can be given repeated doses if any swelling, bruising, or pain are experienced. Arnica speeds the healing process.

**Directions**
Start taking the remedies four weeks prior to your due date. Take each remedy once per week, alternating as follows: Caulophyllum on Monday, Cimicifuga on Wednesday, and Arnica on Friday.

Homeopathic remedies should be taken by tapping the correct dosage into the bottle cap and then tapping the pellets into your mouth, being careful not to handle the pellets directly or get saliva on the bottle cap. The number of pellets equaling one dose depends upon the size of the pellets (i.e., 10–15 poppy-seed-size and 2–3 of the larger variety). Remedies should be administered into a clean mouth with nothing to eat or drink 15 minutes before and after the remedy is given.

Aromatic oils such as mints, camphor, menthol, and oils found in coffee should be avoided altogether during the weeks when you are taking homeopathics as these substances tend to render the remedies ineffective.
Optimal Fetal Positioning

What is Optimal Fetal Positioning?

“Optimal Fetal Positioning” is the term used to describe the best possible position for your baby to be in prior to birth. The optimal position is when your baby lays head down, facing your back, with your baby’s back on either side of your belly button. This is known as “occiput anterior.”

Having your baby lie in the occiput anterior position makes for an easier birth. In that position, your baby is best lined up to pass through your pelvis. Your baby’s head is flexed with his chin tucked into his chest, which means the smallest part of his head is presenting first and he can more easily maneuver his way through your pelvis.

Conversely, when babies engage in the pelvis in the “occiput posterior” position (baby’s back lying along mom’s spine and facing her belly), it typically causes a dysfunctional labor pattern with greatly increased pain, often centered in the back. Common features of a posterior labor are:

- Slow progress, often stalled completely at 5 or 6 cm dilation
- Asymmetrical dilation of the cervix, due to the baby’s head not fitting well into the bony pelvis and, therefore, not being well applied to the cervix
- Low back pain, often intense; may be somewhat neutralized by counter pressure on the sacrum
- Back pain that does not go away between contractions

If mom does reach complete dilation with a posterior-presenting baby, it often takes a tremendous effort to push out a baby in this position. Many cesareans are done for lack of progress, in either first or second stage of labor, due to this cause.

In the case of a baby presenting in the breech position (butt, knees, or feet coming first), current practice dictates cesarean delivery. Approximately 3 percent of babies will be breech at term. While vaginal breech delivery, for certain specific breech presentations, can be safe, overall, there is a higher incidence of complications in breech deliveries. The current generation of doctors has not been trained in handling the complicated breech; that knowledge has been retained by a few old-timers and the homebirth midwives. Ironically, some women are choosing to have homebirths with their breech babies as their only option to surgical delivery.

So, since the risks are higher with both presentations, certainly it makes sense to do everything in our power to encourage babies into the optimal fetal position.
How Can You Avoid a Posterior Baby?

First off, if it’s not broke, you don’t need to fix it and you can relax! Try to “tune in” to your baby’s position prenatally. At prenatal visits after 30 weeks gestation, most care providers begin to put hands on your belly during a prenatal visit to determine the baby’s size and position in the pelvis. Old-time doctors and most midwives are familiar with “the art of palpation” and have developed this skill. Many of the younger generation of doctors (and some medicalized midwives) have become overly reliant on ultrasound for the “window into the womb” that it provides and have not mastered this skill. They may not believe it is important to determine the baby’s position unless they suspect a breech presentation.

If your care provider IS putting hands on, engage them in a conversation about what they are feeling. Ask them if they know where the baby’s back is. If, at 30 weeks, your baby is determined to be in a breech or posterior (or in another unusual, sub-optimal) position, then just make a note of it. Typically, at this point in the pregnancy, the baby is still floating well above the pubic bone and there is plenty of room to turn. If, at subsequent prenatals, the baby has adopted a different position, then that is simply a sign that there is plenty of room and the baby is still moving. However, if at subsequent prenatals, your baby shows a pattern of preferring a breech or posterior position, and he/she has not moved out of that position by approximately 36 weeks, then it may be time to get proactive and do what you can to encourage the baby to turn and adopt a more favorable position for birth.

There are things you can do to improve your chances of having your baby lie in an occiput anterior position. The back of your baby’s head and his back are his heaviest body parts. By keeping your body posture in an upright or slightly forward position, you can help keep those heaviest parts of your baby pointing down, facing your back, with his back on either side of your belly button, in the optimal position.

Below are some ideas to keep in mind during the last few weeks of your pregnancy, to help your baby engage in the optimal position:

- Mentally draw a line starting from your back through your body and out through your belly button. Try to consistently sit and stand in a position where that line would be either completely level of pointing downwards.

- Positions to avoid are:
  - Sitting in chairs that have you leaning back (i.e., recliner chairs, bucket car seats, etc.). Placing a foam wedge on your car seat can help keep your posture straight in bucket car seats.
  - Crossing your legs; this reduces the space in front of your pelvic where you want your baby to be, while opening up the space at the back of your pelvis.
  - Lying on your back to sleep.

- Positions to encourage are:
  - Sitting on a birth ball
  - Sitting on a kitchen chair backwards, straddling the back
Preparations for Birth

- Sitting in any position that keeps your knees lower than your hips
- Walking
- Swimming with your belly down (i.e., front crawl, breast stroke)
- Sitting in yoga positions (i.e., tailor position, or with heels together
- Lying on your side to sleep (or, even better, on a ¾ angle leaning towards the bed)
- Adopting a hands-and-knees position and doing “pelvic rocks” several times a day (this position is my favorite, especially for very late pregnancy; try moving to the floor for a few pelvic rocks after each trip to the bathroom)

Strategies to Turn Breech Babies

- Breech tilt position; mom lies on an inclined plane, with feet elevated and head down at an angle of approximately 30 degrees; rest in this position for approximately 15 minutes; repeat 2–3 times per day until baby turns.

- Moxibustion; technique from Traditional Chinese Medicine involves applying the herb Mugwort (which has been rolled into a compressed cone shape) to an acupuncture point on the baby toe, and lighting it on fire, thereby transferring heat to the point; used in China for centuries to turn breech babies, it has been written up in the American Journal of Obstetrics and Gynecology as being an evidence-based practice; find an acupuncturist or practitioner of Traditional Chinese Medicine in your area who is familiar with the technique.

- External version is offered by some hospitals; technique involves manually forcing the baby to turn to a head-down position; done in conjunction with ultrasound because it sometimes causes fetal distress; waiver for surgery must be signed ahead of time; procedure is universally reported as painful by mothers.

Other Techniques/Treatments for Breech and Posterior Presentation

- Webster Technique; chiropractic technique with good success rate; check our online Directory for practitioners
- Visualization; picture your baby in the optimal fetal position
- Homeopathic Pulsatilla and Natrum Muriaticum are two of the most commonly-indicated remedies for encouraging the baby to adopt the optimal fetal position; see information following.

Tune In!

Belly Mapping is a fun way to “tune in” to your baby’s position in the womb. Check out Gail Tully’s website, [http://www.spinningbabies.com](http://www.spinningbabies.com) for instructions on how to “map” your baby’s position. Gail has a new book out, with great illustrations and step-by-step instructions (in the CCY lending library).
Recommended Reading

- *Sit Up and Take Notice: Positioning Yourself for a Better Birth*, by Pauline Scott
- *Understanding and Teaching Optimal Foetal Positioning*, by Jean Sutton and Pauline Scott
Homeopathy to Turn a Baby in an Unfavorable Position

Approximately four weeks before the due date, in conjunction with the usually recommended exercises for breech or posterior presentation, homeopathic intervention may assist the baby in getting into a favorable birthing position. The program can be started earlier than four weeks if the woman is very short-waisted and baby consistently prefers to be breech or posterior, or later if there is plenty of room and baby's position has been changeable. Even in labor, remedies are worth a try, but chances for success are reduced after the bag of waters has broken and/or the presenting part has engaged in the pelvis.

First, determine whether there seems to be a normal amount of amniotic fluid around the baby. Too much fluid will keep the baby buoyant and the uterus overextended, so the baby can just float into an undesirable position. Too little fluid will likewise be problematic as the breech baby will not have enough buoyancy to turn. If fluid levels seem to be off in either direction, try the water-balancing tissue salt Natrum Muriaticum. Suggested regimens for varying potencies are as follows:

- 6X 3 times per day for 1 week or
- 30C 2 times per day for 3 days or
- 200C once per day for 3 days

Choice of potency may depend on what is available to you and how much time you have to work with this problem. Discontinue any dosing if you don't get results or once the baby has turned.

Now, if fluid levels feel normal, then Pulsatilla is the remedy of choice and the one that has the longest reputation in the homeopathic literature for turning babies. According to Farrington (in his Clinical Materia Medica), Pulsatilla acts on the muscular walls of the uterus and stimulates their growth. Sometimes the uterus develops more on one side than another during pregnancy, and with this irregularity, the baby assumes an irregular position. Pulsatilla may alter this uneven growth and permit the baby to assume the proper position. (Follow same dosage recommendations as above.)

If the woman does not fit the overall Pulsatilla or Natrum Muriaticum symptom pictures, or the baby needs to remain in his/her present position for whatever reason, the remedy may not work. If it does work, it is a most gentle intervention indeed, effecting changes in the baby's environment rather than impacting the baby directly.

For More Information

  www.center4cby.com
The Value of Affirmations

Our values and beliefs influence what happens to us by aligning our energy with them and making it more likely that they will manifest in our lives. Much of our life has a self-fulfilling character. We seem to attract what we fear, or we can often say, “I knew that would happen to me.”

Since what we say about ourselves (positive or negative) strongly influences what actually unfolds in our lives, it is possible to take advantage of this by creating or using positive affirmations. Repeating or writing affirmations such as the following can help you to realize their truth and to identify and release any blocks from the past that may stand in the way of these statements fulfilling themselves in your life.

By employing affirmations, we can reprogram deep-seated, often subconscious, patterns in our lives that are not serving us well.

Some Pregnancy Affirmations
- My body is beautiful and strong.
- My baby is growing, beautiful and strong.
- I am and will be a good parent to my child (children).
- The Universe loves and supports me and my baby
- My baby and I are ready for the Divine Plan of our lives to unfold.
- The baby is naturally developing and doing just what he/she should.
- Pregnancy is natural, normal, healthy, safe, and divine for me and my baby.
- My baby knows when it is time to be born.
- My body will go into labor on its own, at the perfect time.
- I am doing a great job taking care of myself and the baby.

Some Birth Affirmations
- My body knows how to give birth and I will let it.
- Contractions help my baby to be born.
- Each contraction brings me closer to meeting my baby.
- Strong contractions are good ones.
- I am strong and I can let my contractions be strong.
- I am calm and relaxed. My baby feels my calmness and shares it.
- The baby and I are rested and ready for the work we will do.
- With each contraction my cervix is dilating a little more.
- My contractions are massaging the baby and hugging him/her.
- The baby is descending naturally.
- The baby’s head fits perfectly in my pelvis.
- I am opening.
- My tissues are stretching beautifully, just as they should.
- I accept the healthy pain of labor, if and when it is here.
- I feel the love of those who are helping me.
Preparations for Birth

- I attract wonderful people to support me in labor.
- My health care providers are very respectful of my wishes.
- I send love to my baby and call him/her to my arms.

Some Postpartum Affirmations

- My body is beautiful and strong.
- I am proud of all that I have accomplished.
- My body knows how to make milk.
- My body is making the perfect amount of breast milk.
- I know how to nurse my baby.
- I am adjusting to life with my new baby.
- I share in the strength and wisdom of all mothers.

Suggestions for Working with Affirmations

- Work with one or more every day. The best times are just before sleeping, before starting the day, or when you are feeling troubled.

- Write each affirmation ten or twenty times on a sheet of paper, leaving space in the right-hand margin of the page for the “emotional response.” As you write the affirmation down on the left side of the page, jot down whatever thoughts, considerations, beliefs, fears, or emotions come to your mind. Keep repeating the affirmation and notice how the responses on the right side change.

- Put specific names and situations into the affirmation. Include your name in the affirmation. Say and write each affirmation in the first, second, and third person. “I (your name) love myself. You (your name) love yourself. (Your name) now loves herself.”

- Play with the vocabulary in the affirmation. Make it personal and meaningful. Be specific about your desired result.

- Record your affirmations on cassette tapes and play them back when you can. A good time is while driving or when going to bed. If you fall asleep, it can still work!

- Try looking in the mirror and saying the affirmations to yourself out loud. Keep saying them until you are able to see yourself with a relaxed, happy expression. Keep saying them until you eliminate all facial tension and grimaces.

- Sit across from a partner, each of you in a straight chair with your hands on your thighs and knees barely touching. Say the affirmation to your partner until you are comfortable doing it. Your partner can observe your body language carefully. If you squirm, fidget, or are unclear, you do not pass. He or she should not allow you to go on until you say the
affirmation very clearly, without contrary body reactions and upsets. Then your partner says them back to you, using the second person and your name. Continue until you can receive them without embarrassment. This is harder than it sounds!

- Don’t give up! If you ever get to a point where you begin to feel upset, shaky, or afraid about something negative you discover, don’t panic. Keep on writing the applicable affirmation over and over until your mind takes on a new thought. As it does, the negativity will fade away and you will feel lighter and better. Remember, it is just as easy to think positively as negatively. In fact, it is easier. Negative thinking actually takes more effort.

- Don’t be afraid to experiment. Affirmations can be useful in all areas of your life—for problems at work, problems with health, personal growth….
Baby Stuff: What Do You Really Need?

Bedding, Towels
- Baby towels & washcloths (not necessary; regular towels work just fine)
- Bumper pads (not recommended)
- Fitted mattress cover and crib sheet (an extra set would be convenient)
- Pillows, crib blanket, comforter (not recommended)

Clothing*
- Overall, used infant clothing is abundantly available at significant savings; infants grow out of their clothes before they wear them out; just check for stains on used clothing.
- A newborn might go through three or more outfits in one day. You can figure on needing to do a load of laundry every three days or so.
- Pick items that are easy to take on and off; onesies are fine, but it’s nice to have some two-piece outfits as well (then you only have to change the half that needs it).
- A couple of cotton hats
- Socks

Diaper Options*
- Cloth diapers, diaper covers, diaper pail
- Diaper service (pick up and deliver once a week; service provides the diaper pail)
- Disposables (buy newborn size)
- Diaper wipes (convenient, but water and a cloth works)
- Diaper bag or backpack*

Equipment
- Baby monitor (convenient but not necessary)
- Bottle warmer (not necessary for breastfeeding moms)
- Electric breast pump (for breastfeeding moms who need to leave baby for hours at a time; basic pump plus accessories which must be sized for the mother; storage bags/bottles)*
- High chair (won’t be needed for a few months)*
- Infant car seat*
- Stroller (most folks appreciate this option, though some devoted baby wearers find strollers to be superfluous)

Furniture
- Bassinet (baby typically grows out of this by about three months; not necessary)
- Bounchy seat (not necessary)
- Crib & crib mattress (unless you are committed to co-sleeping; might still be a good option for naps)
- Changing table or changing pad for top of existing dresser (convenient and can double as storage for clothing, but not necessary)
- Dresser (not necessary)
Preparations for Birth

- Rocking chair (nice, but babies like to be bounced on a birth ball as well; be sure arm height is not too high and good for nursing baby)
- Wind-up swing (not necessary; if someone gives/loans you one, you can give it a try; not useful past 3 months)

Miscellaneous

- Baby bath (a variety of devices are on the market; convenient, but not necessary; a towel-lined sink works too)
- Mirror for back seat of car so driver can see baby’s face*
- Nursing pillow (not necessary, see if you feel you need one)
- Pacifiers (not recommended for at least the first three weeks, until milk supply is well established; may be habit forming)
- Pack n’ Play (convenient for overnights if baby is used to crib)
- Personal care items such as baby shampoo, soap, and cream (buy natural baby care items if possible; usually calendula based, which is gentle for the skin); baby comb & hair brush*
- Receiving blankets (at least 3; some larger-size blankets are nice)*
- Shade for car window next to baby*
- Sling or baby carrier (lots of brands and styles on the market)*
- White noise machine (not necessary)

The following items should NOT be previously owned:

- Breast pump
- Car seat (unless you know the history; if a car seat has been involved in an accident, it is no longer trustworthy)
- Crib mattress, or ill-fitting mattress for crib (danger of SIDS)

* These items are needed.
Additional Resources

Books


Yana Cortlund, Barb Lucke, and Donna Miller Watelet, *Mother Rising: the Blessingway Journey into Motherhood*.


Online


YouTube video on Moxibustion technique for turning breech babies [http://www.youtube.com/watch?v=EtLGfT4JAsY](http://www.youtube.com/watch?v=EtLGfT4JAsY)