

A newborn baby is lying down, wrapped in a white cloth with a floral pattern. A person's hands are gently holding the baby's head and body. The baby has dark hair and is looking towards the camera. A medical wristband is visible on the baby's left arm. The background is blurred, showing other people in a hospital setting.

# Top Ten **BIRTH ESSENTIALS**

Your guide to the most important things you need to know and do to prepare for your Birth.

# 1

## Birth Essential #1

# KNOW YOUR PELVIS!

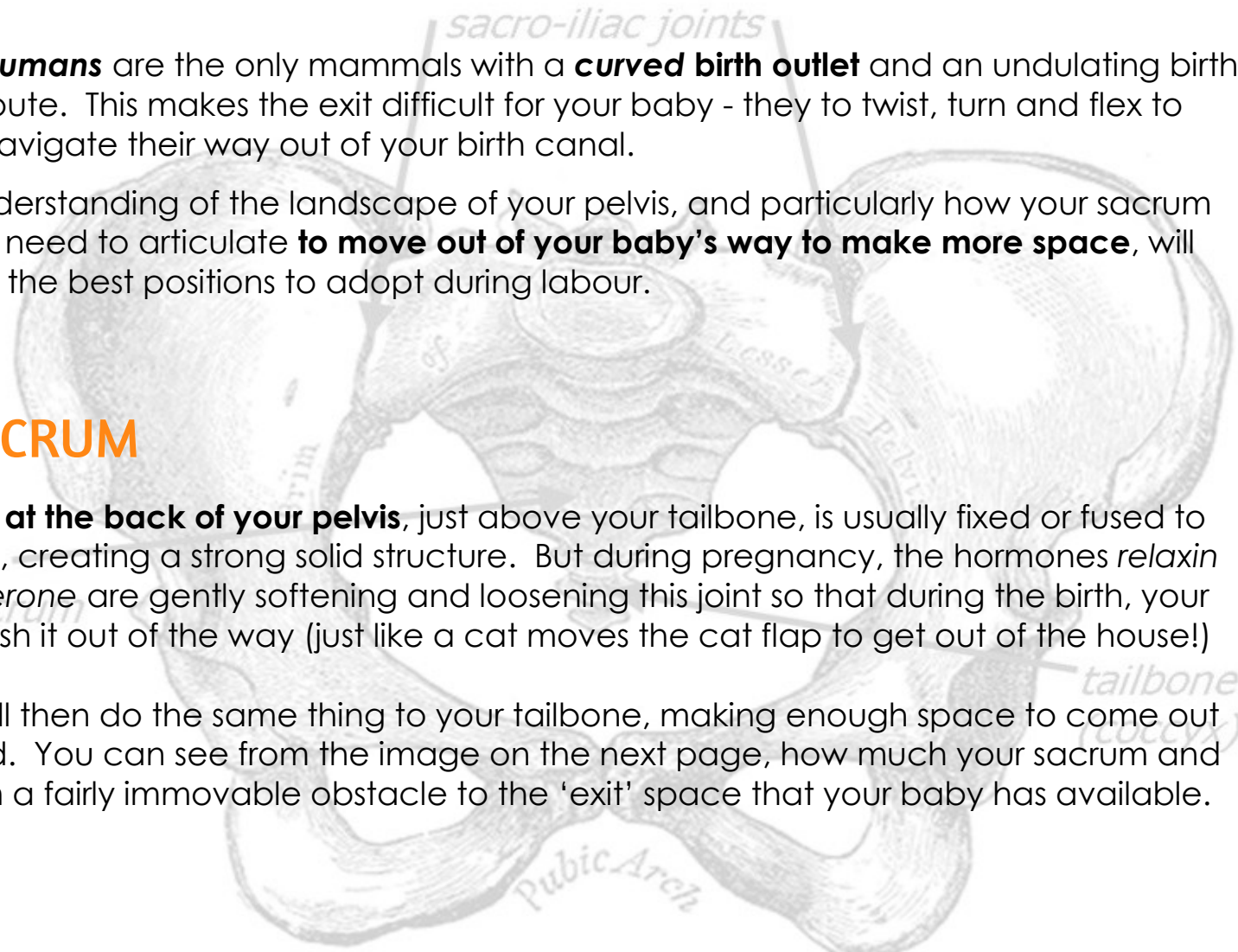
**Humans** are the only mammals with a **curved birth outlet** and an undulating birth route. This makes the exit difficult for your baby - they to twist, turn and flex to navigate their way out of your birth canal.

A deeper understanding of the landscape of your pelvis, and particularly how your sacrum and tailbone need to articulate **to move out of your baby's way to make more space**, will inform you of the best positions to adopt during labour.

## YOUR SACRUM

The **flat bone at the back of your pelvis**, just above your tailbone, is usually fixed or fused to the iliac crest, creating a strong solid structure. But during pregnancy, the hormones *relaxin* and *progesterone* are gently softening and loosening this joint so that during the birth, your baby can push it out of the way (just like a cat moves the cat flap to get out of the house!)

Your baby will then do the same thing to your tailbone, making enough space to come out into the world. You can see from the image on the next page, how much your sacrum and tailbone form a fairly immovable obstacle to the 'exit' space that your baby has available.



But Nature is endlessly wise, and created a female pelvis that would '**hinge**' and open up to manifest a *birth-ready* space.

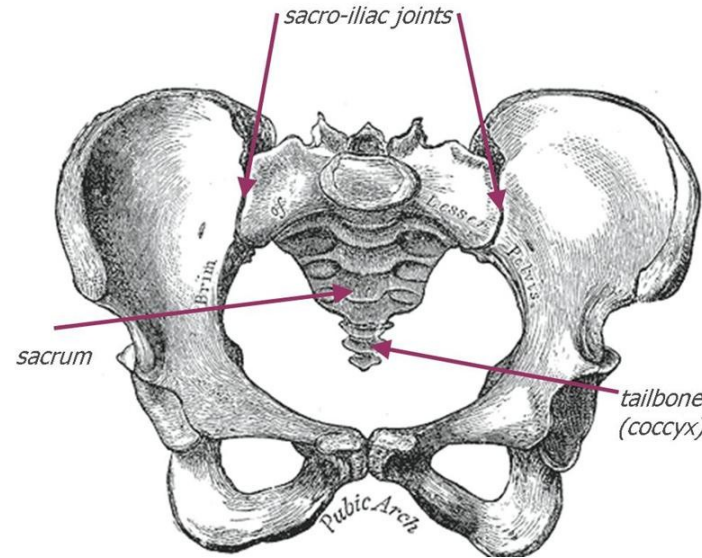
So why is it important to know this?

**If you are lying on your back - it will be difficult for your sacrum and tailbone to hinge out of the way.**

One of the best and most useful tips I can give you for birth is to **get off that damn bed!**

Any other position (with the obvious exception of a handstand) is better than lying on your back. And now I can hear you ask yourself "so why do I see most birthing women lying on the bed?"

1. **Unconscious habit** - we've seen every depiction of birth, from 'Friends' through to 'One Born Every Minute'. Everyone lies down to birth, don't they?
2. In most labour suites, **the bed is the only thing in the room**. And the only thing we know what to do with a bed, is to lie down on it.
3. Because it is **easier for maternity staff** to see what is going on and to intervene without having to bend over or crouch down.



**If you are lying on your back - it will be difficult for your sacrum and tailbone to hinge out of the way.**

**There is simply NO benefit to you or your baby, for you to be on your back during birth.**

# 2

## Birth Essential #2

# KNOW YOUR BIRTH EQUIPMENT

Most modern hospitals and birthing centres have a mind-blowing array of equipment, contraptions and furniture - all designed with the birthing woman in mind, to allow you to get into the **most comfortable and productive** position.

The most commonly recognised ones are:-

- the birthing ball
- the birth pool
- bean bags
- tens machines
- rocking chairs



There are also some more **unusual** pieces of equipment being used in birthing suites that you might want to investigate.



## THE OBSTETRIC BED

Modern obstetric beds separate and come apart to make supportive shapes that allow **squatting, leaning and kneeling**. Some open out into a 'V' shape (similar to the magician's box when they 'saw the lady in half'!) You can then press your elbows into each half and support yourself into a squat. You can hang off the end. You can kneel on all fours, holding onto the headboard. You are only limited by your imagination!

You are only limited by your imagination.

## THE MULTITRACK/COMBI TRACK

This piece of kit combines a large **hanging frame** with a strong piece of fabric that can be tied around your shoulders or chest, allowing you to hang down and be supported in a squatting position.

They often come with a **birthing ball** and/or a **birthing stool**.

## THE BIRTHING STOOL

The traditional and time tested piece of kit that women used for birth for centuries.

They are happily having a resurgence, and most Birth Centres will have some sort of chair/stool/inflatable which **supports you in a deep squatting position** - more on that later!



## FLOOR MATS/YOGA MAT

Our local Midwifery Led Maternity Unit has some large, thick exercise mats (the heavy blue kind that you used to have at school) which they put down on the floor.

### Why?

**A lot of birthing women feel the urge to be grounded** - on their hands and knees, or leaning over their ball. The mats will save your knees from hurting, and give you a nice, large, clean space to work on.

Your Yoga Mat may not have been on your hospital bag list, but it is well worth taking something to put down on the floor. Having another option other than lying on the bed will make such a difference to the speed of your labour.

Your Yoga Mat  
may not have  
been on your  
hospital bag list.



# 3

## Birth Essential #3

# LOCATION, LOCATION, LOCATION

Where you choose to have your baby is an important decision.

**In order to birth well, women need to feel safe and secure.**

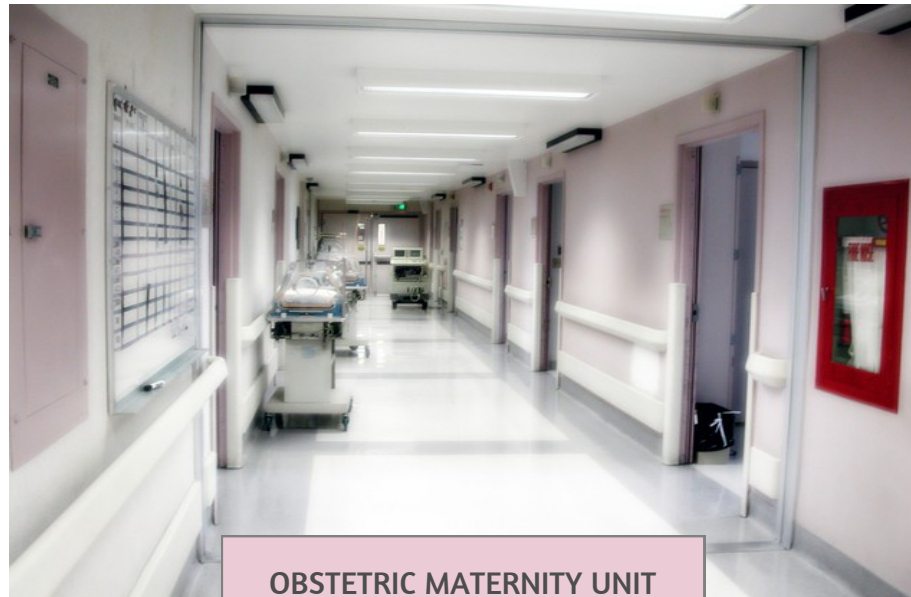
In order for the **oxytocin** to flow (the hormone that makes your uterus contract) you also need to be in a warm and dark place. (This is why most labours start in the middle of the night).

When you become pregnant for the first time, you are stepping into the unknown. Your Mum, Grandma and Sister may all have had **hospital births**.

Or all had **home births**.

You are likely to be influenced by the stories you have heard.

Your choices will also be dependent on what facilities are available in your local area.



OBSTETRIC MATERNITY UNIT

Familiar  
Surroundings  
are  
Safe, Relaxed  
(*oxytocin*)

Vs

Unknown  
Surroundings  
are  
Stressful  
(*adrenaline*)



## HOW CAN YOU MAKE YOUR CHOICE?

When Mums first come to my classes early into their pregnancies, they are usually booked into the local **Obstetric Unit**. They don't know what to expect, they are unprepared, a little bit frightened of birth, and want to have all the technology and pain relief available to them.

### **Totally understandable.**

After 6 months of *pre-natal yoga, birth education and birth partner workshops*, many of them transfer their births to the local **Midwifery Led Unit**. They feel more prepared, more empowered, and have a range of coping techniques:- postures for birth, pain relieving massage and birthing breaths.

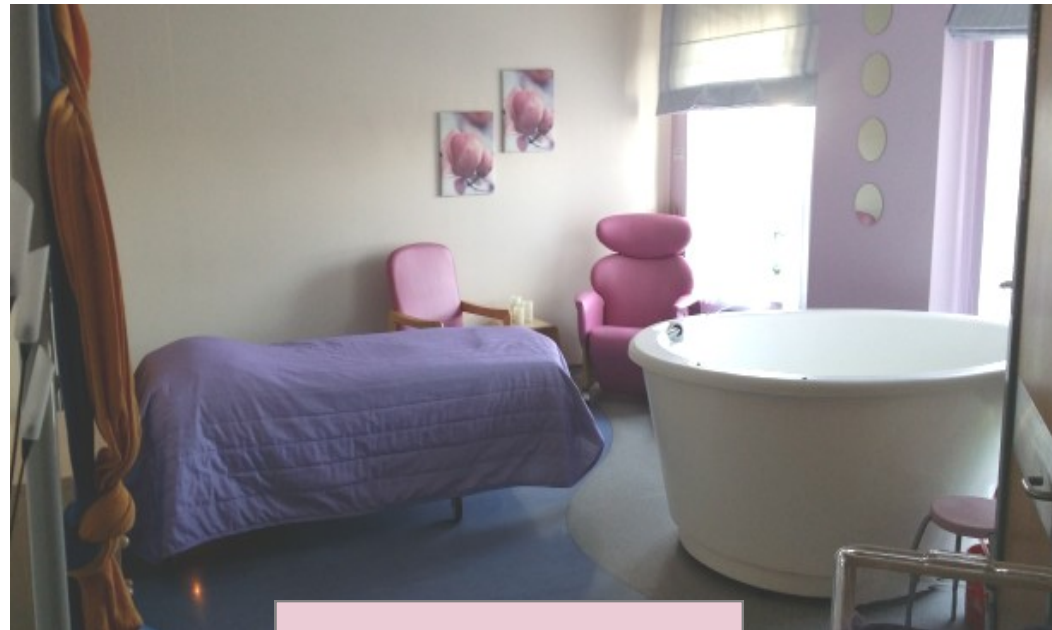
**They have hired a TENS machine.**

**They have done a HypnoBirthing Course.**

**They have bought a birthing ball.**

They are confident in their ability to have a less-medicalised, more natural labour.

They are confident in their ability to have a less-medicalised, more natural labour.



MIDWIFE LED MATERNITY UNIT





And they have heard the stories of all the mums who have birthed before them, so they have a weekly update on what **birth REALLY feels like**, from their friends in the classes who have survived the ordeal!

And of course your **personal circumstances** and **medical history** will play a part.

## YOUR BIRTH CHOICES

### Midwifery Led Unit/ Birth Centre

Staffed exclusively by Midwives with a high ratio of Midwives to Mums.

**Natural childbirth** is the order of day as there is no access to epidurals - although *gas & air*, *pethidine* and *meptid* are usually available.

The birth rooms are filled with **birthing balls, beanbags, birth stools, combitraks, birth pools, soft lighting, sofas.....**

Often described as a 'home birth without the mess!'

Some units are **freestanding (FMU)**, while others are attached to an **obstetric ward (AMU)**.

### Home Birth

You might not have considered a Home Birth.

But if you are '**low risk**', ie. you don't have any outstanding medical issues, and there isn't a Midwifery Led Unit in your area, then a Home Birth may be perfect. You will usually be attended to by **2 Midwives**.

**'We birth best when we are safe and relaxed.'**

And what better place to feel relaxed than at home!

**And you get one-to-one care too.**

A **low rate of intervention** is experienced in Home Births.

### Obstetric Unit/Main Hospital Maternity Unit

Staffed by **Midwives** and overseen by **Doctors, Surgeons, Obstetricians and Consultants**.

If you have a high risk pregnancy, certain medical conditions or previous interventions, this is likely to be your only option.

You'll have full access to all **pain relieving drugs, instrument delivery and surgery** on hand for any complications that may arise.

A **high rate of intervention** is undertaken in Obstetric Units.

# 4

## Birth Essential #4

# LEARN TO SQUAT

Many birthing women feel an overwhelming urge to squat down during the delivery stage. This is a natural, primal instinct that uses your body's own gravitational forces to create a deeper pressure in the abdomen, which **helps to push your baby downwards**.

Before 'modern obstetrics', women would have naturally squatted - hence the use of birthing stools. In the Victorian Era it was considered primitive - the Royal Physicians began using a Birthing Table, where the mother was put into a reclining position. **And what was good enough for Queen Victoria.....**

But you may remember from *Birth Essential #1 - Know Your Pelvis* - **it doesn't make any sense to lie on your back**.

And when you put that together with the re-introduction of birthing stools, and the invention of other pieces of equipment that hold women in the *squatting position*, you can begin to see that the tide is turning, back to this **traditional, tried and tested position**.



Before the intervention of modern obstetrics, women would instinctively squat to deliver their babies.



So strong is the urge to squat that you might find yourself **drawn to sitting on the toilet** - a combination of **instinctive, primal positioning**, and the **sensation of your baby's head pressing against your bowel** as he moves through the birth canal: you feel like you want to poop!

Once a Mum sits on the toilet, **the pushing phase becomes so much easier** (than lying flat on the bed), and consequently some mums are caught out as their baby moves much more quickly through the birth canal.



You feel like  
you want to  
poop!

## SQUATTING IS HARD!

In Western countries it is not a common practice to squat. So when we try, we find it quite hard.

**The ankles are too stiff.  
The hips are too stiff.  
The legs are too weak.  
We can't maintain it for very long.  
We fall over.**

But with some gentle practice, we can get better at it. The hips and ankles get looser, the legs get stronger. And remember all those wonderful pieces of equipment out there that can help you to squat during labour.



**(NB: Avoid squatting if you have SPD or severe prolapse).**

# 5

Birth Essential #5

## TRAIN UP YOUR BIRTH PARTNER

For women to birth successfully, we need to feel **safe**, to feel **secure**, and to be in **familiar surroundings**. But we also need to have someone there with us who **knows us**, and who **loves us**.

**It is now considered normal for husbands and partners to be present at the birth**, and even to take an active role. One or two generations ago this would have been unthinkable - was your Dad present at your birth?

Most men/women want to step up and support their wives and girlfriends. But they don't always know how. And the last thing you want when you are giving birth is to be looking after a squeamish, anxious and unprepared birth partner.

Your partner will **want** to look after you, to **protect** you and **support** you. But they just may not know how.

Finding some form of Birth Partner training course will help them feel knowledgeable, prepared, and most of all, useful.



“The constant presence of a birth companion who is focused on the mother’s needs has turned out to be one of the most effective forms of childbirth care introduced in the last 25 years.”

Sheila Kitzinger,  
‘The Complete Book  
of Pregnancy and  
Childbirth’ 1980





## WHAT WILL MY BIRTH PARTNER BE ABLE TO DO?

Some of this will depend on your **birth venue Guidelines and Policies**. Some of it will depend on your **personal needs** - are you consultant led, do you have any special needs? And some of it will depend on how much your Birth Partner wants to get involved (and ultimately, how much you want them to get involved!).

If there are no other underlying factors, then your Birth Partner may be able to:-

- Provide **massage** for pain relief
- Be a **coach** and emotional support
- **Monitor** contraction timings
- Work through your **Birthing Breaths** with you
- **Mediate** with medical staff and help make decisions
- **Identify** the sex of your Baby

- Be a **physical support** in some birthing postures
- Ensure that your **Birth Plan** and your wishes are respected
- Sit in the **Birth Pool** with you
- **Cut** the cord
- **'Catch'** the baby
- And even **poop scoop!** (in the pool)

## WHERE CAN I FIND A BIRTH PARTNER TRAINING COURSE?

Many **Pregnancy Yoga Teachers and Doulas** offer a Birth Partner Workshop, or Birth Rehearsal. Some hospitals run **Active Birth Workshops**. In the UK, the NCT or overseas, Lamaze may also offer some birth partner training.

I offer a 4 hour **Birth Partner and Birth Preparation Session**, which is run regularly throughout the year. I train Birth Partners to be useful, knowledgeable, supportive and empowered.

Discuss with your Birth Partner what role you want them to take.

How do you want them to support you?

And what will they need to learn to be able to step up to that role?

# 6

## Birth Essential #6

# A SENSE OF HUMOUR!

This is probably not what you would have considered essential during labour - but there are very good scientific reasons for having a good old belly laugh while you are birthing. Labour is **initiated** and then **maintained** by the merry dance of your hormones:

OXYTOCIN  
PROGESTERONE  
RELAXIN

ENDORPHINS  
MELATONIN

“Laughter is a tranquiliser that has no side effects.”

Arnold Glasgow

The *endorphins* provide you with your personal pain relief - **beta-endorphins have similar properties to pethedine.**

Adrenaline on the other hand is the alpha male of all hormones. Too much of this in your system and it will switch off all the other hormones. (Our natural ‘fight or flight’ reflex).

LAUGHTER lowers your stress hormones, lowers your blood pressure, induces muscle relaxation, reduces pain, calms the nervous system and most importantly, **boosts your endorphine production and releases dopamine and serotonin**, your natural pain relievers.

**SO - BRING OUT THE FUNNY!**



# 7

## Birth Essential #7

# YOUR BIRTH PLAN

This is where you start to formulate the **kind of birth you want**, the things that you **definitely want to happen**, and the things that you **definitely don't want**. Sitting down with your Partner and writing your Birth Plan gives you an opportunity to really think about how and where you are going to birth your baby, and what equipment and support you want to use.

It's also the place to put down any '**dealbreakers**'. These are the things you absolutely *must* have with no exceptions. These will be issues that no amount of intervention can prevent, ie: finding out the sex of your baby yourselves; exclusive breastfeeding; having a Doula or Independent Midwife in attendance.



If there are no interventions, there may be other considerations that are really important to you, such as: immediate skin-to-skin contact; delivering your baby in the water; Dad cutting the cord or even 'catching' the baby!



Spend some time visualising the birth you want until you can see a clear image of yourself bringing your baby into the world. How will it feel? Emotionally? Physically? What will it look like?

Spend some time visualising the birth you want until you can see a clear image of yourself bringing your baby into the world.

How will it feel?

Emotionally?

Physically?

What will it look like?

## WHEN IS THE BEST TIME TO WRITE A BIRTH PLAN?

You may start to formulate some birthing ideas throughout your pregnancy as you do more research, meet other Mums to be, have more conversations with your Midwife and also possibly undertake some Birth Preparation Courses.

**It's useful to start making notes of anything that appeals to you** (and to eliminate anything that doesn't).

**The last 8 weeks of your pregnancy (or 12 weeks for twins) are the best times to start writing your plan.**

You will have a much clearer idea at this time of how you want your birth to unfold, you will be much better informed about your choices and also any issues that may need a higher level of intervention will have been uncovered.

However, there are a couple of 'high risk' issues that usually only come to light in the last few weeks of pregnancy (pre-eclampsia/toxaemia, breech presentation, high blood pressure, slow foetal growth) so it goes without saying that some flexibility may also be necessary.

**Make sure you have a *Plan B* as a back up.**



Start journaling or making notes during your pregnancy.

What are your dealbreakers?

How would you prefer to manage the pain?

What equipment would you like to use?

Who will be present?



# 8

## Birth Essential #8

# KNOW YOUR BREATH

Your Breath is by far the **biggest tool** that you have in your birth bag! The benefits of conscious, slow and methodical breathing techniques are numerous, and here are just a few:-

Reduces anxiety and panic

Keeps your baby nourished throughout the labour with a steady flow of oxygen

Can act as part of your pain relief

Keeps your uterine muscles working effectively



Gives you energy

Helps you to develop a state of calm

Keeps a steady flow of oxygen moving through your circulatory system

Gives you a focal point

## DO YOU NEED TO LEARN SPECIFIC BIRTHING BREATHS?

As someone who teaches Birthing Breaths every week, my personal opinion is **YES**. And the feedback I get from the Mums in my classes backs this up. Their Birth Stories often bear testimony to just how important they felt the Birthing Breaths were. Check out their stories [HERE.....](#)

**Birthing Breaths are designed specifically for labour**, and have certain elements that set

Birthing Breaths are specifically designed for labour, and have certain elements that set them apart from normal, conscious, deep breathing.

### Birthing Breaths .....

- Lengthen your Exhale, which increases the relaxation response, and helps with Pushing
- Bring more oxygen into your body and help to overcome tiredness
- Can be energising and invigorating, or calming and soothing
- Can help to lower Blood Pressure
- Can have a sound to help you stay centred and focused and avoid panic and overwhelm

If you are a seasoned Yoga Practitioner, the ability to breathe **consciously and slowly** will be ingrained in your body through your practice.

And because you've been doing this for months and probably years, it will become a **natural way of coping during your labour**.

# 9

## Birth Essential #9

# BE PREPARED

Are you and your Birth Partner **fully prepared for Birth**? Are you clued up, switched on? Have you looked at all your options?

- **Do you know** what is likely to happen during labour, and how a normal labour progresses?
- **Do you know** what equipment will be available to you, and do you know how to use it?
- **Do you have** a range of techniques and coping strategies that you are familiar with and comfortable with?
- **Have you thought** about your choices regarding how you want to birth your baby (Water birth, natural, active, epidural, etc)
- **Have you attended** any pregnancy or birthing classes ie. hypnobirth; yoga; aqua-natal; hospital or midwife-led active birth classes?
- **Have you set** any time aside to plan and prepare for your labour?
- **Have you thought** about your immediate post-partum choices?
- **Do you know** what to take with you to the hospital?
- **Do you know** when to go to the hospital?

**And on it goes.....!**

A wise Midwife once told me that

*“Birth is like running a marathon - and you wouldn’t dream of doing **that** without training and preparing for it”.*



When most of our images surrounding birth are ones of fear, panic and pain, it's little wonder that many mums-to-be have some anxieties about going into labour.

Attending some kind of **Childbirth Education Classes** can help to inform you, empower you and take the mystery out of birth. As Heidi Murkoff states (in 'What to Expect when You're Expecting') **"what you don't know can scare you more than it should"**. And in some classes, you'll even learn some amazing coping techniques.



Arriving on the delivery ward is not really the time to start planning how you would like to handle your birth and any of the other major decisions you may have to make.

**Birth mums tend to zone out into a hormone-induced haze**, where the decision-making part of the brain switches off to let the primal brain take over.

This is a natural and essential part of childbirth. Any attempt to drag yourself out of this state and back into the logical, thinking, decision-making part of the brain can slow down or even halt your labour.

So to keep your labour flowing smoothly, **have all your important decisions already made and documented**. And a fully prepared and trained Birth Partner who is willing to carry them out.

**"What you *don't* know can scare you more than it should".**

**Heiki Murkoff**  
What to Expect  
when you're  
Expecting

**So what's my Number 1 Birth Essential?  
It's probably not what you would think.....**





# 10

Birth Essential #10

## LOVE!



The major player in natural childbirth is the hormone **oxytocin**. It's this amazing hormone that makes your uterus contract. **No oxytocin = no labour!** So what does that have to do with love?

Oxytocin is also the main hormone that we release during all the major '**loved up**' moments of our lives:- falling in love, kissing, cuddling, being massaged, and even when making love. It's a multi-purpose hormone! Have you ever heard the saying:

**"What gets the Baby in, gets the Baby out...."**

This relates to the effects of oxytocin - the orgasmic action of conception, and the uterine contractions of birth. **All caused by the release of oxytocin.**

But that isn't the only reason why LOVE is top of the list.

If you want to have your oxytocin receptors working well, and a good flow of oxytocin to surge through your body, then feeling loved, and being loved up, is the way forward.

If you want to have your oxytocin receptors working well, and a good flow of oxytocin to surge through your body, then feeling loved, and being loved up, is the way forward.

In his book '**Men, Birth and Love**', Male Midwife Mark Harris advises the Husbands and Partners of mums-to-be to **help raise oxytocin levels** prior to birth by ensuring their Wives/Partners feel loved and cherished. He specifically asks them to undertake jobs around the house, without asking for a reward, or even acknowledgment.



## OXYTOCIN – THE LOVE HORMONE



Oxytocin is released into your Blood Stream when .....

- you fall in love
- you receive a cuddle or hug
- you kiss
- you feel warm and safe
- you have a sensual massage
- you have an orgasm
- your baby's head presses down on your cervix
- you look at your baby for the first time

Oxytocin plays a major role during Childbirth by .....

- making your uterus contract
- adding a layer of pain relief
- gradually increasing to intensify contractions and then expulsion of your baby
- assisting the 'let down' reflex to enable breastfeeding
- developing bonding and attachment
- keeping you calm and relaxed

And then he goes on to say that you will need a **weekly massage**, turning into daily massages nearer the due date. **Don't you just love him!** His rationale is that when a woman feels loved, cared for and nurtured, she will produce more oxytocin. And you need a good supply of this for birth.

“ *Do one thing around the house. Don't tell her you are doing it. Don't tell her when you've done it. Don't look for praise for doing it.* ”

**Mark Harris**  
Men, Love and Birth

## LOVE AND CHILDBIRTH

These loving activities are not just important in the run up to labour. **They are even more important during birth.** Remember how labour starts when oxytocin enters your blood stream (initiated by signals from your baby). Remember the old saying from Page 21:-

**“What gets the Baby in, gets the Baby out....”**

So, if you go over your Due Date, what is the most widely suggested natural induction technique? **SEX!** (Before I learned about the role of oxytocin, I used to think this was a myth perpetuated by sex-starved husbands!) When making love, (with or without orgasm) our levels of oxytocin increase.

And with a Term Baby, and a body just primed and ready to go, this injection of oxytocin may be the final push that you need to get labour started.

Before I learned about the role of *oxytocin*, I used to think that using sex as an induction method was a myth perpetuated by sex-starved husbands!



### And what about during labour?

If your contractions slow down, if they take a long time to get established, if you hear your midwife saying the words “failure to progress”, if your contractions stop altogether? Then **LOVE** comes to the rescue again.

Ina May Gaskin, author of ‘*Spiritual Midwifery*’ and long-standing home birth specialist, is an advocate for her birthing couples to get **sensual and ‘loved up’ during birth,**

to counteract dropping levels of *oxytocin*, which is the chemical reason for the slow or 'failing' progress.

She gets her labouring couples to '**smooch**', **kiss**, **slow dance**, **cuddle** and even engage in a little '**nipple stroking and fondling**'! Of course, she predominantly attends home births. The more medicalised the birth environment, the less likely these techniques will be recommended.

The standard solution for 'slow or stopped' labours is to **augment** it by administering a **synthetic oxytocic drug**, via a controlled drip. This will force you to be immobile, and your baby will need to be monitored. Then the domino effect of intervention usually unfolds.

If you find yourself in this position, try the **love solutions** first!

## AND THE BIGGEST LOVE RUSH EVER.....

... is reserved for the moment that you **first hold your baby**, gaze into their eyes, and count their fingers and toes.

**I promise you this will be the biggest rush, the biggest high, the biggest wave of emotion you will ever experience.** Your heart will be full to bursting. You will cry. Your partner will cry. Your midwife will cry. You will never feel the same again.

**And the Best part? This LOVE RUSH stays with you.  
Forever.....**







**Contact:** [julie@mamabirthandbaby.co.uk](mailto:julie@mamabirthandbaby.co.uk)

### **DISCLAIMER:**

These are my personal opinions and whilst they are backed up by 14 years of experience, rigorous training, consultations with midwife colleagues and feedback from the Mums I have worked with, they should never take preference over the medical advice of your healthcare professional.

I am offering my heartfelt advice, which sometimes may seem contrary to that of your midwife, consultant, ob/gyn, doctor, mother/mother-in-law and even your hairdresser. We all need to work together, and we all have the best interests of you and your baby at heart.

My aim is to give you options, information and a deeper understanding of pregnancy and birth, which can then lead to open and honest discussions with your healthcare team to give you the choices you deserve.

Do not undertake any of the recommendations, practices or advice in this booklet if there are any underlying medical reasons. Always seek professional advice if in doubt.

**Compiled by** Julie Hemmings © 2016