THE REALITY OF BIRTH ✻ TRUST IN PRACTICE ✻ THE ROOT CAUSE

pathways to family wellness™

ISSUE 71 | FALL 2021 | $7.95

AWAKENED *imagination*

welcome to
issue 71
fall EDITION

FEATURE

EVOLVING TO EARLY CHILDHOOD ATTACHMENT AND OUTDOOR PLAY

BY VINCE GOWMON

Times have grown demanding and uncertain, and raising children is no exception. Millions of families face hard questions about institutional education. These times, though intense, call forth the spirit of simplicity and truth. In the heart of family and Nature, we find a ready-made blueprint for success. In the organic light of our natural habitat on Earth, we nourish and draw forth the very best in our children.

PAGE 12

editorial

INHERENTLY GOOD 6

on the cover

THE REALITY OF BIRTH 36
TRUST IN PRACTICE.....30
THE ROOT CAUSE.....54

COVER PHOTO
© Laia Gore | Laiagorephotography.com

TAKING THE STEP

The Wisdom of Walking..... 8
BY DARLENE PRESTON

Evolving to Early Childhood Attachment and Outdoor Play.....12
BY VINCE GOWMON

Don't Call It Spanking 18
BY NAOMI ALDORT

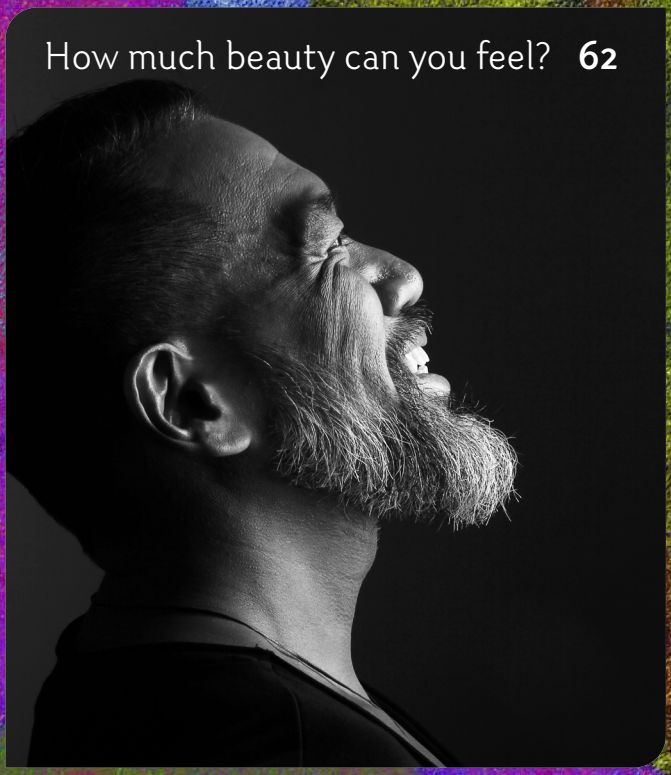
Dry Your Eyes 22
BY MICHAEL GURIAN

Who's Your Nanny?..... 26
BY ASHLEY GONZALES, D.C.

Sickness and Health 28
BY ANIK ST. MARTIN, D.C.

Has chiropractic changed your life? **26**

How do we prepare the body for birth? **40**



How much beauty can you feel? **62**

STAYING THE COURSE

Trust in Practice 30
BY JUSTIN OHM, D.C.

The Birth Blame Game 34
BY CAITLIN CLARKE, D.C.

The Reality of Birth 36
BY COMMON KNOWLEDGE TRUST

Know Your Pelvis 40
BY COMMON KNOWLEDGE TRUST

5 Things I Wish I Knew About My Pelvic Floor 48
BY ASHLEY ZIMMERMAN, P.T.

When Every Ounce Counts 50
BY STEPHANIE LIBS, D.C.

LIVING THE JOURNEY

At the Heart of It 54
BY MOLLY ROUSE, M.A.

Techniques of Manifestation 58
BY WALTER CROSSON

Feeling Is the Secret 62
BY NEVILLE GODDARD

Children's health
begins
in pregnancy and birth.

pathways to family wellness™

INSPIRED BY
Jeanne Ohm, D.C.

EXECUTIVE EDITOR AND DIRECTOR OF PUBLISHING
John Ohm
editor@pathwaystofamilywellness.org

COPY CHIEF
Robert Staeger

ART DIRECTOR, DESIGN & LAYOUT
Tina Aitala Engblom

PATHWAYS COORDINATOR
Tia Ohm

DIGITAL INTEGRATION
Gabe Small

WEB EDITOR
Jamie Dougan

ADVISORY BOARD
pathwaystofamilywellness.org/advisory

Pathways to Family Wellness is an award-winning quarterly publication offering parents thought-provoking articles and resources to make conscious, informed choices for their families' well-being.

The individual articles and links to healthcare information in Pathways to Family Wellness are based on the opinions and perspectives of their respective authors.

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

Pathways to Family Wellness magazine is published by the International Chiropractic Pediatric Association, a 501-C3 nonprofit. Sales of Pathways to Family Wellness and the direction of its community outreach program fulfills ICPA's mission for public education.

Images used are for illustrative purposes only. Materials in this publication (printed and digital) may not be reprinted without written permission from the editorial offices in Media, PA. All rights reserved.
© 2004–2021 ICPA, Inc.

Issue 71, Fall 2021. Printed in the USA.

icpa

ADVERTISERS

For advertising rates and information, please send us an e-mail at **advertising@pathwaystofamilywellness.org** or call us at 610-565-2360.

SUBSCRIPTIONS

Pathways to Family Wellness is published four times per year. Print subscription rate is $24.95/year. Digital subscription rate is $9.95 for one year, $15.95 for two years. All funds U.S. Dollars. Discounts are available for bulk single and recurring orders. All proceeds support our mission of research, training, and public education for family well-being. Order online by visiting our website: **pathwaystofamilywellness.org.**

CONTACT

Pathways to Family Wellness
327 N. Middletown Rd.
Media, PA 19063
Telephone: 610-565-2360
Website: pathwaystofamilywellness.org
info@pathwaystofamilywellness.org

ARTICLE SUBMISSIONS

Would you like to write for Pathways? We look for articles that challenge and confront, as well as articles that support and nourish. Please e-mail articles and information to: **editor@pathwaystofamilywellness.org.**

PHOTOGRAPHIC SUBMISSIONS

Do you have amazing photos you would like to share with us? By sending us your photos, you agree that you have the right to distribute the image, and maintain that all people depicted agree to have their image published.
Please submit photos and information to:
submissions@pathwaystofamilywellness.org.
Please visit our website for more details.

Be a part of Pathways!

We love to hear from you.

If you have stories and photos to share about pregnancy, birth, family wellness lifestyle choices, or healthy recipes and nutrition ideas, please send an e-mail to our editor at: editor@pathwaystofamilywellness.org.

PathwaystoFamilyWellness
PathwaysConnect
PathwaysMag
PathwaystoFamilyWellness

What if there were an organization that recognized your own unique expression and human potential?

What if that same organization represented the most highly trained practitioners who could provide specific, gentle care so that you could function at your greatest capacity? What if this organization of practitioners knew how to care for children by honoring women throughout their pregnancy and motherhood? Imagine if doctors truly supported a woman's innate right to make informed choices for her own family. Imagine if a safe community of empowered parents existed to support a mother's inner guidance and desire to grow. These are the principles and promises of the ICPA and its community of 6,000 doctors of chiropractic. These 6,000 ICPA members have come together to serve families. Family is the heart and home of our human potential. The loving and gentle care of chiropractic for each individual strengthens the family, strengthens the community, and opens the possibility for a greater tomorrow.

Welcome to
Pathways to Family Wellness...
our avenue for bringing chiropractic principles into practice for a more purposeful and fulfilling family life.

© DARKFOXELIXIR | DREAMSTIME

Inherently Good

"If you can imagine what you please, and if the forms of your thought are as vivid as the forms of nature, you are, by virtue of the power of your imagination, 'Master of your fate.'"

–NEVILLE GODDARD

The imagination is a powerful force of life. Great men and women of the past have always held their wonderful, human imagination to be the source of their achievements and accomplishments. From great works of art, literature, sculpture, and architecture all the way to the success of civilization—all is born out of the imagination.

An awesome truth to be awakened by the power of imagination is that it can merge us with Nature's universal intelligence. By the wise and loving use of imagination, we can align ourselves to that mighty power that dwells within us in the body, the forests and lands, the stars, and the very air we breathe and the water we drink. All of Nature moves in concert with the active use of imagination. And when this happens—when Nature moves in union with our imaginative spirit—something marvelous occurs. We discover without any shadow of a doubt what every demagogue discourages us from ever knowing—that we are good beyond measure, inherently good. Beautiful and free.

© TVERDOHLIB | DREAMSTIME

ISTOCKPHOTO: BESTDESIGNS | IMGORTHAND

The wise of all ages tell us that there is no evil in Nature. Nor is Nature faulty, malignant, pathogenic, or defective. The higher calling today is to expand beyond these fears. We can do this by practicing health and well-being from the major premise: Life expresses intelligence. And may I tell you, life truly does express intelligence! New discoveries are even affirming this premise in the natural cause of illness. (German New Medicine is especially important for this new understanding.)

Nature endowed us with a divine ability to unfurl the fruits of life by participating cooperatively in her grand design—a design which some would say is but a grand dream. It is in the mystery of imagination that I believe we will discover our greatest potential to enter into a dance with the dream of life and effect positive change. We can use the gift of imagination wisely. And I believe the greatest act of defiance today is to do just that, which means imagining the best, consciously, and with confidence and love.

It takes courage to imagine with intent, because we know in our hearts that this simple act has the power to truly change us. And even positive change can feel daunting. The most important virtue today is courage. It keeps us from falling into the habit of imagining the worst, which is all too easy nowadays. But, I say, *it is easier to imagine the best*...if we can only relax ourselves enough to do it.

The 18th century poet William Blake, a master of the wise use of imagination, once said, "To the eyes of the man of imagination, nature is imagination itself." I believe these words hold a clue to reawaken our courage and imaginative spirit. Aligned to our roots in Nature's wonderful design, we will find the wisdom to manifest our best path, and to live our lives as masters of our fate.

John Ohm is a champion of the chiropractic lifestyle and way of mind. He believes people can collectively align with each other in ecstatic ways when they are connected to the innate intelligence in their bodies, hearts, and minds. He serves the ICPA and Pathways *magazine to help families realize their greater freedom and innate potential.*

THE *Wisdom* OF Walking

By Darlene Preston

Amidst a battle with mental illness, one of my beloved children lived in rural New Hampshire under a bridge. She told me how she had weaned herself off a plethora of ineffective pharmaceuticals by doing three things: walking all day, every day; sleeping outside; and sharing everything she owned with one good friend.

Although her lifestyle proved unsustainable, I pondered the effectiveness of a simple, outdoor-oriented life in bringing peace to a troubled soul. It's been said that desperate times call for desperate measures. How does a person find health and calm within a daily onslaught of physical, mental, and financial stress?

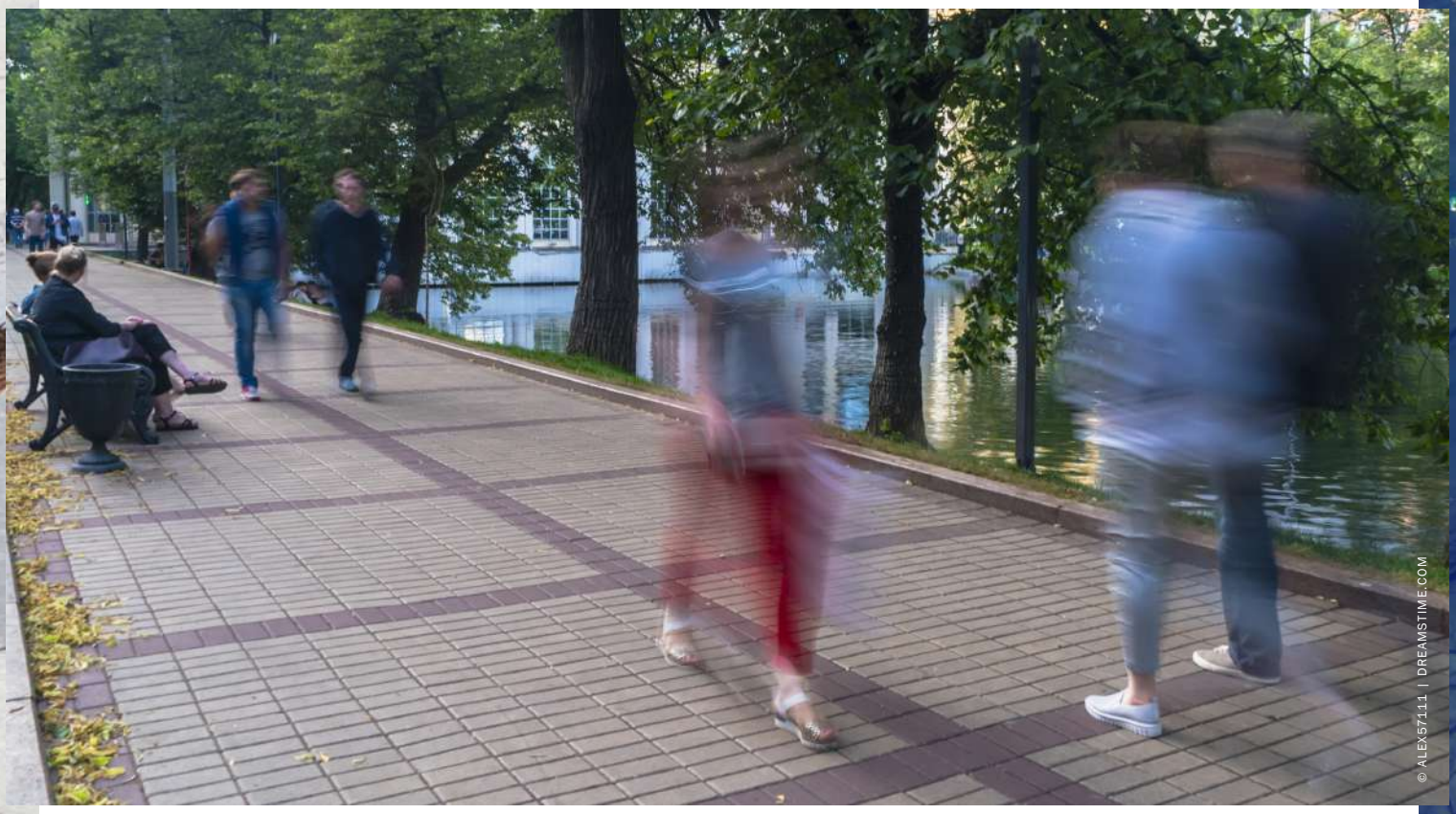
What would it take for someone like me, a single mother living with children with multiple disabilities, to turn the tide of her life and thrive?

After a car-totaling accident followed by the onset of school and therapeutic program closures, I decided not to replace my car and to work from home as a paid caregiver for my oldest adult child, while partially homeschooling my first grader who also has special needs. At the same time, I sought to make our health and well-being my central goal.

Walking has now become a major part of our daily activities. Each week, we walk several miles—to stores, restaurants, the local library, and the chiropractor. We also walk to a massage therapist and the dentist.

Since my daughter, Chrissy, has a developmental disability, we incorporate pedestrian safety, sight words, and speech communication into our walking routines. As we spend time crossing streets and exploring our town, we have become more aware of

© DMITRY MARKOV | DREAMSTIME



THE MORE THAT I AM OUTSIDE, **THE MORE I AM DRAWN TO NATURE AND THE DESIRE TO PROTECT AND EXPLORE IT.**

our surroundings. Chrissy is finally learning how to cross streets and parking lots safely. I often find myself carrying a bag to collect windblown recyclables. The more that I am outside, the more I am drawn to nature and the desire to protect and explore it.

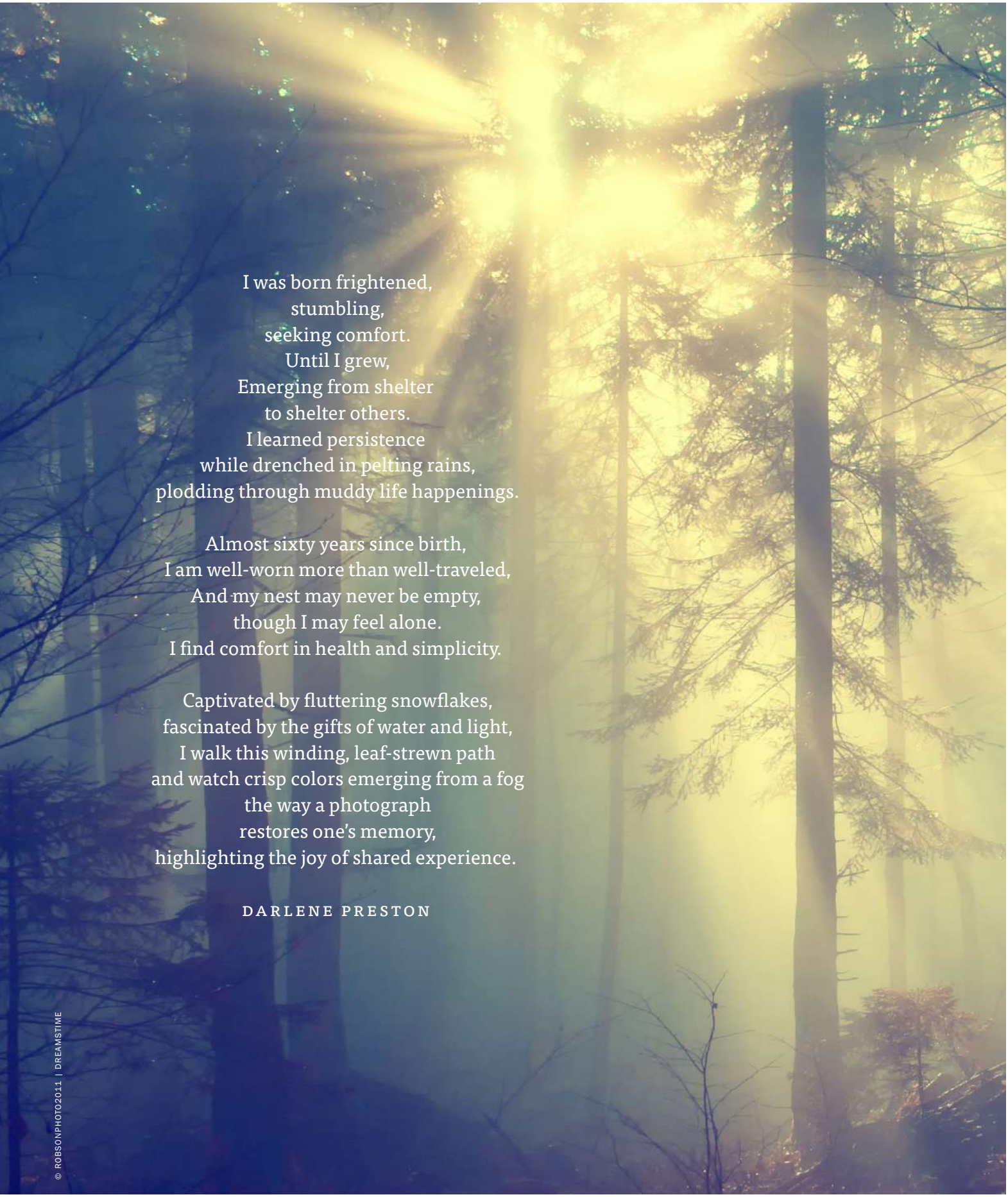
Chrissy has always had difficulty memorizing our phone number, so I developed a new learning strategy. She copies the number several times on a dry-erase sheet. Then we recite the number while walking to the chiropractor. Upon our arrival, she must type the number into a tablet in order to log in our visit. This activity correlates to a study that found that moderate exercise can increase the size of the hippocampus area of the brain associated with memory skills.

I was actually surprised that my daughter responded eagerly to this new routine, since she has low muscle tone and has lived with cancer for a long time; both factors negatively impact her endurance. After a few weeks she even noted, "I have energy!" Chrissy especially enjoys the social interactions of walking in the community and having specific places to go, rather than simply taking a walk.

I am fortunate to live in a walkable suburb where safety concerns and weather rarely preclude our walking. To keep our feet healthy, we do Epsom salt foot soaks with essential oils. We do 15-minute yoga routines and neck extension exercises to improve our posture, and we avoid using backpacks.

When I am tempted to return to a car-centered lifestyle, I consider the cost of insuring and maintaining a vehicle. Living without this expense has allowed me to make home repairs and improvements I could not have otherwise afforded while remaining at home with my children. More important, I am not sure I would maintain the level of exercise and outdoor activity that I currently do if I owned an automobile.

An adoptive mother of five, Darlene Preston walks the beat in Willow Grove, Pennsylvania. She hopes to expand her family's walking to include some local and national parks in the next year. View article resources and author information here: pathwaystofamilywellness.org/references.html.



I was born frightened,
stumbling,
seeking comfort.
Until I grew,
Emerging from shelter
to shelter others.
I learned persistence
while drenched in pelting rains,
plodding through muddy life happenings.

Almost sixty years since birth,
I am well-worn more than well-traveled,
And my nest may never be empty,
though I may feel alone.
I find comfort in health and simplicity.

Captivated by fluttering snowflakes,
fascinated by the gifts of water and light,
I walk this winding, leaf-strewn path
and watch crisp colors emerging from a fog
the way a photograph
restores one's memory,
highlighting the joy of shared experience.

DARLENE PRESTON

© ROBSONPHOTO2011 | DREAMSTIME

EVOLV

ING to *Early Childhood Attachment and Outdoor Play*

By Vince Gowmon

When education and the raising of children aligns with the rhythms and cycles of Mother Nature, then we will have woken up. Nothing rushed, nothing forced, just enough structure to allow for what wants to unfold to happen in its sweet, soulful time, trusting and respecting due order, the higher agenda of the child, and that of Life. We are speaking of a complete reorganization of society's principles and values, such that we return to living in nature, as nature itself.

What we call "early childhood education" is only a recent phenomenon in Western culture. Prior to the last 100 years, children learned through the natural impulses of exploration and engaging with family and friends. Their education was often outside, self-directed through unstructured, unsupervised play, and thus developmentally appropriate. It arose through blending into the customs and traditions of the society, such as building things with their hands, like tools or baskets, and from learning about the land they lived and depended on. In all this, family and nature were constants.

What we've done in recent decades with what we call "early childhood education" is take a natural, organic, and relational process and package and profit from it in order to prepare children for a world that we can hopefully agree is crumbling. As I've written about extensively, organic processes—specifically those of familial attachment and self-directed play—have been replaced with products and procedures deemed important to our "progressive" culture, ones outside the context of family, nature, tradition, and, indeed, the soul of the child.

It's no coincidence there has been a rise in mental health disorders around the same time period we've been shuffling children from outdoors to indoors and away from family. Look at any traditional indigenous society, or how we've lived historically in tightly woven land-based communities, and you'll see children spending far more time attaching to and playing with the extended family and Mother Nature. Along with the primary attachment figures, which include grandparents, nature is an essential and powerful co-regulator for the child. Its serene and vast landscapes provide nourishment for the rapidly developing nervous system and soul. Intimate contact with nature, such as with the soil, supports the immune system. Yet, without regularly "resting in connection" with both the people closest to the child and trees, birds, and rivers—combined with excessive screen time and unhealthy, chemically-laced and hormone- and antibiotic-ridden food (both of which are also recent phenomena)—we have the world today, where children are being diagnosed with all sorts of disorders and diseases that never existed before and given toxic medication with long-term side effects.

Indeed, play and attachment with these primary sources of family and nature have long been the "education"—not a sophisticated, cookie-cutter, bureaucratic construct designed to feed an archaic institution and dysfunctional society. With all due respect to the well-intended and kind-hearted educators throughout the world, thousands of which I used to lead trainings for, education without the two grassroots—organic sources of outdoor play and primary attachment—is, in my humble opinion, not the education children need. Although certain educators do a wonderful job at providing a learning environment with co-regulation and exploratory, unstructured play, I strongly believe that this outsourced solution cannot replace the necessary primary bond with family and nature, especially at that tender age when children are so attachment-driven, thrive on wide-open spaces, and need the familiarity of all that comes with home.

AN OUTSOURCED SOLUTION CANNOT REPLACE THE NECESSARY PRIMARY BOND WITH FAMILY AND NATURE, ESPECIALLY AT THAT TENDER AGE WHEN CHILDREN ARE SO ATTACHMENT-DRIVEN, THRIVE ON WIDE-OPEN SPACES, AND NEED THE FAMILIARITY OF ALL THAT COMES WITH HOME.

It's hard to tell, though, isn't it? Children are good at pretending all is okay, when it's actually not. They appear to be comfortably focused on their crafts and cooking sets, but underneath there is a whole complex range of anxiety. That anxiety is not meant to be addressed by school-taught meditation and mindfulness lessons, but properly and instinctually soothed by a loving family member holding them, one who has an energetic attachment deriving from an irreplaceable soul and blood bond. It's meant to be calmed by the impulses of the child's curious heart, where self-directed play acts as a natural balm for healing and self-regulation. And the anxiety is meant to be regulated by the wild outdoors, by the loving arms of Gaia, whose instincts for connecting to and soothing the hurting child

© TVERDOHLIB | DREAMSTIME

are far more mysterious and powerful than we understand.

Given how much stress exists in daycares, because so many are complex systems with tense team dynamics, partly driven by unhealed and demanding personal issues, this kind of "organization" is not the setting for children to be growing through. Yes, many children have it much better at their daycare than their home life because of neglect or abuse at home. I understand this. But I'm pointing to a larger, systemic issue.

We must return to the roots from which we came. And there is a trend for just this. You may notice a growing number of people leaving cities to live closer to nature. They want to simplify, create a garden, make things with their hands, and know their neighbors, like we used to—or simply slow down enough to do things like learn to play an instrument. Imagine bringing children into these slowed and connected possibilities, these life skills, where learning is an easeful process, interwoven with the activities of day-to-day living, such as cooking and sewing. Imagine if education was not something to take our children to, but was simply a natural extension of living present, healthy, grounded, and connected to nature, with family close by. Education, then, is just living.

Our current economic and social systems and pressures make this difficult because they make it hard to live simply, and thus simply live. Consensus-entrained patterned pressures to succeed, keep busy, and over-structure keep families on a hamster wheel, detached from each other, and

THE CONSEQUENCES OF CHILDHOOD OBEDIENCE

It's safe to say that, when you were a child, your primary caregivers spent far more time telling you what to believe and do than asking you what you believe, feel, and want to do. In my time asking thousands of people about this, the general answer, not surprisingly, was that approximately 90 percent of their childhood experience was adults teaching, directing, or molding them, and a mere 10 percent was adults being curious about who they were, what they felt, and what their needs and desires were.

The consequence of this is children growing into adults who have an external locus of control, meaning one's sense of self and life is externally, rather than internally, defined. Not surprisingly, this imbalance towards outward orientation (which leads to being extrinsically motivated) correlates to depression and anxiety.

The ubiquity of these early life experiences creates a populace quite willing to see things through the eyes of others, and to believe what they are told—without question, without critically thinking, and without hearing or heeding the voice of intuition that says, "Wait a second..."

On a mass scale, this is what is happening now. The majority believes what they are being told by the media and consensus thinking because they have been conditioned to give their power away to external authorities. They do so without knowing they are doing this, let alone why!

How far do people unwilling to self-reflect, heal, and feel, who generally struggle to trust their intuition, go beyond that 10 percent threshold? How much do they question and challenge the status quo when, as children, their worth, safety, and often survival depended on being agreeable and fitting in? When, as adults, they are likely terrified of being different, standing out, or disappointing others?

I cannot state this strongly enough: The negative consequences of this chronic blind obedience are far-reaching.

–Vince Gowmon

© MONKEYBUSINESSIMAGES | DREAMSTIME

GRANDPARENTS, ESPECIALLY, HAVE LOST THEIR ROLE OF MENTORING CHILDREN, SHARING THEIR WISDOM, BEING A PLAYMATE, AND BEING A KEY ATTACHMENT FIGURE. **THIS IS A TREMENDOUS LOSS TO THE CHILD, THE GRANDPARENT, AND SOCIETY AT LARGE.**

from their own heart. This collective, modern, "progressive" mindset is largely what drives the product/academic agendas of education that leave so many, including teachers, burnt out and deprived of, and out of integrity with, their soul.

More so, in our current social and economic arenas, it's common for both parents to work. And we now live far away from our extended families, those tried-and-true networks of support, often because economics has taken us away. Nuclear families have replaced the aunts, uncles, grandparents, and others who once played a vital role in meeting the child's attachment, playful, and learning needs. Grandparents, especially, have sadly lost their role of mentoring children, sharing their wisdom, being a playmate, and being a key attachment figure. This is a tremendous loss to the child, the grandparent, and society at large.

It grieves my heart to think of how many grandparents will never fulfill this important, life-giving purpose, never truly live out their role of wise, loving, and playful elder.

With daycare and school replacing the family unit, children attach to peers instead of adults. Attaching to the primary caregivers—in this case, the educators—is harder and less natural, often for both the child *and* adult. Teachers are distracted, overburdened with work and personal issues, and will often have their own unhealed attachment wounds playing out in their relationship with their students. This unavailability, along with the peer orientation, creates all sorts of developmental challenges. At that impressionable age, it's a mature, present adult the child needs to model herself after, not other immature children who are lost and confused, due in part to not having their own attachment needs met.

The whole system needs to be reconsidered, including our economic and social systems. They are not currently designed to support attachment. They are designed to support profit, and at the cost of the human spirit. Study the history of education and you will see just this. It was never about the children, their creativity, their desires, or their soul. It was about power and greed.

We are evolving past this fear-based consciousness, now. Despite the chaos in our world, we are a people rapidly waking up from this dream of suffering and separation that biologically and spiritually impacts children so deeply. We are a society longing for more, for we know in our hearts how much more children need.

We only need to look to the roots to remember who we are and what matters, to the roots that must firmly be in place for children to grow from—to family, connection, play, laughter, love, creativity, being close to the land, and to the magic and loving embrace of Mother Earth. This is our place of belonging, and therefore our "school" of learning.

I'll end by saying this: A child with no education and a lot of love will go much further than a child with plenty of education and little love. And what does our world need? Not more unhappy, unhealthy, addicted, disembodied intellects, but rather people in touch with their bodies and souls from having grown up in touch with—rooted in—the bodies and souls of their families and Mother Earth.

Vince Gowmon is an internationally recognized spiritual teacher, healer, and author. Through online private sessions and group ceremonies, he facilitates healing and soul activation using the power and mystery of Starlight, and its many emanations, such as Diamond Light. For full information, please visit VinceGowmon.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.

© IAKOVENKO123 | DREAMSTIME

Don't Call It Spanking

Hitting a child is wrong, no matter what word you use for it

By Naomi Aldort

No parent wants to hurt their child. If parents knew how to achieve connection, responsible behavior, cooperation, and kindness without hitting, threatening, consequences, time out, or punishment, they would do it. I don't judge parents who hit their children, yell, or punish; instead, I feel compassion and want to help them become who they truly wish to be, and bring healing to them and to their children. The greatest gift we can give our children is to work on ourselves and become models of nonviolence and of peaceful connections. Children were not created all wrong and needing to be fixed, and guiding them does not require hurting them—ever. Parents want to know how to help their children learn and grow without physical punishment, and need support and guidance.

By Any Other Name

The term *spanking* is used to reduce a parent's sense of guilt, through self-denial: "I am not hitting/abusing my child, I am only spanking him." I advocate to eliminate the word "spank" as a first step to awaken ourselves from this unconscious denial. Being compassionate means forgiving yourself, but it doesn't mean continuing to cause harm.

The child doesn't care what you call the hitting; it hurts and does emotional damage no matter the semantics, the declared purpose, the strength of the hit, or the follow-up hug the child is coerced into against her honest emotions.

Using a different word for striking a child than we would for hitting an adult is self-deception, and an endorsement of discrimination by age. Any degree of hitting is hitting,

© ANAUMENKO | DREAMSTIME

no matter the age. This is also true of emotional control strategies. Words like, "consequences," "time out," "deprivation," or "teaching discipline," are the same self-deception as the word "spanking." Manipulations with praise or rewards are also harmful, but that is a subject for another article. Here I'll focus on the physical hurting of children.

The only difference between hitting an adult and hitting a child is that the harm to the child is far greater. An adult knows it's wrong. A child has no such frame of reference, and therefore concludes that she is "wrong" and deserving of pain, and that her body is someone else's property. Her whole point of view about herself and about life is adversely impacted by being physically violated. Being hurt intentionally by a person she loves and depends on makes it even more traumatizing, no matter how light the hit, and how much nice talk follows. In fact, the hugs and love after the hitting add to the child's confusion, and compound the long-term emotional injury.

Here are some of the lessons internalized by a child who has been hit:

- Life is scary
- I must lie and hide what I do if it's not approved (since I cannot stop myself and my parents think I can because they don't understand)
- No one will understand me; I have to please the adults/authority
- I have to go against myself often, to appease authority and stay out of trouble
- My parents are the boss/the police; I must evade and avoid them
- I am bad and should be ashamed of myself (a big emotional injury)
- I cannot trust those who care for me…or anyone
- I should obey just to avoid pain (a lesson that can lead to being taken advantage of or molested)
- My body is someone's else's property to do as they wish (a prescription for sexual dysfunction)
- How I feel doesn't matter; I should ignore and suppress myself
- I should obey a bigger/stronger person (this obedience could transfer to a gang leader, a molester, media, peers, partner, boss…)
- When I grow up, I should hit a weaker person if they don't obey me
- Might makes right, I should solve problems by hitting/controlling people
- Hurting someone is a way to get what you want
- I should hit others when I am the strong one
- The way to resolve problems is by hitting
- Hitting is teaching
- I am worthless; I deserve to be hit

"All wars are learnt through parent-child relationship. Peace on earth, therefore, starts with you and your child."

–NAOMI ALDORT

Many adults work on themselves and overcome the emotional harm done to them, but not everyone can. It would be much better if we don't have to recover from our childhoods.

Long-term issues arising from physically punishing a child include insecurity, victim mentality, a tendency to be taken advantage of, bullying or being bullied, anxiety, depression, drug use, alcoholism, eating disorders, suicidal tendencies, learning disabilities, rage, mistrust, sexual difficulties, a sense of isolation, and more. Many live what look like normal lives, either because they recovered with a lot work on themselves, or they form what looks like a good life while being emotionally compromised.

Quoting the Bible does not make it less harmful. Solomon was wrong about sparing the rod, and his sons turned out violent. Jesus would have never lifted a finger on a child or anyone. Regardless, we use the Bible in the same way we use the word "spank" or the excuse "I turned out alright." It's a justification to support what contradicts every loving bone in a parent's body and soul. Forgive yourself and move toward healing.

"We talk nicely afterward, and are very close"

Often parents try to hug and make nice with a child after hurting him. The child usually wishes they didn't; he feels rage and hate toward them, but has to succumb to this coercion anyway. When this process is done, the child feels temporarily relieved and may look content. But underneath, he is shamed and confused, because the hug contradicts his authentic sense of himself and his valid sense of contradiction to love. He feels temporary relief that the pain and disconnection are over. But he will fail again, be hit again, and the cycle will return. Precisely because he was hurt, and, because the valid cause for his behavior has not been addressed, and his self-image has been damaged.

In other words, the nice talk, hugs, forgiveness, and apologies after a spanking only make things worse, because they prevent the child from seeing that he was mistreated—or, if he sees it, his rage is locked inside. He will either conclude that he is worthless or develop violent emotions leading to mental and social difficulties.

A young person is rarely able to see his parent as wrong; it is too scary to have such a view of one's parent. He therefore takes the judgments all on himself, seeing himself as bad, in order to preserve trust in his parents. This phenomenon is sometimes averted in later years,

MOST PARENTS WHO WORK ON THEMSELVES BECOME SKILLFUL AND PEACEFUL WITH THEIR CHILDREN, WHICH RESULTS IN **EMOTIONALLY HEALTHY, RESPONSIBLE, AND COMPETENT KIDS.**

when a child is lucky enough to experience a peaceful treatment from another adult, which helps him know that he is mistreated. (This is a concept Dr. Alice Miller calls an "enlightened witness.")

"Hitting/punishing works; my child is well behaved"
Some children become more aggressive and behave worse as result of being abused. Unfortunately, many become super "good kids" not because they learned good values, but because they learned fear-based strategies to avoid being hurt. This fools their parents into thinking that hurting them was effective. Sadly, hurting children is effective in creating such harmful, fear-based compliance. In the long term, such children can be more harmed than those who fight back.

Fear-based compliance is a prescription for severe insecurity, unhealthy dependency, depression, and even suicide, as well as drinking and drug abuse, loss of sense of self, and other mental issues. Indeed, using compliance to avoid being hurt can lead to being in abusive relationships, or even to being molested as a child or in adulthood.

If we habituate a child into acting from fear and the need for external approval, she is likely to look for cues outside of herself (grades, kudos, media, peer pressure, and other external pressures), which is the heart of unhealthy dependency and inner void.

Again, I don't judge parents, but kindly help them, the same way that I teach them to help the child. The parent who hits is misbehaving and needs help and love, not judgement, just like the child. Most parents who work on themselves do recover and become skillful and peaceful with their children, which results in emotionally healthy, responsible, and competent kids.

"But my permissive friend's child is a brat"
Freedom is not license, and respect is not permissiveness. The reality is that most aggressive children come from punitive homes, not respectful ones. Yes, respectful parents make mistakes too, and those can lead to behavioral issues. No one is perfect. But just because a child isn't able to behave responsibly doesn't mean that he hasn't been hit enough, or that hurting is the solution. It never is. These parents simply need better peaceful parenting skills.

We will make mistakes while learning how to parent; that doesn't mean that we should fall back on hitting, but instead, that we should seek more learning. There are always loving ways to resolve human issues at any age. Hurting someone is never the solution, and it always causes long-term harm.

"I was hit, and I turned out okay"
Sadly, no. Anyone who was hit as a child didn't turn out okay (a low bar, anyway). The very ability to hit/hurt/shame a child to any degree is one indication of the harm done to you when you were a child. Indeed, no one can know how

ISTOCKPHOTO :: DANIELA JOVANOVSKA-HRISTOVSKA | HALFPOINT

© FIZKES | DREAMSTIME

they would have turned out, if raised by more skillful parents in a peaceful way that is consistent with love.

I hear this claim about "turning out okay" at almost every workshop I conduct. From 30 years of experience and study of human nature, I dare to say with confidence that anyone would have turned out much better—calmer, saner, happier, peaceful, a listener, able to connect in tough moments, etc.—if they were not hit, scared, shamed, given consequences, threatened, or manipulated. Nothing in nature improves by being hurt. Training animals to behave unlike themselves isn't an improvement for them.

A child grows up to become as kind to herself and to others as she has been treated. God, or nature, did not make a mistake; children do not need to be hurt in order to actualize their loving and caring potential. In fact, they are made to flourish best through loving connections and when feeling free to express themselves emotionally.

Many parents who were physically or mentally abused as children have successfully broken the chain of abuse. If you are still struggling with being punitive and controlling, know that you are not alone, and that you can heal and learn the way of peace.

Parents do not want to hurt their children. Once they heal themselves by realizing their own pain first, they will become unable to lift a finger against their child.

When a parent provides leadership without domination, children behave well not out of anxiety or to seek temporary redemption, but of their own free will. This is because they don't need approval—they know they have it based on how they are treated, and they are eager to belong competently. The best gift you can give to your child is to evolve yourself to become a model worthy of imitating, and to be able to create not a courthouse, but a love house.

Naomi Aldort is the author of the bestseller Raising Our Children, Raising Ourselves, *published in 19 languages. Aldort offers remote parenting guidance sessions, as well as workshops and speaking events internationally. Her guidance is about a way of being and of understanding our children and ourselves, so children can do their best—not because they fear us or seek our approval, but because they want to, of their own free will. For more information, audios/videos, and to sign up for sessions, visit NaomiAldort.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

DRY YOUR *eyes*

By Michael Gurian

When, and how, to tell your child to stop crying

When I was serving on a conference panel to discuss fatherhood recently, I heard another panel member tell the audience that a boy's health depends on his crying and expressing feelings constantly. It was a flaw in masculinity, masculine training, and fathering, he said, to tell a child to stop crying.

This is a view we hear quite often, and my research agrees with this panelist's opinion to a point: Constant repression of a child's emotional life is harmful. Crying and expressing one's feelings are important social-emotional skills. But the panelist, and conventional wisdom, oversimplify this issue, missing one of the important gifts of paternal nurturance.

Think for a moment about your own parenting: Haven't you at some point watched a child whining and crying and thought, "There is no way that is functional"? Haven't you quite naturally told a child: "Okay, stop crying, that's enough. It's time to do something about your problems"? I think we all have done something like that.

IS IT ALWAYS WRONG TO TELL A CHILD TO STOP CRYING? OR, TO PUT THIS ANOTHER WAY: BECAUSE I SAID THIS TO MY SON WHEN I WAS RAISING HIM, DID I RUIN HIS LIFE?

According to studies from four different continents, men tend to get to the point of ending a child's tears more quickly than women. One reason is a less active male insula (the part of the brain that creates mirror neurons for empathetic response). The female insula tends to create more mirror neurons and retains its mirror neurons longer than the male, so it is not uncommon to hear more moms spending more time listening to and crying with a child than dads (although, obviously, a father can spend more time listening/crying with a child at any given moment, and a mother can spend less).

In the context of this male/female difference across cultures, Patricia Hawley, at the University of Missouri (featured in my book, *Saving Our Sons*) has studied

© OKSANABRATANOVA | DREAMSTIME

the subtleties of bi-strategic parenting—the application in child-rearing of both maternal and paternal (female and male) nurturing styles. They find that bi-strategic parenting has protected child development for millions of years, and is, in fact, essential to good, collaborative parenting. This, despite the public psychological narrative, especially regarding boys, that the more coercive and masculine approach is always dangerous to a child's development.

To help us explore all this, let's look at four scenarios.

Scenario 1: A parent says to a child, "Stop crying, or I'll give you something to cry about!" He or she is wielding a belt across the child's behind.

Scenario 2: A parent says to a crying child, "Crying just makes you weak. I'm ashamed of you," and walks away from the child.

Scenario 3: A parent says to a crying child, "That's enough crying, it's not helping anything," and gives the child other emotional expression strategies.

Scenario 4: A parent says to a crying child, "If you see a problem, do something about it," and helps the child stop crying so that he or she can problem-solve, and take good action.

In the first two scenarios, brain-based psychological science would agree with the conference panelist that parents will likely cause social-emotional harm to their children, especially if the abuse or disrespect for tears is repeated constantly throughout childhood. In both 3 and 4, however, the parent who tells the child to stop crying actually assists the child in building resilience, thereby helping the child become a mature, self-regulating, problem-solving adult.

Children themselves need and want this kind of direction: A boy's initial crying, for instance, is often his brain's hyper-stimulated amygdala, tear glands, and other functions pleading for adults to help him answer his internal question, "How do I get stronger, more adult, more mature, more emotionally independent?" Just as much as he needs to cry, he may often need to stop crying and act.

© FIZKES | DREAMSTIME

"STOP CRYING" CAN BE USED TOO HARSHLY AND TOO OFTEN, BUT MANY TIMES, THIS PARENTING STRATEGY **BUILDS RESILIENCE, STRENGTH, AND SOCIAL ADAPTATION.**

In my own fathering of my children, I never hit or abused them, but I did make the mistake of Scenario 2 at various times, ordering them to stop crying but not giving them new assets to replace the tears. I regret these moments. At the same time, there were many moments in their childhoods when I knew my children were crying, ventilating, and "feeling" too much. Maturity and resilience, I knew, would come if I did my part to help my children end their tears and initiate changes in their lives.

In these times, it was healthy for me as a father to tell my child, "Stop crying, get control of yourself, work on solving your problems." My subtext in these situations was, "Crying and constantly talking about feelings is not necessarily the best thing in the world." In this kind of nurturance, my insula finished quickly with its mirror neurons, and my brain saw "healthy parenting" from that perspective.

Brad Bushman, at Ohio State University, has completed research that helps us see wisdom in this other part of bi-strategic parenting. As he and his colleagues prepared to study emotional expression of young adults on social media, they assumed, like the panelist, that the more a child or adult expressed feelings (ventilating, talking, crying, asserting "how I feel"), the more functional and successful the adults would be.

Bushman and colleagues found something else: The young people who spent the most time in ventilating/expressive/ruminating behaviors were more depressed and less emotionally successful than the people who did not. This was true of both males and females. Bushman reported his study and conclusions in *Personality and Social Psychology.* "The students in the rumination group were angrier and most aggressive while the students in the control group, who did nothing to vent their feelings, were the least angry or aggressive."

Bushman is not contending that crying or expressing feelings is a bad thing—it is a good thing—but that it can also be counterproductive. Dr. Bushman's studies have been replicated by neuro-psychiatrist Daniel Amen, who tracks rumination and feeling-expression in brain scans. Dr. Amen told me: "The more extended and chronic the rumination we experience in the brain, the more at risk our brains are of ANTs (Anxious Negative Thoughts), which just continue the stress cycle of more emotional distress and more likelihood of anxiety and depression."

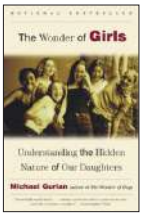
Dr. Amen, author of *Sex in the Brain* and *Unleashing the Power of the Female Brain,* pointed out the male/female aspects of this. Males and fathers, he noted, tend to use fewer tears and fewer words for feelings than females and mothers. The anterior cingulate cortex of females is up to four times more active than the male's; male tear glands are smaller than female tear glands after puberty comes; and the male cerebellum (the "doing" center of the brain) is larger and generally more active than in the female brain. Thus, in general, fathers are more likely than moms to try to end a child's feeling-expression and move to problem-solving and "doing."

In fathering my own children, I'm not proud of the mistakes I made, but my children, now grown, have told me they are glad I was "more masculine" in the way I parented them than their mom was. They loved how Gail parented, don't get me wrong. What they were talking about was my attention to resilience over emotion, and maturation over long, drawn-out emotional expressions.

Parenting is messy, and there is no single best way to parent. Our public psychological discourse generally wants parenting to be pure, orderly—and, especially, "not masculine." But adulthood is a time when strength and resilience are as important as anything else, so we do need both maternal and paternal resources, despite the fact that we all agree on a broad spectrum of what is male/female and maternal/paternal.

And from a larger social context, I believe we need to challenge panelists like the one I heard. When they say, "We want fathers more involved with kids," but, simultaneously, take an incomplete or even a denigrating view of the gifts fathers bring, we must challenge them to think more deeply and see things more clearly.

And so, when you see dads (and moms and mentors) doing the sorts of things featured in scenarios 3 and 4, please congratulate them for telling their child it is okay to stop crying. Their basic approach is desperately needed by today's kids, who often lack the motivation, resilience, and follow-through that strong, active, paternal nurturers can help develop in their growing children.



Dr. Michael Gurian is the New York Times *bestselling author of 32 books published in 23 languages. He provides counseling services in private practice. The Gurian Institute, which he co-founded, conducts research internationally, launches pilot programs, and trains professionals. Michael has been called "the people's philosopher" for his ability to bring together people's ordinary lives and scientific ideas. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

Who's Your Nanny?

Journal excerpts from what I learned as a nanny before becoming a pediatric chiropractor

By Ashley Gonzales, D.C.

© SAYURIK | DREAMSTIME

AUGUST 2017

What's the first picture to come to mind when you hear the word "nanny"? Old? Weird? Mrs. Doubtfire playing air guitar?

Being a nanny is just one notch below parenting, but also one notch above "cool babysitter." Sometimes, depending on how parents run the household, a lot of the stress can fall on the caretaker. It's not enough to love being around kids (because I actually used to LOVE it); it's about finding a balance between "Hey, let's have fun today!" and "This is not how we were taught to behave, Henry."

One family I just finished working for is incredibly free-spirited when it comes to raising their twin 3-year-olds. Maybe a little *too* free-spirited...? Seriously. Their home is like the episode of *Friends* when Ross dates that attractive anthropologist who literally lives in a pigsty. I completely admire the family's love for books and nature, though. They schedule time for family hikes, trips to the museum, the library, and arts and crafts. They *have* to be a special breed of parents. Every day the kids learn new words, such as *dormant* and *collage*, with their breakfast games. They have "word parties" where they spend hours spelling words out with magnets on the refrigerator or on a Scrabble board. The kids also have new art projects hanging on the walls every week. During our "nanny and me" time, we play "Museum" so they can talk about their art and what it represents.

Reminder: These kids are THREE. It's beyond inspiring seeing how much these kids' brains are developing with their constant knowledge-filled environments. At 3 years old, these kids can name and point to more states and countries on a map than your average 5th grader. That's not a joke. My only thing is...well, it wouldn't hurt to give them a *clean* learning environment. Maybe vacuum the place a bit. Maybe a little mop. I've never said anything out loud though. They're busy. And they've asked me not to clean, so I can mainly focus on the babies. I digress.

If you take away the exploding diapers, the ear-splitting screams, and the constant parental texts asking, "Are you free to nanny tomorrow?" I'd say it's been rewarding watching these little humans grow into who they are. Henry couldn't properly pronounce "earring" when we first started, and now he can spell it *and* say the word in Spanish. Their brains are amazing. Should I be a professional baby brain development monitor? Is that a thing? I don't know. Maybe the next time I'll appreciate being around kids again will be when I have my own.

Did I mention I got into chiropractic school? I start in a couple months. I'm excited to work with adults again; I think I've played enough hide-and-seek and kid games. I'm ready for real adult stuff. Which reminds me: I should probably hold onto the cute cards they made me. You know, just in case.

JUNE 2021

I wrote that the summer before starting chiropractic school—having no clue there was a branch within the profession that focused on pediatric chiropractic and brain development. The amount of irony in the final paragraph is incredible. I still think about that family often. They never compromised their parenting principles. So simple, and it made a huge difference in how those kids developed in the year I got to spend with them.

Some of those beautiful principles any pediatric chiropractor, or any parent, can implement include:

Dirt don't hurt. As healthcare professionals, we have to be mindful to maintain a tidy space. So this applies more to parents. When allowed to play in the dirt, your children are likely to be running, jumping, crawling, and cartwheeling through it. Add a parasympathetic chiropractic adjustment, and you have one balanced kid! Exploring outside also gives children the freedom to exercise their curiosity and develop problem-solving skills. And hands-on activities like gardening give young minds the opportunity to explore concepts about science, responsibility, conservation, and nutrition.

Scheduled blocks of family time. Family time is an essential factor that helps to create strong bonds, love, connections, and relationships. Spending quality time with family helps in coping with challenges, instilling feelings of security, inculcating family values, filling kids with confidence, and so much more. Plus, families who get adjusted together, bond together!

Books over screens. Reading calms the nerves, activates the language and reasoning aspects of the brain, and can even keep you mentally alert as you age. TV, on the other hand, has the opposite effect. Reading books, and even just being around books, increases the amount and level of communication.

Imagination. Let's not take life too dang seriously! Imagination influences everything we do, think about, and create. It leads to elaborate theories, dreams, and inventions in any profession, from the realms of academia to engineering and the arts. Silliness is key!

The above listed are a few learned lessons from my time as a nanny, and how beautifully they can be applied to my profession. Whether you're an aspiring pediatric chiropractor, a parent, or any other child development professional, I invite you to reflect on lessons you've learned in any past job and how you can apply them going forward.

Ashley Gonzales, D.C., draws on experiences from her 10-year dance career when addressing her community members. Her biggest dream is to make others feel as seen and celebrated as she felt every time she took the stage—starting with the tiniest of humans. When she isn't exploring the depths and intricacies of the human body and mind, Ashley enjoys being outdoors, creating macrame masterpieces, reading, and spending time with her partner, Ian Barwick, D.C. View article resources and author information here: pathwaystofamilywellness.org/references.html.

dirt don't hurt

family time

books not screens

imagination

DREAMSTIME CONTRIBUTORS

SICKNESS and *Health*

By Anik St. Martin, D.C.

I remember when our son, Marco, contracted dengue fever. It was seven years ago, and we were in Puerto Engabao, an Ecuadoran fishing village largely populated by street-fighting pigs and graced with a magical point-break surf wave. It was here, in the middle of nowhere, that I realized that this fever, this illness, was different, and that it meant business.

Marco was 8 years old. After four days of high fevers, vomiting, lethargy, and joint pain, I took him to a small emergency room in the neighboring town of Playas. The nurses took one look at him and told me it was dengue. I couldn't believe I'd let it go for days like that. My mom heart was heavy with guilt. We had two months left to our travels, but I immediately decided that if he didn't get better within a day, I would fly back home with him.

I spent the day with Marco completely out of it, with hydration IVs and the most amazing coddling from the sweetest, most loving nurses a mom could hope for. Toward the end of the day, after sleeping in that hospital bed for hours on end, Marco woke up with some color in his face and with clear, compelling eyes. The first thing he said to me was, "Mom? I'm not shy anymore." I looked at him and thought, "...ooooooookay, that's a bit weird."

You have to understand that, until this moment, Marco was the kid who hid behind me or under my dress when people would talk to him. He was painfully shy.

Up until then, Marco also had an incredibly sensitive stomach. He would wake up a few times per week, throwing up and needing to lie down on the bathroom floor for a few hours until the tides would turn—usually by noon, when he'd eat anything he could get his hands on, and move on to be as energetic as can be for the rest of the day. It was frequent, unpredictably predictable, and very worrisome.

He also dreaded car rides because he got terribly carsick. We did everything we could. We addressed his microbiome with probiotics and fermented foods; he got adjusted a few times per week, and we took him to an acupuncturist. Out of worry and to rule out a serious pathology, we took him to

© RUDIMENCIAL | ISTOCKPHOTO

a pediatric gastroenterologist, who did an upper GI scope, found nothing, and diagnosed him with cyclic vomiting syndrome, which is one of those diagnoses that describes symptoms but does nothing else. This started when he was about 2 ½, and he was still experiencing it at age 8, in South America.

Finally—sorry for sharing this, Freckles—Marco had nocturnal enuresis (bed wetting) every night of his life, and it had continued well into these months we spent in South America.

Marco came out of his dengue fevers on April 14, 2014, and he was undeniably a different boy. He has never once since that day thrown up in the morning without a specific reason, he's never had a nighttime pee accident, and he was right—his shyness was gone, and he suddenly was a more confident, certain, and outgoing kid. Just like that. It sounds crazy, but it's true.

Some say childhood fevers are a gift to the immune system and nervous system. That they behave as a "reset button," and, in fact, maybe we're meant to experience childhood illnesses, because they help prime us for what may come our way in the future. Research shows that measles, chicken pox, and mumps may actually serve a purpose. For example, measles may reduce risk of lymphoma, mumps may reduce the risk for leukemia and ovarian cancer, and whooping cough may reduce the risk of AML (acute myeloid leukemia).

Hyperthermia (fever) is used to treat cancer in many parts of the world because research shows that fevers may reduce tumor sizes and help treat and prevent cancer.

What if we're trying to outsmart a system that's already genius? Just saying....

I honestly don't know where we'd be with Marco if he hadn't gotten dengue fever. Despite everything we had done for him, it was this illness that swung the pendulum. I do ask myself if it all would have been dealt with sooner, had he had the opportunity to get the chicken pox or the measles...but as we all know, in the name of eradication, we've taken care of those.

I write today because I just had a conversation with a close friend of mine who has just recovered from a range of symptoms. She's in her mid-40s, like me. Her symptoms were moderate, with a fever and severe body aches. She says that she feels like they were actually an unexpected reset that she needed. She feels a level of energy and clarity that she hasn't felt in a very long time...like she had a massive detox.

I understand and respect that illnesses can be very dangerous for some, but what about for the rest of us? Can we have this conversation from a place of love and respect?

I'm sure many might view the suggestion that illnesses may sometimes be good for us as crazy talk. I get it. But have you ever noticed that babies often meet their developmental milestones or major growth spurts immediately after a fever? (Side note: Using Tylenol to lower fevers may be counterproductive. Considering that Tylenol interferes with methylation—detox—it might actually serve us well only as a last resort.)

Some say that the expression of symptoms is ubiquitous with the expression of health. That the body learns from these experiences, and that, in fact, we genetically depend on them.

What happens when we Saran Wrap ourselves so tightly that we seal ourselves and our kids away from these physiological experiences? Considering that cancer is the leading cause of death in America, and that we're sicker with chronic illness than we've ever been, I wonder if it might serve us well to consider changing the conversation.

Anik St. Martin, D.C., received a B.A. in psychology from Carleton University, in Ottawa, Canada. She met Dr. Darin, her husband and favorite chiropractor, at New York Chiropractic College where she graduated cum laude with a Doctor of Chiropractic degree in 2000. Dr. Anik has been in practice in Longview, Washington, for 20 years. She became certified through the International Chiropractic Pediatric Association in 2014. In 2016, she received a Diplomate in Pediatric Chiropractic. She is a writer and an avid community speaker, inspired by inspiring others to trust and seek out their potential. Dr. Anik is the mother of two vibrant teenage boys, both of whom have been her greatest teachers. Her favorite places to be are in her kitchen cooking for her family, at her practice adjusting children and families, in her running shoes, and on her surfboard. You can find her blog at yourtruenorth.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.

TRUST IN PRACTICE

By Justin Ohm, D.C.

What if we stopped trying to save women?

I can't take credit for that line—I think it originated with the Free Birth Society—but I do resonate with its meaning. I am a practicing chiropractor, and I specialize in perinatal and pediatric care. I feel chiropractic care is essential during pregnancy, but if there is one thing I have learned over the years, it's that providing an adjustment to the pelvis and spine is not enough—or at least we could be offering so much more.

Let me explain. I feel like one of the biggest issues facing pregnant women is the fear-based narrative that they are subjected to by most of their providers. Every day in practice I have a decision to make: Am I going to be part of that narrative, or am I going to consciously foster a trust-based narrative?

If I choose to explain chiropractic as a solution to a problem, then my focus of care is inevitably on "the problem." If, however, I remind the mother-to-be of the amazing adaptation her body is conducting all on its own, and that chiropractic care is simply supporting the function of her body, then I have shifted the focus toward the solution. And guess what? That solution, that power, and that intelligence is internal to that woman, rather than externally provided by a member of her birth team. Knowing that—and trusting that—is a skill that can bolster the confidence we carry into birth.

Fear is insidious. It is endemic to the medical system in most circumstances. It is also much easier to be fearful of something you have no experience with, or minimal preparation for. Think about the big unknown that a first-time pregnancy could instill if the mother doesn't feel prepared for birth. Birth preparation in the United States, if it occurs at all, typically consists of a birth class. In a hospital setting, the purpose of the class is to familiarize you with the facility and the protocols they follow. In a private setting, "natural" birth classes can offer a more in-depth understanding of what to expect in labor, but they often fall victim to an oversimplified concept that birth is "natural," and you will know how to do it already.

There are a lot of things that are natural for the body to do that you would never consider doing without practicing for it first. It is natural for the body to be able to run, but I wouldn't sign up for a marathon without training and preparation. Interestingly, birth has often been described as a marathon. So how do we prepare for birth? The same way we prepare for any challenging task: by developing skills that will help us accomplish it. Having choices in birth is great, but without skills that we can carry into that event, we can often be let down by the outcome.

I'm not saying that who you pick as your provider and how you craft your birth plan doesn't matter. Your choices and desires for your birth are absolutely your right, and it's your responsibility to make those choices. Finding a provider who supports your choices is valuable, but it doesn't give us any additional skill set to better complete the task of birthing your baby. If we feel prepared, and if we feel skilled, we have far less fear. We become confident and self-empowered.

It is time for a shift in birth preparation. Couples need to search for skills-based approaches to childbirth. Those classes and programs are out there. Regardless of what type of birth you want or may end up with, birth skills support our ability to complete that task. Providers need to go beyond simply providing care. They need to explain the value of birth preparation and birth skills, and encourage families to become self-empowered for birth. This allows women and their partners to take full responsibility for their birth—which is the only way to shift the power from an external authority to the individual.

Justin Ohm, D.C., DACCP, is a father of four and family chiropractor who focuses on pregnancy and pediatric care. In 2019, he became a director for the International Chiropractic Pediatric Association. View article resources and author information here: pathwaystofamilywellness.org/references.html.

© MILJKO | ISTOCKPHOTO

Why Chiropractic Care for Children?

Birth is tough work for both mothers and babies. There are a lot of pressures and forces being exerted onto your baby during her journey into the world. A recent study by Viola Frymann demonstrated that 90 percent of newborns suffered the effects of birth trauma: associated strain through the neck and cranial areas following birth. Frymann, an American osteopathic doctor, studied more than 1,500 babies periodically across an eight-year period. She examined all babies within the first five days of birth; in fact, many were checked within the first 24 hours.

This study revealed that approximately:

- 10 percent of the newborn babies had perfect, freely mobile skulls or cranial mechanisms.
- 10 percent had severe trauma to the head, evident even to untrained observers.
- The remaining 80 percent all had some strain patterns in the cranial mechanism.

Birth in its many different forms can be quite traumatic. While each birth is unique, there is always a chance that the baby suffers some sort of strain due to a variety of reasons. Even the most natural births can result in trauma that goes undetected. As researcher G. Gutmann has written, "The trauma from the birth process remains an under-publicized and therefore significantly under-treated problem."

— *Compliments of Cole Bradburn, D.C.*

Safe, Gentle, Effective

More parents are discovering the many benefits associated with chiropractic care throughout childhood. Our doctors provide special care for infants, children, and pregnant mothers.

icpa

FIND A DOCTOR OF CHIROPRACTIC

DiscoverKidsHealth.org

Chiropractors who care for infants use very specific, gentle adjustments, and most ICPA doctors have taken advanced classes on specific techniques for infants.

What can cause birth trauma in infants?

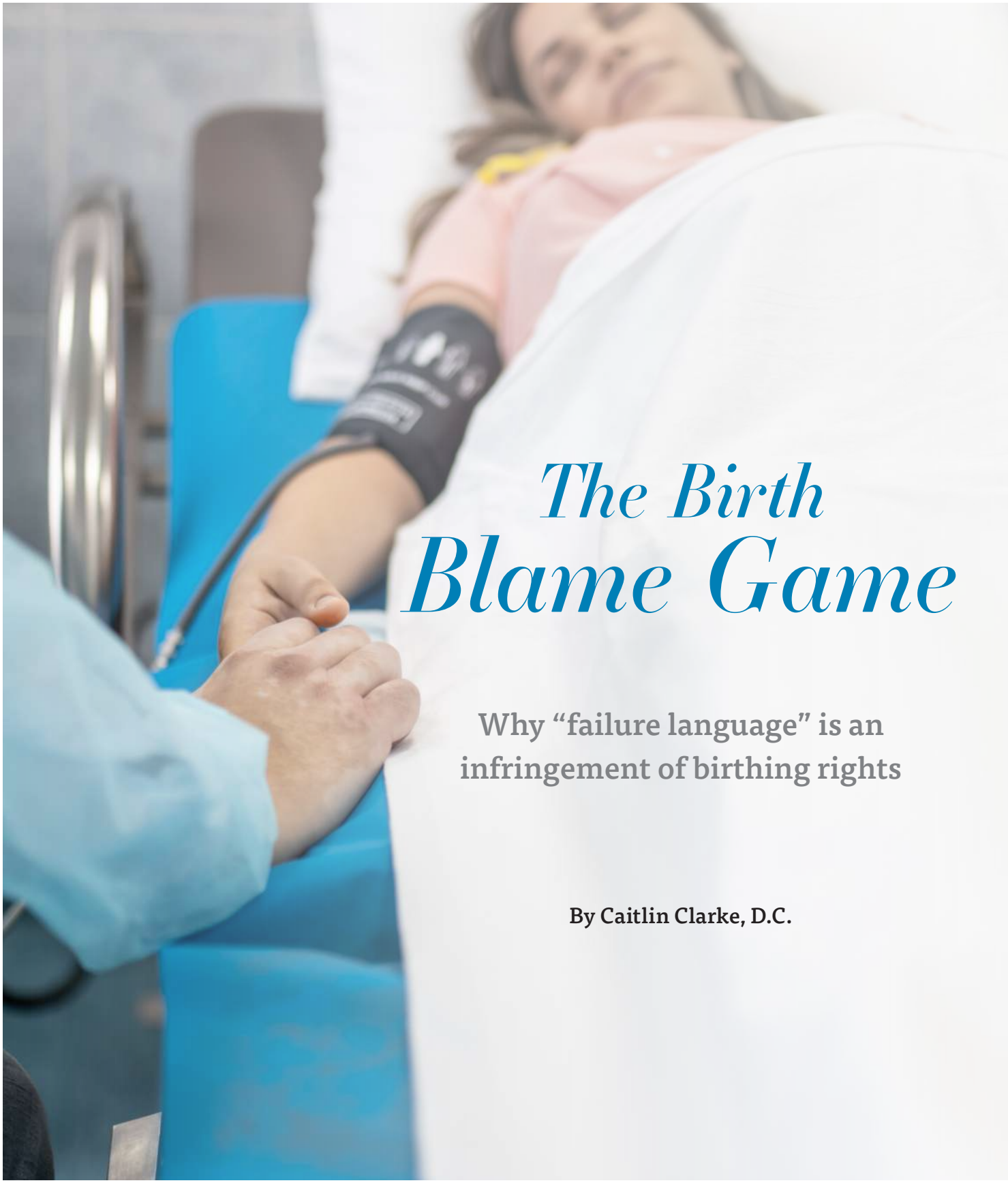
1. Very short labor
2. Very long labor
3. The use of Pitocin to strengthen/induce uterine contractions
4. Pain medications
5. Restricted maternal birthing positions
6. Pulling or twisting on the head to deliver the infant's body
7. The use of forceps or vacuum extraction
8. Cesarean delivery

Left uncorrected, this trauma continues to impact a baby's spinal growth and development, reducing the healthy function of her nerve system. This can cause many health challenges later in life that could easily have been prevented.

Nursing difficulties, sleep disturbances, and an inability to be soothed and settled are all potential signs of spinal nerve stress in infants.

Although all infants should be checked right after birth, here are just three clear indicators to find a chiropractor who cares for infants.

1. His head tilts to one side, even after you straighten it.
2. She seems to have difficulty turning her neck to one side.
3. He has difficulty settling down or sleeping soundly.



The Birth Blame Game

Why "failure language" is an infringement of birthing rights

By Caitlin Clarke, D.C.

© JOKIC | ISTOCKPHOTO

"Failure to progress."

"Incompetent cervix."

"Ineffective contractions."

"Failed homebirth."

These are all examples of "failure language"—vocabulary that blames a birthing person, or normal variations in their anatomy or psychology, for birth not proceeding in an ideal or straightforward manner.

"Failure to progress" (FTP)—along with its derivatives, such as "failure to descend," "failure to dilate," etc.—is perhaps the most pervasive and destructive example of failure language. What makes FTP's ubiquitous use even more troublesome is that, since 2014, the American College of Obstetricians and Gynecologists (ACOG) has not recognized this term in its current guidelines. It is literally no longer considered a medical term. So why are so many providers still using it?

Advocates of vaginal birth after cesarean (VBAC) caution that "trial of labor" is a form of failure language. A planned VBAC isn't an experiment. And there is no such thing as a "successful" or "unsuccessful" VBAC. There are VBACs and CBACs (cesarean births after cesareans). When CBACs are appropriate, they are a successful birth.

In the holistic birth community, we have a huge problem with psychological failure language. This occurs when doulas or midwives who are not mental health professionals blame labor patterns on emotions, fear, or a lack of "mindfulness." It's fine to acknowledge that emotions may be playing a role, and to explore that. But to diagnose a "psychological stall" as an excuse for failing to investigate other possibilities is dismissive and disrespectful.

Failure language also includes many widely used medical terms that need to be reexamined. In my professional circles, for instance, I encourage those of us focusing on birth passage dynamics to stop using "malposition" and say "alternative position" instead. There is nothing "mal" or "wrong" with most breech, OP, transverse, and async babies. The problem is with the inability of providers to adequately prevent alternative positions, and support these births when they do occur.

Failure language also refers to the rampant overuse and overdiagnosis of other terms and conditions.

"Stalled labor" is one ridiculously overdiagnosed situation. At births I've attended where the provider tosses this term around, more than half of the time it doesn't meet ACOG's extremely clear definition of "labor arrest."

"Cephalic pelvic disproportion" is another, even more rare (but commonly diagnosed) condition. In most cases, a diagnosis of CPD is an unfair transfer of blame from providers who failed to focus on preventing and supporting births of alternative positioned babies. It's easier to blame the unnecessary cesarean on the birthgiver's "bad birthing hips." The only way to truly diagnose CPD is advanced imaging techniques, like motion MRI, during labor. Immediate post-birth analysis of cephalic molding may also provide clues. Unless you are highly trained in these assessments, stop blaming the inadequacies of your practice and our birth culture on your patients' anatomy.

"Failed homebirth" is the greatest misnomer of them all. There is never such a thing as a failed homebirth. An appropriate homebirth transport is always a success. Midwives are exceptionally well-trained in determining when home or a birth center is no longer a safe place for birth. Trusting that local hospital providers will collaborate professionally and support midwives and their clients is a positive thing, never a failure.

With a practice focusing on supporting VBAC, I often review records of previous births with my clients. I wish I could rewind time to the moment their provider chose to document using failure language. If they could only witness the heartbreaking effect this language has, I am sure they would discontinue its use.

Language matters. These terms burn in the minds of birthing people. They are constant accusations that they weren't good enough. That their body failed them. That they didn't deserve the birth they wanted. Yet none of these things are true.

Caitlin Clarke, D.C., is a perinatal chiropractor, birth biomechanist, craniosacral therapist, birth doula, and birth justice activist. Her practice at Full Moon Birth Center in Santa Cruz, California, is exclusive to perinatal and neonatal clients. Caitlin serves clients and supports births in Santa Cruz, Santa Clara, Monterey, and San Benito counties. Caitlin specializes in working with people planning VBACs, people with a history of trauma, breech, and twin pregnancies, and LGBTQ+ clients. The daughter of a retired homebirth midwife, Caitlin has been immersed in birth culture from a young age. She supported her first doula birth 31 years ago and has been a chiropractor for 23 years. Caitlin is mother of 13-year-old Ryan, who was birthed at home. Ryan was posterior presentation most of her birth, which inspired Caitlin to devote her career to the study and prevention of positional concerns that may influence labor. When Caitlin isn't supporting birthing families or hanging out with Ryan, you can find her hiking, reading books about birth, and taking pictures of flowers. View article resources and author information here: pathwaystofamilywellness.org/references.html.

THE REALITY OF BIRTH

Pregnancy and birth is an awe-inspiring experience. It's one of those crucial life passages that we never forget.

By Common Knowledge Trust

Nature seems to take over, as the woman succumbs to the incredible changes of pregnancy and the demands of birth itself. It certainly is one of the most natural and instinctive events in a woman's life, and often women feel as if they are simply carried along, with little control over what happens next. To some extent this is true: Nature and your body will know what to do, and it would be wise to surrender to the process and trust in life itself.

On the other hand, Mother Nature has also provided us with a brain, giving us some control over how we approach life's challenges. We can't control our lives completely, but we can affect events with some knowledge and preparation, in the hope that our experience is improved. Take hunger, for example. It's a natural occurrence, and our desire to eat is instinctive, but we can learn how to eat well. We could eat anything and satisfy our hunger, but a knowledge of food and cooking definitely enhances that satisfaction. Sex too, is natural and instinctive, and we can get by without learning anything about it, but those who practice the "art" of lovemaking invariably experience more pleasure. In both cases, knowledge and practice has given

© CIENPIESNF | DREAMSTIME

MOST MODERN WOMEN HAVE NEVER ATTENDED A BIRTH, OR HAVE ANY REAL BIRTHING EXPERIENCE **UNTIL THEY ACTUALLY FIND THEMSELVES PREGNANT AND ABOUT TO BIRTH THEMSELVES.**

people more control over the experience, and ultimately more enjoyment.

Eating and the sex act are often connected with pleasure, and each lasts for a relatively short time. Childbirth, however, can be painful, and can proceed for many hours. Which is all the more reason to learn what you can to improve the experience. You won't have the number of opportunities to practice birthing that you do with eating and sex, but you can learn and practice certain things before the birth that will help you when the big day arrives.

Over the years, we have spoken to thousands of women who felt that if they had only known more, they might have enjoyed a better birth. Some felt good about their births, but still wanted to improve the experience. Others felt so removed from their instincts that they had lost the ability to surrender to this natural process. Most wondered why they felt so powerless and confused.

Through talking with these women, their partners, and their care providers, we discovered that women all over the world—especially those living in a modern society—seem to have lost touch with their traditional knowledge and wisdom, of both birth and their own bodies.

Traditional culture is so dispersed these days that few women can draw upon the wealth of knowledge previously passed on through families. Most modern women have never attended a birth, or have any real experience until they actually find themselves pregnant and about to birth themselves. Additionally (and perhaps consequently),

© CIENPIESNF | DREAMSTIME

women have come to rely more and more on the medical profession to decide what is best for their own body and baby in birth. That is, until now.

In recent years, there has been a steady upsurge in non-hospital births, midwifery, and the emergence of childbirth education classes, as well as more choices in hospitals and birthing centers. There seems to be a general desire worldwide to bring birth back to the people most involved—pregnant women and their partners. Partners, in particular, have become more interested in knowing what they can do to help, and many now attend their children's birth.

Most birthing women and supportive men who have shared their experiences and hopes for the future expressed an interest in knowing what they could do to improve the quality of their own birthing experience.

Many "systems" of birthing have now been developed, and are taught to interested women and their partners all over the world. Unfortunately, these systems don't always work for everyone. People have told us, "I tried everything I learned and it didn't work," or "In labor, everything I learned went out the window."

It became apparent to us that these people needed more than just a system or philosophy to follow. What they really needed were practical, simple, and effective tools that could be adapted to suit their individual circumstances and needs in their own, unique labor.

Additionally, we saw the need for women to develop a confident awareness of their own bodies, so that in labor they could decide for themselves when and how to use these tools. Both the tools and the body awareness are important, as is shown by the experience of a woman who had a cesarean birth after feeling that her hips were "locked up," but didn't know how to unlock them. She and her attending midwives were relying on her body instincts to show her what to do, and later, after a cesarean, she felt like a failure. Actually, her instincts hadn't failed her—she had enough body awareness to know that her hips were locked up. If only she had had some useful tools to unlock them!

Incidentally, birth skills are not about discussing the pros and cons of the application of modern medicine, nor where or how women choose to birth. We recognize, through working with people from many diverse backgrounds, that local practices and policies differ greatly throughout the world. Some women have many choices in their local area; others have very little say as to how their birth is handled by others. Our sole purpose has been in finding meaningful skills for the birthing woman, regardless of her individual circumstances.

Birth skills are intended to complement all prenatal education, care, and birthing conditions. We feel confident that no matter what your personal circumstances, birth skills can help you. That is certainly our intention.

Birthing Better birth skills are the culmination of many years of work with women from all over the world. Some people have asked, "Why develop birth skills?" Well, the initial impetus came from women who had had problems in birth. They wanted to know what "went wrong"—sometimes to reconcile their disappointment, but more often in order to improve their experience the next time around. Women without birthing problems also wanted to learn more, to further refine and improve their births. We wanted to help everyone achieve this, and so we set about gathering information from innumerable sources to find answers. Contributions usually came from the women themselves, but care providers and partners often noticed something valuable that the birthing mother herself had not.

By this careful observation and enquiry, we were ultimately able to identify causes and find solutions—solutions that actually worked. Some women who had had a previous c-section now found themselves able to deliver vaginally. Even women who had not had serious problems before experienced "better" births, with greater awareness, more help from their partners, more effective contractions, and a general feeling of knowing what they were doing. The results were less pain, faster or easier labors, and less medical intervention, which made them feel better about themselves.

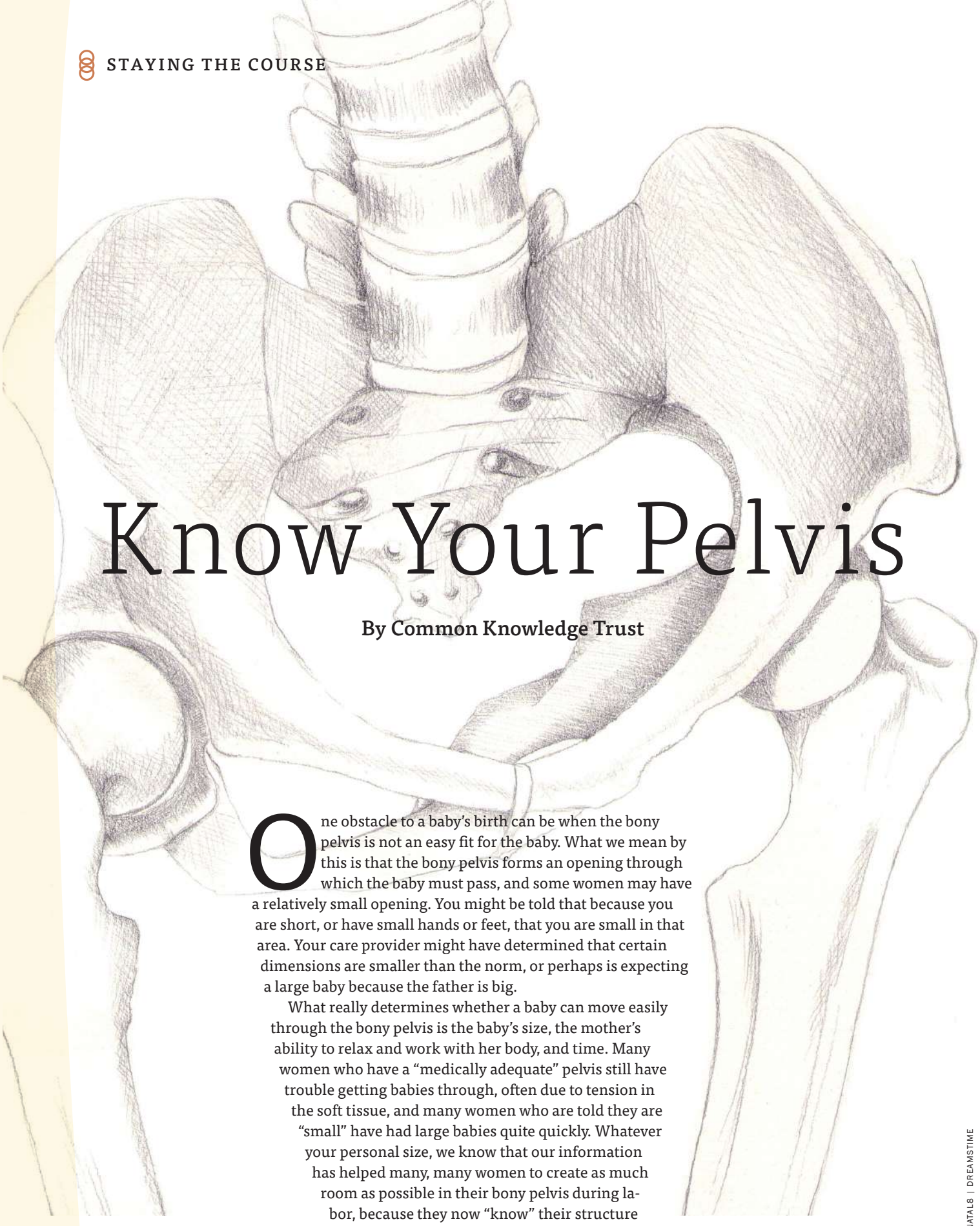
The vast majority of women were so excited by our discoveries together that they wanted to share them, and let other women know that there was something they could do to improve their labor.

We can never guarantee anything to anyone. Every birth is a unique event, and cannot be redone. However, we strongly believe that informing yourself about birth, familiarizing yourself with the birthing body, and preparing in meaningful ways can only improve your chances of having a more fulfilling and satisfying experience.

Ultimately, it's up to you, and we like to encourage this self-responsibility in birth. Our experience has shown that people do feel better about the experience when they can accept responsibility and use their own judgement, rather than relying entirely on outside influences. There is certainly a place for advice and assistance, but we strongly recommend you also use your own feelings and judgement at this momentous time. That is your right, with or without birth skills. If you don't like something, stop, and assess whether it suits you or not. Can it be adapted to better suit your needs? Follow your instincts. Take what you want, leave the rest, and pass on what you like.

Our hearts and minds are with you. Enjoy!

Common Knowledge Trust is a registered New Zealand educational charitable trust. It holds birth and birth-coaching skills developed in the United States by hundreds of fathers and mothers for all births, known as Birthing Better. Birthing Better online birthing classes are one of a number of skills-based methods that families can choose. Visit birthingbetter.org for more. View article resources and author information here: pathwaystofamilywellness.org/references.html.



Know Your Pelvis

By Common Knowledge Trust

One obstacle to a baby's birth can be when the bony pelvis is not an easy fit for the baby. What we mean by this is that the bony pelvis forms an opening through which the baby must pass, and some women may have a relatively small opening. You might be told that because you are short, or have small hands or feet, that you are small in that area. Your care provider might have determined that certain dimensions are smaller than the norm, or perhaps is expecting a large baby because the father is big.

What really determines whether a baby can move easily through the bony pelvis is the baby's size, the mother's ability to relax and work with her body, and time. Many women who have a "medically adequate" pelvis still have trouble getting babies through, often due to tension in the soft tissue, and many women who are told they are "small" have had large babies quickly. Whatever your personal size, we know that our information has helped many, many women to create as much room as possible in their bony pelvis during labor, because they now "know" their structure and how to influence it to their advantage.

© NATALB | DREAMSTIME

Bony Pelvis Landmarks

Let's first consider the bony pelvis. The bony pelvis is made up of:

- **Hipbones.** These include the hip blades, pubic bones, sit-bones, and the bumps at the back where they slightly overlay the sacrum.
- **Sacrum.** The large triangular bone at the base of the spine.
- **Tailbone.** Otherwise known as the coccyx.

As you can see, there are two large, identical bones that sweep around from back to front, where they join in the middle. These complete bones are called the hip bones. We are not going to use medical terms, rather common ones, but for our purposes we need to identify several parts.

Most people are familiar with the bony blades that stick out at the sides. We will refer to these as the hip blades. The hard bits that we sit on, at the lower back, will be called the sit-bones. And then there are the parts at the front, where your pubic hair grows, which are called the pubic bones. Where these meet in the middle is an area of cartilage; this front section is known as the pubic arch. (Cartilage is softer than bone, and is further softened by birthing hormones.)

At the back in the middle, the hip blades are joined to, and slightly overlap, the top corners of the sacrum. There are two bumps where this happens.

The sacrum is the large bone in the middle there, shaped like an upside-down triangle. The two upper corners of the triangle are joined to, and slightly overlapped by, the hip bones. At the taper end of the triangle is the tailbone.

Inside the Hole

The outside of these bones are easy to feel, but it is the inner hole they create that is important to us. These four pelvic bones form a rough "circle," and the space within that circle is called the pelvic opening. You can see this in the illustration on the opposite page. This opening has a top (medically termed the pelvic inlet); a middle (the mid-pelvis); and a bottom (the pelvic outlet). The inlet cannot be felt from the outside; its front is just above the pubic bone. The mid-pelvis can only be felt from the inside. The outlet, however, can be felt from the outside, and its shape is affected by body positioning. It is this opening through which a baby must pass during birth.

The illustration is only a guide. For one thing, a two-dimensional diagram doesn't do the real thing justice. Secondly, everyone is different, and your shape and size might vary from what you see here. And thirdly, diagrams like these show only the bones.

In reality, the pelvic bones are held together by ligaments and tendons, attaching to muscles, and everything is covered and connected by connective tissue. This can make it difficult to find the bones in your own body, and determine their exact size and shape.

Our video (details included at the end of this article) will help you locate these bones in your own body ("The Bony Pelvis—Anatomy") and then determine the unique dimensions of your pelvic outlet in "Mapping the Pelvis." As it is impossible to feel all of the bony pelvis from the outside, we do the best we can, by mapping just the outlet. Knowing the shape of your pelvic outlet will help you to understand how your baby might use the space within the bony pelvis to come through. Sometimes it will be difficult to feel these structures from the outside, and you will need to "perceive" certain areas which are not readily accessible to touch. Try to develop an overall awareness of your body to get as complete a picture in your mind as possible.

KNOWING THE SHAPE OF YOUR PELVIC OUTLET WILL HELP YOU TO UNDERSTAND **HOW YOUR BABY MIGHT USE THE SPACE WITHIN THE BONY PELVIS TO COME THROUGH.**

Mapping the Pelvic Outlet

When you map your pelvis, you will map the curve of the pubic arch, the distance between the sit-bones (side to side), the distance from the pubic arch to the tailbone (front to back), and the length of your tailbone, noting whether it curves under.

The map shows the way. We have found that when women "know" their own pelvis they are able to assume positions during labor which help to keep their pelvis open. Mapping your own unique pelvic structure provides valuable information on how to affect that opening, unlike blanket statements such as "squatting opens the pelvis."

As labor progresses, some positions help open the soft structures as well. So how you position yourself in labor and birth can help or hinder your baby. We can honestly tell you that if your cervix dilates, and the baby has plenty of room to come through your bony pelvis, and you can easily open your birth canal, in reality you can be standing on your head and nothing will stop the baby from coming out.

The Soft Pelvis

Any kind of tension held in your body during labor can work against your baby's efforts to be born. Tense up right now inside your belly and pull up "down there." If your baby is trying to come out, does this tension help or hinder? Obviously, it hinders. It makes common sense to relax and soften in as many places inside and down there as possible.

Easier said than done, if you experience the naturally occurring pain of contractions. We all hold tension in the soft tissue of the pelvis—i.e., the muscles, connective tissue, tendons, and ligaments—any parts of the pelvis that are not bony and hard. We refer to all of these as the soft pelvis.

Body Skills will help you:

- Identify important parts of your soft pelvis.
- Appropriately prepare your soft pelvis for birth during the last period of your pregnancy, so you can remove as much internal tension as possible.
- Learn the skills to soften your soft tissue in the birth so you can help your baby's efforts to move down, through, and out of your body, even when you feel the pain of labor contractions or during surgery.

The soft pelvis is out of sight, deep inside, so you will need to use your imagination to "look inside" to learn about where these important soft structures are and what they do. Then you will learn how to soften and relax these specific aspects of your body. Quite soon, you will feel certain that you can reduce tension and maintain relaxation inside your body.

Little by little, you'll not only get the right image of the inside of our shared human body, but you'll also be able to identify specific places in your own body and be able to reduce tension in any of those places.

These are the parts of the soft pelvis most relevant to birth:

- Uterus
- Cervix
- Pelvic floor
- Birth canal
- Perineum

In the bony structure of the pelvis, there is a hole/tube that has an inlet, a mid-section, and an outlet. Remember that we're dealing with a real tube or doughnut-hole here, something you can travel through, not just a circle.

The birth process is a lot like a plumbing process that occurs between your baby (an "object") and your body (a "container").

The birth process involves these three steps:

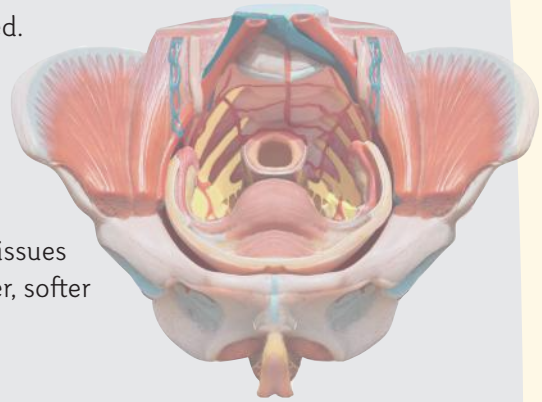
1. The cervix fully opens—the "diaphragm" of the plumbing.
2. The baby moves through the tube of the pelvis—the "inside of the container."
3. The baby opens the birth canal (also called your vagina) to be born—the "aperture."

The first two steps have a bit of a complex relationship. Sometimes, the baby moves through the pelvic hole, but the cervix doesn't open fully. This is often called "failure to progress." Sometimes the baby doesn't even enter the

© INF0963062 | DREAMSTIME

THE INTERNAL WORK

It is important that the second stage of labor is not delayed. Babies want to be born—and they are less at risk if they don't spend a lot of time being pushed and pushed without progress. If you do eight weeks of the Internal Work prior to labor, a lot of second-stage issues can be prevented, eliminated, or reduced.



Internal work involves the careful massage of internal tissues related to the pelvic floor, to prepare the body for an easier, softer space for birth, especially for the second stage of labor.

Benefits

- You'll respond better to any verbal reminder from your birth coach to relax the soft tissue of your vagina.
- You will also recover better if your labor's second stage is efficient.
- There's less chance of hemorrhoids or other short-term discomfort.
- There will be less long-term trauma to your birth canal, such as tears or being cut, which can lead to uncomfortable intimacy or other problems.

To learn more about the Internal Work, visit BirthingBetter.org.

top of the tube, yet the cervix fully opens. This is called a "high baby." Most often, though, the baby moves through the tube and the cervix opens. This is called a "progressing labor."

Step three can only occur when the first two happen. The vagina only opens once the baby has moved through the tube and the cervix is totally open. The vagina opens because the baby moves down and out of your body.

For most people, the cervix and vagina can easily be identified as "soft tissue." You may not know yet where your cervix is, but you're not likely to think it's a bone. However, few people think the hole in the bony pelvis has much to do with soft tissue. In reality, lots of soft tissue surrounds every single bit of bone, and is in the places where the different bones of your pelvis meet. In our living body, there is absolutely no part of any internal bone that is exposed. Every single aspect of every bone is entirely surrounded with soft tissue.

If there is tension in your internal, pelvic soft tissue, your baby can find it difficult, or even impossible, to get through the hole in your pelvis, and you can have difficulty opening your cervix or vagina.

Birth skills will help you relax each part of your soft pelvis as the contractions work to open up the entire pelvic area. These skills will also help you manage the pain associated with the opening. When the modern maternity system evolved several generations ago, the initial goal was pain reduction, not problem management. Pain was considered too much. The pain of birth contractions is very manageable with the right skills.

The Pelvic Floor

Childbirth education classes often talk about the pelvic floor, but they might have a different meaning from the information we are about to outline here. Families who have developed birth skills have defined the pelvic floor casually, in a way any of us can understand.

When they talk about the pelvic floor, they are referring to:

- all the soft tissue of the top of the birth canal, including the cervix, as this attaches inside your pelvic tube,
- the walls of your vagina,
- the tissue between your vagina and rectum, and the tissue behind the rectum and to each side.

Exercise: Identifying Your Pelvic Floor

Both men and women can tense up all this extensive soft tissue.

1. Tense up right now inside your lower belly. You may also feel a lot of other things tense up inside. You might not be too certain what specific parts you are tensing, and that's okay for now. You don't need to pay particular attention to exactly where you are tensing—just tense up inside.
2. Now tense up all around your rectum.
3. Now tense up as though you were holding back your pee midstream.

In simple terms, the pelvic floor is a fancy name for all of your vagina from the top part, including its walls and outlet. This space is the same as your baby's birth canal. You're just learning how to experience it in your own body.

© BANOL2007 | DREAMSTIME

YOU HAVE TO DO PELVIC FLOOR EXERCISES AT THE RIGHT TIME, AND STOP DOING THEM AT THE RIGHT TIME—AND DO SOMETHING ELSE. **IF YOU ARE EARLY IN YOUR PREGNANCY OR BETWEEN PREGNANCIES, FEEL FREE TO DO AS MANY EXERCISES AS YOU WANT.**

This whole area is where a mother-to-be needs to relax in labor and birth, and even during the surgery of a cesarean to better reduce or limit emotional and physical trauma.

Pelvic Floor Retracts

The muscular wave of a contraction acts directly on all the tissue of the lower part of your uterus, which you now know is the top of your vagina, including the cervix. Since your cervix sits in the middle of all this tissue, and the outer reaches of this tissue connect to the inside of your pelvic tube, the wave causes the tissue surrounding the cervix to retract back toward the pelvic bones, first thinning the pelvic floor tissue, and finally tugging and opening the cervix.

Your awareness of this area can greatly influence the speed and efficiency of dilation. It is necessary for you to relax inside your pelvic bones so the cervix can open more easily, with a minimum of strain on the soft tissue. That's why it is important to learn the Pelvic Clock and Cervical Relaxation skills. The former places your intentional softening all around the inside of your pelvic tube, while the latter focuses your attention on the 50/50 cells of your cervix.

Rethink Pelvic Floor Exercises

Since the 1970s, pregnant women have been taught and told to do as many pelvic floor exercises (PFEs) as possible. Most women know these exercises:

- Holding back your pee in midstream.
- The Elevator: Tightening up at the bottom, midpoint, and top of your vagina.

The reason women are told to do this is to strengthen the inside soft tissue that gets stretched by the weight of the baby during pregnancy—after all, a baby weighs quite a bit. The benefit of strengthening this internal soft tissue can prevent a possible future prolapse of the bladder, cervix, or uterus. Doing PFEs is accurate and right...but it has unintended, very negative consequences for giving birth.

Tightening up inside is not proactive for preparing your pregnant body to becoming an efficient birthing body. Just tighten up inside like in the above exercise, and consider if your baby could easily open your cervix or move effectively down, through, and out of your body. Is doing PFEs hampering or helping the birth process? Tension down there absolutely, absolutely, *absolutely* hinders all stages of labor and birth.

© STRIKEO | DREAMSTIME

As one father said after a very disappointing emergency cesarean, "My wife did hundreds of pelvic floor exercises. We were both proud at her ability. We both thought she would have the really, really strong muscles needed to push our baby out. It wasn't until we got more involved with birthing better birth skills in our second pregnancy that we realized how wrong we were. My wife needed to open up to let our baby out!"

This does not mean PFEs are wrong. It means you have to do them at the right time, stop doing them at the right time, and do something else when you stop them. If you are early in your pregnancy or between pregnancies, feel free to do as many PFEs as you want.

But, from 24 weeks onward, you should stop doing them and learn to open up, soften, and relax. If you want to continue to do PFEs, do so only with the understanding that you're doing them to keep your insides strong for the rest of your life *and* with a willingness to learn how to open, soften, and create space for your baby.

Becoming a parent is not just about you. You only need to soften and create space for a few months and for a very specific event, and then you can go back to tightening up. But do not make the mistake of ever thinking that being tight inside is positive for giving birth. Being tight and tense inside just compounds the potential to have a failure to progress. That's common sense. Use your common sense to do the right thing, at the right time, for the right reason.

The Pelvic Clock

As is quite obvious, your pelvis is the area of your body most involved in birth. The Pelvic Clock is a great tool that targets this entire area. The benefits include:

- It extends your attention and awareness deep into your body, all the way to your cervix.
- It aids dilation by extending your ability to soften outward to where the soft tissue connects to the inside of the bones of your pelvis.
- It keeps the bones of your pelvis mobile, particularly your sacrum.

Exercise: Identifying Your Pelvic Clock

Use the image of "upper room" and "lower room" to identify the top of your vagina and cervix. Men don't have a cervix, but they do have a pelvic floor, so they can target the same areas as their partners.

This room divider is shaped as a rough circle, like a clock face. You can now envision the tube formed by the bones of your pelvis to be like a frame around a clock, with the top of your vagina being the clock face and your cervix being where the hands of the clock meet.

Contractions tug open the place where the hands of the clock meet, causing the cervix to increasingly open until the clock face no longer exists. When this happens, your cervix will have been pulled into the sides of your bony pelvis. You are then 10cm dilated, and your baby will continue to move through the hole in your pelvis and into the lower room, your vagina.

Exercise: The Pelvic Clock

This exercise works with the inside of your bones and the tissue attachments there. You will begin to feel where you store or collect tension. Tension gets created because, as humans, we stand and walk, which creates tension in our pelvis.

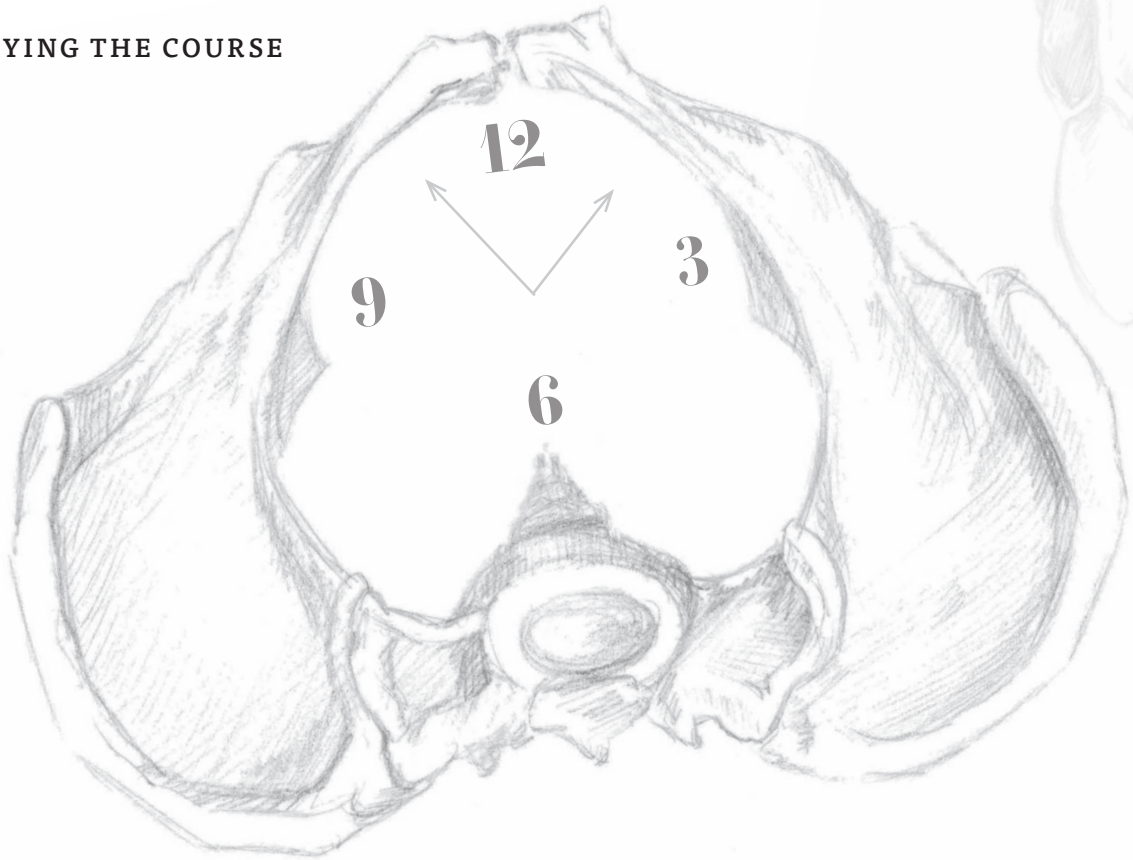
1. You can call each area of the pelvic clock by name: the pubic bone 12 o'clock, the sacrum 6 o'clock, one hip 3 o'clock, the other 9 o'clock, etc. You want to soften in each of these areas, letting go of any tension you might have. Do this in every posture and position.
2. If you can't feel any softening, first tense up and then soften specific areas. You don't want intentional tensing up to be your goal, but sometimes it takes creating more tension during practice for you to get the subtle feeling of softening and develop your confidence. It's okay to do that now and then during labor, too; just don't make a habit out of it.
3. Come back again to this exercise with the addition of breathing skills, then you can go around your pelvic clock, expanding inside your pelvic clock on each inhale, and softening and relaxing inside your pelvic clock on each exhale. During labor, if you feel pain/discomfort in your sacrum, hip, or pubic bone, it might be caused by your baby's pressing against the bones, and pain in the uterus is often just due to the cervix dilating. Your purpose in doing the Pelvic Clock is to make certain that, when the wave of a contraction pulls on the cervical muscle, there is no tension either at the tissue attachment where your pelvic floor meets your bones, or in the muscle itself. This is your goal, even when you're in pain.

Side Note for Cesareans

The Pelvic Clock exercise was developed by hundreds of women who absolutely knew (after the fact and during labor) that they did not know how to relax and soften inside their pelvis. Coupled with Directed Breathing, the Pelvic Clock creates a major focus tool throughout labor. As it has become more widely adopted, it has done much to reduce surgical births that come from all forms of delay in the first stage of labor.

If you do have a cesarean, because you're numb from your waist down and there is a cover put up to prevent you from seeing the surgery, it is very, very easy to disconnect from your body for the short period of surgery until your baby is born. This disconnect is a passive state and can negatively impact your sense of continuity from being pregnant to giving birth, finishing the birth, recovering from the birth, and moving into parenting.

We are designed to do the whole process. No matter what reason incites your surgical birth, it is within your ability to maintain that continuity. You do this by using skills such as the Pelvic Clock. You'll be given an epidural, so you won't feel anything. However, your head can still mentally soften and relax this area.



For the Father/Coach
It often is very helpful if you touch an affected area to remind your partner where to soften, and there are skills to learn to better do this. Also, you can learn communication skills and how to verbally cue your partner to keep going around the inside of her bony structure, softening and relaxing each individual area.

Once you truly recognize birth as an exercise in plumbing and which parts must stay open and relaxed, you will feel totally comfortable in advising your partner. You'll be sensitive to seeing whether she is unintentionally creating tension, and you'll be able to hear whether her breathing indicates she needs support and assistance in softening, rather than tensing. She wants your help! The internal relaxation is something you can feel, as well.

Common Language for the Pelvic Clock
For the Birthing Woman

- *If you see me tensing up, please remind me to use the Pelvic Clock.*
- *Please just put your hand here. (You show your husband/coach. Often, no words are necessary; just place their hands where you want them.)*
- *I can't always relax as the contraction gets more painful.*

For the Father/Coach

- *After each contraction, go around the Pelvic Clock and relax any tension that has built up.*
- *Let me touch around your pelvis, and you just soften under my touch.*
- *If you have pain somewhere inside, just take a deep breath in, and then when you exhale, let go of the tension in that specific area.*
- *Let me know where you feel the pain and I'll remind you to relax, or I'll touch you there, so you can focus on relaxing there.*

If you forget how to relax inside, tighten up first and then relax. Not only does the Pelvic Clock induce relaxation, but it also is a great tool for encouraging progress and for focusing, even if you experience pre-labor, false labor, or a non-progressing labor, where the Pelvic Clock can help to:

- Give you something to do until your body establishes a good labor pattern.
- Get you familiar with the pattern of contractions.

Begin your default behavior, using skills throughout each moment of your labor experience, both during contractions and the space between. Once your labor contractions get established, your job is to keep your labor progressing. You do this best by paying attention to the details of your body, constantly reviewing specific areas to make certain your soft tissue is relaxed and softened. With enough practice, this becomes so automatic that you almost forget you weren't born with these skills. But it takes focus!

At any moment during a contraction, even if you feel overwhelmed, the Pelvic Clock is a skill that will help to restore your focus and control. Together with other birth skills, such as breathing skills, you will recapture your energy and direct it to the task of dilation. (For more details into this skill and to see the accompanying video, visit birthingbetter.org.)

© PSARTDESIGNSTUDIO | DREAMSTIME

AT ANY MOMENT DURING A CONTRACTION, EVEN IF YOU FEEL OVERWHELMED, **THE PELVIC CLOCK IS A SKILL THAT WILL HELP TO RESTORE YOUR FOCUS AND CONTROL.**

Cervical Relaxation

A closed (undilated) cervix is like when you purse your lips together tightly and try to get your little finger into the hole. If you open your mouth as wide as possible, that's the size of a cervix that is about 4 to 5cm dilated. You need to be at 10cm to be fully dilated! It's like putting a turtleneck shirt over your head.

When full dilation happens, your cervix has virtually disappeared by pulling back into your bony structure. Remember, that's equal to putting your two thumbs and two index fingers together and making a circle. Your cervix might behave in three ways during the first stage of labor:

1. Dilate evenly over time; approximately 1 cm every 2 hours.
2. Barely dilate over most of first stage, until it suddenly opens quickly right at the end of the first stage and then the second stage happens. Thirty percent of women have this happen. Contractions in this type of labor still come closer together, grow stronger, and last longer. In other words, the labor contractions are progressing, yet the cervix isn't yet dilating.
3. Stop dilating for a period of time and reach a plateau; another kind of "failure to progress." Contractions in this type of labor remain the same. They do not get longer, stronger, and closer together.

Those second and third possibilities are often caused by internal tension that women don't know they have and haven't been taught how to reduce, or that they even need to reduce it. Any tension can hinder the effective birthing process.

The benefits to the Cervical Relaxation exercise are:

- It encourages the cervix to dilate more rapidly if it's taking its sweet time.
- It helps the cervix to resume dilation if it's stopped altogether.

Exercise: Cervical Relaxation

Steps for the coach:

1. Your doctor or midwife can tell you how dilated the cervix is, if you are unsure. If the birthing woman is stuck at 4cm, that's roughly a hole you can stick four fingers into.
2. Use your finger to draw a circle the size of the current dilation on the top of your partner's head OR on top of her kneecap. This works particularly well on top of the head, especially if her chin is tucked, because that's exactly what your baby is experiencing. Remember the turtleneck analogy.
3. Once you've drawn the circle approximately the size of the opening in the cervix, touch the part of that circle that's to the back of her head and tell her to expand inside on that area with the inhale, soften with the exhale.
4. Move around the circle, touching different points, having her soften inside corresponding to each place you touch.

Steps for the birthing mother:

1. As the cervix opens, there are more areas on the cervical rim that you can relax.
2. If nothing seems to change, do it again 30 minutes later.

How will you know if change is occurring? The contractions will pick up and become more effective, and perhaps more painful. Use your skills to cope.

This is basically the same exercise as the Pelvic Clock, but instead of softening around the outer face of your pelvic clock (inside your bones), you are softening around your cervix (the middle of the tissue). Do this throughout labor, as well as during the last two weeks of pregnancy. It can really help! As with all skills, the *aha!* moment comes only if we practice.

For coaches or husbands, if your partner has difficulty dilating, you can have a huge, positive effect in helping her soften and relax the cervical muscle and get the dilation happening again. Expect contractions to become more intense, because that indicates that the tissue of the cervix is being effectively pulled back onto the hole in the pelvis. For more elaboration on the above skills and many others, visit BirthingBetter.org and seek out other skill-based methods.

To view the accompanying videos to this article, visit BirthingBetter.org.

Common Knowledge Trust is a registered New Zealand educational charitable trust. It holds birth and birth-coaching skills developed in the United States by hundreds of fathers and mothers for all births, known as Birthing Better. Birthing Better online birthing classes are one of a number of skills-based methods that families can choose. Visit BirthingBetter.org for more. View article resources and author information here: pathwaystofamilywellness.org/references.html.

5 THINGS I WISH I KNEW ABOUT My Pelvic Floor

For example: What exactly is it? What does it do? And why should I care?

By Ashley Zimmerman, P.T.

The pelvic floor is a bowl-shaped group of muscles that sits inside your hip bones. It is responsible for many things, including supporting the abdominal contents, supporting the skeletal system, allowing the passage of waste, allowing the passage of babies, sexual function, posture, and connecting the "core" to the lower body and the upper body. There's a lot most of us don't know about our pelvic floor. The five things I discuss today are not an exhaustive list, but they're a good place to start!

1 *The pelvic floor does not work alone.*

The pelvic floor is part of a deep system of support. This system, the deep lower core, is made of the diaphragm (the main muscle for breathing), the transverse abdominis (the deepest abdominal muscle), the multifidi (the deepest layer of back muscles), and the pelvic floor. It creates a cylindrical shape: diaphragm on top, pelvic floor on the bottom, the transverse abdominis wrapping around the sides to the front, while the multifidi creates the back. When we use this system to its fullest potential, we create the most efficient and effective way to gain actual stability within our body. Think of the deep lower core as the base from which your outer system (arms, legs, head) moves. The stronger the base, the more freely we can move. Because the pelvic floor is the base of our support, it is also one of the most important components of our posture. Your pelvic floor literally holds up your head! With ideal posture, your pelvic floor and diaphragm are essentially in line with one another; your diaphragm is stacked over your pelvic floor, and your head then stacks on top of the diaphragm. We cannot achieve ideal posture without addressing the function of the pelvic floor and its relationship to the rest of the body.

2 *The pelvic floor moves.*

Your pelvis forms an oval shape, called the pelvic ring. Within that ring are five joints. There are two joints in the front, formed by the two pubic bones and the pubic symphysis. Your sacroiliac joints (or SI joints) create two joints on the back side of the pelvis. The final joint is found at the bottom of the sacrum, where it connects to the tailbone, or coccyx. While there is movement in all five joints in the pelvis, the tiny little joint made of the coccyx and sacrum is the most mobile of the five. (If you're questioning whether the pelvis moves, place your hands on the back side of your pelvis and squat down. The back of the pelvis widens as you squat and narrows as you stand. The only way this can happen is if there is something happening within the pelvic ring.)

The coccyx's mobility is due to where the muscles in the pelvic floor attach. Not all of them have a direct attachment to the coccyx, but many of them do, and the ones that don't are still connected fascially. A healthy pelvic floor is able to lengthen, as well as shorten, as the joints move. If the pelvic floor is not involved in movement, the coccyx can fuse to the sacrum, creating a significant amount of dysfunction, including incontinence, difficulty during childbirth, sexual dysfunction, pelvic organ prolapse, postural dysfunction, and many other problems.

3

The common dysfunctions of the pelvic floor are not normal.

This is important. Our society is very good at giving us the impression that as we age, we naturally lose control of our bowel and bladder. We are told that because we had a baby, or five babies, we will no longer be able to jump, laugh, cough, or sneeze without leaking. We are told that sex is sometimes painful for certain women, and that we need to somehow figure out how to enjoy it more. And we are told that there are products, and surgeries, out there to help us, and that's the best we can get. NO. Just, no. If you have weakness or tightness in your ankle, the first step is rarely surgery. (This is not to say that surgery is never the appropriate treatment.) The pelvic floor should be treated no differently. Even though these symptoms are common in our culture, they are not normal, and you *never* need to "just live with them."

4

The pelvic floor is directly related to sexual function.

Yep, it is. Intercourse, as mentioned above, can be painful for some women. The amount of discomfort can change, and we may have more discomfort during some stages of life than others. Because our pelvic floor is a group of muscles, it can develop restrictions or become weak. The causes of the restrictions and weakness vary, but they will always create dysfunction. We need the pelvic floor to be able to contract while it shortens and have control while it lengthens to allow for intercourse without pain. The right and left side of the pelvic floor typically do not have the same restriction or dysfunction, which means each side needs different forms of treatment. (This is why doing Kegels can be very detrimental to the pelvic floor. A complete pelvic floor evaluation should be completed by a professional prior to beginning any form of Kegel program.) We also need a functioning pelvic floor for improved sensation during intercourse.

5

You can improve your pelvic floor's function.

This is something I want you to always, always, always remember! You have all the components within you to find improved function of your pelvic floor. If you are experiencing any of the symptoms discussed above, you do not have to live with them. Please don't live with them. One of the best parts of addressing these symptoms (besides learning how to laugh without leaking, of course) is discovering how empowering it is to facilitate a relationship with this part of our body. It holds so much more than physical strength. It helps to give us life—literally and figuratively.

So, now what should you do? Search for a pelvic health physical therapist, or a women's health physical therapist. Reach out to me if you need help finding one. And talk to your friends, talk to your family, talk to your doctor. Talk. Pelvic health is important, and we all deserve to know about it.

©MOLATA | DREAMSTIME

Ashley Zimmerman, P.T., is a pelvic health physical therapist, Pilates instructor, full-spectrum doula, and Birthfit professional. She specializes in treating women with pelvic floor dysfunction, especially those who are perinatal or who experience pain with intercourse. View article resources and author information here: pathwaystofamilywellness.org/references.html.

When EVERY OUNCE Counts

IV fluids in labor can cause excess water weight at birth. This can cause difficulty in assessing baby's growth

By Stephanie Libs, D.C.

In my practice, I see so many new parents struggle with breastfeeding. Newborn weight loss is a common issue that often leads to unwanted or unintended use of formula. The use of IV fluids during labor, something we view as simple and benign, can lead to inaccurate weight measurements, which can lead down the path of formula supplementation. An IV not only hydrates the person in labor, it also hydrates the baby. So when the baby is born, she's full of excess fluid compared to if she had not had an IV.

It's normal for newborns to lose up to 7 percent of their body weight, as the mother's milk is coming in during those first few days. Up to 10 percent weight loss is acceptable by some pediatricians, but when more than 10 percent is lost, parents are often told they need to supplement with formula or pumped milk, and, ideally, the child will be back to her birth weight within two weeks. But if a newborn's weight is being tracked with an artificially higher starting weight at birth, when the baby loses that water weight it will look as though she's lost more weight than she actually has.

Not only does an IV plump up the baby, it also plumps up breast tissue, and that engorgement can make it harder for the baby to latch. This also can lead to breastfeeding issues and a delay in milk coming in. Engorgement makes for tissue that is not as supple or malleable to fit into a newborn's mouth and mold to their palate. It can often result in a shallower latch, which is not only painful but also can prevent newborns from transferring as much milk as they could.

If you do have an IV in labor, it's best to take the baby's weight at 24 hours old and use that as your baseline, as they will have urinated and released some of the excess fluid during that first day. This will give you a more accurate idea of how much weight they are actually losing, if any.

The amount of fluid administered in labor also has an

© GOLDMUND | ISTOCKPHOTO

IF A NEWBORN'S WEIGHT IS ARTIFICIALLY HIGHER AT BIRTH. WHEN THE BABY LOSES THE EXCESS WATER WEIGHT IT WILL LOOK AS THOUGH SHE'S LOST MORE WEIGHT THAN SHE ACTUALLY HAS.

effect on this. The greater volume of fluid given, the more likely the baby is to experience this artificial excess weight loss. Studies have found that newborns whose mothers have received 2,500 ml or more are at higher risk for excess weight loss. Evidence shows that hydration is essential in labor, but drinking fluids is much more effective than an IV, and it doesn't have the negative effect of newborn weight loss. Oral fluids have time to process through the digestive tract, as opposed to an IV, which goes directly into the bloodstream.

So what's the big deal with formula anyway? After all, fed is best, right? Formula-fed babies are at higher risk of ear infections, asthma, diabetes, eczema, respiratory infections, digestion issues, and SIDS. The CDC reports that in the United States less than 47 percent of babies are exclusively breastfed at 3 months, and nearly 20 percent of infants are given formula in the first two days of life.

So how can you avoid formula? We know that the first latch after birth sets the foundation for the longevity of breastfeeding success. Simple yet instinctual practices like skin-to-skin contact and the breast crawl are key indicators to establishing breastfeeding. Getting a good latch within the first hour leads to a higher milk supply for the first several months. The more your baby is latching directly onto you, the more you will increase your milk supply. Baby's saliva is picked up by your nipple, and your brain registers exactly what nutrients your baby needs in that very moment. It also increases oxytocin in the mother, which is responsible for your letdown. You can further increase oxytocin by looking at photos or holding something like a hat or blanket that smells like your baby while you pump or hand express. This proves to be helpful if you return to work or are separated from your baby for some reason.

If you are having trouble with latching, make sure to work with a lactation consultant and a pediatric chiropractor. They can help you with positioning, any oral, mechanical, or neurological restrictions, and can troubleshoot many other issues. If your nipples are cracked or damaged, you might need to consider pumping or hand expressing to allow yourself time to heal. Pumping with simultaneous hand expression can significantly increase supply if directly latching the baby is not feasible.

Milk donations from other lactating women are also a great alternative to formula. It also increases the baby's defense against potential infections, because it exposes the infant to a whole new host of immune cells, antibodies, and so on from the milk donor. Just remember, any time you give a bottle, make sure to replace that feeding with pumping to keep your supply up. The more you empty your breast, the more milk you will make. It's all about demand and supply.

If your healthcare providers are recommending formula, please take this information into account. Work with a lactation consultant, pediatric chiropractor, or any other provider that will support you. Breastfeeding is hard work. It doesn't always come naturally, and it's not always easy. But the support is there. Build your team before you give birth, so you'll be ready. You've got this, mama. And we've got your back!

Stephanie Libs, D.C., CACCP, is a pediatric and prenatal chiropractor and lactation consultant in San Diego. She's a mother to two beautiful babies, and, drawing on the expedience of her own breastfeeding struggles and helping thousands of families, has developed multiple courses to help chiropractors and moms with the breastfeeding journey. Visit her online at drstephlibs.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.

© SHAUNL | ISTOCKPHOTO

Chiropractic Care During Pregnancy and the Webster Technique

How can a chiropractic adjustment affect baby positioning and birth outcome? By improving the mother's pelvic balance. When the mother's pelvis is out of alignment, the ligaments that connect the pelvis to the uterus increase their tension (tone), resulting in a distortion to the baby's environment.

For the baby, the surrounding walls of the uterus tighten with pelvic imbalance, becoming more and more like tight bedsheets that restrict movement. The chiropractic adjustment to the pelvis releases tension to the ligaments and uterus, allowing the baby to move freely and assume the best possible position throughout pregnancy.

Many women are seeking ICPA chiropractors and the Webster Technique throughout their pregnancy. For every stage of pregnancy, this adjustment reduces interference to the nervous system—a vital benefit to improve physiology for both the mother and her baby. When a mother's physiological function is at its best, her baby's development is optimized. Balancing the pelvic bones, muscles, and ligaments and improving normal physiology sets the stage for a natural birth.

Chiropractic care and the Webster Technique may allow for safer, easier births!

Do you want to optimize your pregnancy and birth?

FIND YOUR WEBSTER-CERTIFIED DOCTOR HERE

ICPA4KIDS.org

icpa

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

© SARAH MCKAY

Three Components of a Successful Physiological Birth

—WILLIAMS OBSTETRICS TEXTBOOK

1 POWER

The nervous system (Power) operates in all body processes, including childbirth. For birth to proceed as it was naturally designed to, the nervous system must facilitate the transmission of information through the body. By removing interferences and imbalances to the nervous system, chiropractic care helps lead to a normal, physiological birth.

2 PASSAGE

For the baby to descend through the birth canal (Passage), the balance of the mother's pelvis is vitally important. With chiropractic care, the muscles and ligaments of the pelvis and uterus are free to move and function for the benefit of the mother and the baby. The result is greater ease and comfort in pregnancy and birth.

3 PASSENGER

The baby (Passenger) wants to get into the best possible position to descend through the birth canal. The movements inherent to the birthing baby can be positively supported when the mother's nervous system is optimally functioning and her pelvis is balanced. Birth is a cooperative endeavor, where the mom and the baby play vitally connected roles.

AT THE HEART OF IT

The Root Cause of Perinatal Mood Disorders

By Molly Rouse, M.A.

This past week, I read an article about postpartum depression in our local newspaper. At first I was pleased about the growing awareness of the way new moms and babies are struggling, but as I read, I started feeling pretty upset.

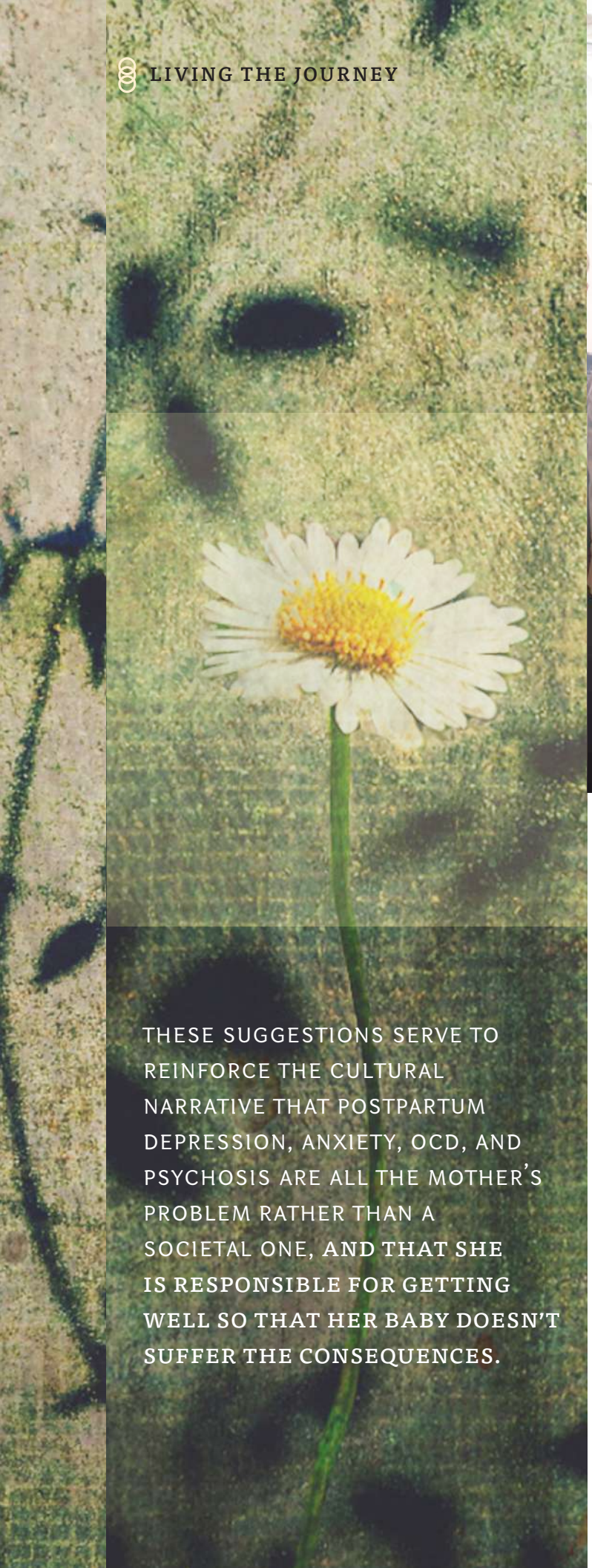
The thesis of the article was that depression among new mothers negatively affects their babies' brains, and that there is help in the form of therapy and medication. I think therapy is great (it's been super helpful to me) and temporary use of medication can be lifesaving. However, in this context, these suggestions serve to reinforce the cultural narrative that postpartum depression, anxiety, OCD, and psychosis are all the mother's problem rather than a societal one, and that she is responsible for getting well so that her baby doesn't suffer the consequences. What mother wants to harm her baby? What guilt, blame, and shame!

Postpartum Mood and Anxiety Disorders (PMADs) is a convenient acronym and label for mothers struggling emotionally. Mothers are told they need to be fixed, when in fact these signs of emotional and mental strain are red flags showing us how misaligned our society is with our physiologic needs. Drugs are cheaper than therapy (or hiring professional in-home support), so too many mothers end up medicated—another example of the backward values we're swimming in.

> *"It's no measure of health to be well-adjusted to a profoundly sick society."*
>
> *—Jiddu Krishnamurti*

New moms are trying their damnedest to be well-adjusted to what Jiddu Krishnamurti calls our "profoundly sick society." They are failing because that adjustment is based upon self-abandonment (of needs, feelings, desires) in order to fit an impossible image of motherhood. Depression, rage, anxiety, and even bipolar disorder and psychosis are ways that our organisms tell us something

© SDI PRODUCTIONS | ISTOCKPHOTO



THESE SUGGESTIONS SERVE TO REINFORCE THE CULTURAL NARRATIVE THAT POSTPARTUM DEPRESSION, ANXIETY, OCD, AND PSYCHOSIS ARE ALL THE MOTHER'S PROBLEM RATHER THAN A SOCIETAL ONE, **AND THAT SHE IS RESPONSIBLE FOR GETTING WELL SO THAT HER BABY DOESN'T SUFFER THE CONSEQUENCES.**

isn't right. When the attempts to adjust to an impossible reality don't work, shame and desperation take hold, and doctors offer meds to lessen the urgency of the internal warning system. Turning off the warning signs allows new moms and everyone around them to be comfortable while nothing foundational changes.

Neuroscientist Dr. Lisa Mosconi studies women's brains and has found that women are twice as likely as men to experience anxiety and depression. She offers a new perspective on "mom brain": Following birth, a mother's brain actually shrinks and moves into a more intuitive, primal, nurturing, and feminine sense of knowing, releasing the habitual attachment to logic and masculine relationships with time and productivity upon which our society is based. After nine to 12 months, the mother's brain returns to its original size, which, coincidentally, is around the age a baby is able to move about independently.

For many women, this change in the brain can be a disconcerting development, as they are used to living by a schedule and accomplishing clear goals. In the fourth trimester, though, new mothers need rest, intuitive connection, and space to evolve into a new identity and reality. In contrast, our cultural environment tells them it is better to focus on getting back to life the way it was before having a baby—get your body back, get the baby to sleep through the

© DOTSHOCK | DREAMSTIME

LET'S STOP PATHOLOGIZING MOMS AND LOOK AT THE RIDICULOUS TASK THEY HAVE BEFORE THEM: **FILLING THEMSELVES AND THEIR FAMILIES FROM AN UTTERLY EMPTY CUP.**

night ASAP, stick to a schedule and be productive as well as being a good mom, look like a pro and hold it all together.

This disconnection between physiological needs and societal reality is causing dis-ease for new mothers. Our nervous systems are not adapted to independently do all the care, healing, learning, tracking, morphing of identity and priorities, etc., that are inherently part of the fourth trimester and beyond. We need a village to hold and nurture us in early parenthood! Even if we do all the yoga, meditation, tapping, acupuncture, and therapy and get good sleep and nutrition (which are all fabulous things!), we still will feel the lack of support. This is a societal problem. Nothing is wrong with mothers; their warning systems are working exactly as they should.

I recently heard this perspective articulated beautifully by Rachelle Garcia Seliga, of Innate Traditions, on the *Belonging* podcast: "One care provider can never provide what a mother needs.... What is missing is the village. So there's so much grief for care providers.... Even if they did all within their capability, it's still not enough. Then as a mom, it is completely fragmented because what we are missing is the village...of aunties, grandmothers—of course there is grief there! A lot of what gets diagnosed as Perinatal Mood Disorders is really grief.... Moms internalize it and it becomes 'Something is wrong with me.' [We need to] listen to the mothers because they are the barometers for...all of humanity."

Yes. The fundamental issue is that society is failing the very people it needs to support the most in order to have a healthy global collective: mothers.

Rachelle uses this great metaphor: When we plant a flower and it isn't thriving, we don't get mad at the flower and tell it that it sucks or has to change; we try to figure out what it needs—water, sun, compost, a change in its environment. Once all those elements are added in, then the flower can thrive, but it can't thrive if it doesn't have the environment that it needs. It's the same thing for moms. Or any living being, really.

Why don't we all grow up with awareness of this tender time of life when community is a dire necessity? Why don't we learn how to offer support to friends, family, and neighbors who have recently given birth? Why is professional postpartum support not covered by insurance, but psychiatric drugs are? Why don't we connect with our common humanity and acknowledge the benefits to the collective when we lift up new mothers and babies? Why are we all in our private homes behind closed doors, ashamed to share what is really going on?

I know in my heart that big changes must be made. It is within everyone's capacity to start making these changes. This challenge is for the collective; the grassroots level is where we must begin. Let's stop pathologizing moms and look at the ridiculous task they have before them: filling themselves and their families from an utterly empty cup.

What can you do? Start with awareness.

Look around and observe the actual state of happiness, health, and contentment among the moms you know. How about yourself?

Become aware of where grief and anger reside and how it is expressed.

Notice how many moms you know who are on SSRI medications.

Notice how many moms are in therapy.

Depending on where you are in your own journey, ask for (or offer) concrete help—a meal, a cup of tea, house cleaning, shopping, childcare, a listening ear, a walk outside.

It is our collective responsibility to witness the state of new motherhood around us, see it clearly, shift the story we believe, and live into a new reality that honors, instead of shames, mothers when their warning systems tell them they are maladapted to a profoundly sick society.

Molly Rouse, M.A., is a mother, wife, postpartum doula, new parent guide, birth story healer, and Sacred Window postpartum chef in Western North Carolina. She is passionate about nourishing new mothers and supporting their mental health throughout the transformative fourth trimester. Visit her online at lifebeyondbirth.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.

TECHNIQUES *of* Manifestation

Using imagination and detailed visualization is the key to making our greatest hopes into reality

By Walter Crosson

More and more these days, people are becoming interested in the teachings of Neville Goddard (1905–1972), a popular New Thought author and lecturer who taught his students how to manifest things in their lives by using techniques that involved the disciplined use of their imaginations.

When it comes to manifesting our desires, Goddard's main teaching was that you must think and feel from the point of view of the wish already fulfilled. He drives this home over and over throughout his career, in both his lectures and in his books.

He had many stories, examples, and variations of how to use this method, rooted in the same idea: to think and feel as if the wish were already fulfilled. Here are a few exercises you can try, inspired by his teaching.

TECHNIQUE #1: CONGRATULATIONS

This technique is super effective, and fun, too.

First, get into a relaxed state somewhere safe where you will not be disturbed for a while. Imagine hearing a person or persons congratulating you for accomplishing or attaining something that you currently want in your life.

For example, if you want a promotion at work, imagine someone congratulating you on the promotion as if it has already happened. In your relaxed state, imagine a friend, loved one, or a coworker looking you right in the eye with a beaming smile and saying things like "Congratulations!" and "You did it!" Make it all sound and feel as real as possible. Infuse energy into your thoughts and actually delve into the wonderful feeling you get when someone congratulates you. It feels so good to have accomplished this wonderful thing. Your company believes in you and respects you, and therefore it's an amazing honor.

Embellish

You could even expand on this and imagine that you are now bumping into more people that you know. They are all congratulating you, and they are very happy! They are thrilled and proud of you. Imagine even that someone special invites you out to dinner and gives a toast in your honor to mark the momentous occasion.

Make it feel real. Allow yourself to get really excited and happy about being congratulated...all in your imagination. Do this for several minutes or more. You will naturally know when to stop. Enjoy the state for as long as you need to.

TECHNIQUE #2: FAST FORWARD

The fast-forward technique is about using your imagination to fast-forward to a point in the future where your wish has been fulfilled or accomplished. If you are worried about

PROSTOCK-STUDIO | ISTOCK

USE YOUR IMAGINATION TO FAST-FORWARD TO A POINT IN THE FUTURE **WHERE YOUR WISH HAS BEEN FULFILLED OR ACCOMPLISHED.**

the upcoming day, you can fast-forward to the end of the day and imagine that it was a wonderful success. You can also fast-forward months or years into the future and do the same thing.

As in the Congratulations technique, get into a relaxed state somewhere where you will not be disturbed for a while and fast-forward in your imagination. You arrive in the future time and enjoy the blessings and happiness. It all worked out. Your dreams are a reality in this place and time.

For example, if you want a new home, change your feeling of wanting a new home to a feeling of already being in the home you desire. Fast-forward to a place in time when you live in this home. In your imagination, walk up to the front door. Take your keys out. Smile, take a deep breath, turn the knob, and walk in. Look at this absolutely amazing place! It's your home! It's everything you ever dreamed about, and it's perfect. See the furniture and pictures on the walls. Smell the new carpet and feel the luxurious upholstery on your furniture.

The key here is to imagine this dream home and experience it in the here and now. Allow yourself to become fully immersed in the scene and really enjoy being in this inspiring place. It's yours, and it's really awesome. Maybe you have invited a friend over and you are showing them all of the interesting rooms. Take your time and make it all feel as real as possible. You might even expand on your tour and check out the backyard. What do you see? Flowers? Trees? A garden or pool? This is your dream home, and you have been living here for some time now. It's so beautiful.

Stay in this amazing scene in your imagination for as long as it pleases you. After a while, if you've done your job well, a peaceful feeling will come over you; you may discontinue the exercise at that point.

TECHNIQUE #3: EAVESDROPPING

The eavesdropping technique is a very useful and effective way of using the imagination to manifest a given desire. Simply imagine overhearing some people having a conversation that implies you have attained your desire.

For example, say you wish to meet your soulmate and get married. As in the first two techniques, go somewhere private and get into a relaxed state.

In your imagination hear your best friends talking. They are talking about how super lucky you were to have met "the one." They are so thrilled that you finally met and married this amazing person who was obviously just right and absolutely perfect for you. They approved of this person from day one, and are pleased that you both are so happy together (and that you have been happy together for quite some time now). It was all definitely meant to be.

Imagine them going on and on, talking about the many amazing qualities of your soulmate. They say how happy you both are, that you two are "a match made in Heaven."

You can expand on this even more. They could say, "Those two are perfect for each other." Additionally, you hear, "It's really cool when people like that find each other," or even "I've never seen two people who loved each other so much, it's so great to watch them together." Get the point?

Indulge this scene in your imagination. Really experience the joy of finding and being deeply in love with your wonderful partner.

Remain saturated in this feeling of joy and love for as long as it pleases you. After a while you will begin to naturally relax. Your work is complete now. Rest in the knowledge that this seemingly simple imaginal exercise is really a potent creative act.

© KENISHIROTIE | DREAMSTIME

Imagination Works Wonders

I can't tell you how many amazing and beautiful things have "happened" to me in my life since I began to use the Neville Goddard techniques. There are too many to list, but I want to share this one with you. It is a manifestation story that "happened" quite recently.

A couple years ago I had a desire to live in a new place and I had this vision of what I wanted it to look like. I found some awesome pictures of beautiful homes and I put them on my phone. They made me happy. It was like my own digital dream board.

A few times a week I would take out my phone and look at the pics, taking the time to really enjoy the feeling of living in this amazing place. I would literally smile and enjoy what it would feel like if I were actually living there. Sometimes I would look at the pictures before going to bed, and other times would look at them when I had a private moment during the day. After a while, however, I kind of forgot about my pictures and didn't look at them anymore.

A couple of years went by.

What Happened Next?

Fast forward to a couple months ago. I'm in my backyard, deleting old pictures from my phone to free up space and... you might have guessed it...there they were; pictures from my old digital dream board.

I bet you already know what I'm going to say.

This is going to sound crazy, but it happened.

There was a picture from my dream board that looked just like my new current backyard. I couldn't believe it! Both the picture on my phone from over two years ago and my new backyard have a jacuzzi and a dark-brown stained wooden patio. Both are loaded with palm trees and lush foliage.

Two years ago I had absolutely no knowledge that I would move halfway around the world to live in this lush tropical paradise and enjoy such abundance. Do you want to know what I did to bring this all about?

I literally did nothing. I had forgotten all about the pictures on the phone and did not think about the new home for two whole years.

The only thing I did to bring it about initially was to imagine it, and the rest just simply took care of itself.

Now you're probably wondering how this could happen, but Goddard states it perfectly in the title of his 1972 lecture: "Imaginal acts become facts."

Well, that's the end of my story. I hope you liked it. Are you wondering if you can manifest something too? The answer is Yes, you can.

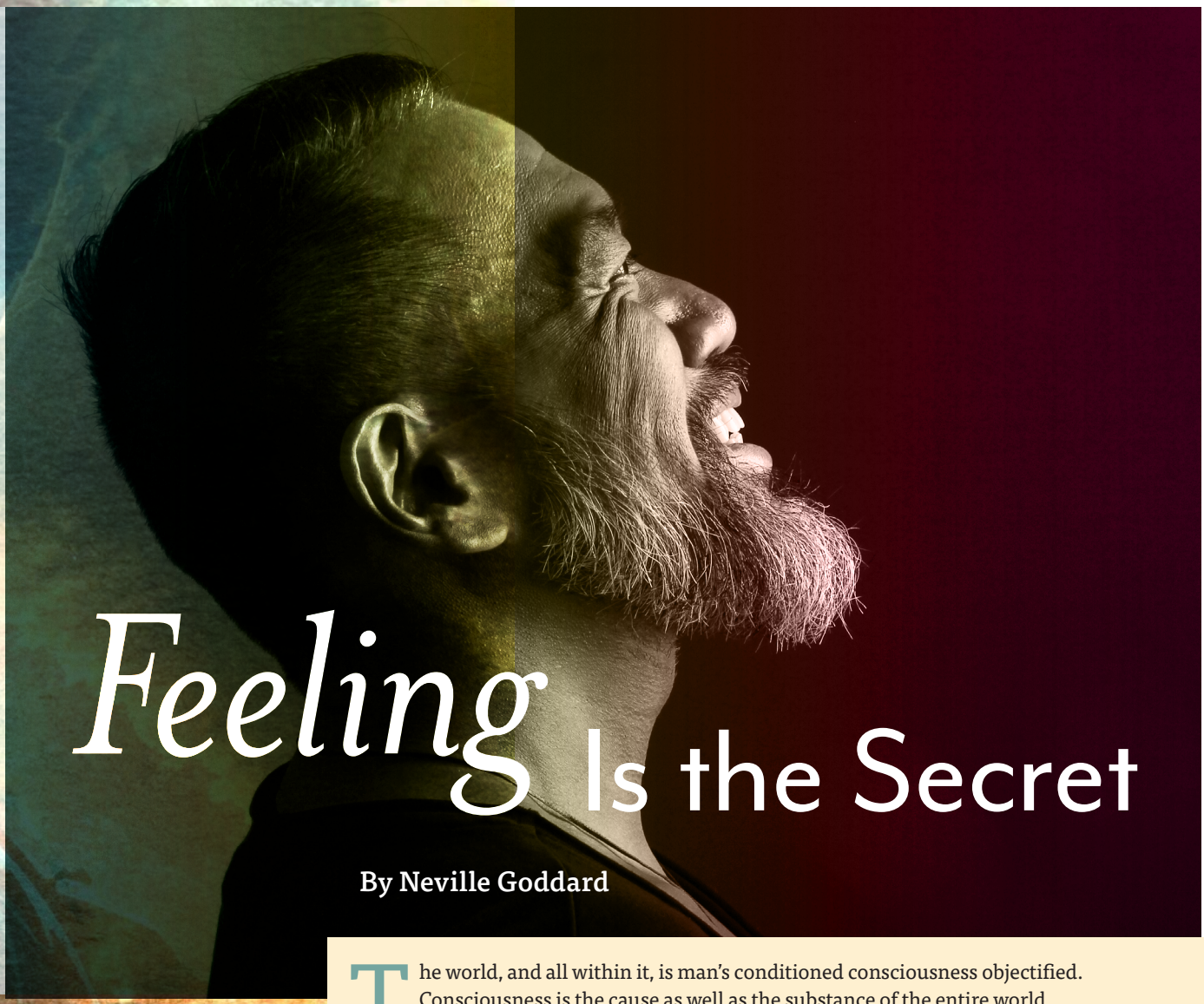
Just remember these three things.

1. It's easier than you think.
2. You have an imagination. That means you can do it, too.
3. Don't get bogged down with the several Neville Goddard techniques.

The most important thing to remember when using your imagination to manifest is this: Think and feel from the point of view of the wish already fulfilled.

Walter Crosson is an author, coach, and speaker on the topic of metaphysics and the power of the imagination. His free book, Twenty-Five Neville Goddard Manifesting Techniques, *can be downloaded at mentalscientist.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

© FIZKES | DREAMSTIME



Feeling Is the Secret

By Neville Goddard

The world, and all within it, is man's conditioned consciousness objectified. Consciousness is the cause as well as the substance of the entire world.

So it is to consciousness that we must turn if we would discover the secret of creation. Knowledge of the law of consciousness and the method of operating this law will enable you to accomplish all you desire in life.

Armed with a working knowledge of this law, you can build and maintain an ideal world.

Consciousness is the one and only reality, not figuratively, but actually. This reality may, for the sake of clarity, be likened unto a stream which is divided into two parts, the conscious and the subconscious. In order to intelligently operate the law of consciousness, it is necessary to understand the relationship between the conscious and the subconscious.

The conscious is personal and selective; the subconscious is impersonal and non-selective. The conscious is the realm of effect; the subconscious is the realm of cause. These two aspects are the male and female divisions of consciousness. The conscious is male; the subconscious is female.

The conscious generates ideas and impresses these ideas on the subconscious; the subconscious receives ideas and gives form and expression to them.

By this law—first conceiving an idea and then impressing the idea conceived on the subconscious—all things evolve out of consciousness; and without this sequence, there is not anything made that is made.

The conscious impresses the subconscious, while the subconscious expresses all that is impressed upon it. The subconscious does not originate ideas, but accepts as true those

ISTOCK PHOTO : JPFOTOGRAAF | STEREOHYPE

which the conscious mind feels to be true and, in a way known only to itself, objectifies the accepted ideas.

Therefore, through his power to imagine and feel and his freedom to choose the idea he will entertain, man has control over creation. Control of the subconscious is accomplished through control of your ideas and feelings. The mechanism of creation is hidden in the very depth of the subconscious, the female aspect or womb of creation.

The subconscious transcends reason and is independent of induction. It contemplates a feeling as a fact existing within itself, and on this assumption proceeds to give expression to it. The creative process begins with an idea, and its cycle runs its course as a feeling and ends in a volition to act.

Ideas are impressed on the subconscious through the medium of feeling.

No idea can be impressed on the subconscious until it is felt, but once felt—be it good, bad, or indifferent—it must be expressed.

Feeling is the one and only medium through which ideas are conveyed to the subconscious.

FEELING IS THE ONE AND ONLY MEDIUM THROUGH WHICH IDEAS ARE CONVEYED TO THE SUBCONSCIOUS.

Therefore, the man who does not control his feeling may easily impress the subconscious with undesirable states. "Control of feeling" does not mean restraint or suppression of your feeling, but rather the disciplining of self to imagine and entertain only such feeling as contributes to your happiness.

Control of your feeling is all-important to a full and happy life.

Never entertain an undesirable feeling, nor think sympathetically about wrong in any shape or form. Do not dwell on the imperfection of yourself or others. To do so is to impress the subconscious with these limitations. What you do not want done unto you, do not feel that it is done unto you or another. This is the whole law of a full and happy life. Everything else is commentary.

Every feeling makes a subconscious impression and, unless it is counteracted by a more powerful feeling of an opposite nature, must be expressed.

The dominant of two feelings is the one expressed. "I am healthy" is a stronger feeling than "I will be healthy." To feel *I will be* is to confess *I am not*; *I am* is stronger than *I am not*.

What you feel you are always dominates what you feel you would like to be; therefore, to be realized, the wish must be felt as a state that is, rather than a state that is not.

Sensation precedes manifestation and is the foundation upon which all manifestation rests. Be careful of your moods and feelings, for there is an unbroken connection between your feelings and your visible world. Your body is an emotional filter and bears the unmistakable marks of your prevalent emotions. Emotional disturbances, especially suppressed emotions, are the causes of all dis-ease. To feel intensely about a wrong without voicing or expressing that feeling is the beginning of disease—dis-ease—in both body and environment. Do not entertain the feeling of regret or failure, for frustration or detachment from your objective results in disease.

Think feelingly only of the state you desire to realize. Feeling the reality of the state sought, and living and acting on that conviction, is the way of all seeming miracles. All changes of expression are brought about through a change of feeling. A change of feeling is a change of destiny. All creation occurs in the domain of the subconscious. What you must acquire, then, is a reflective control of the operation of the subconscious—that is, control of your ideas and feelings.

Chance or accident is not responsible for the things that happen to you, nor is predestined fate the author of your fortune or misfortune. Your subconscious impressions determine the conditions of your world. The subconscious is not selective; it is impersonal and no respecter of persons. The subconscious is not concerned with the truth or falsity of your feeling. It always accepts as true that which you feel to be true. Feeling is the assent of the subconscious to the truth of that which is declared to be true. Because of this quality of the subconscious, there is nothing impossible to man. Whatever the mind of man can conceive and feel as true, the subconscious can and must objectify. Your feelings create the pattern from which your world is fashioned, and a change of feeling is a change of pattern.

The subconscious never fails to express that which has been impressed upon it. The moment it receives an impression, it begins to work out the ways of its expression. It accepts the feeling impressed upon it, your feeling, as a fact existing within itself, and immediately sets about to produce in the outer or objective world the exact likeness of that feeling.

The subconscious never alters the accepted beliefs of man. It out-pictures them to the last detail, whether or not they are beneficial.

To impress the subconscious with the desirable state, you must assume the feeling that would be yours had you already realized your wish.

Considered by some to be the world's greatest mystic, Neville Goddard (1905–1972) has written extensively on the topic of imagination, consciousness, and the psychological interpretation of sacred texts. His legacy grows as millions discover workable techniques and practices that represent a new consciousness revolution. His books and audio lectures can be found online for free. View article resources and author information here: pathwaystofamilywellness.org/references.html.

A Community for Parents

"Someday, women will be told that we already hold all of our own answers. We will approach childbirth and motherhood from a place of fullness and abundance, rather than from a place of need and want. We will gather in circles of women to bathe in our own innate wisdom while celebrating the gifts that our children will bring. Our transitions into motherhood will be supported, honored, and held with great consciousness."

—LAUREL BAY CONNELL

How Important is Community for Moms?

"The research is clear: Since the beginning of womankind, mothering has been a communal effort.... So many mothers feel like something is out of joint, something is missing, and maybe the truth is that we are all just missing each other."

—C.J. Schneider

"There was one word that kept repeating itself, an echo of wisdom from deep in my womb, over and over and over again as the months of depression carried on. One word that captured what a solution would feel like. One word that spoke of the medicine a mother like me so painfully needed. *Village*."

—Jessica Rios

"I love the idea that it doesn't take one person only to achieve your potential. It takes a village, it takes a community, a street, a teacher, a mother."

—Mira Nair

FIND COMMUNITY

Find support in your local Pathways Connect groups. Share your experiences and wisdom, and make your parenting journey an empowered one!

FIND YOUR PATHWAYS CONNECT GROUP

PathwaysToFamilyWellness.org/directory

pathways connect

AS WE MAKE THE CHOICES FOR OUR FAMILY'S WELL-BEING FROM THIS QUIET PLACE WITHIN, WE RECLAIM MOTHERHOOD. AS WE PRONOUNCE THE RESPECT AND APPRECIATION FOR THE MAGNIFICENCE OF LIFE, WE CHANGE THE WORLD.

—JEANNE OHM

© TINA GUTIERREZ | DREAMSTIME

Listen to your favorite authors while on the go!

PATHWAYS PODCAST

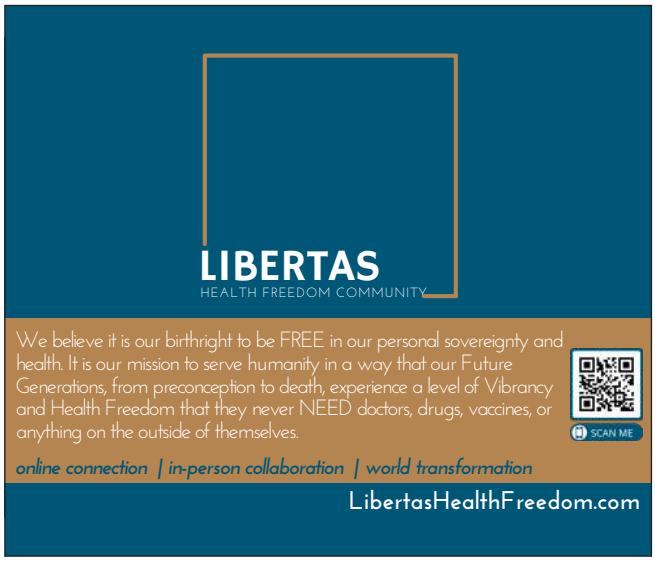
Hosted by Dr. Brendan Riordan

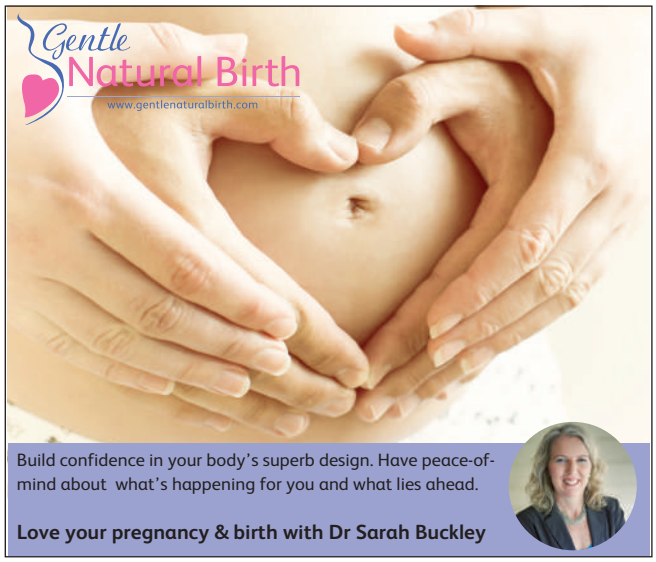
INA MAY GASKIN
DR. SUSAN POLLAK
KELLY BROGAN, M.D.
PETER GREY, PH.D.
DR. BOB SEARS
LAURA GRACE WELDON
ROBBIE DAVIS-FLOYD, PH.D.
... and many more!

AVAILABLE ON APPLE PODCASTS. LINK AVAILABLE ON PATHWAYSTOFAMILYWELLNESS.ORG

down
to
Birth
Podcast
CYNTHIA OVERGARD
& TRISHA LUDWIG

birthing better
childbirth preparation online course
FROM BIRTHING BETTER FAMILIES TO YOU
100% of pregnant women will give birth one way or another.
Giving birth is always an activity each woman does with her baby.
Fathers and mothers developed skills to prepare our pregnant body
to open up, create space, and be soft inside.
We birth better when we use our skills in the activity of birth.
This is our truth: It's normal and natural to self-learn birth and
birth-coaching skills in pregnancy then use those skills to work
through the activity of birthing our baby no matter the circumstances.
birthingbetter.org


LIBERTAS
HEALTH FREEDOM COMMUNITY
We believe it is our birthright to be FREE in our personal sovereignty and health. It is our mission to serve humanity in a way that our Future Generations, from preconception to death, experience a level of Vibrancy and Health Freedom that they never NEED doctors, drugs, vaccines, or anything on the outside of themselves.
SCAN ME
online connection | in-person collaboration | world transformation
LibertasHealthFreedom.com


Gentle
Natural Birth
www.gentlenaturalbirth.com
Build confidence in your body's superb design. Have peace-of-mind about what's happening for you and what lies ahead.
Love your pregnancy & birth with Dr Sarah Buckley

Podcast for New Parents
Healthy Births
Happy Babies
Interviews with Experts
about Pregnancy, Birth, Postpartum & Infant Care
Available on iTunes
Google Play Music
Listen on Spotify

FEARLESS
PARENT™
Thinking ... For a Change
So happy to be a part of
The Pathways Community!!
www.fearlessparent.org

Protect Vaccine Choices in YOUR State.
Use NVIC's free online Advocacy Portal.

It's Your Health. Your Family. Your Choice.
www.NVICAdvocacy.org

FUTURE GENERATIONS PODCAST

Bringing to the world transformative conversations that catalyze the expression of our planetary potential. We envision a world where health freedom, self-healing and natural living are NORMAL in every household.

TheFutureGen.com

SCAN ME

"Words fail me in describing how much I love this book! It reaches deep into my heart and expresses things about raising children that you can't explain." ~ Charlotte Blanchard, Early Childcare Worker, Fort Nelson First Nations

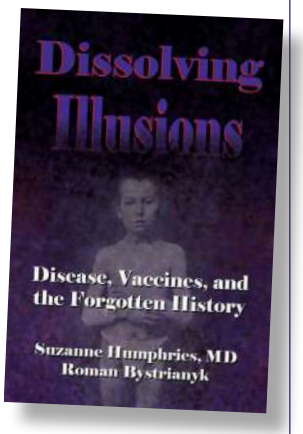
Available on Amazon!

Children are here to help us birth a new world, one that is full of joy and imagination. And we as adults have an important role to play in this. In this fun and inspiring *Children's Book for Adults*, learn the many colorful and engaging ways you can support children to feel and express their creative spirit.

From a factual, historical perspective, Suzanne Humphries, a medical doctor with a former conventional practice, dissolves the illusions that medical interventions prevented disease and increased our lifespan.

•

Dissolving Illusions
written by Suzanne Humphries, MD, and Roman Bystrianyk, is available as paperback or kindle worldwide through Amazon.com

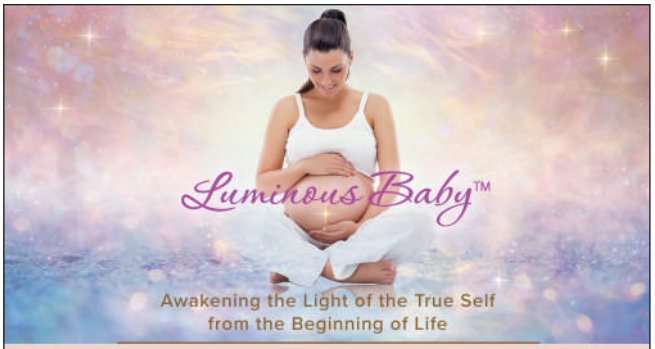


Order a Copy Now • DrSuzanne.net

Know more about your baby's position
"Easier birth through fetal positioning"
Add balance and your baby will follow

See how at SpinningBabies.com

SPINNING BABIES®



Wendy Anne McCarty, PhD RN
Visionary Mentor and Educator
www.LuminousBaby.Love

Private personal sessions and education to support you and your multidimensional baby during pregnancy and beyond. ***Create your luminous new world together!***

Shoot for the moon.

If you miss it, you will

still land among the stars.

—NORMAN VINCENT PEALE

© JAVIINDY | DREAMSTIME