

pathways

to family wellness™

ISSUE 70 | SUMMER 2021 | \$7.95

*Make it
count*





© MONKEYBUSINESSIMAGES | ISTOCKPHOTO

welcome to
 issue **70**
 summer EDITION

FEATURE

NEW DAD, OLD DAD, STEPDAD

BY ASHLEY GONZALES, D.C.

The most important thing a father can do for his children is to love their mother. In relationships, men have roles that grow and evolve during pregnancy and birth. Many men have traveled this path. Many have provided the key ingredient for better births. In this article, we explore three men's journeys into fatherhood, and how they made a lasting difference for their families.

PAGE 14

editorial

RENAISSANCE SEEDS 6

on the cover

LA MEDICINA SAGRADA.....57

BIRTH SKILLS.....24

SPELL 2 COMMUNICATE64

COVER PHOTO
 © Jessica Lynch

TAKING THE STEP

Sunlight8

BY GINNY YURICH

Men and Menstruation 10

BY MEREDITH ASHTON, C.D.

New Dad, Old Dad, Stepdad.....14

BY ASHLEY GONZALES, D.C.

Being There in Labor 18

BY LAUREN MCCLAIN

*Children's health
 begins
 in pregnancy and birth.*



How do we get in charge
of our health? 54



Can breastfeeding be so easy? 44



Is there a missing piece in the
childbirth conversation? 34

STAYING THE COURSE

Three Births	24
BY COMMON KNOWLEDGE TRUST	
Birthing Better	34
BY WINTERGREEN	
The Power of Breath.....	38
BY MEREDITH ASHTON, C.D.	
False Labor	40
BY WINTERGREEN	
Does Home Birth Work for First-Time Moms?.....	42
BY KRISTEN BURGESS	
Chiropractors Can Help.....	44
BY LYNN GERNER, D.C.	

The Freedom of an Open Mind	50
BY PAM ENGLAND, M.A.	
What I Believe	54
BY ALVIN DE LEON, D.C.	
La Medicina Sagrada	56
BY JOHN OHM	
Spell 2 Communicate	64
BY J.B. AND JAMISON HANDLEY	

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 70, Summer 2021. Printed in the USA.



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.



*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.



Renaissance Seeds

Chiropractic as a profession has a mission to appeal to the greater well-being that is possible in all of us. In these tumultuous times, chiropractors are fulfilling their mission, offering a place of refuge for millions of people who are fed up and looking for new leaders in healthcare. Chiropractors are facilitators of life. In pregnancy, they help the mother prepare her body for birth. After birth, they take care of the baby's well-being and the infant-mother connection, restoring normal tone to the baby's delicate spine and nervous system after the stress that birth can bring.

Chiropractors can introduce a vital concept for pregnant moms and fathers awaiting their births—that it is normal and natural to self-learn birth skills to use in the activity of giving birth. Birth skills help us open up and soften amid the pain and intensity of labor. For a father, this idea—that there are skills to learn for birth—is a godsend. It gives direction and purpose to his role as a husband at birth, which leads him, and initiates him, into his role as a father.

Chiropractors have another mission as facilitators of life—to expand the human understanding of the mysteries of health and disease. For this, they are perfectly situated, thanks to their direct relationship working with the nervous system. A truly groundbreaking discovery of the brain and central nervous system has arisen, one that presents a new future in medicine and even a new understanding of what it means to be living biological organisms. It brings consciousness, life experiences, and the emotional side of life into the biochemical equation of health. In a most fascinating way, it unites the two halves of the human being—body and mind. And this new discovery settles

the question, beyond any doubt, of how important the nervous system is in the expression of health and disease.

These two worlds that chiropractors have been fated to explore and play a leading role in—of birth preparation and of guarding a truly holistic model of well-being for families—represent the nucleus of the chiropractic profession and its future. And, I dare say, the future of healthcare. I believe chiropractors will be seen by future generations as having been pivotal in a historical turning point that gave way to a new chapter in science—a chapter that should be given the title *Conscious Biology*.

So despite all the moral indignation and labels that are spewed against new truths in order to defend and perpetuate “old principles” (labels that are flying around in all directions across all mediums of discourse), I can say with great hope and courage that we can begin to take heart. We are on the brink of a renaissance, and the seeds of a new enlightenment have been planted. We may even take up a playful spirit in celebration, once again. For times are exciting as well as intense, and life is short... yet life flows eternally from the above-down, and from the inside-out. And I know this is the reason why my mother and mentor, Jeanne Ohm, would often say: “What we want to do is play.” 🌀



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.



SUNLIGHT

How to profoundly increase mood, health, and nighttime sleep

By Ginny Yurich

I didn't pay much attention when my midwife first suggested I try to get our kids outside before noon in order to help them sleep at night. I'd never heard anything like that before, and it seemed counterintuitive.

But when March rolled around last year—and all that entailed—we were looking for simple strategies to help improve the health of our family. That search took me back down the road toward this concept of morning sunlight exposure. I'd read a little bit more about the idea since my midwife had suggested it, but we had never committed to it

before. Most often, our outside time was in the afternoon—after lunch, schoolwork, and chores.

With life flipped upside down, we gave morning sunlight exposure a go. The results were immediate and remarkable. So much so that we put out a monthlong “Sunlight Before Noon” challenge for followers of my blog, 1000 Hours Outside.

Having done that, we're recommitting to a lifestyle that includes at least 20 to 30 minutes of exposure to morning sunlight. Here are a few reasons why:



Better Sleep

Exposure to early-morning sunlight helps you sleep at night.

On the surface, that doesn't seem to make any sense—but it's true. The human eyeball contains one billion working parts. One billion! The man-made item closest to that level of intricacy is a space shuttle, with five hundred million working parts. One of your eyes is twice as complex as the most complex thing man has ever made.

According to Jacob Liberman, O.D., Ph.D., when sunlight enters the eyes, the entire brain lights up. Indoor light is solely for vision, but full-spectrum sunlight affects so much more. Light is a guide for the trillions of cells in our body through a process called “photobiomodulation.”

Light entering the eyes transmits time-of-day information to the brain and to the body. Sunlight sends a wakeup signal to the pituitary gland, and the pituitary gland responds by releasing hormones. Bright morning light tells your body to suppress melatonin production and increase cortisol production (which is good for you in healthy amounts) and serotonin. Eventually, the pineal gland metabolizes serotonin into melatonin...and that's what helps you naturally fall asleep at night.

To summarize, if we expose our eyes, body, and face to morning sunlight, our body will respond by increasing serotonin. Serotonin is a precursor to melatonin, the hormone that helps regulate sleep and wake cycles. Morning sunlight provides the raw materials our body needs to make melatonin when the day starts winding down.

Better Moods

Exposure to early-morning sunlight enhances your mood.

Serotonin is a feel-good chemical, and one way to control its release is to expose yourself to morning sunlight. Ample research suggests that serotonin plays an active role in the treatment of depression.

Exposure to full-spectrum sunlight in the morning causes our bodies to produce serotonin, which not only helps later on with nighttime sleep, but also improves mood throughout the day. Bright lights have been used for a long time as standard treatment for seasonal depression. Outdoor light, even on a cloudy day, delivers considerably more lux than indoor light. Rainy, winter days will produce lux levels of 1,000 or more, which is far greater than any inside light will produce—and on sunny, summer days, sunlight can deliver light that is one thousand times brighter than indoor light.

Better Health

Exposure to early-morning sunlight enhances your health.

Our bodies are light receptors. And as Jacob Liberman, Ph.D., notes in his book *Light: Medicine of the Future*, some of the sunlight entering our eyes is sent to the hypothalamus, which “coordinates and regulates most of our life-sustaining functions and also initiates and directs our reactions to stress.”

Humans are diurnal creatures, and our rhythms revolve around the patterns of the sun and the moon. Approximately 100 of our body's systems are tied to the day/night cycle. Medical research fellow Ivy Cheung Mason, Ph.D., says, “Light is the most important synchronizing agent for the brain on body. Proper synchronization of internal biological rhythms with the earth's daily rotation has been shown to be essential for health.”

Better Fitness

Exposure to early-morning sunlight can help with weight loss.

A 2014 study conducted at Northwestern University indicated that people with earlier light exposure tend to weigh less... and results can be seen in just three short weeks!

“Even after controlling for all non-light exposure factors including food intake, sleep, activity, the influence of morning light on weight was considerable—it accounted for roughly 20% of the subject's BMI, meaning those with earlier light exposure weighed less.”

For our family, we clearly noticed the effects of outdoor play and sunlight exposure long before we began reading the accompanying research. At this point, however, knowing some of the research helps us stay motivated—especially on dreary winter days when we'd rather stay inside. Knowing these benefits, and assuming there are probably even more that we don't know, pushes us outdoors... and we always notice improvements in health, mood, and sleep. Prioritizing morning sunlight does radical things for our health and our moods, and can be especially beneficial during the busiest times of the year. 📍



Ginny Yurich is a Michigan-based mother of five and the founder of *1000 Hours Outside*, a challenge for families to match nature time with screen time over the course of a year. She holds a bachelor's degree in mathematics and a master's degree in education, both from the University of Michigan, and is a thought leader in the benefits of nature-based play for children. Visit her website, 1000hoursoutside.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.

Men and Menstruation

By Meredith Ashton, C.D.

I've been a birth doula since 2016, and in my practice I've witnessed varying degrees of involvement with birth partners throughout the pregnancy, labor, and delivery process. My goal with the non-laboring parent is not only to honor their comfort levels in being involved, but also to provide education, coaching, and opportunities for them to support their partner in each stage of labor. I aim to make them the hero of the day, not me. This is their birth experience, too.

During this unique time of bringing a baby into their family, I see partners tuning in to the birthing person's health. They care about their partner's well-being and want to support them effectively, so they quickly absorb information and play catch-up to learn basic physiology of women, the menstrual cycle, and the childbirth process. In many instances, a childbirth education course during pregnancy is the first time male partners are learning some of these facts about women's bodies; it's all new and overwhelming. When men make themselves familiar with the topics of birth and menstruation, the insight brings a level of confidence and calm that is invaluable in the most tense moments of these experiences. Birth is like anything else in life that matters deeply to us: We must educate ourselves and prepare accordingly.

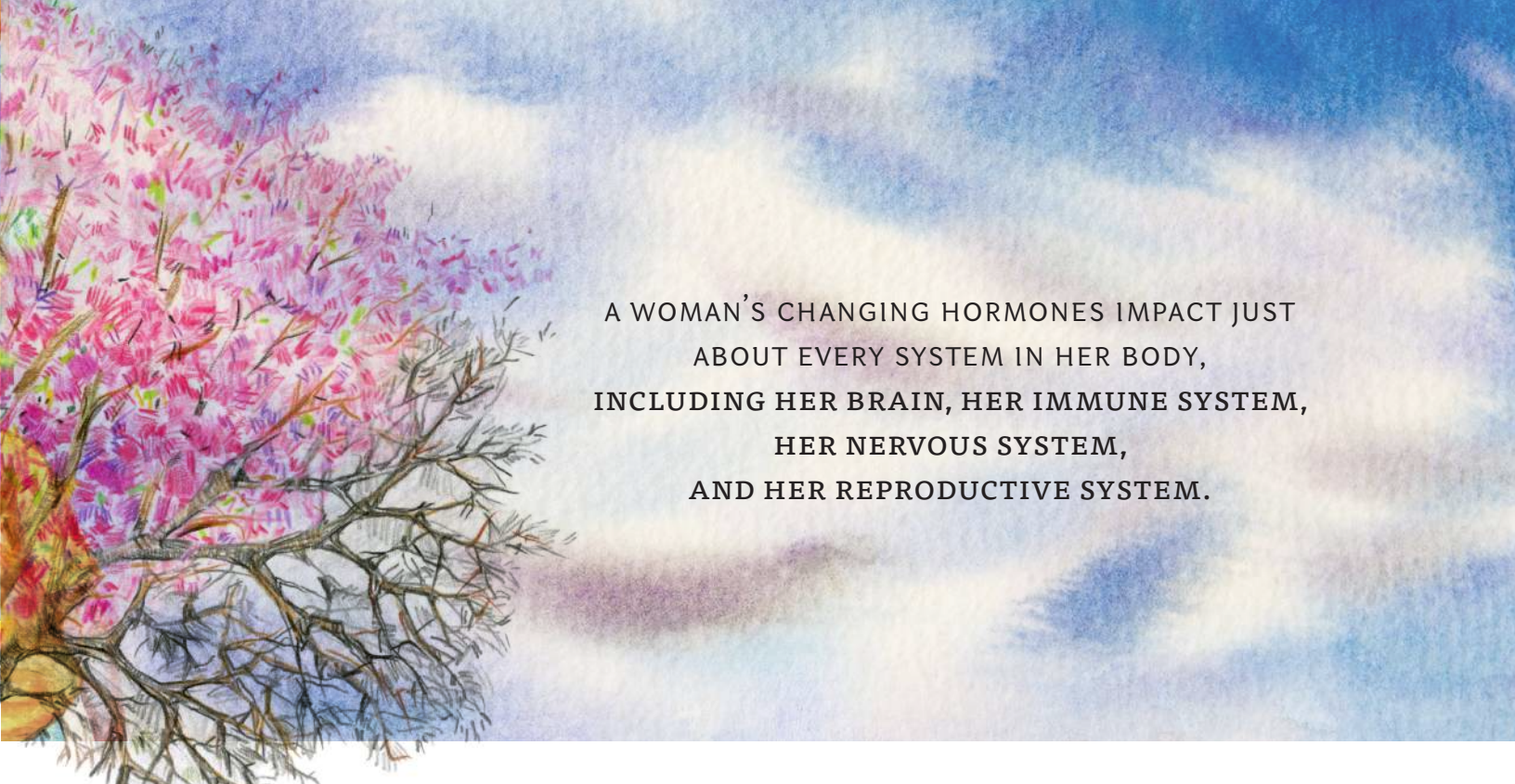
From my experience working with birth clients and teaching women about their cycles, it seems that the menstrual cycle is often not openly discussed with men and boys. However, I have noticed that the millennial generation of parents are talking about it more openly with their children. Our culture has maturation programs for grade school boys and girls, but that setting is limited in many ways.

My conclusion is that educating and involving the men and boys in the conversation around menstruation will lead to healthy family relationships and stronger communities.

Men operate on a day-to-day basis, and women operate on a 28-day cycle. Because women are cyclical beings, operating on a different timeline, it can feel that they are wild, random, unpredictable, and irrational. But the simple truth is, they're cyclical. Women are not difficult to map...if you understand the menstrual cycle. The menstrual cycle is the heart of a woman's being, and drives the monthly hormonal shifts that are constantly in motion. A woman's hormonal cycle impacts her mood, libido, cravings, brain function, communication, and more. A woman's hormones never maintain a static level at any point. They constantly ebb and flow, so women are quite literally a different person each day of their cycle, and need different things.

This may seem a lot to keep track of, but stick with me. I'll show you a simple map of the menstrual cycle that is predictable and easy to follow. In my experience, learning this information improves intimacy and sexual pleasure within a partnership and minimizes conflict.





A WOMAN'S CHANGING HORMONES IMPACT JUST ABOUT EVERY SYSTEM IN HER BODY, INCLUDING HER BRAIN, HER IMMUNE SYSTEM, HER NERVOUS SYSTEM, AND HER REPRODUCTIVE SYSTEM.

The menstrual cycle follows the basic pattern of expansion and contraction. A woman's hormones are constantly changing throughout her cycle: Estrogen builds in preparation for ovulation, progesterone then takes the stage to stabilize the uterine lining, and if there is no fertilized egg, progesterone drops to trigger the menstrual bleed.

A woman's energy follows a similar cyclical pattern, dictated by the ever-changing hormone levels. This can be explained with the metaphor of the seasons of the year.

The inner seasons a woman cycles through monthly provide a framework that gives structure and provides flexibility for her cycle. Every woman's cycle is unique, but they all follow the same blueprint. The basic structure of the menstrual cycle and predictable hormonal patterns serve as a guide for you to relate to your partner and her cyclical rhythm.

Let's explore the four seasons of the menstrual cycle, as well as what you need to know, and how to support a woman through each phase.

The Seasons of the Menstrual Cycle

The menstrual cycle has four phases, which follow the seasons: winter, spring, summer, and fall.

A woman's changing hormones impact just about every system in her body, including her brain, her immune system, her nervous system, and her reproductive system. For example, her brain changes about 25 percent throughout her monthly cycle, which affects her moods and preferences, so she is literally wired for different kinds of activities during each phase.

Here is an outline of what's happening hormonally each season, and how to support a woman during each phase.

Follicular Phase (7-10 Days): Inner Spring

This is the phase that directly follows a woman's menstruation (a.k.a. bleed time). Estrogen is on the rise, and so is her energy. Her metabolism slows down, so fresh, vibrant, lighter foods are best—plenty of salads, veggies, lean proteins, sprouted beans, and seeds.

During the follicular phase, she will most likely feel fresh and ready for new things. This is the ideal time for a woman to dream big, brainstorm, initiate, prepare, plan, research, be curious, set her intention, chart her strategy, clarify her vision, and fill her planner up with what she wants to accomplish in the coming weeks. Creativity is her strength during this phase. She also has rising energy, so this is a good time for her to tackle her most challenging tasks.

How You Can Support Her

Keep a Foods for Your Cycle chart handy for food ideas if you are on dinner duty. (I use one from Alicia Vitti's book *WomanCode*, but you can also find them online.) Knowing what phase of her cycle she is in will tell you exactly how to nourish her body with the nutrients to best support her hormone balance and mood stability.

Plan a date/outing to a new place, visit a museum, or hike a new trail. Women are primed for new experiences during the follicular phase, and experiencing it together will bring you closer together.

Ask her big-picture questions about projects she wants to accomplish, how you can support her, and what she envisions for herself and your family for the next month or so.

Sexually, she'll most likely be up for something new, so try a new position, move, game, toy, etc. Plan something in advance to surprise her. Be aware that this is a dry time for her, so use extra lube and foreplay to get her primed for activity.

Ovulatory Phase (4–6 Days): Inner Summer

Estrogen, as well as testosterone, peaks during this phase and makes a woman magnetic and on top of her game. Biologically, a woman looks for a mate because she is ovulating, so it makes sense that she would be her most attractive, appealing self.

During this phase, filling up with fresh raw veggies and fruit will best support a woman's body. Because estrogen peaks, the fiber in her food will support estrogen metabolism to avoid PMS symptoms post-ovulation.

Women usually have the most energy during this phase; their specific strengths are communication and collaboration. This is the ideal time for a woman to socialize, talk about projects she's working on, pitch ideas, be seen, collaborate with others, go on dates, have important conversations, go to lunch with girlfriends, host a party, and connect with others.

How You Can Support Her

This is a great time to plan social events with friends, host or attend a party together, go out with other people, and spend time bonding and socializing.

Talk about your long-term goals—as individuals, as a couple, and for your family. Where do you want to be five, 10, and 20 years from now?

Sexually, she will most likely be her most orgasmic, so enjoy and follow her lead as she tells you exactly how to pleasure her.

Luteal Phase (10–14 Days): Inner Fall

Progesterone is high; this is the hormone that maintains a woman's uterine lining in the event a fertilized egg is implanting in her uterus. Her metabolism increases during this phase, so her body needs more calories. Nutrient-dense foods and foods with B vitamins, calcium, magnesium, and high fiber will help her to curb cravings and stabilize her blood sugar and moods during this phase.

This is the “get it done” phase. A woman's strength during this phase is bringing things to completion. This is the ideal time for her to finish projects, attend to administrative tasks at home or at the office, check things off her list, accomplish her goals (which she set up during her follicular phase), attend to your home, perform detail-oriented tasks, do her deep work, deep cleaning, and celebrate that she is a productive powerhouse.

During the first week of a woman's luteal phase, estrogen and testosterone are still high. During the second week of this phase, estrogen, testosterone, and progesterone begin to decline. This leads to the rise of PMS symptoms and fragile moods if hormones are imbalanced.

Estrogen acts as a “social lubricant,” making it easier for a woman to let things roll off her back when estrogen levels are high. As estrogen declines, it is easier to see what's not working, and it can irritate her. It may seem like a woman explodes over miniscule things during this

phase, and rationally, that's fair. However, these outbursts are a representation of longer-term feelings a woman has held in, and the luteal phase has simply brought them up so she can evaluate them and make changes in her life. This process is part of the larger purpose of the menstrual cycle, so a woman can make course-corrections for her life in a productive way. She may or may not be aware of this and use it to her advantage, so you may simply be the recipient of her own frustrations, especially if her hormones are not balanced. If so, be patient, compassionate, and curious.

But here's the thing: When a woman nourishes and attends to her body during the phases leading up to this week and is supported in doing so, PMS symptoms diminish and disappear. This is good news for you and the rest of the household, because we all know, “When mama ain't happy, ain't nobody happy.”

How You Can Support Her

Use this phase as a monthly check-in with your relationship. Talk about what's working and what's not, and then make a plan to work on improving one thing at a time.

Complete domestic tasks, like cleaning, budgeting, and organizing, together to enhance your bonding experience.

Sexually, the first week of this phase is similar to the ovulatory phase, but as hormones decline in the second week, so will her sex drive. Slow down and enjoy lots of foreplay with extra lubricant.

If her PMS symptoms are extreme, suggest she reach out to me at meredith@salubriouswoman.com and read *WomanCode* by Alisa Vitti and *Wild Power* by Alexandra Pope and Sjanie Hugo Wurlitzer.

Menstrual Phase (4–7 Days): Inner Winter

This is the phase that a woman's uterus sheds its lining and a woman bleeds. A woman's hormones and energy levels are at their lowest point during this phase, which makes it the ideal time for her to rest and reflect. During this phase, she ought to focus on eating protein and healthy fats to stabilize her energy levels and mood while her brain adjusts to the decline in hormones. Proteins and healthy fats can also set a woman up for a healthy ovulation the following month, because the amino acids contribute to hormone synthesis, and the fats increase egg and embryo quality.

A woman's strengths during this phase are evaluation and intuition. This is the ideal time for a woman to rest, relax, and reflect on the last month. How did things go? Is she still happy working at her job or business? It's the time for her to reflect on, celebrate, and evaluate each area of her life.

The two sides of a woman's brain are the most open during this phase, so she is the most connected spiritually to listen to her intuition and receive inspiration to guide her life and her family. This is her time to come home to herself, claim her space, and direct what's next for her.



WHEN MEN MAKE THEMSELVES FAMILIAR WITH THE TOPICS OF BIRTH AND MENSTRUATION, THE INSIGHT BRINGS A LEVEL OF CONFIDENCE AND CALM THAT IS INVALUABLE IN THE MOST TENSE MOMENTS OF THESE EXPERIENCES.

Rest and reflection are a vital part of the creative process, so it's important for her to not skip this step! This is the phase of her cycle when she literally refuels so that she can drive the next leg of her journey. She risks her health and happiness for the next month if she skimps on taking care of herself during her menstrual time, because she will run out of gas.

How You Can Support Her

Pick up additional domestic responsibilities to provide her some quiet time alone.

Sexually, follow her lead. Some women enjoy period sex while others do not. However, period sex has been shown to reduce cramping, stress, and menstrual discomfort. Go slow and use extra lubricant. This is a dry phase, contrary to what you might think.

In summary, women are cyclical and therefore predictable. The menstrual cycle follows the seasons of spring,

summer, winter, and fall. And your growing understanding will give you the confidence to support the women you care most about in your life.

I want to acknowledge that what I have described above for each of the four seasons is a blueprint for the menstrual cycle, but the most important map to follow is your partner's own experience of her cycle. It trumps anything I have shared above. 📌



Meredith Ashton, C.D. (DONA), is a certified holistic birth doula and women's health specialist in Utah who supports families through unmedicated birth, both in and out of hospital. She also teaches families about the menstrual cycle and how cycle syncing can transform their relationships, productivity, stress levels, and overall health. View article resources and author information here: pathwaystofamilywellness.org/references.html.

New Dad, OLD DAD, STEPDAD

By Ashley Gonzales, D.C.

It's happening. It's here. Mom's water just broke. Cue a panicked Michael Scott-style "Everybody just stay calm, what's the procedure?!" There's no question that once Baby is en route, the birthing spotlight rightfully belongs on Mom. If she is happy and comfortable, chances are Baby will be happy and comfortable, too. Dads, or any life partner for that matter, experience their own physiological and psychological changes in the birth room; let's not underestimate the emotional and physical impact of being a birth partner. It is a massive emotional rollercoaster, going from excitement to fear to exhaustion to elation in a span of several seconds. In no particular order, a series of questions pass through a partner's mind as the event unfolds:

What if something happens because I'm not doing my job?

What IS my job?

Am I doing everything I should be?

Is she getting all the support she needs?

Ouch, why can't I feel my hand?

Expectant dads used to pace the halls outside the hospital delivery room while the mothers delivered the baby. Fast-forward to now, and partners are now expected to be present, guiding the mother through the process. But how does this look for a new father? Is this something that comes instinctually? What does involvement during pregnancy look like, and what is considered "enough" support?

I interviewed several fathers, both new and experienced, who had unique takes on fatherhood, pregnancy, and the birth process. In short, there is no formula to being the

perfect birth partner or father figure, but one thing will always remain true: As the Reverend Theodore Hesburgh said, "The most important thing a father can do for his children is to love their mother to his greatest ability."

The New Dad

"Pause. Breathe. Deep breaths."

Broc Sheets joined the Dad Club on November 4, 2020, at 9:47 p.m., when his beautiful daughter, Sedona Vaughn, made her earthside debut. He got the text from his wife, Allie, during his lunch break: "Come home. Baby is on the way." With a swift grab of his keys and some deep, cleansing breaths, Broc made his way out of the city and headed straight home to Allie. The 45-minute drive was long enough for Broc's thoughts from the previous nine months to resurface. Anxiety and excitement about the unknown, and the endless possibilities of molding a human life. *How would childcare work?* They had no local family members or friends outside of chiropractic school. Concern for childcare during his working hours and Allie's school hours crept to the forefront of his mind.

Pause. Breathe. Deep breaths, Broc. Broc had spent years training his mind to stay calm during times of high stress, and this event was no different. He knew, for the first time in his life, he had properly equipped himself to be the mature, responsible, and loving father his family needed. Any remaining anxiety quickly melted away.

Once Broc was home, he and Allie headed straight to the birthing center for what would be a four-hour labor. At this



and adjustment of Allie's atlas and sacrum, baby Sedona made her grand entrance. The rush of prolactin and oxytocin was enough to spark some waterworks in the eyes of this brand-new dad. "Allie did phenomenal! She was the real rock star all along," says Broc, beaming with pride.

Broc's advice to future fathers to have an active role during pregnancy and birth: Enjoy each moment and experience every high and low, he says. It is the greatest out-of-body experience you will ever have.

point, Broc had been leading Allie through deep breathing exercises to ease her nervous system. New fathers in most Western cultures are expected to actively participate in labor and delivery, yet they receive little guidance about their involvement. They may even feel awkward and wonder where they should stand, what should they look at, etc. With Broc's prior self-work and birth prep leading up to November 4th, everything came instinctually. He knew pretty much where to stand, how to support Allie, and how to keep her calm when the birth randomly stopped progressing. After several hours of being fully engaged, and no sign of baby Sedona's debut in sight, fatigue and weakness began to creep in for Broc. Researchers say that up to 60 percent of men experience some sort of physical symptoms when their partners are pregnant or in the delivery room. Although Allie had been doing an enormous amount of work up until then, Broc also found himself taking extra diaphragmatic breaths to stay calm and increase his own energy. He needed to be as physically present as possible until the very end, despite these physical symptoms. It helped that the birthing center allowed them a spacious tub surrounded by their candles, crystals, and musical playlist for the event.

Partner engagement is crucial during the delivery process, and throughout the pregnancy. For the months prior, engagement for this family included a lot of conversation. The parents-to-be read books to Sedona and told her the story of how they met. Allie also received regular chiropractic checkups from Broc to assure her pelvis was in optimal alignment for a growing Sedona. This engagement, Broc thinks, is what likely contributed to the beautiful ebb and flow of the birth process. After one final check

The Experienced Dad

"Antonia walked out of the bathroom, pregnancy test in hand, wearing the biggest smile, and said, 'Welp, we're screwed!'"

Brett Judson established his membership into fatherhood with the birth of his firstborn son, Alex, in March 2019, and most recently with the birth of his second son, Ben, in December 2020. Both boys came as wonderful surprises. Brett and his wife, Antonia, had been trying to conceive for a few months in each case. Much like their conception stories, their birth stories also came with their set of obstacles.

Brett first found out Antonia was pregnant with Alex about six months after starting chiropractic school. After an estimated seven months of negative pregnancy tests, the pair had just about given up hope for starting a family. That is, until one day, Antonia walked out of the bathroom, pregnancy test in hand, wearing the biggest smile, and said "Welp, we're screwed!" Brett was instantly consumed with joy, optimism, and a deep desire to make to-do lists before baby #1 arrived. When he found out about baby #2, the shock factor was just as strong. His little family just kept growing!

For a busy chiropractic student on his way to becoming an even busier chiropractic intern, engagement during each pregnancy looked quite a bit different. Brett accompanied Antonia to all of her medical and chiropractic appointments as she carried Alex, and did just about "anything and everything" to make sure she was comfortable, including offering massages, fanning her when she got hot, and offering a listening ear when she just had to vent. Throughout all this, and despite his efforts, there remained moments he felt helpless when it came to easing Antonia's nerves



“BE THE BIRTH MOTHER’S ADVOCATE. GET ORGANIZED. BE PRESENT. AND IF YOU FIND YOURSELF RUNNING OUT OF OPTIONS, YOU ARE ONLY GETTING CLOSER TO FINDING THE RIGHT ONE.”

leading up to the big day. During their second pregnancy, Brett had been consumed by school requirements—national boards, clinical internship, clinical preceptorship, and an upcoming graduation. And with the added layer of “these unprecedented times,” he admittedly distanced himself for a majority of the pregnancy, not by choice but by government, hospital, and clinic policies regarding guests. “Luckily, I have a strong wife who was able to care for herself until I got home every day as the due date got closer. She understood the pressure I was under, just as I understood the responsibility she had to the baby. It wasn’t ideal, but it worked for our circumstances,” says Brett.

It is often said that fathers who do not attend the birth are disengaged during pregnancy. When asked if he believed this was true, Brett stated he thought it was half true, but circumstantial. In his case, he wasn’t as engaged during Ben’s pregnancy as he was Alex’s, but it did not affect his presence at the birth. And, he says, if he was engaged with both pregnancies equally, and somehow missed the birth of one or both of his children, it would not affect how much he would love and welcome them once he got there. Of course, these are hypothetical situations, and Brett stated he was fortunate they weren’t applicable in his case.

Anecdotally, men experience emotional changes during

their partner’s pregnancy, such as moodiness and even depression. These symptoms may be linked to their worries about losing their partner’s love and affection once the baby is born. When asked if he experienced anything similar, Brett admitted to feeling a bit jealous once the focus shifted to all baby, all the time. “My love languages are physical touch and attention [quality time], so you can imagine how depleted I felt once both beautiful boys showed up,” he says. “There was less emotional affection between Antonia and me, which I understood was natural—the baby is top priority—but it didn’t make it any easier.” Going out on date nights or even DIY-ing date nights at home took so much effort. The couple constantly found themselves making the most out of smaller time windows rather than planning nights out. Brett considers himself a calm and go-with-the-flow individual, which, he says, “might have been part of the [disconnection].” Nonetheless, it helped them gauge what did and did not work as they further developed into parenthood.

His advice to future fathers/life partner parents: Be the birth mother’s advocate. If you find yourself becoming physically disengaged during the pregnancy due to school or work, get creative. Have open communication with your birth team to make sure Mom is getting the birth she wants. Get organized. Be present. And if you find yourself running out of options, you are only getting closer to finding the right one.

New Blends: A Stepdad’s Perspective

“I wasn’t there for her first steps, but I haven’t missed a ball game yet.”

It is often stated that “paternity establishment is one of the first opportunities for a [man] to affirm his commitment to his child.” In some cases, however, with no genetic ties and the biological father still in the picture, stepping into and establishing a secondary paternity role can provide its own set of obstacles, as was the case for Hayden Klein and his soon-to-be stepdaughter, Haddie Brown.

Hayden met Haddie’s mother, Katie, while in chiropractic school. When the pair first started dating, he was fully aware she had a 3-year-old daughter. Unlike most men in their mid-20s, this was a mere fact rather than a dealbreaker. How did he know he was ready to eventually take on that stepfather role? Hayden Klein comes from what he considers



“a blended family.” His parents were both divorced, each marrying second partners, so he is no stranger to the concept of step-families. Understandably, it would be several months until Katie allowed him to meet Haddie.

When asked if dating a single mom is any different than dating a woman without kids, Hayden claimed it wasn't. Both Katie and Hayden were independent individuals who didn't require loads of time together, especially during the “honeymoon” phase of their relationship. At approximately four months of dating, Katie officially introduced Hayden to Haddie. Their connection was instantaneous, and their little family only continued to get stronger.

Hayden learned and respected the family dynamic Katie and Haddie had established, and initially took a backseat in parenting. Haddie has always had a close relationship to her birth father, whom she sees on a monthly basis. Hayden continues to honor that when anyone asks if she refers to both of them as *Dad*. “Absolutely not,” he tells us. “Her birth dad is still in the picture, so he rightfully owns that title. Haddie just calls me ‘Hayden’ or ‘Mommy’s friend Hayden.’ One day she may even call me ‘stepdad,’ but whatever she chooses, I want it to be a name she is most comfortable with. The most important thing is for her to know she has loads of people in the world who love her very much.”

As the family got closer, Hayden slowly became more of the disciplinarian and Katie’s parenting advocate. Stepping

into the role came as an instinct. One day, Haddie was throwing a tantrum, and both she and Katie had gotten in an argument. Hayden picked Haddie up and took her to the next room to cool off. He taught her to breathe and explained the importance of staying calm when one gets upset. This was approximately two months after having met her. In this moment, Hayden knew he was ready to be a father figure.

Eventually, he and Katie do plan on having more children. For their next child, engagement during pregnancy and birth are of the utmost priority for Hayden. Pregnancy puts a huge emphasis on the well-being of both mother and child, but we must not forget the crucial role the father and life partner also plays. Hayden firmly believes the spotlight should be on

Mom, since she is doing most of the work. As long as he continues to show up and love them both, everything else is just icing on the cake. Hayden doesn't anticipate worry and nervousness to kick in when that magical day arrives. “I do, however, anticipate having a lot of respect for Katie and all she is doing in those moments,” he says.

The most important thing a father can do for his children is to love their mother. These men live by this axiom every day. Consistency and showing up daily are how they demonstrate their dedication to their families. There is no recipe to being the “perfect father.” There is no such thing. Biological ties are also not the deciding factors as to whether or not a child will be accepted and adored. This has been proven time and time again. Love is the answer. When there is love, there is hope. 📍



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.



Being **THERE** in Labor

It's important to be present for your partner during labor and birth.
Here's how to prepare for the big day

By Lauren McClain

Becoming a parent is the psychological equivalent of combining your wedding day and your first sexual experience into a 12-hour marathon. You will never forget it, whether you're the one physically giving birth or not.

Your experience on that day informs how you see yourself as a parent: chemically, relationally, and psychologically. If you and your partner do it together, you'll be more equipped and more confident about parenting together. If she does it alone, she'll feel alone.

During my first labor, my partner was uninvolved. He was there, but as far as I can recall, he didn't say or do anything. We had no plan and didn't talk much about what he could do, or wanted to do.

The birth went fine. I was overcome with the intensity, in the self-absorbed time-warp that comes with being in labor land. I remember thinking, "I am doing this. I am doing it all by myself. These people could all leave and it wouldn't

make a difference to me." It was such an internal process, so deeply visceral, that it seemed no one could touch it.

I was right. And I was wrong.

Since that day, I've spent almost 12 years attending births and teaching birth preparation classes. I've come to realize that, while your people can be an enormous physical and relational help in labor, saying and doing is not all there is. While my partner didn't say or do anything of note, his presence did make a difference.

The whole time, whenever I looked at him, I could see that he was unconcerned. That might sound callous, but I knew that his normal, impassive face meant he knew I could do it, he trusted birth to do it, and he was unafraid. I was unaware of it at the time, but his calmness was a kind of neurologic anchor.

The presence of men at birth is new. In the recorded history of people, men have regularly attended the births of

their own children in a tiny fraction of the cultures across time. In the United States, fathers started staying at the hospital sometime in the 1970s.

What that means is that, while your father was probably at your birth, his father was almost certainly not at his (unless you are quite young). We have almost no pattern or cultural expectation for what fathers are supposed to do, aside from being there.

If you have no idea what to do in a labor space, congratulations! You are normal.

How can you find out what to do?

You can ask.

Ask your partner. Ask around. Ask the midwife or doctor. Ask the doula and birth class teacher. You can even ask the Internet. But you have to ask. Communication is key.

Great partner support in labor comes from great communication before labor starts—long before labor starts. You can get into this via a good, partnership-focused birth class. You can also get it by spending the time talking, asking the right questions, and working on communication and birth skills together. (Spoiler: Almost no one makes the time for this. It's too vague, it feels like work, and it reads a lot less thrilling than Netflix. It's why you pay for a class.)

The Four Elements of Effective Labor Support

You can labor with your partner when you do things, say things, and be a certain way. But in order to feel prepared to do all this, first you need to plan.

PLAN

Plan what to say, do, and be by having shared birth prep experience. Surprise! Take a birth class. Maybe two. The more you know, the more relaxed your partner will be able to get, because she trusts you to notice, remember, suggest what might help, and participate in decisions.

A six- to 12-week birth class commits you to each other and your baby, as you set aside the time to work together and dream together and focus on your family. You're more likely to make the time if you commit to a class, and it's more fulfilling and fun with other people!

Whether you find a good class or not, you can plan the birth to make it more comfortable and intimate for both of you. The shared experience of reading books, doing activities, watching (positive) birth videos, listening to instruction, and hearing (positive) birth stories creates a foundation for understanding each other in labor. For example:

If I begin mooing like a cow on all fours, I can feel comfortable doing it because I know my partner knows it is within the realm of normal labor behavior. We both saw a video where a woman in labor did pretty much exactly that. The shared experience saves you both.

If the doctor comes in and starts talking about supplementing with synthetic oxytocin, I will feel more confident responding to

the suggestion because my partner and I roleplayed this very scenario in class. We'll both stay more relaxed than if I had once read about the pitfalls of Pitocin augmentation in a book and now feel like I have to make a decision on my own, or relay all this information to my partner between contractions. Sharing discussion and information before labor begins allows labor to be a shared experience.

If I start to feel overwhelmed in labor, I know my partner can suggest a course of action and assist with some of my labor skills, or use his own comfort measures to get me over the hurdle. Because I know he knows how to read me and step in, I can lean on him and trust. Shared responsibility means you're a reliable support.

Know what to say, what to do, and how to be by developing communication skills and a shared language.

One simple step you can take is to develop a shared language, including facial expressions, movements, and sound. She should be able to tell you YES and NO with just her face, just her body, and just her sound (6+ variations). You'll also need a way for her to ask for your help or ask for certain comfort measures without a lot of words.

In labor, it may be too much to say "Do that thing where you put your hands on my low back and press down and in....no not like that, over to the right, woah that's too much..." Practice this in pregnancy, so when she's in labor she can just take your hand and put it on her back and you know.

It's not always comfortable to say "help me" or "I need something." Have a code word or look or gesture that means "I need you to do something" or "be close" and a small list of things you can try. If you both do it, it's a safe way to ask for love for years to come. (At birth, though, your needs take a backseat to the person in labor.)

Once you can communicate well, you need birth knowledge and birth skills to use in response to her communicated needs.

DO

Most people have no idea what to do to help themselves or their partners in labor. This knowledge and wisdom has passed out of mainstream culture and been replaced with the expertise of the medical establishment. If you go to the hospital, they'll tell you what to do and take care of it all.

That plan works to get a baby out, but it doesn't work to have a shared labor experience. To share the birth, you both need to know what to do.

As the support person, you are responsible for the environment. How can you adjust the space to make it more conducive to oxytocin, the hormone of love and birth? Think of the environment she needs to make love—that's what you're going for. The lights, the smells, the sounds, and especially the behavior of people should all feel good.

EVEN DOING JUST A LITTLE CAN MAKE THE DIFFERENCE BETWEEN FEELING USEFUL AND FEELING UNINVOLVED.

It's your job to put on the music, stop or change the music, spray the aromatherapy, and dim the lights—hopefully without explicit instruction every time. It's also your job to usher insensitive staff into the hallway and calmly explain that their tone and demeanor is not helping—or just ask for a new nurse.

If you have developed birth skills and comfort measures, you'll be able to use them. Even doing just a little can make the difference between feeling useful and feeling uninvolved. You might learn massage techniques, positions to take, directed touch, or guided relaxation. You might just hold her hand.

SAY

First of all, say something. Please say something. Your partner will be making up what you are thinking and I guarantee it will be worse than what you are actually thinking. Periodically say something lovey or encouraging that isn't weird for you to say. Even if all you do is whisper “I love you” or affirm “I'm here” once an hour, it's better than not.

Second of all, you don't have to say much. Unlike regular life, she doesn't want to talk about it. She needs you to “get it” in some fashion, and she needs to know that you get it. The low brain waves ideal for labor are not conducive to language. We're trying to turn off the neocortex as much as possible, so fewer words are better.

You can use words to help her relax. She might just like the sound of your voice, its comforting familiarity and calm cadence. In this case, you may find yourself talking like a guided relaxation recording or a sleep story. She might not be listening to your words, but the sound could be a kind of anchor.

If you have a plan, you can use agreed-upon words to help her remember to relax certain parts of her body or to relax under your touch.

A well-timed joke is a godsend. Laughter helps the good labor hormones and releases muscle and chemical tension. If you can make her laugh, you're winning. Attention to her body and facial language will help you know when a laugh is most likely to land and not be insensitive or annoying. And as with anything, if it doesn't work, don't take it personally. Labor is weird for both of you. And it is not about you.

Finally, if you can't think what to say: Think of labor as the longest, most intense foreplay of your life.

BE

The most nebulous, but most important aspect of birth support is the energy and mood you bring to the labor. Recall that at my first birth, we were both woefully unprepared (which is normal), and my partner didn't say or do anything. But it wasn't a disaster, because of the calm energy he brought! Here are some tips to help you be a stable emotional support.

Be positive. If you are not having positive thoughts about your partner or the labor, leave the room. Step out (say you need to pee) and go for a brisk walk or call your dad or say a prayer and come back when you sort it out.


Tell yourself over and over, “She is so beautiful,” and “This is the hardest thing she's ever done, and she is doing it!” When you find your thoughts straying to worry or negativity in any way, just say one of those things in your mind.

Be calm. Keep a calm, loving, positive expression on your face. This may not come naturally to you, and you may need some practice to develop some skills to help you stay and seem calm. She has plenty of things to practice in anticipation of birth, and so do you.

People in labor are very permeable. It is a vulnerable time and they're sensitive to any sign of trouble or danger (which makes sense, right?). Your demeanor will affect her ability to birth the baby. If calm and loving emotions do not come naturally to your face, practice. And if it comes to it, you can always resort to the idea a dad in my class had: “I'll bring my Power Rangers mask.”

Be steady. Learn some breathing techniques. You can do them together to help her stay calm and oxygenated. You can do them yourself to control your nerves. You can be the strong, calm presence for her to anchor to.

Labor is a naturally unstable time. Unstable support makes unstable people feel worse. She can feel your instability, your freak-out, and your judgement. Check that mess at the door. It's okay to be uncomfortable...but it's your goal to be comfortable being uncomfortable.

You'll be a lot more comfortable with the discomfort if you have a plan about what to say and do. When in doubt? Smile, put a reassuring hand on her body, and say “I love you.” 



Lauren McClain has taught in public and private schools, worked in curriculum development, and is the author of the soon-to-be-released Real Work for Real Kids: Authentic Learning Through Meaningful Projects and Community Engagement. She writes more than is probably healthy, homeschools her three children, teaches physiological birth classes, and believes in the substantial powers of a good game, a good mess, and a good conversation. You can read more at her website, Learnerledhomeschooling.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.



WHEN PREGNANT,
IT IS NORMAL
AND NATURAL TO
SELF-LEARN BIRTH
AND BIRTH-COACHING
SKILLS AND THEN
USE THOSE SKILLS
IN THE ACTIVITY
OF GIVING BIRTH.
— WINTERGREEN

Purpose of Chiropractic Care in Pregnancy

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**



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

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.

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.

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.



Three BIRTHS

By Common Knowledge Trust

Every birth is unique. It's a one-off that can't be duplicated or redone. We can talk about the experience in a short-form birth story, and we can also imagine redoing it. However, what actually happened is what happened, just that one time, and will never happen again, to ourselves or anyone else. As you're about to find out, while every birth story is unique, they also tend to contain similar factors: the three typical birth story elements:

- **Timeframe** ("My labor lasted nine hours." "I pushed for two hours and gave birth at 3 a.m.")
- **Physical aspects** ("I had terrible back labor." "I pushed for two hours without any progress.")
- **Effect of birth professionals** ("I wanted a natural birth, but my doctor pressured me to have a cesarean because my baby was breech." "I couldn't have done it without my midwife/doctor/husband/doula.")

Of course, these three elements come together to create a fuller birth story. What is usually absent in birth stories are the things we did for ourselves, and how our partners helped us.

Skills

You'll notice few people mention childbirth "skills." Sometimes, breathing and relaxation techniques are taught, but only superficially, in keeping with the birth trend since the 1980s that birth is an intuitive process and women don't need to learn how to birth. Think about the differences between these words:

- **Information:** The collected facts and data about a particular subject
- **Knowledge:** Familiarity or understanding gained through experience or study
- **Preparation:** A state of readiness
- **Education:** Acquiring of knowledge through learning
- **Skills:** The ability to do something well, usually gained through experience and training

When you attend your childbirth class, you will be given a great deal of information, education, and knowledge, which is vitally important in order to make your birth plans, exercise your choices, and learn about the process of vaginal labor or cesarean delivery, pain relief, and newborn care. But there is little specific childbirth preparation aside from making a birth plan. Where are the skills?

The following pages tell a birth story for the same couple—we'll call them Erica and Will—from three varying perspectives, as though they experienced the same birth three times, each resulting in a different overall experience.

The first story is the “positive” experience. The word *positive* is peculiar when defining a birth. For example, a midwife might think a birthing mother handled her labor really well, but the mother herself might have hated every moment. A woman might consider her labor to be good because it lasted only a few hours, even though she thought she would die the whole time. Another woman might think she had a great birth, even though it was a non-laboring cesarean. A father might think any birth was positive because his baby was born healthy. Another father might think the birth was positive because the staff was great.

The second story is the “negative” experience. The word *negative* can be confusing as well. For instance, many women feel they had a terrible birth if they felt it was hard, difficult, out of control, or traumatic. A midwife might feel a birth was terrible because her client just gave up and opted for a cesarean when the midwife knew the woman could birth naturally. For a father, a birth might have seemed positive, when in fact his partner was so pissed off at him that she didn't really speak to him for years afterward.

The third story is a “Birthing Better” experience. In a Birthing Better birth, birth is about the skills a mother and her birth support uses (not the birth professionals, but rather her husband, partner, friend, or relative). In other words, Birthing Better births focus on what we do for ourselves rather than what happens to us or around us.

WILL'S STORY: Positive Birth Experience

My wife started labor while out shopping in the afternoon. I was at work. Her due date wasn't for a few days, so we had discussed how to be in touch if labor started. When we talked, she told me that she was coping fine, and she'd call if she wanted me home. I worked 30 minutes from our house. My stomach started to get excited. I was anxious for her, and the rest of the day dragged. I got home about 6 p.m.

Erica wasn't very hungry, but I was starving, so I ate dinner. She was walking around the house and stopping every time she had a contraction. I noticed that her back began to hurt, because she kept putting her hands down there. After dinner, I made certain all our bags were packed and

called the hospital. They told us not to come in until the contractions were five minutes apart and one minute long, so I started to time the contractions. I also started to rub her back whenever she wanted me to.

I think we got to the hospital about 2 a.m. The hospital was weird—all the bright lights and stuff. Erica got out of her clothes and into a blue gown. I felt a bit like a third arm and didn't know where to place myself. The midwife came in and did all the checks: blood pressure, temperature, and an internal check. I don't know what I think about that, but Erica seemed to cope fairly well with just some ouches and “Oh, that hurts.” I could tell she was beginning to have trouble with the pain, and really struggling to stay on top.

I was holding her hand throughout this, and boy, was she squeezing it hard. I had to take off our wedding rings. We had been told about this in our birth class, but I had forgotten. After the internal exam, Erica got up off the bed. She said the contractions weren't as painful as when she was lying down.

Erica's water broke very soon after. It just broke all over the floor. I remember thinking, “It doesn't smell bad.” I think I may have been concerned that birth smells would turn me off. I'd found it hard during pregnancy not to be concerned with all the changes emotionally and to our sexual relationship. I was afraid having a baby would change our relationship more, and I'd be shut out.

Anyway, the midwife asked Erica if she wanted any gas. Apparently, she was too far gone to have an epidural. The contractions were much more intense now, but Erica decided she didn't want any. The midwife was great; she was up near Erica's head while I was rubbing her back. Erica was standing up and sort of swaying around. It was really intense, but we both seemed to be able to help in some way.

Then, at some point, I found myself breathing with Erica, and she told me it really helped her, so I kept doing that. Things started happening really quickly. The contractions changed or something; at least, her breathing did. I could hear her kind of grunting, and then she was bearing down with the contractions.

The midwife did another quick internal and told us she was fully dilated and then left the room. Suddenly, the room filled up with three midwives, all very busy. Erica was told to get into a sitting position on the bed, so I sat by her side. Everyone was busy getting out equipment. It was hard not to focus on that, but Erica was still having contractions. They seemed to have slowed down, and she was much more alert and present. She looked good.

She pushed a few times, but said she wasn't comfortable and really seemed to struggle. The midwife suggested another position, and I helped her move Erica. Then the contractions really picked up. I was still holding her hand but could bend forward and begin to see our baby's head. It was so exciting. It took a lot longer than I thought. Our baby wasn't born for another hour and a half. Boy, was it hard work for Erica. Every time she pushed, her face got

really red. The skin around the baby's head looked very thin, and I was afraid Erica would rip, but the midwives seemed really relaxed and were very encouraging to her.

I was really proud of Erica. She was great. I'm not certain I was much use. In fact, I know I wasn't, but I guess being there for her is what we're meant to do. It was a great experience, and I got to cut the cord and hold our daughter while they stitched up Erica. She was sore for a few days but recovered pretty quickly. Breastfeeding was a bit of a struggle, and getting up at night was a bit of a struggle, too. I was awfully tired for weeks, but not as bad as Erica. After six weeks, we still haven't been intimate, but that's okay.



WILL'S STORY: *Negative Birth Experience*

Erica started labor while out shopping. I was at work. She was past her due date and feeling nervous about the birth, and so was I. She called me and told me to come home right away; the pains were really bad. I felt sort of sick to my stomach and nervous. I didn't know what to expect, even though we had gone to the birth classes. I guess they were alright, but birth? What do men know? I got home about 6 that night.

Erica was vomiting, but I was starving, so I ate dinner. She hated the smell and started to gripe about it. She was walking around the house and would stop every time she had a contraction. She kept telling me her back hurt. What was I supposed to do? I tried to rub her back, but she snapped at me. She told me to go be useful and get our bags ready. Then she called the hospital.

I could tell she wanted to go right away. She was so irritable and in pain. I've never seen her so restless, but I guess that's what women do when they give birth. I don't know why she wanted me with her. The hospital is so big, and I'd only met our doctor once when I called.

They told her not to come in until the contractions were five minutes apart and one minute long. They told her to have me time the contractions. I tried to rub her back again, but she kept pushing me away, so I sat down to read a magazine. She yelled over to me when another contraction started, and I'd watch the clock. I told her when the contraction had stopped, but she yelled at me, "I know!"

I think we got to the hospital about 2 a.m. That was weird, with all the bright lights and stuff. Erica got out of her clothes and into a blue gown. I was definitely a third arm. I had no idea where to stand. The midwife came in and did all the checks: blood pressure, temperature, and then an internal check. Erica just freaked. I was angry with the midwife for hurting her, and I felt scared. The midwife seemed so cold, although she tried to reassure me. Erica was moaning and groaning with the pains, and her face was getting red and sweaty.

I was holding her hand throughout this, and boy, was she squeezing it hard. I had to take off our wedding rings. We had been told about this in our birth class, but I had forgotten. Erica tried to get off the bed, but another contraction would come and she'd lie down again. I didn't know what she wanted, and I figured she'd tell me what I could do, so I just sat there holding her hand. After two attempts to get her up failed, she just lay on one side. She sort of curled up between contractions, and just groaned and moaned, and during the really painful part used swear words and said "Ouch, I can't do this—ooohhhh!"

Then she had to go to the bathroom; she just sprung right up. She got about three steps, and her water broke. It just broke all over the floor. What a mess. She told me to clean it up so she wouldn't slip getting back to bed. I wondered what I was getting into, becoming a dad. Her pregnancy had been really hard on our relationship.

WE LEARNED HOW TO WORK TOGETHER
AS A TEAM, HOW I COULD HELP
HER MANAGE THE PAIN, HOW TO
PREPARE HER BODY, HOW TO WORK
THROUGH EACH PHASE OF EVERY
CONTRACTION, AND HOW SHE COULD
RELAX INSIDE AND DEVELOP
GOOD BREATHING PATTERNS.

She was so emotional, and we had no sexual relationship. I felt totally shut out. Now, I was with her giving birth to our baby, and I felt totally useless. Why did she want me with her? She was suffering to birth my kid. I felt terrible and ashamed. I really believe birth is a woman's business.

Anyway, the midwife came back in and asked if Erica wanted any gas for the pain. Apparently, she was too far gone to have an epidural. God, I just wanted them to put her out of her misery. It was hard to hear her groaning, then screaming as the contractions got even worse. After they were over, she just lay there with her eyes closed. She let me wipe her brow with a cold towel. The midwife who came in and out didn't seem to care at all that she was suffering. She tried to tell me that birth was like this. How could she be so callous?

The midwife tried to help Erica breathe better, but Erica didn't really try. With so much pain, I don't think I'd be able to breathe the way the midwife was telling her to breathe. After trying for 15 minutes, she left us alone.

Then I could hear a change in the sounds Erica was making, and she started to get more restless. I called the midwife in, who did another exam, which Erica just hated and kept trying to pull away from. The midwife was quite stern with her. She told us Erica was fully dilated. Suddenly, other midwives and our doctor arrived with all their stuff. I could hear her kind of grunting when the pains came, and then she was actually bearing down with the contractions. Suddenly, she was awake and talking to me! She looked better, but I didn't have a clue how she could change so quickly.

Everyone was busy getting out equipment. She pushed a few times but said she wasn't comfortable and really seemed to struggle. The midwife suggested another position, and I tried to help Erica move. She pushed my hands away and moved herself. I just don't get women and birth.

She was making strange, animalistic noises. She was pushing so hard, and everyone was encouraging her. Her eyes were bulging. I couldn't believe the effort. I began to

see the baby's head, and I started to get excited but also worried that something might be wrong. The head looked funny, all wrinkled with strange colors, but I didn't say anything. It seemed to take forever. It had already been two hours, and that was some sort of time limit for the doctor. He told Erica that if she didn't give birth soon, he'd need to cut her down there.

Boy, was it hard work for Erica. She really tried. The veins in her eyes popped, but the baby just was too slow in coming out. I got scared. The doctor cut her and told her to push. Everyone was yelling at her to "push, push, push," but the baby still didn't come out. I got even more frightened. The colors of the baby's head were purple, blue, red, and white; it was all wrinkled.

After a few more contractions, the doctor set up the vacuum and applied the cup to the baby's head. It took him three times to get him out. The midwives showed him to me and Erica quickly, then whisked him away. He didn't cry right away, and they were working on him. Erica didn't seem to care, and I didn't know whether to stay with her or go be with the baby. Eventually, he cried, and soon they wrapped him up and handed him to Erica, who didn't seem to be too interested. She was more interested in what the doctor was doing. Apparently, she tore really badly and needed heaps of stitches. Then I got to hold our baby. There he was, looking at me like he knew me.

I'm really proud of Erica. I know she suffered a lot, but she did it. I know I didn't help much, but after the birth, although she was tired, she told me how glad she was that I had been there. She was sore for weeks and was very emotional. Breastfeeding didn't work, and getting up at night to give a bottle made her more irritable. I just couldn't do anything right. I was awfully tired for weeks, but not as bad as Erica. After six weeks, we still haven't been intimate. She seemed so focused on the baby. I don't know. I'm really proud to be a dad, and our son is beautiful, but Erica and I—I don't know. Birth really changes women.

WILL'S STORY: *Birthing Better Birth Experience*

I definitely had an interest in learning what I should do to help my wife during the birth, but many of the books repeated themselves, and seemed focused more on the mother than on both of us, and were more about choices than what I could do. After you've read one book that talks about the progression of labor, you've read them all. And some of the diagrams are so confusing. I certainly couldn't picture what was happening in Erica's body.

We purchased the *Birthing Better* program online, not knowing anything about it except the website said it was about birth and coaching skills. We seemed to lack those, so we took the risk.

This was the best investment we've ever made. We practiced so many skills and how to prepare Erica's body for

birth. In our childbirth class, we learned what was going to happen, about our choices and what to expect. We were taught a little bit about breathing and relaxation, but nothing like our Birthing Better skills.

We learned how to work together as a team, how I could help her manage the pain, how to prepare her body, create space for our baby to come through, how to work through each phase of every contraction, and how she could relax inside and develop good breathing patterns. We even learned how to prepare her birth canal properly. That felt weird at first, but we understood the importance... and afterward, we were really glad we had.

I also learned tons about her body. Most important for me, I changed inside from being just a man who had a sexual and loving relationship to Erica to becoming a father whose job was to actually help Erica give birth. I don't think this is acknowledged as being important for men.

Anyway, her contractions started at 3 in the afternoon, when I was at work. For weeks, she had been practicing her skills while going about her life. The skills went through my mind frequently while I was at work, too. I listened to the Birth Journey CD on my way to work several times, until I could really hear the difference in breathing, and what skills to use and when, depending on what I would hear.

I practiced the Pelvic Clock while doing tune-ups or other repairs so I would know exactly how long it takes to soften inside different places. I even used the Directed Breathing exercise several times in experiences I was having, including getting a rather painful tattoo. It was great. I think I realized that we weren't just learning birth skills, but skills that I could use throughout my life.

We went through everything in Birthing Better until we felt confident. It was like preparing for the Olympics, and we had a great time doing it. The most amazing thing for both of us is how similar men and women's bodies really are.

I loved doing the Hip Lift and Sit Bone Spread on Erica. Like most people, I just thought the pelvis was one piece before feeling how much space could be created for our baby, if needed, and how much mobility is in our bones. Then Erica did these movements on my body. I could feel how little tension can stop all movement in my pelvis, and this was definitely an *aha!* moment for both of us. This helped to cement in my mind and body that any tension, almost anywhere in the lower body, can stop the baby from moving through the inside space. There was one revelation after another with Birthing Better.

I used to think that practice was such a boring word, but, frankly, I loved these weeks of getting to know Erica's body in this different way. More than that, each time we went through a different section of the DVD, I learned so much about the process of birth. Birth became three-dimensional to me, and I could totally understand my upcoming role. Birth stopped being an abstraction. Now I understood how big a baby really is, and totally know why there is pain connected with such a large object opening up that tight

BIRTH BECAME THREE-DIMENSIONAL
TO ME, AND I COULD TOTALLY
UNDERSTAND MY UPCOMING ROLE.
BIRTH STOPPED BEING
AN ABSTRACTION.

closure and then passing through Erica's body. Even before the birth, I began to admire her courage to face this experience and totally committed myself to doing my best to help her.

Every day for the last few months, we honed our skills together. That might be just stopping for two seconds and breathing together, or I might just pass her by and touch one of her hips and wait for her to relax inside.

The internal stuff had to be done. I know Erica did some on herself when she showered, but she wanted me to help her know more about how much space she had inside and where the tightness really was. Some men might think this would turn you right off from seeing your wife as a sexual partner, but hey, she's also going to be the mother of my child, and I had to make a change in my thinking and take a bigger view of our relationship. I know I really grew up during those weeks. I became a better man and came to understand my wife in a way I never thought possible.

What was amazing about doing the internal stuff was being able to feel how much space women have inside. Somewhere in the back of my head I guess I did wonder how a big head would fit out of something about the size to fit my penis. I had seen the charts and illustrations, those cross sections, in class and books, and the vagina is shown as a thin tube. Somewhere, I must have had a toothpaste cartoon going on in my head, where the baby's head is squeezed out and then suddenly pops into shape once it's delivered. But I knew that wasn't real, so I guess I just thought that such a big object would rip its way through a narrow tube. That's not right either.

There's lots of space inside. But there's also tight tissue. That was also amazing. Erica didn't realize she had muscles inside or other tissue that could be tight or that she could consciously tighten up more or relax and soften. Once again, we discovered how easy it is for her to create tension and how that would stop or slow things down in labor. So we practiced how she could relax even when she was

feeling pain. All I had to do is either play the Birth Journey CD or mention the word “pain,” and she would automatically tense up without always knowing she was. I could feel it! Then we’d work on having her soften and relax.

Birthing Better gave us a very specific birth language. We knew the same things and how to talk about them. Every day, we grew stronger and more capable. Thank goodness we did the learning over a few months, and every day or so. I can’t imagine people trying to cram it all in at once, which is how I used to study for exams—all at the last minute. At first, that’s what I suggested we do. I had no idea how much there was to learn and how great it would be to learn together. But let me tell you about our birth.

I knew Erica had to use the early contractions to coordinate her skills and learn how to use them, now that labor was really happening. We talked on the phone, and I reminded her to really begin to put the skills in place. It was terrific that she knew exactly what to do. And I could already hear how she appreciated that I knew the same thing. We felt so close, and we were so excited. All our practice was going to pay off. I had a few moments of “What if this doesn’t work?” but then I settled down. All the skills had made such common sense that I knew they would work, and today was the day for that work. I couldn’t wait to get home. I had a few more cars to work on, and then away.

When I came home from work, we began to come together as a team. She had back labor right away, but the Kate’s Cat maneuver really helped. She also worked in between every contraction with the Pelvic Clock and, of course, we used Directed Breathing to bring those two skills together. I could see her subtly expand inside her pelvis. And I could do it in my own body. That was wild. I felt I was doing the labor, too. It was so neat.

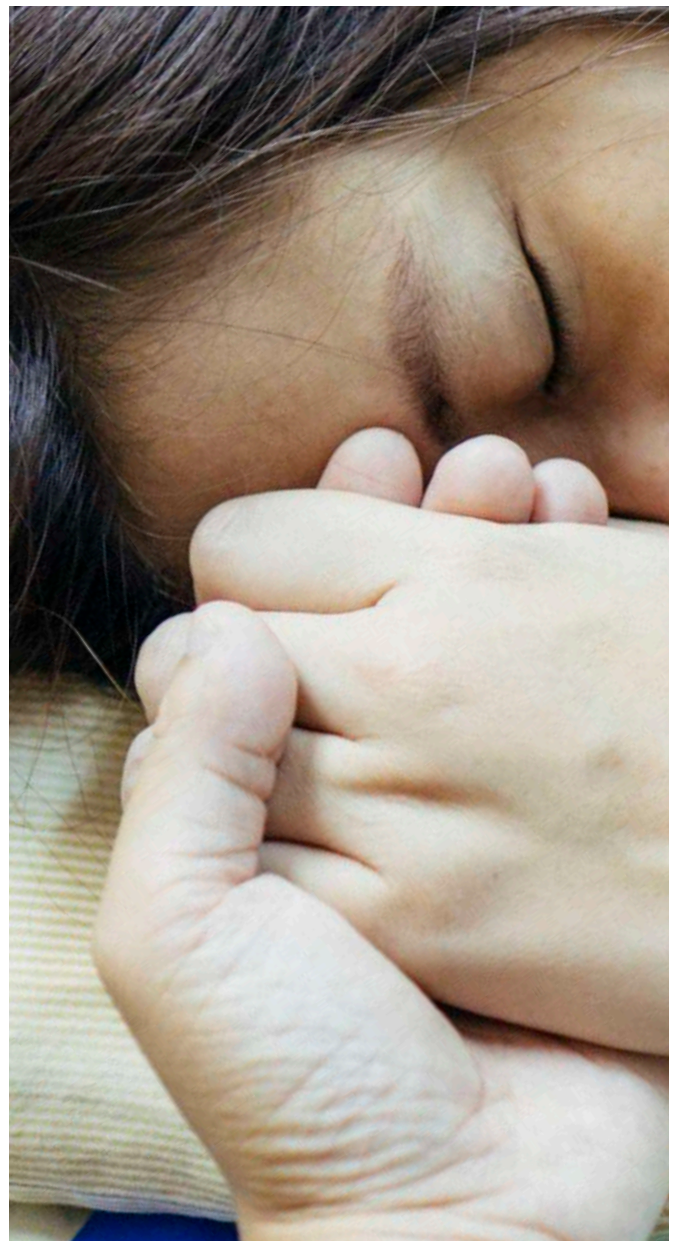
It was so simple to work together. I could also use the Deep Relaxing Touch to remind her where to relax inside her pelvis. It was terrific. We called the hospital, and they told us to come once the contractions were five minutes apart and one minute long. So, for several hours, we stayed at home and thoroughly enjoyed the time together.

We went to a hospital about 2 in the morning. The contractions were getting much more intense. The hospital was a bit of a buzz—so bright and fluorescent! But we had taken a tour and knew what to expect.

The more intense the contractions, the closer together we worked, minute by minute, with one or more of our skills. The midwife did an internal that Erica hadn’t wanted, but the midwife said she had to check Erica. During the internal, we didn’t miss a beat; we just used the Directed Breathing, Staying Open, and this was the first experience to show the effectiveness of the Internal Work. Every minute of the experience showed us how amazing the skills were. We knew we couldn’t control when another contraction would come or how painful it might be, but we could work at every moment to relax in some place or in some way. I can’t really explain this feeling. It’s incredible. Knowing about the

5 Phases really helped. I always knew there was some time during each contraction that I could help.

The midwife asked if Erica wanted any pain relief, like gas, but we felt we were coping. And she complimented us on how well we were working together. She said she rarely saw fathers who seemed to know how to help. This made me feel good. When the midwife had to do things like take Erica’s blood pressure and listen to the baby’s heartbeat, the midwife was fine that we were still working together. It seemed so natural. Without the skills, I think I would have stepped aside for the professionals and figured they knew what they were doing, so let them do it. But in reality, we were left alone a great deal between their visits in to check on us.



Her water broke shortly afterward. Erica and I just worked more closely through every phase of each contraction and the rest period, using one or more of our skills. She was sensational. I used her body language, facial expressions, and how her breathing sounded to know when she was coping within herself or getting a bit carried away by the pain. And yes, it was painful. I'm not certain the skills took the pain away, but I certainly could see that she managed the pain better with the skills. It wasn't easy. And at one point, I absolutely knew that she would never be behaving like this if she didn't have the skills, and I certainly would be scared half blind to see her in this pain. With Birthing Better skills, I knew what the pain was, where it came from, and how to help her cope with it. It's like my heart opened to all of this. I wasn't blind or deaf. I could see and hear exactly what was



happening. It was like taking one step at a time and thinking “Okay, what do we do now...okay, that's working...okay, let's adjust that...okay, great.”

I could even tell which positions kept her open. She could tell when a position stopped the contractions from being effective, and then I helped her to subtly change positions.

The back labor was intense, and sure, it was tempting for her to get into positions that made the pain less, but I knew if she did that the labor would slow down and that she'd no longer be working with our baby's efforts to come out. We had to keep that sort of bell-shaped curve of the contractions happening. Sometimes, when she just leaned forward a bit, I could hear the contraction go off, and I'd just remind her, and she'd bring the upper part of her body back up. I knew it took a lot of willpower to let every contraction be effective, but I know she was glad for my reminders. Afterward, she told me she didn't often realize she was bending over, because she was really focused and concentrated on using one or more of her skills, and how grateful she was that I could help her bring everything together. We were a great team. I knew I was helping. She kept looking at me with such love, and in between even the most painful contractions she often thanked me.

She felt some pain in her hips, as well as in her back, so we did a few Hip Lifts that really helped. I periodically reminded her to do Kate's Cat. That helped momentarily to ease the back pain, and she told me she could feel the back pain shifting as our baby moved down, and that encouraged her.

Then we worked together on the Sacral Maneuver, because she had a much-curved sacrum, and that was great. I could tell she had to use all her willpower and determination to continue to use her skills and really work with the labor. It was tempting to just lose it, but I wouldn't let her. I was her rock and her outside manager. With my Birthing Better skills, I could immediately help her stay on top of everything.

She felt comfortable checking herself when the pains intensified, and I also checked her. We did that when we were alone, not when the midwife came in. It was so thrilling for me to feel the changes inside and feel our baby coming farther down. If I felt any tension inside, I'd just gently put my finger on the place, look up at her and that would help her direct her intentional relaxation to just that place and I could feel the tissue soften. It was wild. I tell you—this was all wild. I know I'm telling you about something intimate between me and Erica, but I just have to tell someone.

She began to push around 2 a.m. It took her a few contractions to find the position that worked best for our baby. She said she could feel him moving down. I loved this part of labor. Her back pain was gone, and pushing was obviously so satisfying. Her breathing sounded pretty animalistic, but I could hear the effectiveness of each pushing

BECAUSE OF THE INTERNAL WORK,
SHE OPENED EASILY WITHOUT
MUCH OF THAT BURNING RING OF FIRE
WE HAD BEEN WARNED ABOUT.
OUR BABY WAS BORN HALF AN HOUR
LATER, SO EASILY IT WAS AMAZING!

contraction and give her feedback. This was so exciting. I could see how her vagina was beginning to open with the baby's pressure. I could see the outline of the baby's head under the tissue. I could also see that the tissue stayed pink and opened really easily. Although I thought I had gotten my head out of the toothpaste cartoon, as our baby was opening her vagina, I thought, "That's big." I couldn't even imagine that coming out my penis. Women are so totally amazing.

Because of the Internal Work, she opened easily without much of that burning ring of fire we had been warned about. Our baby was born half an hour later, so easily it was amazing! The birth was great. Erica was incredible. My level of respect has no limits. The midwives and our doctor couldn't stop complimenting us, and told us we'd be the talk of the ward for weeks. We're so proud of ourselves. She recovered so quickly that, a few hours after the baby, she said she didn't feel like she had given birth—go figure that one, but I guess the internal stuff really helps with the healing, too.

I can't even tell you how settled we felt with our newborn. Working together in labor has made it so much easier for us to learn about our baby and work together. It's amazing. What else can I say?

ERICA'S STORY: Positive Birth Experience

I started to have contractions while I was out shopping, about 3 in the afternoon. I just kept doing what I was doing because the contractions were just a little painful. I called my husband at work but told him he didn't need to rush back; I was fine. The contractions picked up about 9 that night. Will rubbed my back because I was having such bad back pains. It really helped. I called the hospital, but they told me to wait until my contractions were one minute long and five minutes apart.

We went to hospital about 2 a.m. The midwife wanted

to do an internal check. I hadn't wanted that in our Birth Plan, but she said she had to check. It was quite uncomfortable, but she tried to be gentle. Shortly afterward, my water broke. It was really hard to stay on top of the contractions, and I thought about whether I wanted some pain relief. The midwife said I was too far along to have an epidural, and I decided not to use any gas, either. With the help of Will, I think I really managed the contractions well, and the midwife on duty was terrific. I tried to stay very focused. I got really tired, so I used the minute or two between contractions to rest. Will would help me breathe as soon as the contractions started.

I began to push about 9 a.m., but I just couldn't get comfortable. But the midwife and Will helped me to change into a better position. That burning ring of fire women talk about feeling when pushing is really accurate, and it was so tempting to just try to suck the baby back up, but the urge to bear down was unstoppable. I pushed so hard. Our baby was born an hour and a half later. I tore a little bit, but only needed a few stitches. I was sore for a few days but healed well. What a wonderful experience. I'm really proud of how I handled it.

ERICA'S STORY: Negative Birth Experience

My contractions started at 3 p.m., when I was shopping. I rushed home to get ready, call my husband, and get to the hospital. The contractions were already beginning to hurt, and I just tensed up. Will came home from work right away, but he was useless. I wanted him to rub my back, because the back labor was really intense, but I hated how he touched me.

I wanted to go to the hospital right away, but they told me to wait until my contractions were one minute long and five minutes apart. They just kept getting worse and worse. I couldn't cope, and Will didn't have a clue. I just wanted something for the pain. By 9 p.m., the contractions were terrible, and I was losing it. We called the hospital again, but they didn't want us to come until labor was established. It was established, as far as I could tell. It was really getting very painful.

I couldn't rest. Will didn't have a clue how to help, so he went to bed and told me to wake him. I tried walking, but the contractions came faster, and when I sat down to rest the pain was worse. I felt nauseous and had loose bowels.

Finally, we went to hospital at 2 a.m. By then I was frantic from the incredible pain. I begged for something. The midwife told me she had to do an internal to check how far along I was. It was really rough and hurt. I hated it and freaked out. She told me it was too late to have an epidural, but she gave me some gas. Shortly after, my water bag broke, and the contractions got even worse and closer together. She kept telling me to calm down, but the back pains were so intense. How could I calm down? It was a nightmare. I thought I was going to die. I felt so out of control.

The gas didn't do much. I was so tired. I'd fall asleep between contractions, then wake up frightened, with another one in full swing. I sucked every bottle of gas dry. The midwife told Will to rub my back, but I hated it and kept flicking his hand away.

I began to push at about 7 that morning, but couldn't get comfortable. Everyone kept telling me what to do and I hated that. That burning ring of fire was horrible. I kept tensing up, and the doctor and midwives kept telling me not to. After two hours, our baby hadn't been born, so they told me they had to do an episiotomy [cut] and use vacuum extraction. I didn't give a damn at that point; I just wanted it over with.

After the birth, they wanted me to hold him. I wasn't really interested, but I was too ashamed to say anything. I was so relieved it was over. What a horrible experience. I had lots of stitches. I was sore for weeks. I was such a wimp. Will was useless, and there won't be a next time.

ERICA'S STORY: Birthing Better Birth Experience

During the last few months of pregnancy, my husband and I worked through Birthing Better. We practiced so many skills and how to prepare my body for birth. In other books and our childbirth class, we learned what was going to happen, about our choices and what to expect. We were taught a little bit about breathing and relaxation, but nothing like comprehensive skills. We learned how to work together as a team.

Some of the areas of skills we learned were how I could manage the pain, create space in my pelvis for our baby to come through, how to work through each phase of every contraction, and how to relax inside my pelvis and develop good breathing patterns. We even learned how to prepare my birth canal properly. That felt weird at first, but we understood the importance, and afterward, boy, were we glad we had done it. Will could feel and do almost all the skills, so I knew he was prepared. That gave me lots of confidence.

My contractions started at 3 p.m., when I was shopping. For weeks, I had been practicing my breathing, relaxation, and staying-open skills while going about my life. I practiced the Pelvic Clock while driving to work; in fact, just about all the time! The Directed Breathing was a great skill to use to reduce all stresses that came up. Will even used it when he took a long bike ride and got tired, and then when he got his tattoo.

We went through everything until we felt confident. Our birth was like preparing for the Olympics, and we had a great time doing it. The most amazing thing we discovered is how similar our bodies really are. And we wrote down the skills in a short form that we took to hospital.

Anyway, I knew I had to use these early contractions to coordinate my skills and learn how to use them now that labor was really happening. Will was at work, and I talked to him on the phone. He reminded me to begin to put the

IT WAS TEMPTING TO GET INTO POSITIONS THAT MADE THE PAIN LESS, BUT I KNEW IF I DID THAT THE LABOR WOULD SLOW DOWN AND PROBABLY TAKE LONGER, AND I'D NO LONGER BE WORKING WITH MY BABY'S EFFORTS TO COME OUT.

skills in place. It was terrific that he knew exactly what I was doing and what I needed to do. We were so excited. All our practice would finally prove itself.

When he got home from work, we began to come together as a team. I had back labor right away, but the Kate's Cat maneuver really helped. I also worked in between every contraction with the Pelvic Clock and, of course, my Directed Breathing, bringing those two together and expanding inside my pelvis. It was so simple to work together. He could also use the Deep Relaxing Touch to remind me where to relax inside my pelvis. It was terrific. Although the back pain was annoying, I could cope. When I forgot to use the Pelvic Clock, then the pain increased.

We called the hospital; they told me to wait until my contractions were one minute long and five minutes apart. We loved the time we had at home. We were so relaxed and excited. Everything felt so comfortable.

We went to hospital about 2 a.m., when my contractions were five minutes apart and one minute long. They were getting pretty intense. But this just brought us closer together, working minute by minute with one or more of our skills. We totally understood the 5 Phases, and I could even tell whether a contraction was effective or not. We tried a number of positions; some would lessen the contractions, so I became aware of how to keep my labor progressive. That was so neat.

The midwife did an internal that I hadn't wanted on our birth plan, but she said she had to check me—hospital rules. We were prepared for changes like this. During the vaginal exam, we didn't miss a beat; we just used the Directed Breathing and Staying Open skills; this was my first experience seeing the effectiveness of the Internal Work. She told me I was too advanced to have an epidural (which I didn't feel I needed at all), asked if I wanted any pain relief like gas, but we felt we were coping really well.

My water broke shortly afterward. Will and I just worked more closely through every phase of each contraction and the rest period, using one or more of our skills. He was sensational. He used my body language, facial expressions and how my breath sounded to know when I was coping myself or getting a bit carried away by the pain. And yes, it was painful. I'm not certain the skills took the pain away, but I certainly could manage it with the skills. It wasn't easy. The midwives on duty and our doctor kept complimenting us on how well we were working together.

The back labor was really intense, and, sure, it was tempting to get into positions that made the pain less, but I knew if I did that the labor would slow down and probably take longer, and I'd no longer be working with my baby's efforts to come out. We did a few Hip Lifts, which really helped. Will periodically reminded me to do Kate's Cat. That really helped to ease the intense back pain momentarily, and I could feel the back pain shifting as my baby moved down, so we both knew our baby was moving down more. That was encouraging to all the work we were doing. Then we chose to try the Sacral Maneuver, and that was great, too.

I commented to myself that I had to use all my willpower and determination to continue with my skills and really work with the labor. It was tempting to just lose it, but Will wouldn't let me. With his birth skills, he immediately helped me stay focused and on top of everything.

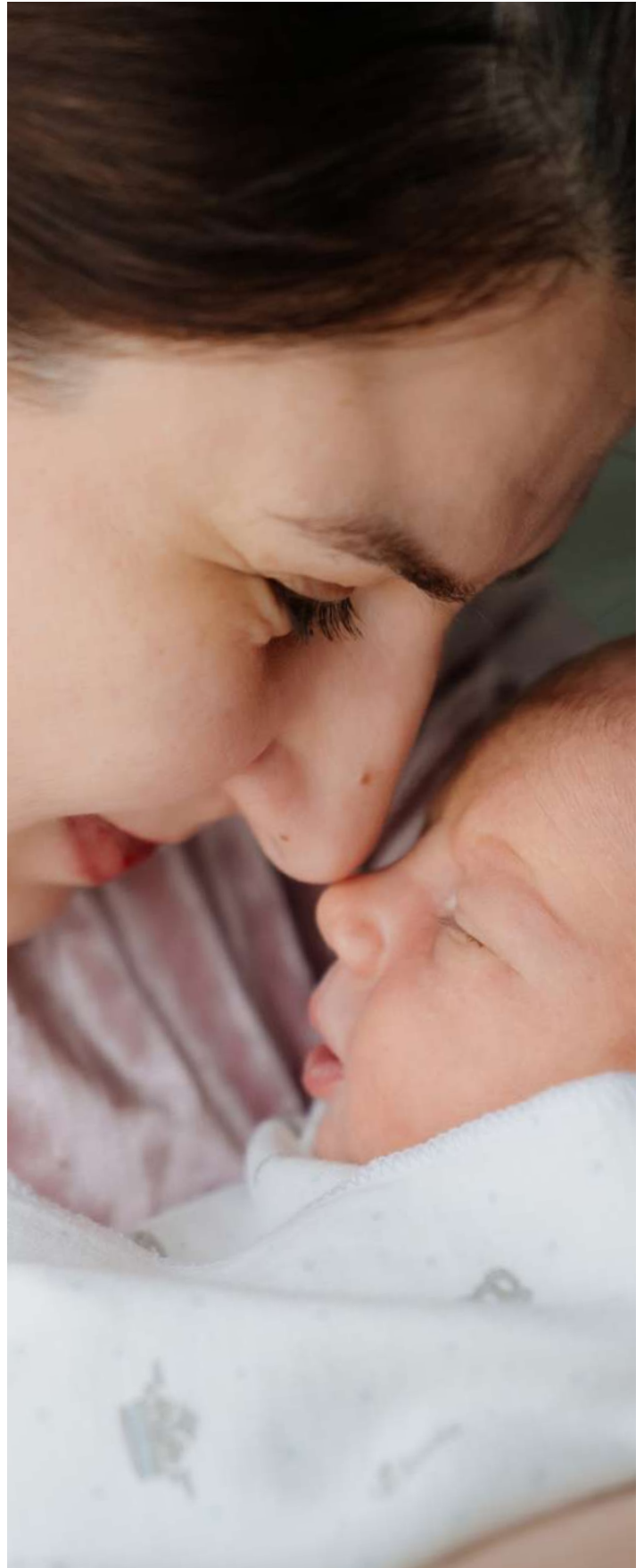
I even felt comfortable to check myself to feel for change when the pains intensified, and Will also checked me. It was so thrilling for him to feel the changes inside and feel our baby coming down more.

I began to push around 7 in the morning. It took me a few contractions to find the position that worked best for our baby. I could feel him moving down. I loved this part of labor. My back pain was gone, and pushing was so satisfying. Will could hear the effectiveness of each pushing contraction and gave me feedback.

Because of the Internal Work, I opened easily, without much of that burning ring of fire I had been warned about. Our baby was born half an hour later, so easily—it was amazing! The birth was great. Will was terrific. We're so proud of ourselves. All the midwives and our doctor told us we'd be the talk of the ward for weeks, and they wish more families would come prepared. I recovered so quickly. Will can't shut up about the birth, and it's brought us so much closer. 🍷



Common Knowledge Trust is a registered New Zealand educational Charitable Trust. It holds birth and birth-coaching skills developed in the U.S. by hundreds of fathers and mothers for absolutely all births without exception, known as Birthing Better. Birthing Better skills fit into a broader childbirth concept that it's normal and natural when pregnant to self-learn birth and coaching skills, and then use those skills to do the activity of birthing your baby. Birthing Better online birthing classes are one of a number of skills-based methods that families can choose. View article resources and author information here: pathwaystofamilywellness.org/references.html.





Birthing Better

**Evolving the childbirth conversation
for better births**

By Wintergreen

Here we are in 2021, and there are still many women alive who gave birth in the United States during the 1960s and 1970s. When they listen to the childbirth conversation today, many of them aren't certain whether birth has improved or gotten worse.

Back then, there was a very high societal expectation that expectant families attend the very first childbirth preparation classes ever taught—Lamaze and the Bradley Method. There were no choices up for discussion. Birth plans didn't exist. There were no midwives. The overbearing medical practice had lots of assessments, monitoring, and procedures as part of the “guidelines of practice” or “standards of care.”

We had to follow our doctor's orders. Ninety-five percent of us had a vaginal birth, whether we labored for hours or days; coped well or suffered; had risks or not; had good outcomes or tragedies. Risks, such as a breech baby, were considered normal, natural, and physiological. They were problems that usually got resolved, but, less frequently, became a tragedy...a fact of life that was also accepted.

Fathers were just coming into birth. Cesareans were major abdominal surgeries and mostly done to save a woman's life. These first childbirth education classes were entirely focused on skills. This first childbirth conversation was shared throughout the country: “Learn and use birth and coaching skills.” In other words, we still have a memory of a skills-based childbirth trend.

Back then, we learned breathing and relaxation techniques, which we used the best we could during our births. Lamaze was taught in most hospitals, while the Bradley Method was used more in private classes.

Obstetricians rightly observed at the time that all births were being drawn into the modern maternity systems. They questioned whether this made sense. They believed low-risk pregnant women could use their skills to achieve three goals:

1. Natural birth
2. Pain-free labor
3. No medical interventions

Millions of expectant families in the U.S. from the 1960s to the mid-70s took these skills-based childbirth classes. As a result, OBs and labor-delivery nurses saw millions of birthing families use some level of skills in their labor and delivery, which led to an entirely different achievement than the three above goals. Do you know what was that massive achievement? We hugely reduced suffering.

This broad, skills-based childbirth trend did not occur in all countries. In New Zealand, for example, from 1950 to the 1970s, low-risk pregnant women could be given a “prescription” from their doctor (usually a general practitioner) to attend a Grantly Dick-Read natural childbirth class based on his book *Childbirth Without Fear*. Birth and coaching skills were not widely learned.

At the same time, aside from in the U.S. and Canada, all modern countries had always had midwives and home birth options. Therefore, this large, societally accepted skills-based childbirth trend was unique to the mid-century United States.

How did we get to today?

As mentioned, the skills-based childbirth trend was based on a philosophy of natural birth for low-risk women. It used words and actions to achieve the three goals stated above.

Unlike in New Zealand, millions of families in the U.S. were learning skills specifically geared for a particular group of women for very specific goals, yet we achieved something else: We reduced suffering.

For birth, we are all faced with a global truth. There's no way to know what your birth will be like—so, we assume, there's really nothing we can do to prepare for birth. Suffering and risks have always been part of the fear of birth. Suffering defines a woman's personal experience while she births her baby. Risks are something that might lead to a problem, or, less frequently, a tragedy.

Who knows why Lamaze, Bradley, and Grantly Dick-Read didn't see and act on the two obvious and bigger issues: One, that 100% of pregnant women will give birth, so all women can use skills, instead of just “low-risk” women; and two, that suffering, experienced by so many women, can also be reduced by using skills.

The medical profession saw, and birthing families experienced, much less suffering during this skills-based childbirth trend—but this was not the intended outcome, so this huge success was actually overlooked. The medical staff, obstetricians, and newly rising natural birth advocates focused on those three goals (pain-free labor, no medical intervention, “natural” birth) and saw that using skills didn't achieve them. No one—aside from millions of mothers and fathers—appreciated the obvious success of skills being used broadly to reduce suffering.

The perceived failure of the skills-based childbirth trend led to a new and vibrant natural birth movement and to the modern choice-based childbirth trend to achieve more natural births. At the same time, tensions grew between modern maternity care and birth advocates. The childbirth conversation was focused on natural birth and becoming informed about choices regarding medical intervention. It was less concerned about ways to cope and work through the activity of birth to reduce suffering and stay in control.

Before further discussion, we need to reflect on the fact that there are some periods in history that profoundly change everything. One of those periods was the 1970s and 1980s. Some of these changes had a huge impact on the childbirth conversation. Here's just a partial list:

- **Women's liberation:** Women wanted choices and more control over their lives.
- **Birth control:** Women could now control how many children they had, so each one became more precious.
- Women started to wear **bikinis** and didn't want to be



left with an ugly c-section scar; this led to the obstetric “bikini cut” or “low-lying incision.”

- Society became more **risk-averse**. People didn’t want to suffer a problem or tragedy and were more comfortable in saying, “If a cesarean is safer for my baby, I’ll do that.”
- More **diagnostic protocols** were introduced, leading to more risk-related assessments, monitoring, and procedures.
- All of modern medicine became **more sophisticated** in response to the risk-aversion in society.

The rules of this new choice-based childbirth trend were simple. Women knew what kind of birth they wanted; they just needed to learn the pros and cons of interventions (all the medical assessments, monitoring, and procedures), make choices, and write a birth plan. Then the birth provider would endeavor to give them their desired birth.

The tension between natural birth advocates and modern maternity care began to solidify. Natural birth advocates emphasized pregnancy and birth as normal life events, rarely requiring medical care. Women have always given birth and need to trust themselves, and, when possible, choose an out-of-hospital birth with a midwife to avoid unnecessary interventions. The midwife should ideally be able to leave the woman alone to discover birth herself. Fathers shouldn’t coach, but should support their partners in their evidence-informed choices. Birth was seen as a very emotional experience, and safe unless proven otherwise.

Modern maternity care, on the other hand, stressed potential risks and approached pregnancy and birth with technological assessments, monitoring, and procedures for everyone. Birth was seen as a physical experience that wouldn’t be safe until after it was over.

We are still in the choice-based childbirth trend, and there is still high tension between providers and families over making evidence-informed choices. The meaning of the word skills has changed since the 70s: Instead of something you use while actively giving birth, skills are now what you use to make the choices that achieve a particular kind of birth.

Let’s just imagine for a moment that reducing suffering for birthing women who use skills is as beneficial as having skills to prepare and cook food to satisfy hunger, or to be a good lover during the natural, normal physiological urge to be intimate. There’s a difference between making choices about what to cook and having the skills to actually cook. The same goes for sex, and being a good lover. Birth is no different. Choices should be involved, and women should be as free as possible to make those choices. And being skilled for birth should be just as relevant a priority, because birth is an infrequent, one-off, can’t-be-replayed event with memories that last the rest of one’s life.

Sensibly, in the 1970s, the success of birth and coaching skills to reduce suffering was observed by everyone and remembered by millions. If skills had been advocated and recognized by the maternity community and natural birth advocates, then skills and choices could easily have been married.

Had that happened, we would now be two or three generations into the skills/choice childbirth trend, with the major premise that it’s normal and natural to learn birth and coaching skills when pregnant and then use those skills

NO ONE—ASIDE FROM MILLIONS OF MOTHERS AND FATHERS—
APPRECIATED THE OBVIOUS SUCCESS OF SKILLS BEING USED BROADLY
TO REDUCE SUFFERING.



to work through the activity of birthing your baby in absolutely any birth, and to make informed choices wherever possible. After all, we get pregnant to have a baby, and each woman has a physiological imperative to do the activity of giving birth to her child.

Unfortunately, the modern maternity system and the natural birth movement left skills behind, and therefore they didn't evolve with the vigor that could have been expected. Instead, choices became the dominant pathway toward a natural birth without medical interventions.

Where does this leave us? In a place of great opportunity. Neither the narrow three-goal vision of the skills-based childbirth trend nor the "say no to medical intervention" choice-based childbirth trend has increased non-medical births and positive experiences.

Where do we go from here?

For the last 25 years, I've been the founder and director of the Common Knowledge Trust, an organization dedicated to sharing birth skills and evolving the conversation in childbirth. Since our trust's inception as a registered not-for-profit in 1995 in New Zealand, our focus remains on two aspects of pregnancy and birth:

First, to grow the Concept: "It's normal and natural when pregnant to self-learn birth and coaching skills then use those skills to work through the activity of birthing your baby in all births." The Concept, of course, includes all skills-based methods, because individual choices for preferred skills-based methods are equally essential. The goal of this Concept is to reduce suffering and increase conscious capability for both mothers and fathers in pregnancy and birth.

Second, to make available the Birthing Better skills-based method, specifically developed by hundreds of dads and moms in the early 1970s. The goals of Birthing Better are to use skills to prepare our pregnant bodies for birth as well as learn adjustable, adaptable, and sustainable skills to work through the activity of birthing our babies in all births.

Childbirth is so important. In hindsight, we had an opportunity in the 1960s and '70s to refocus the skills-based childbirth trend to include 100% of pregnant women and 100% of births with a simple and achievable goal of reducing suffering. Could we also achieve more natural births? Logic tells us that when women can birth effectively, and therefore cope better, then births are less problematic and birth providers are less anxious.

Looking forward, we have an opportunity for skills and informed choices to progress together. Ultimately, choices aren't always available, and are subject to circumstance. However, each woman will always have to do the activity of birthing her baby. And we birth better when we are skilled—even with every type of assessment, monitoring, and procedure thrown at us. We cope better, manage well, deal with, work through, stay on top of, and feel more in control during birth, even if we dislike every moment of it for any number of reasons.

We are now 40 years into the choice-based childbirth trend combined with the opposition of medical versus natural; hospital versus out-of-hospital; and doctor versus midwife, which has produced a huge rise in anger, shame, blame, guilt, disappointment, frustration, and trauma. Everything can change easily once we get this new concept spread far and wide.

Expectant families are hungry for change. Change now must come from sensible and pragmatic birth providers and auxiliary birth workers, such as chiropractors and doulas. The message must travel down and across to millions of families, instead of a very few passionate women and men trying to bring the idea "upwards," against all kinds of institutional pressures and barriers. We must want something that works across the board, and is sustainable into the future.

Common Knowledge Trust will work with any and all, as we have since the 1970s. It's easy to imagine societies where it's normal to learn birth and coaching skills and use those skills to work through this one-off, infrequent, can't-be-replayed, dramatic, dynamic, life-transforming activity. We can also imagine a renewed relationship that will exist between midwives, obstetricians, and families when most birthing mothers and coaching fathers and partners are using skills that fundamentally shift the power back to the birthing family. 📌



Wintergreen is the founder/director of Common Knowledge Trust, a New Zealand registered not-for-profit. She placed all the birth skills hundreds of fathers and mothers developed in the early 1970s in the U.S. into the Trust. The first resource was known as the Pink Kit. Now the Trust has 12 Birthing Better online birthing classes. Fathers and mothers articulated the concept that it's normal and natural in pregnancy to self-learn birth and coaching skills, then use those skills to do the activity of birthing a baby. View article resources and author information here: pathwaystofamilywellness.org/references.html.



the power of breath

By Meredith Ashton, C.D.

I had been training, attending births, and working toward my birth doula certification for more than two years before I birthed my first child. So, I approached my first birth excited and engaged in the process, and I largely muscled my way through labor, using all my doula tricks: marching, moving, forceful breathing. I said to myself, “I am doing this!” while my body progressed naturally (without intervention), but I forced the labor process along with gumption and energy to make my cervix open and allow my baby to be born.

My breath during this birth was a series of pants and forceful exhales. I marched my feet through my contractions, or forcefully swished my hips in the bathtub and relied on rhythm to ease the intensity. My intention for labor largely came from my doula training and experience. I knew how to “do birth” in my mind, and I approached the experience predominantly from my mental body. However, in my effort to “do birth,” I failed to tune in to my body and respond accordingly.

My labor lasted 16 hours, including two-and-a-half hours of very hard pushing. My baby presented “military style,” which simply means she didn’t tuck her chin coming through the birth canal, so the top of her head, rather than her crown, presented first. Once she was born, I felt completely triumphant and utterly exhausted. My recovery was long, and I couldn’t find my pelvic floor muscles for a good six months postpartum. Getting back to myself mentally and emotionally took about that long as well.

As my second pregnancy progressed, I picked up Marie Mongan’s book, *HypnoBirthing*, for the first time. I came to the chapter on breathing techniques and read this passage:

...when your uterus surges, it rises. Slow breathing helps you to work in concert with that upward movement of the uterus as you breathe your abdomen up to the highest possible height—like filling an inner balloon. This maximizes the wave of vertical muscles, causing them to work more efficiently in drawing up the lower circular muscles, and thinning and opening the cervix. The assist that this gives to both sets of muscles shortens the length of the surge, as well as the length of labor.

Could I really create a shorter, easier labor by simply breathing? The scientific idea of aligning with my uterine muscles for maximum efficiency combined with the possibility of a shorter, easier birth intrigued me, so I decided to put it to the test. For my second birth, the only thing I was going to “do” was breathe. I wasn’t going to waste any energy “doing birth” or “making it happen.” Instead, I was going to match my breathing to my contractions as best I could, and surrender to all else. Surrender every muscle and simply support my uterus in doing its thing.

The proof is in the pudding. I did, in fact, create a shorter, easier birth the second time around, with a baby who was 2 pounds heavier. My second labor was five hours total (11 hours shorter than my first), and my time pushing fell from two-and-a-half hours to 10 minutes! I came away from my second birth experience wondering why the process had worked so well. These questions propelled me to look into the anatomy of the uterus and the science of labor.

During contractions, the muscle fibers at the fundus (the top of the uterus) get shorter and thicker, while the muscle fibers at the bottom of the uterus lengthen and move up. This all corresponds with the baby moving down toward the birth canal.



As Mongan points out in *HypnoBirthing*, “Oxygen is the most important fuel for the working muscles in the uterus.” The best way to support the uterus is to inhale as it contracts. Take in as much breath as possible, as slowly as possible, in order to oxygenate the muscle fibers and the baby. Then, follow this up with an equally slow exhale. Maximize your lung capacity by utilizing abdominal breathing. Abdominal breathing has many names, including slow breathing, belly breathing, diaphragmatic breathing, and Ujjayi/Yoga breathing. The concept is the same: Using the diaphragm in a slow and controlled manner, expand the belly with your inhale and allow the belly to shrink with your exhale. This method of breathing fills the belly rather than causing the shoulders to move up and down. When breathing makes the shoulders move, it is shallow breathing that uses only the upper lobes of the lungs. Abdominal breathing maximizes all five lobes of the lungs.

To practice abdominal breathing:

1. Put one hand on your chest and other hand on your belly, over your belly button.
2. Blow out all the air.
3. Inhale slowly, focusing on filling your belly only, instead of your chest. Your hand on your belly will move out with your inhale, while your hand on your chest will stay still.
4. If the hand on your chest also moves, simply coach yourself to let the air go into your belly rather than your chest.
5. Have a partner or doula watch and coach you to move your breath down into your belly, if that’s useful.

Researchers suggest that breathing for pain relief during labor works by interrupting the transmission of pain signals by focusing on something positive. It may also release endorphins and help the laboring person reframe their thinking about labor to be positive, productive, and manageable.

Like most things from Mother Nature, one gift has multiple remedies. Breathing is no different. In addition to transforming how we deliver our babies, this type of abdominal breathing “alters your brainwaves in a positive way, increases your relaxation response, decreases your stress hormones, decreases your blood pressure, and increases your oxygen levels,” reports Rebecca Dekker of Evidence Based Birth, in her article “Breathing for Pain Relief During Labor.” The findings were based on the results of electroencephalography (EEG) studies of abdominal breathing.

Inside the birth community, we talk about the importance of breath and breathing through labor. When we use it to support the uterus, we transform it from a nice thought into a powerful tool for faster, easier labors—and we are in the business of supporting faster, easier labors. 🌀



Meredith Ashton, C.D. (DONA), is a certified holistic birth doula and women’s health specialist in Utah who supports families through unmedicated birth, both in and out of hospital. She also teaches families about the menstrual cycle and how cycle syncing can transform their relationships, productivity, stress levels, and overall health. View article resources and author information here: pathwaystofamilywellness.org/references.html.

FALSE LABOR

By Wintergreen

What to do about prodromal labor...aka “false” labor? We can call it what we want. Mostly, it’s just annoying, irritating, confusing, and exhausting. If we’re followers of childbirth, we’ve heard these suggestions:

- Get moving. Movement may help start labor.
- Have sex. Sex is often recommended for getting labor started.
- Try to relax.
- Eat something spicy.
- Down a little castor oil.
- Schedule an acupuncture session.
- Ask your doctor to strip your membranes.
- Go herbal.

Any, all, or none of those might work. The frustration associated with prodromal labors is pretty intense...so fathers and mothers at Birthing Better developed a skill that worked every time it was used, because it didn’t focus on “getting your labor going.” Instead the skill focused on living life until labor actually picked up. It all boiled down to living in the present and letting nature take its course. There is no risk associated with prodromal labor, so why are people stressed about it?

There are two major reasons women do all these things. One, they are sick of being pregnant, and just want labor to get going. Two, they are worried their doctor will want to medically induce them if they don’t go into active labor by a certain date.

One way or another, labor will eventually get going. Too often, when women try to kickstart their labor and expend so much energy and anxiety, they end up exhausted when labor gets active.

This fatigue can have a huge impact on birth. Unless labor is short and sweet, once it progresses, women get tired, and so do babies. This can lead to increased medical interventions.

The families at Birthing Better looked at this issue differently. Instead of trying to get labor going, we focused on making certain we did not go into labor tired. And, therefore, we developed an incredibly simple skill that, when followed, works every time. How do we know it works? Because the woman isn’t tired when labor becomes progressive.

“What do you want to do now?” It’s such a simple question, yet so profound in the scope of childbirth. It’s a sentence the pregnant woman’s partner, relative, or friend needs to ask, and ask until active labor is established. In fact, women actually ask this to themselves, but not consistently or consciously.

How do we know that? Because women too often respond to that question with:

“I don’t know.”

“I want my labor to get going.”

“I want to do X, Y, and Z to get my labor going.”

“Stop asking me!”

“I’ve tried everything.”

Why did Birthing Better families focus on this one sentence? Two reasons. First, some in the field of natural birth were advocating “natural inductions.” That didn’t make sense to Birthing Better families who wanted a natural birth. It just didn’t seem right to try to intervene. So, Birthing Better families wanted their labors to unfold naturally and not use interventions...even if the intervention was considered to be “natural.”

Second, if we could not avoid medical interventions, we didn’t want to be exhausted and end up undergoing a greater range of interventions.

There’s a trick to using this skill effectively: You have to actually use it! That means staying very present and not “future-tripping.” No kidding, no joking. This is one of the most positive and profound skills, because false labor can continue, off and on, for days.

How hard is it to utilize this skill over a few days, or even a week? Well, what else is there to do? If a woman doesn’t consciously choose what she wants to do, then she’s wandering around, filling time “waiting.” That is what exhausts her.

Common Knowledge Trust (and the hundreds of Birthing Better fathers and mothers who developed all the Birthing Better skills) found this one skill made the difference between a positive birth and a discouraging one. No woman wants to suffer, and when a woman can’t sleep for days, becomes anxious about labor getting started, and feels exhausted, how can she expect to handle the hard work ahead?

This is what using this skill sounds like:

What do you want to do now?



“No, I don’t want you to go into labor tired, so please let’s work together doing this. If we don’t do this then we’ll just be hanging around. Would you like a massage? Go to the movies? Have sex? Visit friends?”

“Okay. Let’s go to the museum.”

Throughout the day, the woman and her support person stay focused on what she wants to do just then. It is what it is. It’s still not progressing, but the woman is living life. The day can be loaded with activities, rest, being together, not rushing, settling down, and settling in to however long it takes.

Most women who use this skill will sleep well at night... and if they wake up the next day and false labor is still happening, they get better and better at self-regulating, much like so many second-time moms, who say: “This time, I didn’t get into labor so early and just went about living. I didn’t want to go into labor tired like last time.”

Yes, the “natural induction” of labor is a set of skills. How does this Birthing Better skill differ? Anecdotally, women who try starting labor are much more likely to become tired, exhausted, and frustrated, and focus more on getting labor moving rather than on doing the labor when it unfolds. Anecdotally, women and men who repeatedly use this one simple sentence—“What do I/you want to do now?”—report that when labor starts, they are rested, and they have taken care of themselves. They feel incredibly proud that they let their baby and body get ready together. Most of these women have between 6 and 12 hours of active labor. 📍

All Rights Reserved to Common Knowledge Trust.

DAY 1:

“The contractions are just coming and going, and I’m frustrated. What should I do?”

“What do you want to do now?”

“Hmm...I’d like to have a nice bath.”

“Great.”

(40 minutes later) “I wish labor would really get going.”

“What would you like to do now?”

“I don’t know, and stop asking me.”

“You don’t want to go into labor tired. Take a few minutes and think about what you want to do now.”

“I want to go for a walk.”

“Great.”

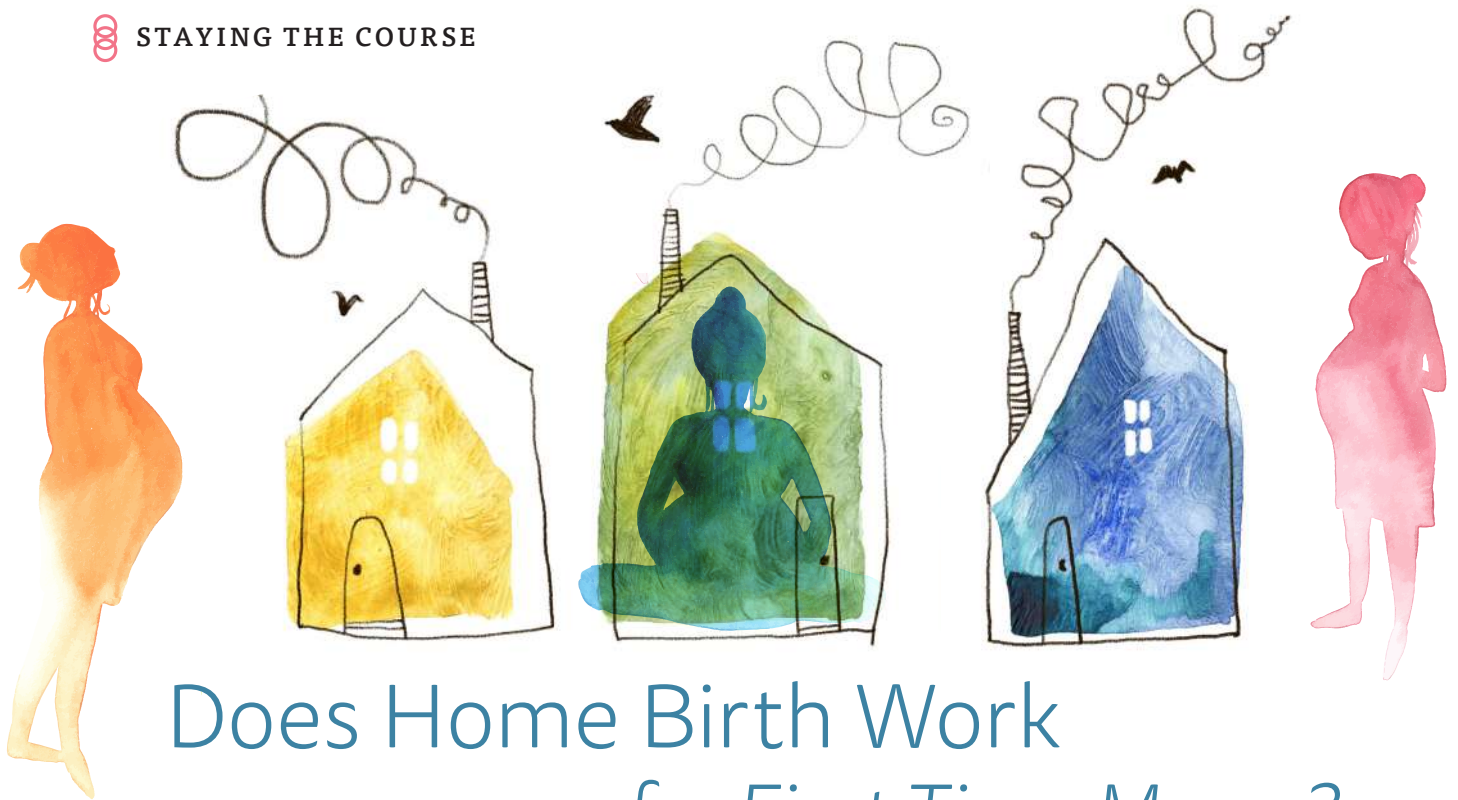
(90 minutes later) “It still hasn’t gotten going”

“What do you want to do now?”

“Would you please shut up?”



Wintergreen is the founder/director of Common Knowledge Trust, a New Zealand registered not-for-profit. She placed all the birth skills hundreds of fathers and mothers developed in the early 1970s in the U.S. into the Trust. The first resource was known as the Pink Kit. Now the Trust has 12 Birthing Better online birthing classes. Fathers and mothers articulated the concept that it’s normal and natural in pregnancy to self-learn birth and coaching skills, then use those skills to do the activity of birthing a baby. View article resources and author information here: pathwaystofamilywellness.org/references.html.



Does Home Birth Work for First-Time Moms?

By Kristen Burgess

A recently published study reported that home births had very good outcomes and were safe for mothers—unless, of course, they were first-time mothers. The study reported higher rates of complications and issues with first-time mothers choosing home birth over those who had their babies in the hospital.

When I read the study, I was glad for the validation that home birth is safe, and only mildly annoyed that it might discourage mothers. The news reports in the following weeks, however, have been infuriating. Rather than letting moms know that home birthing is safe, the only part of the study they've highlighted has been that it's not safe for first-time moms.

First-Time Moms...

I had a home birth with my first baby, and I thank God every day that I did. Don't get me wrong: I realize that obstetricians are going to say I was lucky and that my baby could have died. I realize plenty of people are going to say that I'm only one person, so I don't count. And lots of moms will say they had great births at the hospital.

Lucky for me, this is my article, and I can say what I want to, regardless.

But luck had nothing to do with the fact that I had a great birth with my first baby... at home. And I've home-birthered four babies since then. There was no "luck of the draw."

I do think that first-time moms are more likely to

experience exhaustion and fatigue in labor, and get overwhelmed by the pain. But I think that happens because they're not quite prepared for the experience. Birth is really hard work. Even natural birth is hard work. It's not always flowering roses and equally flowery language.

Getting Prepared

First-time moms can have a rewarding and safe home birth. I think an experienced midwife helps a lot, but unassisted birthers can and do have great home births.

I think it's vitally important that moms be well-nourished. Despite skeptical obstetricians arguing otherwise, there's no doubt that good nutrition makes a difference in the health of mothers and babies—and in the outcome of birth. A strong, well-nourished, healthy woman has a body that performs better in labor, and recovers more quickly. Issues like blood loss are nowhere near the risk when mothers have an ample blood supply and strong uterine muscles.

Moms need to realize that birth is hard work. I also think that birth skills make huge difference. I didn't really have skills with my first baby, and, looking back, I think things would have gone more smoothly if I had. My baby didn't want to come down all the way, and I spent a lot of time being scared and working against her efforts to be born. I pushed for two hours, mostly because I was scared and not sure what to I could do to help her.



IT'S OUR RESPONSIBILITY
TO LEARN THE SKILLS WE
WERE NOT TAUGHT, SO
THAT OUR BABIES ARE
BORN HEALTHY, VIA
AN EMPOWERED BIRTH.

My midwife even encouraged me to try other things, but it wasn't until I was so tired that I just wanted her out that I actually began using some techniques to move her down and out. And out she came—like a rocket!—when I did.

I don't think that the solution to our modern problems with labor and delivery lies with putting first-time moms in the hospital. But after a decade of advocacy in the natural birth world, I don't think it lies with midwives and home birth, either.

Families

The solution lies with families.

Our responsibility is to educate each other. In the past, our cultures had strong written and oral traditions that guided our young men and women. Children were taught how to gain the skills they needed to be adults. Girls saw and learned childbirth from their mothers. In cultures where fathers were included, boys learned how to properly care for pregnant women. (Often young men were assigned to bring expectant women special foods!)

These families learned skills and passed them down. That's where the responsibility lies. We need to teach our children so much, and teaching them what's normal for birth, and what they need to know about having children, is important.

Right now, it's our responsibility to learn the skills we were not taught, so that our babies are born healthy, via an empowered birth—be it at home, a birth center, or a

hospital, with a doctor, a midwife, or unassisted. Then we can pass that legacy on to those babies.

That's how first-time moms have healthy births. They don't just have "book knowledge." They actually have birth skills, and have practiced them.

We don't drive our cars after simply reading about how to do it. We go out and practice with people who can already drive. We get the information we need about driving, we read about the skills, and then we practice! Our parents may be slamming on imaginary brakes while we go through our first-time driver period, but we generally get through just fine.

First-time moms can have a great birth experience anywhere. Families need to know what to expect and what the professional will be doing. Most important, they need to understand their responsibilities, and practice for when the big day arrives. 🍷



Kristen Burgess is the creator of MamaBaby Birthing, an online natural childbirth class that offers unique, personal support. She has served mamas and babies as a childbirth coach and through her website, NaturalBirthandBabyCare.com, for over 15 years. She is a wife and the mother of eight babies—all born naturally—and loves to share proven, practical information on pregnancy, birth, and parenting. View article resources and author information here: pathwaystofamilywellness.org/references.html.



Chiropractors Can Help

New moms and babies often struggle with breastfeeding at first. Chiropractic is often the best way forward...so why is it still such a secret?

By Lynn Gerner, D.C.

I've been a chiropractor and a pediatric specialist for more than 16 years. I've had the joy of caring for thousands of pregnant women and helping them to have safer, easier births. I've also had the honor of caring for their babies, either as preventative wellness care, or to address issues such as poor breastfeeding, colic, or other imbalances. This led me to learn more about the causes of these issues through higher education. I became fascinated with the craniosacral system and its infinite connections. I immersed myself in the birth world and networked with doctors, midwives, lactation

consultants, doulas, and more. I hoped to gain referrals to help these little ones, but I eventually realized that some huge barriers are preventing the ideal collaboration of care.

Let me set the stage.

This is a very common scenario in my office: New parents bring their precious newborn to my office for a consultation. They are tired. Not only did the birthing parent just endure a long and often difficult birth process and a host of hormonal changes, but she is also not sleeping much at all, due to the demands of their child. Often there are other young children at home who need attention.

Their newborn is fussy, inconsolable, and not breastfeeding well. If the baby is able to achieve a strong latch at the breast, it is often extremely painful for the mother, causing cracking and bleeding of the nipples. Perhaps the baby cannot latch well, and he or she is not able to drain the breast during feedings, resulting in engorged and painful breasts, or, even worse, mastitis. Perhaps the baby was premature or had other difficulties at birth. Perhaps there is a concern that he or she is “failing to thrive” and has not gained enough weight. The mother might be “triple feeding”—which means that she is breastfeeding and pumping excess breastmilk to give to their baby in a bottle later. It takes all of her time and energy to feed around the clock. Perhaps the parents have all but given up nursing at the breast and are resigned to pump and bottle feed—again, taking extra time and not receiving the normal rewards of bonding and physical attachment. They are at wit’s end, and have nowhere else to turn. They often show up at my office after exhausting the available support from the hospital staff.

This mother likely delivered her baby in a hospital or birthing center, where she was visited by a lactation consultant before going home with her baby. The lactation consultant probably spent a short amount of time helping her with breastfeeding techniques, such as ways of opening the baby’s mouth wider, placing the nipple deeply in its mouth, holding her baby in more comfortable positions, etc. If the baby is struggling to attain a deep, strong latch, there is often no more advice than, “Keep trying.” Once the baby is at home, if nursing continues to be a struggle, then the parent might return to the hospital for another short consult. Here, the baby is usually weighed to see if he or she is gaining a normal amount of weight and if they are transferring milk. If not, formula is introduced. This can lead to a spiral of low milk production by the mother and often results in a failure to establish normal breastfeeding. Once again, if the baby is unable to do these things, there is usually little instruction about addressing the baby’s physical limitations.

Underlying Causes of Breastfeeding Challenges

Let’s address why the baby might be struggling first. Then we’ll address why the lactation consultant is all too often unable to help.

In a nutshell, when breastfeeding challenges occur, often the problem is not with the mother’s technique, but rather with the baby himself—barriers within the alignment and tone of his body causing abnormal function and preventing normal breastfeeding.

The most common physical barriers that prevent a baby from breastfeeding normally are:

Misalignment of the cranial bones and spine

The skull (also called the cranium) is made up of 8 cranial bones and 14 facial bones which support the brain, eyes, inner ear, and Eustachian tubes. They form the sinuses, the

WHEN BREASTFEEDING CHALLENGES OCCUR, OFTEN THE PROBLEM IS NOT WITH THE MOTHER’S TECHNIQUE, BUT RATHER WITH THE BABY HIMSELF—BARRIERS WITHIN THE ALIGNMENT AND TONE OF HIS BODY THAT PREVENT NORMAL BREASTFEEDING.

palate, and the jaw (the temporo-mandibular joint, or TMJ). The normal alignment of the jaw and palate are crucial to allow the normal movement of the jaw, the ability to latch properly, and the ability for the tongue to reach the roof of the mouth for a proper seal.

The normal alignment of the upper neck is necessary to allow the baby to turn his head properly during breastfeeding. Even the alignment of the baby’s lower pelvis (sacrum) determines the tone of his body (tense and uncomfortable or relaxed). The bony structure also is the attachment site of all of the muscles necessary for the baby to breastfeed, from the direct muscles of the tongue to the accessory muscles of the jaw, neck, and pharynx.

Cranial nerve impairment

Cranial nerves originate in the brain and exit the skull through small openings called foramen. There are four cranial nerves, which allow for the main actions of breastfeeding:

Hypoglossal (CN XII): Innervates all but one of the extrinsic and intrinsic muscles of the tongue. It originates in the medulla (brain stem). The medulla is surrounded by the foramen magnum of the occiput (base of the skull) and is affected by the alignment of the atlas (first cervical vertebra). It exits the skull through the hypoglossal canal, a small opening between the occiput and the atlas, and branches of it pass through the cervical spine before traveling to the tongue.

Glossopharyngeal (CN IX): Innervates mainly the stylopharyngeus muscle of the larynx, which allows for the action of swallowing. This cranial nerve originates in the medulla and exits the cranium through the jugular foramen (along with the vagus nerve). Upon exiting the skull, the motor fibers of this nerve descend deep to the styloid process of the temporal bone and wrap around the posterior border of the stylopharyngeus muscle.

Accessory (CN XI): Mainly innervates the SCM (sternocleidomastoid muscle) and the trapezius, which also play a role in swallowing. This nerve also shares the jugular foramen with CN XII and CN X.

Vagus (CN X): The king of the cranial nerves, the vagus originates from the medulla and exits the cranium via the jugular foramen, with the glossopharyngeal and accessory nerves, respectively. It has the longest pathway of any nerve in the body. It transmits information to and from the brain to tissues and organs elsewhere in the body. It communicates between the brain and the gut. It balances the heart rate and blood pressure, allows for relaxation with deep breathing, coordinates the inflammation process, plays a key role in anxiety management, and much more. It also innervates the other intrinsic muscle of the tongue, the palatoglossus. If this nerve is compromised, it not only impedes the swallowing reflex, but also leads to an overall unresponsive or overstimulated baby. This presents itself as colic, reflux, excess gas, or a combination of symptoms labeled as “failure to thrive.”

Any misalignment of the cranial bones that form the foramen can cause pathological irritation of these cranial nerves and impede their function. Three of these four crucial nerves pass through the jugular foramen, formed by the union of the temporal bones and the occiput. This is a very common area of misalignment in the newborn skull, and it has a direct impact on the strength of the tongue and the baby’s ability to swallow.

Imbalance in the cerebral-spinal system

The cranial bones also support a system of fibrous folds inside of the skull which form channels or ducts through which the cerebral spinal fluid flows. This fibrous tissue begins inside of the skull as the periosteum (or lining of the interior of the skull) and continues all the way down the spine to the bottom of the sacrum. This spinal fluid flows up and down inside of the spinal column and cranium by a pumping mechanism created by the motion of the sacrum and the cranial bones. In the adult, this motion is accomplished by the simple act of walking. In the newborn, this motion is established during the birth process as the baby is being squeezed through the birth canal. (This does not occur in cesarean births.)

The spinal fluid controls the temperature in the cranial vault. Increased temperature leads to a tendency for seizure activity. The spinal fluid also provides nutrition and waste removal to nervous tissue and acts as a protective barrier (chemical and physical) for the brain and spinal cord. Any misalignment of the cranial bones or the spinal/pelvic segments can cause an imbalance of the normal pressure of this fluid and translates to the over-stimulation of the baby’s nervous system. The converse is also true: If the spinal fluid pressure is unbalanced (perhaps due to a C-section birth or other birth trauma), then the cranial bones can become pulled and misaligned.

Phew! OK. That was a big stage to set! As you can see, there is a lot going on in the newborn’s body that determines if he has the ability to breastfeed normally. Now...why doesn’t the lactation consultant mention all this?

The Limits of Lactation Consultants

One reason is that we do not all fully understand each other’s discipline. The OB or nurse midwife probably doesn’t know that a chiropractor can address imbalances of the baby’s jaw for a better latch and suck. The lactation consultant may identify that there is a structural issue preventing the baby from nursing properly, but she might not have the anatomical knowledge to identify it. It just isn’t in her educational background or the scope of her practice.

Another huge barrier is that, even if the birth professional identifies the issue and knows that body work can help correct it, hospital liability policies and administrative restrictions might prohibit them from talking to the parent about it. Many of my close associates and friends are wonderful, highly skilled lactation consultants who work in the hospital setting. They recognize and acknowledge all of the information that I’ve presented here about the baby’s condition, but tell me that they are expressly forbidden by their administrators to refer the baby out for care to a chiropractor, cranial therapist, etc. One such friend of mine

EVEN IF A BIRTH PROFESSIONAL IDENTIFIES THE ISSUE AND KNOWS THAT BODY WORK CAN HELP CORRECT IT, HOSPITAL POLICIES MIGHT PROHIBIT THEM FROM TALKING TO THE PARENT ABOUT IT.

recently even told me that they are no longer allowed to mention the existence of a tongue tie.

Oral ties could be a whole different article, but let’s talk about them briefly. Oral ties are another important area in which the pediatric chiropractor should be involved for the best care. It is very common for a baby to have either shortened or extra tissue in the mouth attached under the tongue, under the lip, or to the inner cheek, which can prevent normal oral motion. These are called tongue, lip, or buccal ties, respectively—or “tethered oral tissues,” in general. These ties can and should be released by either a medical professional (usually an ENT or pediatrician) or a specialized dentist. These tethered oral tissues exist in addition to the already imbalanced cranial and spinal areas of the baby. Getting the ties released does not correct the other imbalances; nor will the cranial work alone correct the ties.



In order to achieve the best result, both modes of care should be combined and coordinated by their providers.

Why does this limitation and lack of referrals exist? Well...let's be honest. One reason is that there simply is not a continuity of care among all chiropractors and bodyworkers. Who do the medical professionals confidently refer these babies to? Not every chiropractor is the same. This is a key point. Like it or not, we have to recognize that not all chiropractors or bodyworkers (even those who have general pediatric training) have the further training to do specific cranial work. It often frustrates me when a birth professional or dentist says, "I refer my patients to the chiropractor down the street," when that person very likely is not trained appropriately or doing what is truly needed for that baby. And then, guess what? If there is not a corrective outcome, everyone thinks that the care was not effective. But that's not the case: It just was not the appropriate care. The only way that these children are going to receive the care that they need is for pediatric chiropractors to become skilled in the specialty of specific cranial work through continued education.

Another reason is that research on the effectiveness of this care isn't widely circulated. Fortunately, there is more validating research being done now. The ICPA offers a feast of amazing evidence-based research. This research won't reach the medical professionals, though, if we chiropractors don't step forward in our communities and share it. Unfortunately, we chiropractors often do not have the confidence of other medical professionals so that we may apply our skills.

Where will that parent find the needed support if no information is given soon after birth? The sad truth is that, if the proper support is not given—from the lactation

consultant, chiropractor or cranial specialist, ENT or DDS, etc.—the parent will resort to feeding their baby formula. Studies show that if successful breastfeeding isn't established within two weeks of birth, parents usually give up. It is the responsibility of the chiropractic profession to advance our skills in specific cranial therapy and to share our knowledge and research in our communities.

The physical, neurological, and emotional benefits of breastfeeding are undeniable. Breastfeeding literally provides children with lifelong protection against many diseases and exposure to toxins. This is a clear way to support the well-being of our children in a world where they are so open to negative exposure. The physical limitations of the baby often make it so difficult to breastfeed that the mother gives up. It's sad when help was available, but nobody made the referral!

My driving passion is to bridge that gap—to train skilled therapists of all disciplines and to complete the circle of care. It's SO worth it. 📌



Lynn Gerner, D.C., FICPA, has been in in private practice in Davis, California, for more than 16 years, specializing in maternity and pediatrics. She is a graduate of Life Chiropractic College West (where she is now a member of the faculty), a fellow with the International Chiropractic Pediatric Association (ICPA), a trained doula, and the creator of The Good Life Learning, a professional teaching and training company. She is a mother of three grown children, and lives with her husband and their two rescued pups. View article resources and author information here: pathwaystofamilywellness.org/references.html.

Chiropractic and Children

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.



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.

Children's health begins in pregnancy and birth.



© SARAH MCCRAY

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 FREEDOM OF AN



OPEN MIND

By Pam England, M.A.

A baby born into a world of beliefs has no beliefs of its own until it learns its mother tongue, hears opinions and reasoning of adults, and begins to think accordingly. A fleeting thought comes and goes and is forgotten. But thoughts repeated, again and again, become beliefs.

“Beliefs arise through experience. Experience needs previous beliefs and reason to be assimilated, and reason needs experience to be formed, as beliefs need reason as well. Beliefs, reason, and experience are based upon each other.”

—J. L. USÓ-DOMÉNECH & J. NESCOLARDE-SELVA

Even a baby elephant can create a belief from experience. It is an elephant’s nature to roam. So, in India at night, a baby elephant born in captivity is chained to a log or tree trunk. At first, it tries to break free and roam, but is not yet strong enough to separate itself from the chains or the tree. Soon the calf forms a belief that it is weak, it is captive, and stops trying to roam. After the calf grows into an adult, it can be tied with a thin rope to a small tree that it could easily uproot, but the magnificent pachyderm won’t even try. It is strong enough to lift or move 600 to 1,100 pounds, but it is conditioned to believe it is too weak.

After a talk I gave at a Women’s Health Conference, a member of the audience enriched this baby elephant metaphor. She told us that, upon sensing the vibrations that precede a tsunami, an elephant’s latent instincts can override its conditioning, allowing some elephants to break their chains and run to higher ground. In humans, catastrophic events can create an emotional tsunami that forces us to break through conditioned beliefs, languid tedium, or refusal to answer a Call. Crisis can become a timely call from the goddess of necessity that rouses the seeker within to begin a search for personal freedom, instead of accepting being tied in place by time-worn childhood beliefs.

“Only a small part of you thinks something is impossible. Another part, utterly innocent of the odds, doesn’t know it’s impossible.”

—JEAN HOUSTON

Many people have achieved the “impossible” because they didn’t know—or believe—that what they were doing was impossible. Have you ever experienced this phenomenon in your life? One night in 1939, a young college student at Berkeley named George Bernard Dantzig did. Worried that he would not pass the final exam for a math course, Dantzig studied so long that he overslept the morning of the test. When he ran into the classroom several minutes late, he found three equations written on the blackboard. Because he was late, he hadn’t heard the instructions. The first two were rather easy to solve, but the third one seemed impossible, but he persisted and worked out an answer. Dantzig turned in his test paper.

Later Dantzig learned students were only asked to do the first two problems. The professor had written the last problem on the board as an example of an equation that mathematicians since Einstein had not been able to solve. Was it possible for Dantzig to do what no other mathematician had been able to do because he slept in and didn’t know it was “impossible”?

Thoughts and beliefs are not just ideas in your mind. Every cell in your body knows and responds to your thoughts, feelings, and beliefs.

“Everything exists as a ‘Matrix of pure possibilities’ akin to ‘formless’ molten wax or moldable soft clay. We shape them into anything we desire by choosing to do so, prompted, dictated (consciously or unconsciously) by our beliefs...”

—T.S. SATHYANARAYANA RAO, ET. AL.

In his book *The Biology of Belief*, Bruce Lipton, Ph.D., recounts a remarkable story about the power of belief in healing. In 1951, Dr. Albert Mason, an anesthesiologist who also practiced hypnosis, treated a 15-year-old boy for an advanced case of black warts that covered his entire body, aside from his face and chest; he’d already had two failed skin grafts. Mason guided the boy to imagine seeing the skin on his left arm turning pink and healthy. In other hypnosis sessions, the doctor and boy continued to envision healing of the skin on the rest of his body. After two weeks of this, the boy’s skin had healed remarkably. By the time Mason and the patient returned to the referring physician, the surgeon had realized he initially misdiagnosed the boy’s condition: It was not warts, but an incurable, lethal genetic disease called congenital ichthyosis.

After he published his startling and successful treatment of ichthyosis in the *British Medical Journal*, Mason was approached by other patients suffering from the rare disease. They consulted Mason for hypnosis, but none

experienced a cure. But his first patient was healed and went on to live a healthy life. Why?

Consider the role beliefs played in this miraculous cure: Initially, neither Dr. Mason nor the boy knew the skin condition was incurable. Because they both believed the skin condition was just warts, and that warts could be cured, they both abided in a morphic field of possibility. Later, when Mason failed to cure ichthyosis in any other patients, he attributed these outcomes to his new knowledge and belief that the skin disease was “incurable.” He admitted he was “only acting” while performing hypnosis. It is worthwhile to acknowledge that the patients also knew and believed their “incurable” prognosis.

Beliefs Are Stories Are Beliefs

We have beliefs about stories and stories about beliefs. Beliefs about cause and effect shape your story about yourself, what is possible, and what is happening—even before it happens. For example, “I think the reason my baby was in the wrong position, and I had to push so long, was because Mercury was in retrograde.” Or, “Mercury is in retrograde! Oh dear, this will probably make labor harder.”

“Belief systems are the stories we tell ourselves to define our personal sense of reality. Every human being has a belief system that they utilize, and it is through this mechanism that we individually, ‘make sense’ of the world around us.”

—J.L. USÓ-DOMÉNECH & J. NESCOLARDE-SELVA

Events in and of themselves have no inherent meaning. Yet humans seem to be hard-wired to find meaning in their lives, so much so that one of the first questions children ask is, “Why?”

After an unwished-for experience in childbirth, people often ask, “Why me?” or “Why my baby?” Any answer reframes the story and creates beliefs that either foster guilt or blame, or that foster self-acceptance. A storyteller seeking meaning to redeem an experience might say, “This happened because I needed a lesson in perseverance.” Sometimes a storyteller turns what happens against herself, creating a limiting self-belief, such as, “The nurse forgot to come back to check on me because I don’t matter.”

Meaning exists only in mind—not in the world, and not in the story itself. Therefore, if you don’t like the meaning you believe about your birth or life experience—or yourself in regard to it—remember that you invented it, so you can change it!

Believe a Change of Heart Is Possible

In 2011 I gave a talk at an International Cesarean Awareness Network conference called “The Nine Birth Story Gates,” about how a birth story evolves. Many people told me their biggest takeaway was that cesarean birth trauma was not fixed for life. They had no idea—or hope—that the

“WORRY IS A KIND OF CURIOSITY,
WONDERING ABOUT WHAT
MIGHT HAPPEN AND HOW
YOU CAN RESPOND. USE YOUR
IMAGINATION AND CREATIVITY
TO AWAKEN HIDDEN SOURCES
OF COURAGE AND POWER
WITHIN YOU; WORRY CAN HELP
YOU TO BECOME STRONGER.”

—PAM ENGLAND



meaning a storyteller initially gave their birth story could change and heal. If neither the storyteller nor the listener knows the map to healing, and has no hope for healing, then they might stop their search for the hidden healing too soon. Indeed, it might reinforce their belief that the wounded story may be the story they carry all their lives—and repeat and pass it on to the next generation.

On the other hand, if a storyteller and the listener accept that beliefs are relative, malleable, and evolving, a change of heart is possible. Expecting to find new meaning does not necessarily make the road to healing easy or quick, but it does provide hope, motivation, and creativity during the steady excavation of the story until the hidden healing is discovered.

Assessing personal beliefs is often overlooked, but it's a fundamental task of preparation for childbirth. Beliefs become filters that limit holistic preparation for birth in our culture. For example, some people believe that by learning about cesarean birth, they are inviting it or creating it. More than evidence-based information, beliefs animate our behavior and decisions. Daniel C. Dennett wrote, “To say that someone believes something is to say that someone is disposed to behave in certain way under certain conditions.” People believe themselves to be rational, and yet at different times we have believed in something that defies logic, or we've believed in and trusted someone when

there was no evidence we should—or even when there was evidence to the contrary!

Which came first, the chicken or the egg? The beliefs or the story? Maybe which came first is less important than knowing that birth stories and beliefs are synonymous. To understand one, one must understand the other. And this quest becomes an essential cornerstone of our birth story process. 📍



Pam England, C.N.M., M.A., has synthesized mythology, philosophy, art, archetypal psychology, obstetrics, and research to create Birth Story Medicine, a philosophy and a process to help resolve emotional birth trauma. She is the author of Birthing From Within and Ancient Map for Modern Birth. View article resources and author information here: pathwaystofamilywellness.org/references.html.



WHAT I BELIEVE

By Alvin De Leon, D.C.

I believe we all have the capacity to heal ourselves. Each and every one of us at some point in our lives has witnessed the body's amazing healing capabilities, whether it was from a cut, a fracture, or even an infection. I believe that you know your body better than anyone else. Deep down, maybe you're questioning whether the key to being healthy really lies in our genetics, in avoiding environmental toxins, or in improving our dietary and lifestyle choices. Perhaps the secrets to health lie within us and not something on the outside.

My story began as I held my 2-year-old son in my arms as he was having a febrile seizure. It was the longest and most helpless 30 seconds I've ever experienced. The period after the seizure was a real low point in my life. I was confused and overwhelmed; I felt like I'd failed as a father. I thought we'd done everything we were supposed to do in order to raise a healthy family, and yet there was no explanation why this happened. I also felt embarrassed as a health practitioner. How was I supposed to help my patients get healthy if I couldn't do it for my own family?

The days that followed my son's seizure were filled with confusion, anxiety, and overwhelm. I felt powerless and scared. But during those dark times I reached a decision. I realized that even though I didn't understand how everything happened, it didn't mean that the answers weren't out there somewhere. I decided to uncover them. It's funny how motivated we can get to learn something new when our current understanding of how things work no longer applies. That was a turning point in my life. I became very inspired to learn as much as I could about health and healing, to challenge everything I was being taught, and to keep searching until something made sense for me. Maybe you're on a similar journey.

It was on this path that I serendipitously came across a revolutionary health paradigm discovered by Dr. Ryke Geerd Hamer, known as German New Medicine (or GNM). GNM is a complete scientific system that explains the cause, the development, and the natural healing of diseases based on Five Biological Laws of Nature. It explained a lot of the things that could not be explained by my old health paradigm, with answers that are based in science, embryology, and human evolution. Something just felt right to me about GNM. My life changed once I truly took the time to understand and embrace the Five Biological Laws. I finally felt empowered and liberated from the fears that we all have about our health.

Like any new perspective, it presented certain challenges. Not everyone wanted to hear about a different way to understand their symptoms. People just couldn't wrap their heads around it. They would say to me, "You're telling me that all the diseases and ailments in the world can be mapped out in the brain and are tied to unexpected conflict shocks that people subconsciously perceive in their lives? I don't buy it! It can't be that simple!" Well, I'm here to tell you that it is that simple. It is not necessarily easy to apply,

but it is that simple! The first step is a willingness to see our symptoms and diseases differently.

That's what I did. I didn't base my opinion on what people said or what I read; I decided I was going to experience it for myself. I started to implement the Five Biological Laws in my life first, and then slowly incorporated them into my practice. It was really challenging at first, like learning any new skill. It takes practice, persistence, and patience, especially because it's a whole new way of thinking about health. But it didn't take long for me to start to learn how to identify conflicts, how to ask the right questions, and how to make the connections.

I started to see immediate results. The more I observed the Five Biological Laws all around me, the more confidence I had in the validity of its work, and the more it expanded my clinical practice. People were amazed at how quickly they were getting relief, and how logical it was...and so they began to tell others. Soon I had people from 35 countries watching my webinars, attending workshops, and asking questions in order to get a better understanding of this health paradigm. Patients began helping their own families and friends identify their conflicts. People finally started to take control of their health!

I believe that you too can learn to implement the Five Biological Laws in your life—and once you get relief from your symptoms, it will change the way you live forever. We are all so tired of being fearful and worried about our health, or our family's health. I envision a future where we are no longer afraid about what we eat, or worried to shake someone's hand or hold a door handle without using sanitizer. I believe in a world where our children will no longer be afraid of any disease—especially cancer—and will ask questions like, "Daddy, what conflict causes lung cancer?" I foresee a future where patient-centered care really means that the patient is in charge, and is honored as the expert of his body, and where therapeutic suggestions and recommendations are provided without fear, guilt, or coercion. I believe that deep down we all want to be in charge of our health, but we have never been given the opportunity. I think the time has come! The time to embrace a new health perspective is now. 🍀



Alvin De Leon, D.C., is a chiropractor and natural health practitioner. He holds a bachelor of science degree from York University with a combined honors in psychology and kinesiology. He graduated magna cum laude from New York Chiropractic College in 2002 and has since continued to educate himself on various holistic teachings, including several mind-body therapies. It was during this journey that Dr. Alvin first learned about German New Medicine. He began his studies with Caroline Markolin, Ph.D., in 2008, and has since fully integrated GNM into his clinical practice. Since 2009, Dr. Alvin has been giving online GNM webinars as well as monthly GNM presentations in the Vaughan, Ontario, region. To learn more about GNM and Dr. Alvin's Case studies, please visit LearningGNM.com and DrAlvinDeLeon.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.

LA MEDICINA SAGRADA

How a revolutionary discovery of the brain and central nervous system opens the way toward a new future in medicine

By John Ohm



For all the things medicine has given us, such as new knowledge, technology, and life-saving safety nets, it has never been able to give us an explanation of disease that's causal (non-statistical) and that alleviates our fears and angers. A new scientific model now exists that can alleviate the plagues of negative emotion humanity still faces regarding disease. It opens the way to a new understanding and approach to disease that finally validates, without any doubt, the vital importance of the nervous system.

In the 19th century, the founder of chiropractic, D.D. Palmer, phrased the fundamental question that has faced all medical paradigms since the dawn of time: "I desired to know why one person was ailing and his associate, eating at the same table, working in the same shop at the same bench, was not. Why? What difference was there in the two persons that caused one to have pneumonia,

catarrh, typhoid, or rheumatism, while his partner, similarly situated, escaped?"

The knowledge of a definitive cause of organic disease (diseases excluding injury, poisoning, or starvation) could not have been known with scientific clarity in D.D. Palmer's time (although he was certainly the closest to uncovering the secret through his focus on the nervous system). Such a knowledge of disease causality would have been regarded as a sacred gift to humanity, and I believe chiropractors then would have been the first to adopt this gift into practice, just as they are doing today. Due to its monumental importance, the revolutionary discoveries to be discussed in this article have been given the overarching name of *La Medicina Sagrada*, or "the Sacred Medicine," for it is a new medical paradigm and a gift to humanity, equipped with a sacred knowledge that points us toward a new and more beautiful world to come.

Being the revolutionary discovery that it is, the Sacred Medicine—otherwise called GNM (German New Medicine) or the New Medicine—represents the greatest threat to medical orthodoxy since the founding of chiropractic, which arose amid the politically established pharmacopeias of their day. Therefore, like other progressive ideas in medicine, the Sacred Medicine lives behind a virtual “information wall”—an easily detectable but pernicious “pseudo-skeptical blockade”—which works to condemn ideas before their contents can be examined. Herbert Spencer once described this when he said: “There is a principal which is a bar against all information, which is proof against all arguments and which cannot fail to keep man in everlasting ignorance. That principle is contempt prior to investigation.”

The Discovery of a Century

Many in history have intuited that stress plays a role in health. Now we can know for sure that an acute stressful experience, called a “biological conflict shock,” causes disease in the body. How can we know? By studying the computer tomography (CT) scans of tens of thousands of cancer and disease patients to discover in each case a distinctly visible brain formation (or alternatively, an edema) located overtop the brain relay that’s responsible for the function of the diseased organ. Then to explore their life histories to discover a common emotional trauma, or conflict, that occurred prior to their symptoms and diagnosis. And then to piece together a clear, predictable pattern based on new biological laws that can be verified independently by anyone and confirmed with a CT scanner.

The discovery in the brain of distinct ring formations that correspond to diseases in the body was certainly the medical discovery of the century. But, for reasons we won’t go into, few were made aware of this discovery. What’s the purpose and function of this ring formation? Its purpose is to help adapt a specific organ in the body in response to a unique biological conflict shock—a life-threatening or shocking experience.

The conflict is called a “biological conflict” because it not only engages the mind and emotions, but it causes an imprint in a specific part of the brain that guides the immediate, specific adaptation in the corresponding organ of the body. A biological conflict is completely dependent on the subjective experience of the individual. It is this subjective element that will determine the location of the brain formation and organ-adaptation that results. Or as Aaron Antonovsky states in his book, *Health, Stress, and Coping*, “If anything has been learned in the study of stressful life events, it is that what is important for their consequences is the subjective perception of the meaning of the event, rather than its objective character.”

Just as the brain initiates the “fight or flight” response due to external perceived stress, so too can it initiate what are called “special biological programs of nature,” which cause organ-specific adaptations. Like a computer program, a biological program activates only upon a unique command. In this case, the command is the subjectively perceived biological conflict shock. The resulting organ-specific adaptation that arises will last for as long as the conflict is perceived to exist.

What we call disease is a natural consequence of these organ-specific adaptations. Different organ adaptations result in different symptoms. Furthermore, some organs manifest symptoms during the conflict adaptation phase, while others only show symptoms after the conflict-stress is over, when the body can begin to heal and reverse the adaptation.

Manifestations with Meaning

The revolution in thinking comes when we see how symptoms of disease are actually meaningful manifestations of the body. No matter how much we may dislike them, symptoms are not an “error” or “faultiness” of nature. They are the result of an underlying adaptation to stressful life experiences—experiences that may have conflicted us for a brief moment in time, or for days, months, or even years.

Let’s summarize the picture so far:

- A stressful life experience, called a “biological conflict shock” causes the appearance of...
- A ring formation in the brain* that encircles a specific brain relay acting as a kind of command center.
- This formation then guides a biological program of adaptation which alters and changes a specific organ or tissue in the body.

One of the consequences of these brain-mediated organ adaptations is what we call symptoms of “disease.” For any given organ or body tissue, the brain will either initiate a process of cell ulceration in the organ, or cell growth, and this process causes symptoms.

Let’s look at one example out of hundreds of possible biological programs—people with lung-alveoli cell growths (lung tumors). In these cases you will be able to observe two things: A ring formation in the area of the brainstem that controls the lung alveoli tissue, and a personal testimony of a preceding experience of an acute death-fright conflict, or an acute fear of losing one’s life. This “death-fright conflict” results in an adaptive biological program that alters the lung alveoli cells by adding and multiplying cells to enhance the lung’s ability to absorb and transfer oxygen into the bloodstream. If the conflict lasts for a long enough time,

* Wikipedia will claim that these brain formations are artifacts of the CT technology. Many researchers have shown that they are real objects in the brain, and this has been easily confirmed by leading CT construction engineers. Ryke Geerd Hamer (GNM’s pioneering discoverer) has also confirmed their existence via the new biological laws, which predict their activity and disappearance from the brain.

THE REVOLUTION IN THINKING COMES WHEN WE SEE HOW SYMPTOMS OF DISEASE ARE ACTUALLY MEANINGFUL MANIFESTATIONS OF THE BODY. NO MATTER HOW MUCH WE MAY DISLIKE THEM, SYMPTOMS ARE NOT AN “ERROR” OR “FAULTINESS” OF NATURE. THEY ARE THE RESULT OF AN UNDERLYING ADAPTATION TO STRESSFUL LIFE EXPERIENCES.

these microscopic cell additions will continue until they appear as one or more tumors in the lungs. For this specific organ, there are usually no symptoms during the adaptation while the cells are multiplying, except that the individual is in a state of fight-flight physiology.

Following the resolution of the death-fright conflict—when the fear is over—the body will go into a parasympathetic state and immediately stops multiplying the alveoli cells. The ring formation in the brainstem dissolves into an edematized region and the body begins to reverse the adaptation. It starts to break down the previously added cells. Here we have an additional groundbreaking discovery: “Germs” already present in the microbiome of the body activate during this restoration process to help break down the previously multiplied cells. In this example of a death-fright program, ancient and specific microbes, including fungi and tubercular bacteria, stir into action under the guidance of the nervous system, to help deconstruct the previously multiplied alveoli cells. This process leads to the symptoms of cough, rusty-colored sputum, fatigue, inflammation, and pain, varying from mild to severe, depending on the severity and duration of the preceding conflict.

This example shows us two things. First, the causal origin of alveoli tumors is a traumatic “death-fright conflict.” Interestingly, one of the most common forms of what doctors call “metastasis” after discovering a primary cancer are these newly formed lung alveoli tumors. Now we can see why: The diagnosis of the first cancer—especially if it comes with a death-related prognosis—can result in a death-fright conflict that causes the alveoli cells to quickly multiply.

Second, this example shows us that the cause of “tuberculosis infection” is really innate to the organism. It is the body’s post-conflict “healing” or deconstruction process responding to help break down the previous cell multiplication. This helps to explain why “latent TB” in millions of people around the world doesn’t result in any symptoms, even though the “pathogenic” microorganism is present in their bodies. These individuals can be young, old, healthy, unhealthy, smokers, drinkers, or athletic superstars—their bodies simply would not employ the existing tubercular bacteria unless there was a related biological conflict going on in their lives which required these microbes’ participation.

You can imagine any number of life events that may be regarded as a “death-fright conflict.” Stumbling upon an angry tiger and her cubs, for example, or hearing a doctor’s stunning, life-sentence diagnosis. One can also incur this conflict on behalf of another—for instance, if a loved one almost falls off the ledge of a cliff. However, it must be remembered that the same experience for a different person may be subjectively different, resulting in a completely different biological program of adaptation.

There are many kinds of biological conflicts, such as anger conflicts, territorial conflicts, identity conflicts, separation conflicts, loss conflicts, self-devaluation conflicts, motor conflicts, and morsel conflicts. Each one will engage a different part of the brain to mount a meaningful adaptation in the body.

It’s fascinating to note that in addition to the changes in the organ, there are also changes going on in the psyche.

FOR CENTURIES, HUMANITY HAS BEEN OPERATING UNDER A PARADIGM THAT DEFINED DISEASE AS A DYSFUNCTION OF THE BODY. ANYTHING THAT WAS SAID TO CAUSE THIS DYSFUNCTION WAS REGARDED AS “PATHOGENIC.”

While there is always an evolutionary survival purpose to the organ adaptation (for instance, increasing oxygenation in the lungs after a death-fright), there are also mental and emotional changes which affect how we perceive and act in the world.

An Alternative to the Immune System

We can re-contextualize pandemics such as the 1918 flu under this new model, with tremendous implications. In 1914, the First World War began as a terrible surprise to many millions of people. The acute fear of dying, or of having one’s family member die, was a likely biological conflict shock that occurred around the world, for some lasting the entire span of the war—four long years. Just as we saw in the prior example, symptoms of rusty-colored sputum, cough, and fatigue only come after the stress is over, when the body can reverse and heal from the previous cell-multiplication adaptation. 1918 was the year World War One came to an end, when the conflict would have been resolved in millions of people. Other diseases followed this same pattern. For instance, bronchial pneumonia at the end of the war was the result of a different conflict: a “territorial fear of aggression,” or the fear of an “outside aggressor” entering one’s “territory.” This conflict resulted in a bronchial lung cell-ulceration adaptation (to widen the tubes to improve the body’s ability to inhale air faster), but

symptoms only began after the conflict was over, when the body began to restore the adapted tissue.

For centuries, humanity has been operating under a paradigm that defined disease as a dysfunction of the body. Anything that was said to cause this dysfunction was regarded as “pathogenic.”

Toxins,* bacteria, viruses, “malignant” cancer cells, and, before these, impure spirits, impure blood, curses, sexual fluids, and many others. All of them were considered pathogenic, said to either infect us, damage us, or corrupt us past a certain threshold, beyond which the body would fall ill. Whether or not this threshold was reached depended on many variables, including a “strong immune system.” As the name suggests, the immune system defended against microscopic or invisible attackers and invasion, preventing a breakdown from happening.

The idea of an immune system is vital to our traditional model of health, because without it there would be no feasible answer to the question: “Why does one person get sick, while another, harboring the same bacteria, virus, protein particle, or cancer cell, doesn’t?”

Numerous examples of anomalous cases exist that baffle the immune system theory, such as the drinker, smoker, and poor eater who’s full of toxins yet escapes diseases, while his twin brother, associate, or best friend who is doing all the right things (and even has the right antibody titers) falls very

* According to the findings of GNM, toxins are not a “cause” of disease, unless the toxic overload constitutes a biological poisoning event. However, it is still recognized that toxic accumulation hinders the body’s ability to function optimally. Adaptive processes are aggravated by toxic accumulation in the body.

ill. Despite these cases, the immune system theory remains firmly entrenched in public perception because there has not been a better alternative and because billions of dollars are invested in it. Finally, there is a better alternative!

What if our understanding the immune system could be reconfigured as a “repair and support” system? What if the activities seen under a microscope are more akin to civilizational infrastructure projects rather than a microscopic world war? Is it possible that we can let go of the “immune system” idea altogether? Is it possible that we can satisfy the question of why people develop disease using a model that offers greater predictive power?

Can we as a society replace the biological concepts of war, defenses, attack, battle, infection, and defeat with adaptation, harmony, intelligence, the nervous system, the psyche, and the microbiome?

German New Medicine represents a movement to step out of what B.J. Palmer once called, “the old principles,” and to evolve the paradigm of human health and well-being toward a more beautiful conception of life. Fundamentally, it shows us a world that exists beyond the age-old construct of good vs. evil in biology—a construct that often turns a healthy human being into a battleground, as evidenced by so many “medicines” of the past and present. The new paradigm provides a scientific framework that revivifies the body to be something much greater than a biochemical machine at war with itself or its environment.

For more than 200 years, we’ve been living with a reductionist science of biology that hoped to explain, from mechanistic atoms and molecules, the larger phenomenon of life such as organ activity, health, and disease. In that paradigm, we had to rely on concepts such as chaos, randomness, and pathogenicity. With the discoveries of GNM, we can break away from these old principles and radically exclaim with confidence: “Life expresses intelligence!” We can begin to understand biology from the basis of consciousness—seeing consciousness to be one with the body—and from this new scientific groundwork we can pronounce with equal conviction: “There is no pathogen!”

For what we are dealing with in the manifestation of organic diseases are meaningful biological adaptations to stressful life experiences—and that is all.

I believe it will be asked by future generations, “How could we have left out that most vital of constants—experience and consciousness—and still have hoped to acquire a definitive answer to the cause and prevention of disease?”

This brings us to the topic of medicine itself. In the case of emergency restoratives, such as re-aligning broken bones from accidents, modern medicine is unparalleled—especially thanks to the technology explosion of the last 100 years. However, in the case of organic diseases, from infections to cancers, modern medicine has many shortcomings. The reason for this discrepancy is that, in the

latter cases of organic diseases, doctors only saw a pathogenic breakdown process; they did not see what the body really wanted. In their worldview, they couldn’t see how the body was operating within the context of mind, emotion, or past traumatic experiences, nor were they taught to appreciate the body within the context of an underlying intelligence that might at least indicate a meaningful, purposeful framework behind the manifestation of disease.

The biological discoveries of GNM constitute a major shift in our approach to disease. It allows us to precisely align our actions to be in harmony with the intelligence of the body and mind and their unified purpose. I believe this new context will elevate medicine to the same level of success with disease that we have achieved with respect to acute restorative interventions.

Chiropractors have known of the body’s innate intelligence and see it to be an expression of a greater Universal Intelligence, which, from the above-down inside-out, stirs all living creatures to life. They recognize this intelligence to underlie all biological processes—including the manifestation of disease. This principle puts them at the leading-edge of their time.

Implementing the Sacred Medicine

“Future therapies will entail very little medication, but will require the patient’s understanding of the root cause of his conflict and disease.”

—Ryke Geerd Hamer

Let’s review the process that gives rise to disease symptoms. First, we experience a biological conflict shock—an unexpected, isolating event. Our subjective interpretation launches a specific brain-mediated organ adaptation in the body. Depending on the organ, symptoms may arise during the body’s adaptation phase while the conflict is going on, or (more often), during the body’s healing phase after the conflict is over and the body begins to reverse and restore the adapted organ.

If you are experiencing organic symptoms (discounting biological poisoning, injury, or starvation), then you know your body must have activated an underlying program as a result of a biological conflict shock. For instance, if we are experiencing the common nasal mucosa “infection,” we can know, owing to the body of GNM research, that the biological conflict we experienced was a “scent or stink conflict,” and that the symptoms are a sign that we have resolved the conflict, and the body is now restoring the adapted tissue.

All adaptations have their purpose. The asymptomatic adaptation of the nasal mucosa served the purpose of increasing our sense of smell through cell ulcerations in the mucosal membranes, which open the passages to allow for greater air flow. But now that the stressor is over, the body

can reverse that adaptation, causing the inflammatory, “healing” symptoms.

Knowing that the symptoms here are post-conflict healing symptoms, we can ask ourselves the question: “What stress in my life resolved just prior to the onset of symptoms?” Perhaps the answer comes to us immediately: “Well, earlier that day, my boss assured me he wasn’t going to fire me, much to my relief; a rumor had spread for a week that he was, and I was very worried.” Or, “I just completed a surprise deadline that I was sure was impossible and was going to ruin my reputation.” Or, “I was pulled over by a cop for the first time. The experience really freaked me out! I began to have symptoms that very night after I let it go and fell asleep.”

(When threatened, an organism’s increased sense of smell can save its life. For human-animals, these programs may seem unnecessary for our survival. But this fails to appreciate the parallel changes that arise in the brain and psyche that may be absolutely vital to our successful response.)

All that is truly needed to begin this detective work on yourself or others is a familiarity with the logic of the biological discoveries of GNM, and an investigation into the existing body of research that has tied the variables together: e.g., the symptoms, the organ-specific program, and the underlying biological conflict.

In an ideal world, symptoms will go away naturally after the conflict resolves and the organ restores itself to normal tone. But chronic diseases, including allergies and autoimmune disorders, demonstrate that sometimes the body and mind do not move so smoothly through the adaptation and healing phases. Sometimes the mind or body gets hung up on a conflict, and this pattern can cause the body to maintain symptoms.

Chronic disease, allergies, and auto-immune disorders can be understood anew. In each case we are dealing with biological conflicts that are “relived,” either by circumstances in our life, or by underlying emotions within our psyche that keep the conflict fresh in our consciousness.

What we call allergies proves to be a most fascinating example. Allergens are environmental triggers that were present during the moment of the unexpected conflict shock. The allergen brings our subconscious back to the conflict episode, as though it were here again, close at hand. One professor described it succinctly: “If you suffer a biological conflict and a cow happens to be passing, you will develop an allergy to cows, but if you happen to be biting into an orange, you will develop an allergy to oranges.” Whenever we come into contact with these environmental triggers, the body becomes reminded of the original conflict shock that occurred months or even years before, which causes a relapse of the biological program adaptation, which then re-inflames the organ with symptoms.

Work with a GNM practitioner, or with oneself, will help to uncover what that inceptive shocking experience was in our lives, so we can begin to understand it better, and

determine what in our lives or in our psyche is reminding us of the conflict, and how best to resolve those attachments. In the case of chronic symptoms that have lasted a long time, this investigative work can be the key that helps us release the conflict, either by a mental shift or by a conscious change of circumstances.

In time, the success of any medicine or intervention will have to be seen within this larger context of the GNM discoveries, knowing now that the underlying cause of disease is a psyche-brain-organ syndrome, and not anything pertaining to the organ alone. As Plato famously said, “The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.”

“I can attest that the intimate knowledge of the biological and psychic mechanisms and their correlation with the medical symptoms always led to an improvement in the patient’s situation.”

—Marc Frechet

It is a great miracle to see a person previously suffering from a chronic disease, an allergy, or an autoimmune disorder to learn this underlying mechanism of what’s really going on in their body, and to resolve the attachments that were keeping the program active and on standby. And then to experience from this work the body’s self-healing potential freed up to clear away the symptoms. I believe this “miracle” will simply be the basic scientific reality that represents a new path for humanity, when science meets consciousness.

Conclusion

After studying the Sacred Medicine and its underlying biological discoveries, I’ve come to appreciate that its success comes down to two fundamental factors: the quality of the patient-doctor relationship, and the introduction of new knowledge, which empowers the individual with responsibility and ownership over the true cause of his or her disease.

If you look at any shocking experience that initiates a biological program, you will find that it is always unexpected, and it is always isolating. In other words, it disempowers us with a feeling of uncertainty about what we can do. And it makes us feel like no one can help us. A good doctor can reverse this feeling, whatever the original emotional conflict may be. Similarly, new knowledge about the cause of the disease and its personal, meaningful purpose can itself reverse many doubts and uncertainties lingering in the mind. Knowledge of the cause of our diseases can be immensely cathartic.

In the models of healing developed over the centuries, prophylactic chemicals were the primary medicine. “Following doctors’ orders” was the practice. And symptom eradication was the goal. In the Sacred Medicine of our time, knowledge is the medicine. Self-inquiry combined

IN TIME, THE SUCCESS OF ANY MEDICINE OR INTERVENTION WILL HAVE TO BE SEEN WITHIN THIS LARGER CONTEXT OF THE GNM DISCOVERIES, KNOWING NOW THAT THE UNDERLYING CAUSE OF ORGANIC DISEASE IS A PSYCHE-BRAIN-ORGAN SYNDROME, AND NOT ANYTHING PERTAINING TO THE ORGAN ALONE.

with various methods of supporting normal physiology is the practice. And mental, emotional, and spiritual growth from the “above-down inside-out,” as B.J. Palmer put it, is the goal.

It is heartening to grasp the spiritual dimension of the new paradigm. This is the recognition that we create the program. We cause the program. We initiate the program. At some level of our being, we are totally responsible for the adaptations going on. This shift of perspective commands a tremendous growth of being. We can begin to look at biological programs as “technologies of the soul,” housed within the subconscious mind of Mother Nature, that we use according to our own needs and destiny. And we are only just beginning to wake up to how this living technology works!

GNM offers us a beautiful gift—to know that our biological programs and their symptoms of disease arise from our experiences of life, and that they are one with the consciousness of the willing soul.

When I share the revelatory findings of German New Medicine with friends and family, often we lose our footing with the familiar ground underneath us. Some of the ideas are not new: People of all ages have recognized the importance of mind and emotion on health and disease. But the new scientific discoveries that validate this connection with unparalleled clarity is simply profound to behold, and it's the basis for many wonderful conversations.

Sometimes fundamental questions come up. Why do people die of disease? What is the meaning and purpose of life? Such questions have been perennially asked by the

philosophies and religions of our species. Now, I believe we are at a time when we can begin to investigate these questions with a firm footing in the emerging science of conscious biology. And with this foothold, I hope the first thing to happen is a great and triumphant dissolution of many of our health-related social angers and fears. 🌀

To learn more, you can visit the websites:

- Newmedicine.ca
- GNMonlineseminars.com
- LearningGNM.com

DISCLAIMER. This article is not medical advice. Seek out a holistic doctor who lives by the Hippocratic oath to address any medical concerns.



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.

SPELL 2 COMMUNICATE

A new understanding of
the autistic individual's inner knowledge
and ability to express language

By J.B. and Jamison Handley

The drive to the childhood therapy center is only ten minutes, and I keep thinking about the “heads-up” my friend Elizabeth Zielinski gave me just before we departed. She wrote:

The one thing that out-of-towners say they notice most about the clinic is that when you are there in the waiting area, absolutely everyone will greet your son directly. He may not answer, but it won't change the way they interact with him. No one will talk about him as if he isn't there or isn't part of the conversation. It's an incredible level of acceptance for our kids that I treasure when I am there with my son.

One more thing.... There is nothing you or your son could do or say that hasn't been done or said there before. It's the only place other than at home where I feel as though my son is completely safe and respected, even during a full-on DEFCON-1 meltdown. No one has to apologize for any behavior there, because everyone has shown it or watched it. That alone can take a lot of anxiety out of an experience for the students. And the parents.

If you're an autism dad, you realize how beautiful these words are. Having a place, outside of your home, where your child is truly accepted for who they are and where you can let down your hypervigilant guard for a moment is

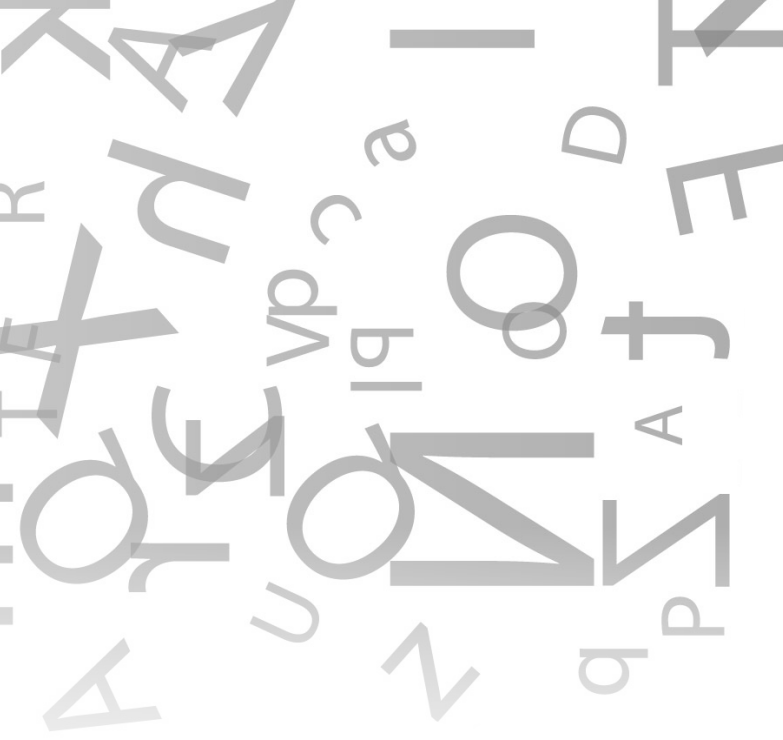
truly a rare thing. Jeanne, the receptionist, doesn't give me a second look. She's entirely focused on welcoming Jamie. “Hello Jamie, it's so great to meet you, welcome, please make yourself comfortable. Elizabeth will see you very soon.”

It feels great, really, to be in the background. I'm happy to play along with this charade that Jamie's fully there, although deep down I can't help but feel this is going to be another bust. It's cold. It's early. I'm exhausted from the cross-country trip and poor sleep last night. What am I doing here? Chasing a miracle? A poster on the wall catches my eye: *Once trapped inside, my thoughts are finally free.*

Ugh. I can't read that again. The hope is too painful. I'm reminded of the introductory video I rewatched about Spelling to Communicate, starring Elizabeth Vosseller, on the plane ride. She explains:

Traditionally looking at it, we had a cognitive approach first, that it was an intellectual disability in people with autism. Then it sort of switched into, well, there's a behavioral component to it, and there's avoidance or lack of motivation or lack of caring to do well, so we have to appeal at a behavioral level. But, it's not an issue of “I don't understand.” It's not an issue of “I don't want to.” It's an issue of “I can't make my body do that.”

So, basically, she's throwing 70 years of autism research



out the window and saying every expert in the field is wrong. They have been saying the majority of people with autism are “mentally retarded.” But Elizabeth says autism isn’t really about cognition. It’s not something you solve behaviorally, which is what the most accepted form of autism therapy, Applied Behavior Analysis (ABA), is founded upon. These nonspeaking kids are cognitively completely intact; they just can’t make their body do what they want or need it to do. The disability is a motor planning and motor execution disability. Nothing else. Like the sign in the lobby says, they are “trapped inside.” It’s intriguing, to say the least. She explains more about the actual teaching method:

That’s why a lot of these guys are not given credit for being as smart as they are. Spelling to Communicate helps to make a connection between intent and action. All means of communication require motor skills. Speech is really complex, it’s one of the finest of the fine motors. The other complexity is the digits, and that’s what we use for communication. We start by taking communication out of speech, and we teach purposeful movement by using the whole arm, taking it out of fine-motor, putting it in gross-motor, to be able to point to letters on an increasingly complex series of letter boards to keyboards, and that’s how we give them a vehicle to express their thoughts and ideas. And the assumption is you can and do understand me, you can and do want to learn, and we go from that position.

Simple as that, right? I realize that “matter-of-fact” vibe I’ve picked up on starts with her. Sure, Elizabeth, sure, let’s just teach these kids how to point and, voilà, their inner genius will emerge. She does realize, right, that this would be the greatest thing that ever, ever happened to our family, right? To discover that Jamie has a voice just like Vince would be...oh shit, I’m letting hope seep in again, and

Jeanne interrupts my thoughts when she strides in, looks right past me, and says, “Jamie, meet Elizabeth.”

Elizabeth, EV to all her friends, is immediately warm, and, as you already know, she’s focused on Jamie, greeting him warmly. She seems super calm, confident even. She greets me warmly too, and we’re immediately headed back to a simple teaching room, and as the three of us walk inside I see a single desk with two chairs, a video camera on a tripod, and a chair in the back, which I presume is mine. I’ve already texted my wife a picture of the “trapped inside” poster, and Lisa texts me back with the word *Bawling*. She’s hanging on my every text, and, unlike me, she’s let some hope seep in, and I know it’s killing her not to be here.

EV wastes no time. She sits down at the table, to Jamie’s right, and begins, having already turned on the videotape. “So, my friend, this is how it’s going to roll,” she says. I already feel like Jamie is warm and calm. “My name is Elizabeth,” she tells Jamie, and then spells it out calling out each letter in her name, “E-L-I-Z-A-B-E-T-H.” She continues, “and I’m so glad you came out to see me.” Then, she drops the first line that immediately causes me to weep.

“And I already know you’re smart, you don’t have anything to prove to me.” I’m a mess, and I realize that holding back my hope has only been a superficial exercise. Has anyone ever said that to Jamie before? I sure don’t think so. She keeps going. “I’m going to teach you how to do something new, totally new, that may feel a little bit weird at first.” EV picks up the first “letterboard.” Note that in S2C there are many types of letterboards, and Jamie is starting with the training wheels of letterboards, which are called “the three boards.” Basically, each of the three boards is a hard plastic stencil board with eight letters on it, arranged alphabetically, a little bit bigger than a normal-sized piece of paper.

Just as EV picks up the stencil, Jamie smiles and lets out a belly laugh. I know this as a sign that he is feeling real joy, and I’m wishing I could understand why. EV gets Jamie to sit up straight, put both feet on the ground, picks up the first letterboard with the letters A through H on it, puts a pencil in Jamie’s right hand, and says, “OK, we’re going to spell my name, so poke E to start.” Jamie pokes through the stenciled E without hesitation. EV guides him to pull his pencil back out, deftly switches boards to the middle board with the letters I through R on it, and then says “Poke L.” Jamie does so perfectly, and they do this over and over until her entire name has been spelled. The kid is getting it, and I’m damn proud! He’s smiling the whole time. After every poke of a letter, EV offers a super-enthusiastic “Good!”

“Okay, so here’s the thing. I know, as I already said, that you are really smart and have a really great brain, but that it’s hard for you to use your mouth in order to talk. It’s harder for you than it is for me. I just got lucky that it’s really easy for me to use my mouth. But, you also have a great brain and lots of good things to say, so I’m going to teach you a different way to communicate, and that’s going to be to spell using your arm instead of your mouth, because it’s easier to move your arm. Okay?”

LIVING THE JOURNEY

I'm really struggling to internalize the gravity of what she's saying, and I know this isn't the first time EV has said these words. Is this really it? Is it that simple? You're telling me these kids are all brilliant, they always have been, and they just can't get the words out? These nonspeaking kids with autism, the ones relegated to the life skills classrooms and the adult scrap heap, are all a bunch of geniuses and she's the first one to figure this out? How could this be possible? There's a nuance here, one explained to me by Elizabeth Zielinski: fine-motor versus gross-motor. Most communication is fine-motor: Talking, writing, typing. For kids like Jamie, fine-motor is very, very hard. What EV is now asking Jamie to do is gross-motor. He's mostly moving his shoulder. For whatever reason, this is much easier.

EV asks him a simple question. "Jamie, I said you had a great what?" With some prompting from EV, Jamie spells the word "brain." This continues with the words "arm" and "spell," two more perfect Jamie answers to EV's simple questions.

"I like people to learn stuff while we practice this poking, so we're going to learn about the history of popcorn," EV declares. Thus begins Jamie's first experience with an S2C lesson, which is a way for Jamie to learn something while practicing the physical act of poking a pencil through the



MOST COMMUNICATION IS FINE-MOTOR: TALKING, WRITING, TYPING. FOR KIDS LIKE JAMIE, FINE-MOTOR IS VERY, VERY HARD. WHAT ELIZABETH IS NOW ASKING JAMIE TO DO IS GROSS-MOTOR. HE'S MOSTLY MOVING HIS SHOULDER. FOR WHATEVER REASON, THIS IS MUCH EASIER.

stenciled letter. As she takes Jamie through popcorn's history, she writes down and spells out loud a number of words like "popcorn" and "buttery" and "movies" and "cracker jacks." After roughly a paragraph of the lesson, she stops to ask Jamie some questions.

"What are we talking about?" Jamie pokes the word "popcorn." I'm confused. I didn't even know he could spell. At all.

"OK. And, where do we eat buttery popcorn?" EV gets Jamie to sit up straighter in his chair, get both feet flat on the floor. He pokes the word "movies." She's still having to prompt Jamie quite a bit, but it sure feels like he's tracking her and spelling the words. "And what do we eat at baseball games?" He spells "cracker jacks." Wait. What? Because of Jamie's diet, the kid has never seen a box of Cracker Jacks in his life. But he spells it without much hesitation.

"Nice, well done!" EV high-fives Jamie. This continues for more than half an hour. I notice Jamie is focused the whole time and is not having any issue remaining in his chair. Oftentimes, Jamie will need to get up and move or "stim" by shaking his arms or making loud noises when

he's asked to pay attention for a long time. I'm not used to seeing him like this.

EV tells Jamie she's going to talk to his dad for a moment and turns to me. I'm nervous as hell. Is she going to let me down easy? Tell me my son is a really great kid but not a candidate for this method? All I've really known is heartbreak, so there's no reason this should be any different.

"He, oh my gosh, crushed it." I'm still confused. I'm not even sure what I saw. I need EV to clarify something for me: "When you were prompting him, what was he looking at?" I'm thinking he must have been looking at the words she wrote down. She tells me he couldn't see the words, because she covers the sheet before she asks the questions. "He was giving you those answers without...?" I ask. "Correct," she interrupts me, "He was spelling out of his head." I'm really struggling. "He recollected all those words from the single time you said them?" I'm still in disbelief. "Yes," EV responds. I'm in a little bit of shock.

All that comes out is, "Holy crap." Inside, my brain is a mess. Euphoria, confusion, hope, and fear are battling it out. I look at Jamie. He's beaming.

"Jamie is a really smart guy," she says, "and our population of nonspeakers has been grossly underestimated. And, part of it is not being able to get your body to do it; it's a breakdown of the connections between the brain and the body. The brain is sending perfectly clear messages, the body is not receiving it, the body can't execute the message. That's the gist of it." I know some of this, because of the studying I've done in the past week, but seeing it for myself is something different.

EV starts sketching a brain map on a sheet of paper. I'm still processing what she's just told me about Jamie. I'm struggling to concentrate. "When you're listening to me, my sounds are going out of my mouth and into your ear and through your auditory system to this area called Wernicke's area, which is the area for comprehension. So you're understanding what I'm saying as I'm saying it, and you're interpreting those speech sounds as they come through into meaningful words," she says, explaining how you then start to form your own thoughts to respond to what you've heard.

"Broca's area is the area for expressive language, and it is your thoughts and ideas and words. So as you're listening to me, you're understanding me because of Wernicke's, but you are also having some thoughts here in Broca's, but you're not saying anything yet. Right now, these thoughts and ideas are trapped inside your head," she says, and I think I know where she's going, but it still hurts when she actually says it:

"And he has seventeen years of ideas trapped inside his head." Ugh. Can you be euphoric and in deathly pain in the same moment? I think I am. She's telling me he's always been right here.

EV continues, "The ability to communicate, which means the sharing or exchange of ideas between two or more people, requires motor—every single form of it. So with our guys, who have a primary deficit in sensory motor, which is what their biggest issue is, I don't care about the other diagnosis, the biggest issue that's affecting their life is this motor planning. All communication requires motor. So, you can use your gross motor. You could push something away that you don't want. You could kick me, you could push me away. You could punch me. Gross-motor communication our guys have down pretty well. But the most robust communication requires fine-motor, which is the digits or the articulators, which are all the moving parts of speech. So, in order to communicate, you have to have motor." And, as EV talks, I find myself seeing Jamie in an entirely new light, right before my eyes. He's sitting there, listening, taking everything in, and he looks extremely content, like EV is telling me something that he's known all along.

"So up here is the motor strip, which is called the primary motor cortex. Right next to it, smack right next to it, is the sensory strip. About 75 percent of the space on the motor strip is dedicated to the digits and the articulators,

because they're the hardest to move. Right here, next to the motor strip, is an area called the supplemental motor cortex, and its responsible for voluntary or purposeful movement. When you have a problem with this area, it's called apraxia, and everyone we see here has some form of apraxia. For our guys with apraxia, there is a breakdown between planning and execution. What we do is we take the movement out of the fine motor of the digits and into the gross motor of the arm. And, he took to it like a champ. Speech is 100 percent motor. Language is 100 percent cognitive. They are in two different areas of the brain. So, just because the motor and speech are affected does not mean the cognition or language is affected. There's never any doubt in my mind that when someone walks into my room they can and will spell for me, that they can and do want to learn. Even seeing his engagement—oh my gosh, he's a dream to work with, he's so cooperative, so dialed in because I'm engaging both his body and his brain." And now I'm listening intently, because it's all making sense, and the years of frustration, I can actually feel them melting away, and the emotion in me, it's crawling up my throat, I'm not sure if I want to burst into tears or jump for joy, and even though I think I know the answer, I just have to ask her, I need to hear it from her.

"So, I mean, do you have any doubt that he's cognitively a 17-year-old?" I ask, trying to hang onto my composure.

"Zero," she responds. "Zero, like from my toenails to the top of my head, he's all here."

I don't black out, but my vision really narrows as I hear this. I'm having some sort of emotional event. It doesn't have a name, because I've never been here before. I think it might be years of suppressed hope, surging back into my body, all at once. 📍

Excerpted from *Underestimated: An Autism Miracle* by J.B. and Jamison Handley.



J.B. Handley is the best-selling author of *How to End the Autism Epidemic*. Together with his wife, Lisa, he founded *Generation Rescue*, a nonprofit organization dedicated to autism recovery. He and his wife also produced the documentary film *Autism Yesterday*. J.B. founded

Swander Pace Capital, a middle-market private equity firm with more than \$1.5 billion under management, where he served as managing director for two decades. He is an honors graduate of Stanford University and lives in Portland, Oregon, with Lisa and their three children.

Jamison Handley is an 18-year-old nonspeaker who was diagnosed with autism when he was 2 years old. Thanks to a new communication method called *Spelling to Communicate*, Jamison is now able to fully communicate and switched from a "life skills" classroom to a regular academic classroom at his high school and will be graduating in 2022. He plans to attend college and study neuroscience. Jamison hopes to inspire others with his story and dedicate his life to advocating for the rights of all nonspeakers. He lives in Portland, Oregon, with his family. 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





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 GUTERREZ | 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



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

Birth
Monopoly

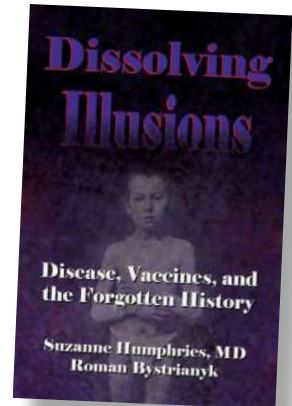
GET YOUR
Free

"EMPOWERED
CONSUMER"
handouts

@ birthmonopoly.com/free

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



Luminous Baby™

Awakening the Light of the True Self
from the Beginning of Life

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!



*Life
flows*

FROM *above*
|
down,

inside-out.

— B.J. PALMER, D.C.