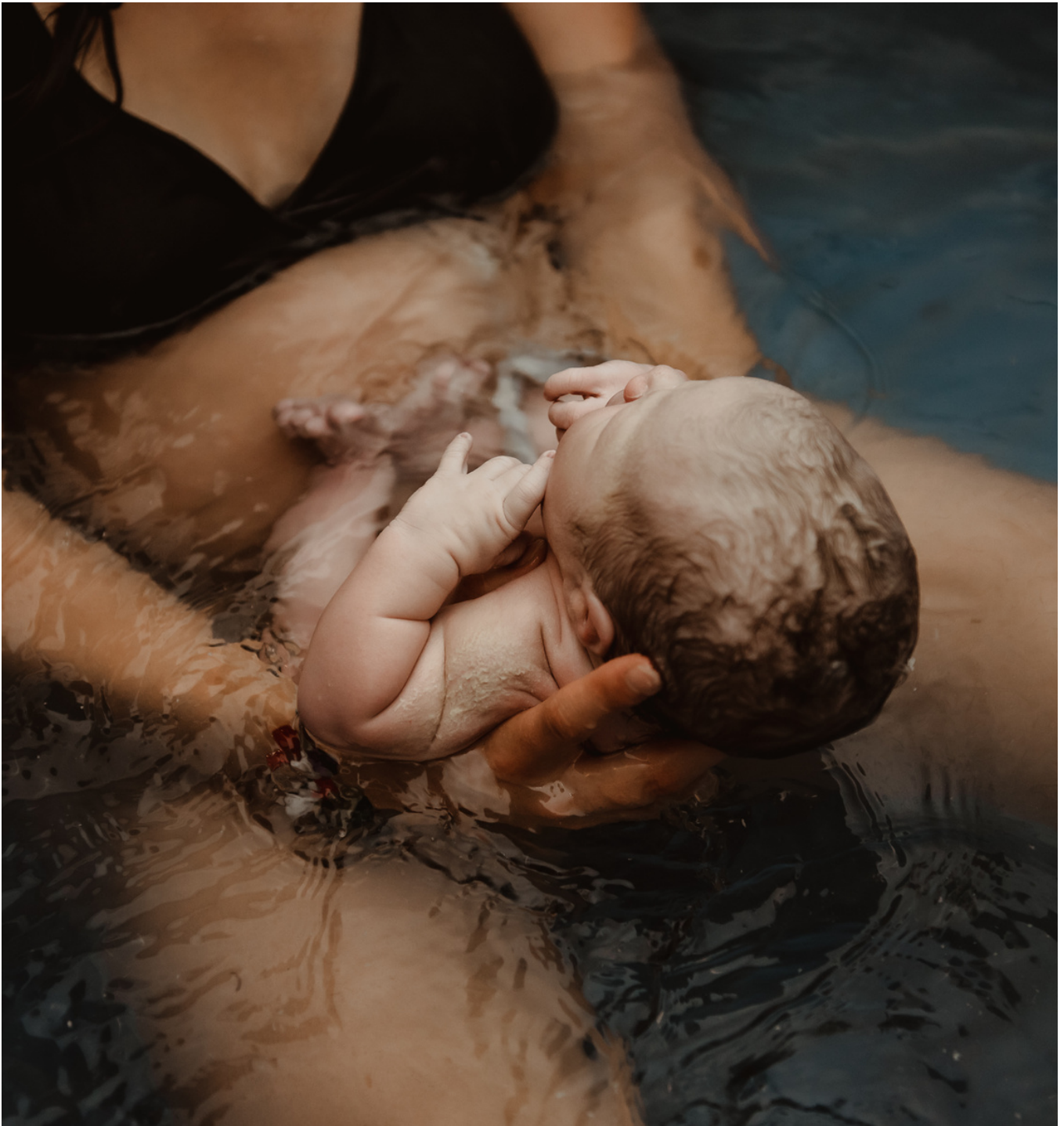


# 4 STEPS

TO AN EASIER BIRTH



by Pathways Prenatal



## INTRO

---

We are built to withstand a great deal.

Our bodies and minds will take us where we want to go, if we allow them to, but we can't ever expect for things to simply work out in our favour, if we aren't willing to put in some work.

So if your dream is to have an easier birth, then follow along this guide and try to put these things into practice, so that you can hopefully have a more physiological labour (mind and body) and birth with less interventions.

**THE MIND  
CAN NOT  
COMPREHEND  
WHAT THE  
BODY  
IS FULLY  
CAPABLE  
OF DOING.**



# 1. PSYCHOLOGY

## *The Fear Tension Pain cycle*

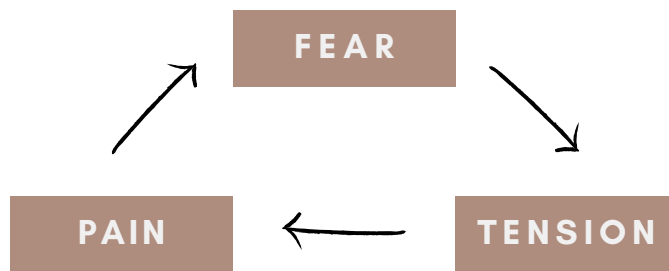
**Fear** we have about labour or birth, can lead to our body holding on to...

**Tension** Where do we hold most of our tension? In our pelvic floor and glutes. If your pelvic floor is over-engaged, then the work your uterus is doing, is being counter productive. It would be like jumping on a hard floor vs. a trampoline. Our pelvic floor should be a trampoline for baby! When we hold on to that tension and we work against what our body is trying to accomplish, it then leads to...

**Pain** When we feel more pain and try to resist it, then that will lead back to more...

**Fear** about the rest of the process.

**Break the cycle, by working through fears, releasing tension, telling yourself you are safe, and that you are capable!**



## *The Fight or Flight response*

The fight or flight response is another state of mind that a birther can go into, if they are feeling scared or stressed.

Our entire lives, we are told that pain is bad and to resist pain - we just want to fix it. Yet, when we are in labour, we are told to do the complete opposite - embrace the pain, because our bodies are doing what they need to do.

If we can't wrap our minds around accepting what's going on with our bodies, then we may naturally go into flight mode, by tensing our core muscles (psoas and pelvic floor - our bodies way of getting ready to run) and essentially "holding up" the baby. It could result

in a slowing or stopping of contractions altogether. This can happen as soon as we step foot into a hospital, or start filling a birth pool. It can happen when the birth team shows up, and things feel more "real".

What's important, is that you or your birth team are able to recognize it, so that you can collectively come up with solutions to make you feel more safe, comfortable, and in control.

What are some things that help you feel safe?

**"You block your dream when you allow your fear to grow bigger than your faith."**

**- Mary Manin Morrissey**

### *Fears and how to work through them*

Try to keep a journal to record your thoughts and fears, and in addition to writing down your fears, it could also help to write down what you are excited about! After a while, try to write down less negative thoughts, and more positive ones.

Having trusted family, friends, or even a counselor to have constructive conversations with about how you are feeling, can also be very beneficial.

If you're still struggling with fears surrounding labour, birth, or postpartum, try writing down positive solutions that might accompany the issues that you could face during labour, birth or postpartum.

Overall, fear is normal, but to be able to have the best birthing experience possible, you need to overcome those fears or at least go in with a positive mental state. Keep telling yourself that you are in good hands, you are safe, you are capable, and you are strong. Even if things don't go exactly as planned, at least if you go in with a positive attitude, your overall experience will be better.

---

#### **Here are some common fears that can go along with labour and birth;**

- Fear of the unknown.
- Fear surrounding the things you've heard.
- Fear from past experiences.
- Homebirths - fear of something happening to baby or birther.
- Hospital - Fear of hospitals in general.
- Fear of needles.
- Fear of interventions.
- Fear of tearing while pushing.
- Fear of being vulnerable.

#### **What are some fears that you may need to work through?**

## 2. OXYTOCIN

Oxytocin is known as the natural “love” hormone.

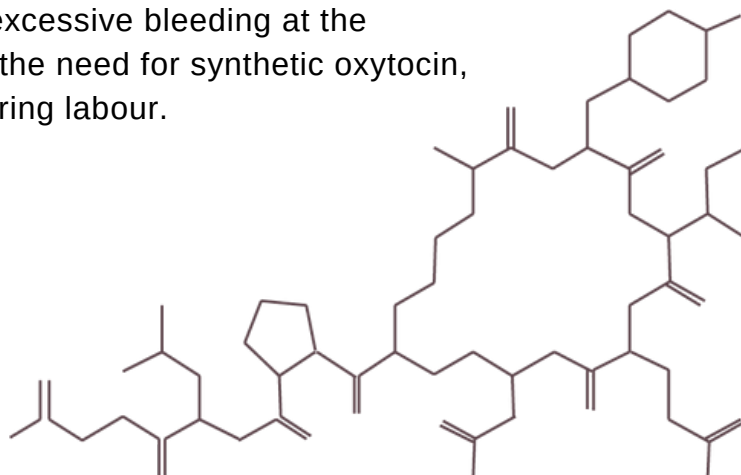
This hormone is produced throughout labour and helps keep contractions coming steadily.

Even more of this hormone is produced after the baby is birthed and it aids in the separation of the placenta, limits bleeding at the site of the placenta, helps with the contraction of the postpartum uterus (helps it go back down to it’s original size), and encourages the production of breastmilk.

There are various other important hormones that are produced during labour and birth, including Endorphins, Adrenaline, and Prolactin, but we will focus on Oxytocin.

Sometimes our emotions or fears can inhibit the production of oxytocin and other hormones, which can lead to a longer, more painful labour, or it can cause contractions to slow down or stop completely.

Reduced oxytocin can also result in excessive bleeding at the site of the placenta after the birth, or the need for synthetic oxytocin, to encourage steady contractions, during labour.



---

### Ways to encourage the production of more oxytocin in labour;

Be intimate with your partner.

Nipple stimulation or pumping.

Laughter and dancing.

Getting rid of distractions, and staying as relaxed as possible.

Labouring with dim lights and soft music.

It may also help to visualize holding your baby (or handing over baby, if you are a relinquishing parent or surrogate).

## 3. BALANCE AND MOVEMENT

The hormone relaxin helps to loosen muscles and ligaments, so that the body can adapt to a growing baby and help baby work it's way through the pelvis during labour, by relaxing the pelvic floor, glutes and other core muscles. However, if the muscles surrounding the pelvis are just too engaged (tight), then even relaxin can only help so much.

The body and everything that helps hold it up and keep everything in line - muscles, ligaments, fascia, bones, etc., are in constant motion, and for our bodies to have proper mobility, we need to keep these things fluid, balanced, and toned (stretched and strengthened). It's important to have stretched, toned, and balanced muscles and ligaments for labour, because **IMBALANCED** muscles and ligaments may not allow your pelvis to move and widen the way it needs to, for baby to engage properly.

If we don't pay attention to how our bodies move, where we hold tension, or fix our injuries, then our muscles and fascia can shorten and thicken, which will pull organs and bones out of alignment or symmetry, including the uterus, which is supported by a series of ligaments and fascia. If these are tighter on one side than the other, then our uterus can lean, twist, or tilt, shifting baby out of optimal positioning. So symmetry of the uterus is also ideal, for an easier birth.

---

### **What causes our bodies to go out of alignment or limit movement?**

- Poor posture
- Trauma or injury
- Compensating with some muscles over others
- Repetitive motions
- Stress and tension
- Adhesions and scar tissue

### **What are ways to correct these issues?**

- Walking
- Stretching and toning
- Changing your habits, or countering with opposite motions
- Focusing on correcting posture
- Chiropractor adjustments, Physiotherapy, Massages
- Working on past injuries
- De-stressing
- Massaging scar tissue and loosening up adhesions

## 4. FETAL POSITIONING

Fetal positioning plays a very important role to the duration, intensity, and overall success of vaginal deliveries, so trying to figure out how your baby is lying, before you go into labour, or even during labour, will help you have a good idea of whether or not you need to do more activities to get baby into a more ideal position.

You may hear that your baby is head down, transverse, or breech. Head down is the most ideal position to birth a baby, and if your baby happens to still be in a transverse (sideways) or breech (head up) position past approximately the 33-35 week mark, then it would be a good idea to work on activities and exercises to try to turn your baby into a head down position (there are some fantastic resources out there, on how to turn your baby).

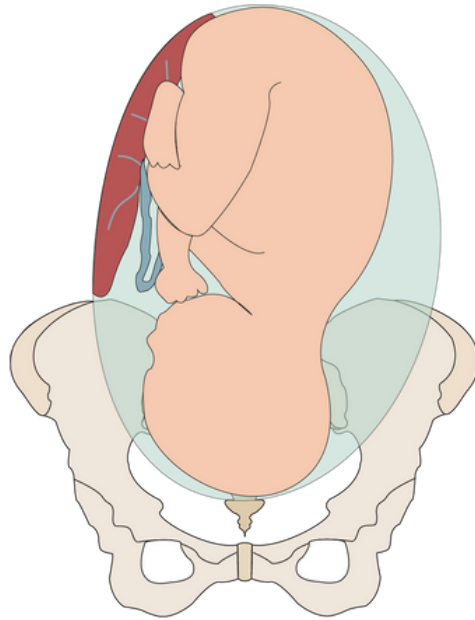
When baby is head down - *how* the head is positioned in the pelvis, in relation to the birther's pelvis shape, is important. Baby should fit in a way that best fits the shape of a birthers pelvis, however if a baby starts out in a position that's acynclitic (tilted), or facing the "wrong way", they will often rotate on their own, into that ideal position, before the head fully engages.

Sometimes the head may get a bit "stuck" in a less than ideal position, or baby doesn't tuck it's chin as it engages (this can't be determined until baby is a bit lower in the pelvis, and the cervix has moved forward and dilated more than 5 or 6cm), so interventions may be needed, since by that point, baby's position can't be as easily corrected.

Causes of a mal-positioned singleton baby is often attributed to imbalanced or shortened (tight), uterine and pelvic muscles and ligaments, which can and should be corrected prenatally, by balancing, stretching, and toning the pelvic muscles and ligaments (glutes, psoas, round/broad/uterosacral ligaments, pelvic floor, etc.).







**Signs of a malpositioned or acynclitic baby, during labour;**

- Strong lower back pain
- Pain in the pubic bone
- Strong or unmanageable contractions before active labour
- Irregular contraction pattern well into active labour
- Baby not descending into the pelvis
- Slow progression or stalled labour

**Ways to correct baby's position during labour could include;**

- Walking
- Squats
- Pelvic tilts
- Forward leaning inversion
- Rebozo sifting
- “Lift and tuck”
- Side lunges
- Side lying release or deep lateral
- Stair climbing, two at a time
- Wide hip rotations on a birth ball
- Sitting on a toilet through contractions
- Open knee chest
- And many others!





## IN CONCLUSION

**Our four elements to a better birth are:**

Psychology  
Oxytocin  
Balance and movement  
Fetal Positioning

**And all four of these components work together in unison....**

***Psychology can affect oxytocin, balance/movement, and fetal positioning*** - your thoughts and feelings can inhibit oxytocin production, causing a longer birth or need for interventions. Your mental state can also cause you to hold tension in your pelvic muscles and joints, which can then "hold baby up" and not allow baby to descend into the most ideal position for birth.

***Oxytocin can affect psychology*** - If your body isn't producing the amount of oxytocin it needs to keep contractions coming steadily, then you may need to be hooked up to synthetic oxytocin, which can cause you to feel like your body failed you. Or the stronger dose of synthetic oxytocin may put you into flight mode or the fear, tension, pain cycle, because contractions are stronger than what you felt before.

***Balance and movement (our muscles and ligaments) can affect fetal positioning -***

Holding tension in our core and pelvis, our daily posture, movements, or even old injuries that were never fixed, can all attribute to a malpositioned baby. If you think of the amount of muscles, ligaments, and joints that we have in our core and pelvis, then it's easy to picture how a tight muscle on one side of our body or an unaligned joint, can shift baby's head and body into misalignment with the cervix and pelvic inlet.

***Fetal positioning can affect psychology*** - If you go through labour with a mal-positioned or acynclitic baby, then the labour pains are going to be much stronger, labour may even be longer and when cervical checks are performed with little progress after hours of hard work, it can really take a toll on a birther's mental state.

SO HOW DO YOU FIND BALANCE IN THESE FOUR ELEMENTS, AND WHERE DO YOU EVEN START?

***Your fears and thoughts*** surrounding birth may need to be worked through up until you are in labour. This one is ongoing and can be worked on little bits at a time.

***Oxytocin*** is something that can correlate with your mental state. It's also something that can be increased during early labour, by working through your thoughts and feelings of love, affection, safety, and control.

***Balance and movement*** is something that will need to be worked on throughout pregnancy. If lifting weights or core building activities and sports are part of your routine, then you'll want to give those a backseat until you're a few months postpartum. Core building is not what you should be doing later in pregnancy. What you need to be doing is working on strengthening mobility, bringing balance to your core, and mobilizing your pelvic floor (contracting and releasing).

***Fetal positioning*** is something that should work itself out with proper body balance and movement. Occasionally there are unseen elements that may aid in less than ideal fetal positioning, but for the majority of birthers, proper fetal positioning will come with correcting past injuries and habits, fixing posture, prenatal body work, prenatal stretching, and upright or active labour positions that include lots of movement and less time directly on the birthers back, or in laid back positions.

