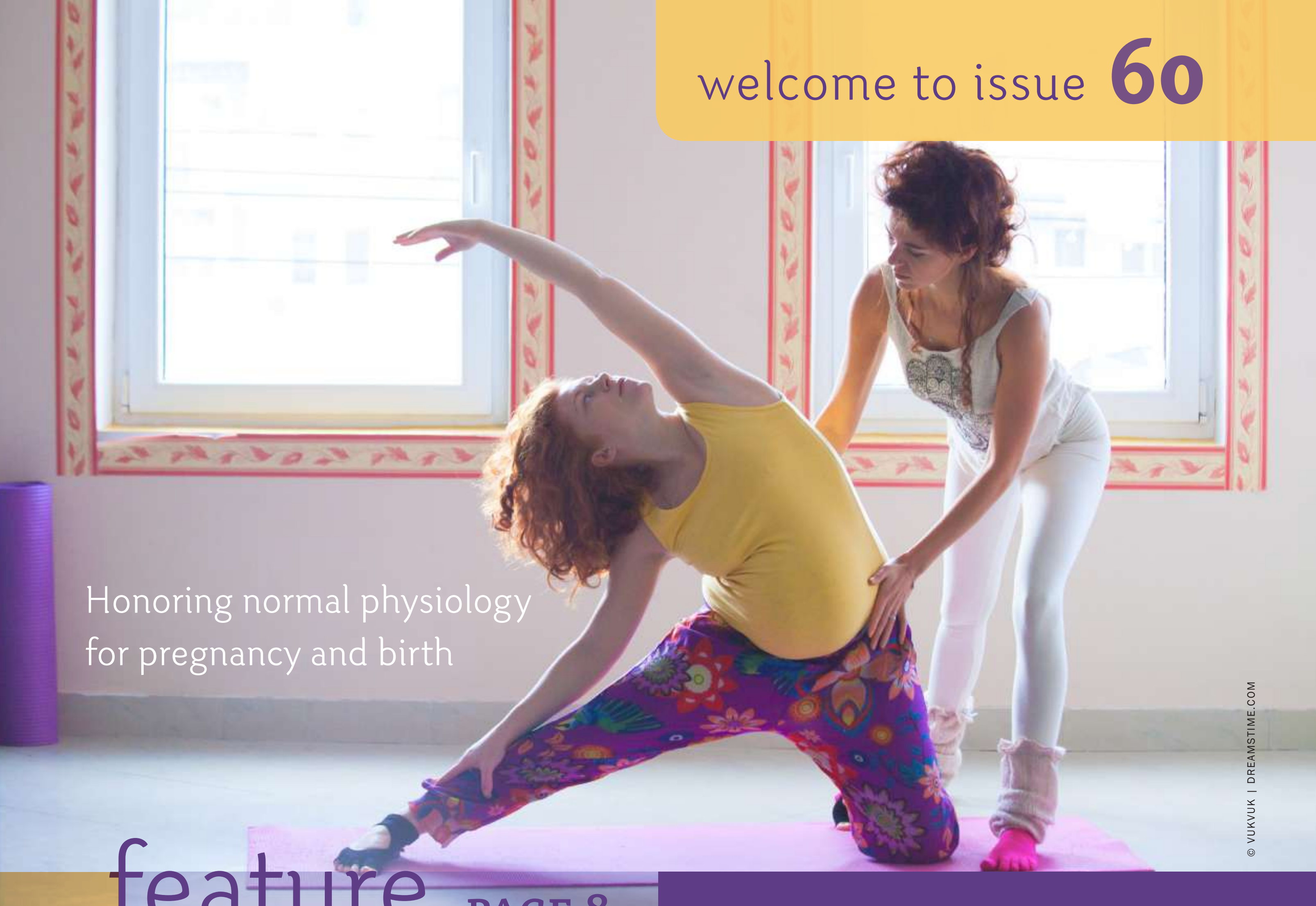
BIRTH TRAUMA ✻ THE WEBSTER TECHNIQUE ✻ A TALE OF TWO BIRTHS

pathways to family wellness™

welcome to issue 60



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HOME SWEET HOMEBIRTH

BY ANNE MARGOLIS, C.N.M.

Despite the widespread cultural belief that hospitals are the safest place to give birth, there's significant evidence that countries with stronger traditions of homebirth produce safer birth outcomes.

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Children's health begins in pregnancy and birth.

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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.

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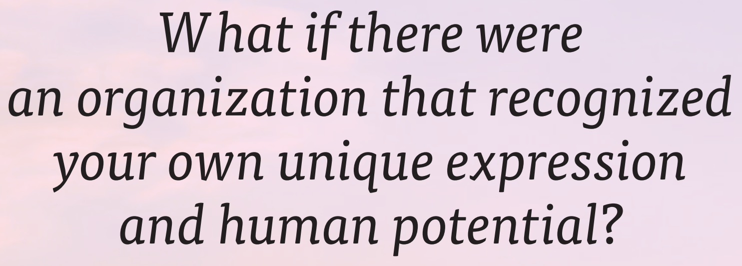

What if that same organization represented
the most highly trained practitioners who could provide
specific, gentle care so that you could function at your greatest capacity?
What if this organization of practitioners knew how to care for children
by honoring women throughout their pregnancy and motherhood?
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,
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.

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The Wisdom

The Creator gathered all of creation for advice.

"I want to hide something from the humans until they are ready for it. It is the Wisdom of Life."

The Eagle said, "Give it to me. I will take it to the highest mountain." The Creator said, "No. They will go there and find it."

The Salmon said, "Give it to me, I will hide it in the rapids of the rivers." The Creator said, "No. There it will wash away to the bottom of the ocean."

The Buffalo said, "I will bury it on the Great Plains to guide them." And the Creator said, "They will cut into the skin of the earth and find it before they are ready."

Then Grandmother Mole, who lives in the breast of Mother Earth, and who is blind but sees within, said "Put it inside of them."

And the Creator said, "It is done."

–INSPIRED BY THE NATIVES OF THE EARTH

For the raising of the consciousness,

Jeanne Ohm, D.C.

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Home Sweet Homebirth

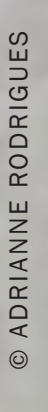
By Anne Margolis, C.N.M.

There is an overwhelming cultural belief in the United States that hospitals are the safest place to give birth, regardless of the extensive scientific data that suggests otherwise. Numerous studies around the world have documented the safety of planned homebirth by trained professional midwives, with outcomes at least as good as those occurring in a hospital, if not better.

This is especially true of women who have delivered vaginally before. The total slight increase in newborn mortality risk in home birth is estimated to be 10 per 10,000 babies born at home, and that 1 in 1,000 babies born at home may be adversely affected by the extra transport time in reaching advanced care in the hospital. The absolute risk is small, however.

Although the U.S. spends the most money on obstetric care, with high rates of interventions and operative deliveries, it still ranks among the lowest of industrialized countries around the world in terms of mother and baby outcomes. Our maternal mortality and morbidity rates are the highest as compared to all developed nations and they are increasing, whereas in these other countries—even less affluent ones—rates of mothers dying around childbirth are decreasing. The U.S. ranks comparatively high in newborn mortality and morbidity as well.

Countries that consistently demonstrate the best maternal and newborn outcomes have a large percentage of midwife-led maternity care for healthy women experiencing normal pregnancies, which constitutes the vast majority.



BIRTHING IN ONE'S OWN HOME ATTENDED BY A SKILLED MIDWIFE IS A REFUGE FOR THOSE WHO WANT TO **PROTECT THE NORMALCY AND SANCTITY OF PREGNANCY AND BIRTH.**

These countries have a higher percentage of homebirth midwifery care with supportive hospital/medical transfer arrangements when needed. Their obstetricians attend to the women with high-risk complications and serious illnesses, which fits with how they are educated as surgeons and medical doctors.

When midwives and obstetricians work together as a team, both using their unique skills, knowledge, expertise, and training, the outcomes for moms and babies are far superior. Midwives are trained in guarding the normalcy of pregnancy, birth, and postpartum, not disturbing it when all is well. They know when to compassionately observe with loving support, and when and how to use holistic remedies, or medical intervention when necessary (as a last resort). They are also educated in prevention, assessment, and treatment of complications, which most times can be managed simply and naturally, but sometimes involve consultation with or referral to an obstetrician.

Although unforeseen events and emergencies can occur in any birth setting (some of which can be best handled in a hospital), a low-risk healthy woman entering the typical U.S. hospital expecting a normal vaginal birth is subjected to a routine barrage of procedures and interventions that dramatically increase the risk of complications and problems, with potential longstanding physical and emotional ramifications for both mother and baby.

When we discuss homebirth with partners and family members, there is often some uncertainty and discomfort with the topic. I believe that this discomfort stems from many women and their families not being informed of homebirth or a midwifery model of care.

Despite the latest statistics showing that a homebirth with a qualified midwife is just as safe as birthing a baby at the hospital, if not safer, many people are still apprehensive about the perceived risks involved.

Even so, women continue to birth at home because they feel the calling within their bodies, within their hearts, within their souls. Many women have shared with me that they desire greatly to have a homebirth experience; it's what they feel is best for them and for their babies. Many very educated professionals of all career types are making well-researched and informed decisions to have homebirths with a midwife.

Although I am optimistic about healthcare moving in the direction of a more prevalent homebirth midwifery model of care, our society still expresses an opinion that babies are to be born in hospitals—or at the very least, in birth centers.

Aside from safety, there are many other benefits of homebirth midwifery care, which provides an alternative to the impersonal, fear-based, lawsuit-prevention-oriented medical and hospital care prevalent in our society.

These benefits include but are not limited to:

- the power of the human touch and presence
- being surrounded by supportive people of a family's own choosing
- security in birthing in the familiar and comfortable environment of home
- feeling less inhibited in expressing unique responses to labor (such as making sounds, moving freely, adopting positions of comfort, being intimate with a partner, nursing a toddler, eating and drinking as needed and desired, expressing or practicing individual cultural, value, and faith-based rituals that enhance coping)—all of which can lead to easier labors and births
- not having to decide when to go to the hospital during labor (going too early can slow progress and increase use of the cascade of risky interventions, while going too late can be intensely uncomfortable or even lead to a risky unplanned birth en route)
- being able to choose how and when to include children (who are making their own adjustments and are less challenged by a lengthy absence of their parents and excessive interruptions of family routines)
- enabling uninterrupted family bonding and breastfeeding
- huge cost savings for insurance companies and those without insurance
- increasing the likelihood of having a deeply empowering and profoundly positive, life-changing pregnancy and birth experience

Getting holistic prenatal through postpartum care, and birthing in one's own home attended by a skilled midwife, is a refuge for those who want to protect the normalcy and sanctity of pregnancy and birth.

Focusing on the normal, however, does not mean that problems go unrecognized or unattended. Rather, they are viewed as imbalances that need to be righted, not expected or feared.

With that said, certain hazards exist in all settings, whether childbirth occurs in or out of the hospital, and some risks are unique to each setting.

Some of these risks will never be eradicated, no matter what our state of technology or medical advancement. The practice of midwifery, nursing, and medicine are not

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exact sciences and no assurances can be made regarding the results of examinations, diagnostic tests, treatments, procedures, or interventions.

It is impossible for any provider to guarantee a normal, healthy birth, mother, or baby. However, when poor outcomes occur at home—even if the outcome would have been the same in a hospital—a homebirthing family will invariably be challenged by friends, family, and other professionals as to the wisdom of their choice. This is especially true in the U.S.

Yet when there is a bad outcome in the hospital, people rarely challenge the hospital care and are much less likely to question whether the same outcome would have occurred had the mom birthed at home.

It's okay to question all options, and we are seeing more of that as women search for an alternative to hospital births.

If Your Partner or Family is Skeptical of Homebirth

I have worked with women who gather as much information as possible and share it with their partner, in the hope of helping them understand where they are coming from. I have also had partners of a pregnant mom who are passionate about having a homebirth, although she wasn't completely sure.

In my experience, when partners feel heard and validated, they often come around as the months go by and they have had the opportunity to ask questions, get answers and receive support through the pregnancy process. But a woman who is unsure must dig deep, as she will labor best where she feels safe—and that may be the hospital. If her spouse is zealous, yet she agrees only intellectually, I am wary of her being able to relax and give birth at home.

Some extended family have had homebirths themselves, or are very supportive. But some are very against the idea, especially if it's a situation they don't fully understand. They may be very vocal about their opinions. If family members don't have knowledge or direct experience with homebirth or natural birth, it understandably may not sit well with them, and they will have safety concerns.

I have dealt with these situations often. Every situation is different. It is not a time for the pregnant mama to get into debates defending her position. I help empower her to set boundaries and maintain a fortress of positivity around her. In some more challenging situations, after a discussion, we agree that the couple does not need to tell their family they are planning a homebirth at all, or that they will wait until after the birth. They can just say they are seeing a midwife, and mention the backup hospital if asked—end of conversation.

In most cases, I encourage expectant couples to bring their anti-homebirth family members to prenatal visits to ask me their questions and discuss with me their concerns. They see the licenses on the wall and medical equipment for checking blood pressure and fetal heart rate, even if it's tucked away in the homey office setting. They relax a bit, and often they come around (or at least stop resisting) once we spend time together and they receive answers and feel lovingly validated. Many times I am amazed how they transform to offer support and even excitement around the upcoming homebirth. Some tell me they won't relax until it's over and everyone is healthy—but then, after the birth, they become big homebirth supporters, telling everyone how wonderful the experience was.

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Listen to Your Intuition

Intuition plays a large role in homebirth. Pregnancy is a special time, and it's important for women to keep their space sacred during this time.

Here are some ideas for keeping your space sacred:

Create your vision. Find some quiet time where you can close your eyes and relax. Take slow, deep breaths, releasing on the exhale, and use your mind as a clean slate. Envision on that clean slate, the vision you have for you, your baby, and your birth. What does it look like, and more important, what does it feel like? Take notes in a journal, or draw anything that helps to hold this vision. Spend time with this vision every day and hold a feeling of gratitude that's already been delivered.

Avoid arguments. Share little with those who aren't in alignment with you. A mama may have her partner, her midwife, her massage therapist, and a few close friends in her circle. Be mindful about whom you share your vision with, because not everyone is able to connect with high energy like this, and that's okay. It's important to recognize that everyone is on their own journey, but you don't have to lower your standards to make others feel more comfortable about your life choices. And you must avoid conversations, and sometimes, people, who lead you to feel inner tension and fear, which will not serve you at all during this most sensitive time. Remember, it is your body, your birth, your baby, and your life—not theirs.

Set boundaries. You may simply need to tell stressful family members that you love them and appreciate their concern, but you are pregnant and sensitive. You are trying to keep positive, relaxed, and upbeat, and you'd rather not get into a disagreement. Many women, myself included, have spent time in life accommodating others. This is not one of those times. Pregnancy can help women shed their fears, limiting beliefs, and negative habits. Pregnancy is a time for a woman to focus on herself and her baby. For some women, this may be the first time in her life when she experiences this. I give you permission to pleasantly exit the conversation, hang up the phone or leave the room if they do not honor your request. Most will eventually learn and stop harassing you.

Surround yourself with positivity. This includes positive affirmations, inspirational birth stories, books, movies, radio shows, podcasts, and people. It's important for you and your baby to keep stress low and spirits high. Pregnancy provides an opportunity to release unconscious beliefs and emotions, so although it's rarely a completely smooth ride, it's one where you can always get back on board your wave of high vibes. Keep negative news media to a minimum, and be mindful of toxic people that don't need your attention at this time.

Where and how a woman gives birth is her business. Feel confident in listening to your body, your baby, and your intuition when it comes to this very special time. It's not your job to convince anyone of anything, but only to show up for your own assignment. Strengthen your faith muscles and know that you come from a long line of birthing women. I have helped many women over the years face the critic in their own minds, and once they start listening to the voice of their inner truth, they let go and enjoy the ride.

Anne Margolis is a licensed certified nurse midwife, licensed Femme! teacher, certified Clarity Breathwork practitioner, and yoga teacher and practitioner. She is a third-generation guide to mamas birthing babies in her family. Anne has helped thousands of families in her 20+ year midwifery practice and has personally ushered the births of more than 1,000 healthy babies into the world. She is the author of Natural Birth Secrets *and* Trauma Release Formula. *Her work has been seen on TV shows and movies, including* A Baby Story *on TLC Discovery Channel and the award-winning feature documentary* Orgasmic Birth. *View article resources and other information here: pathwaystofamilywellness.org/references.html.*

Purpose of Chiropractic Care in Pregnancy

Clarity on the Webster Technique in Pregnancy

With the intent of supporting natural childbirth in the mid 1980s, Larry Webster, D.C., developed a chiropractic adjustment now called the Webster technique. The first and most significant observation of this adjustment was for women who were presenting breech during pregnancy. After they received the Webster adjustment, their babies turned head down. As a result, they were more likely to experience a natural childbirth that was safer and easier.

Often people will ask, "How can a chiropractic adjustment affect baby positioning?" The answer is by *improving pelvic balance*. When the mother's pelvis is out of alignment, the ligaments that connect from the pelvis to the uterus increase their tension (tone) resulting in a distortion to the uterine space. Don MacDonald, D.C. offers a great analogy: "Increased tone is like sleeping in a bed with someone sitting on the sheets beside you. Can you turn over freely? No." For the baby, the surrounding walls of the uterus tighten with pelvic imbalance, becoming more and more like tight bedsheets that restrict her motion. The chiropractic adjustment to the pelvis releases tension to the ligaments and uterus so that the baby can move freely and assume the best possible position for birth.

It is important to realize that many pregnant women are seeking ICPA doctors throughout their pregnancies to utilize the many additional benefits of the Webster technique. For every stage of pregnancy, this adjustment reduces interference to the nervous system—a vital benefit to improve physiology for both Mom and her baby. When Mom's physiological function is at its best, the 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 allow for safer, easier births!

Do you want to optimize your pregnancy and birth?

FIND YOUR WEBSTER-CERTIFIED DOCTOR HERE
ICPA4KIDS.org

icpa

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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

Williams Obstetrics tells us there are three components for a smoother birth for both mother and baby.

1 POWER

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

2 PASSAGE

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

3 PASSENGER

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

Actually, It *Does* Matter How You Give Birth

By Annie Reneau

Whenever people discuss C-sections and natural childbirth, one well-meaning sentiment always rises from the fray: *It doesn't matter how you give birth, as long as your baby comes out healthy.*

I appreciate people wanting to remove the judgment that often surrounds women's choices and experiences. However, it's disingenuous to say that how a woman gives birth doesn't matter. I don't want anyone dismissing my birth experiences as "not mattering," simply because I got three healthy babies in the end. As one of the most significant events in a woman's life, childbirth matters a lot.

Granted, taken alone and out of context, the means by which a woman gives birth doesn't matter much in the big scheme of things. Having a C-section, an epidural, an unmedicated birth, or a forest birth in a pool of unicorn tears doesn't define who you are as a mother.

But how you give birth does matter. More specifically, how you experience giving birth matters.

It matters how your doctor, midwife, or other caregiver treats you before, during, and after your birth.

It matters how much you educate yourself about the birth process and how knowledgeable you are about what's happening with your body.

It matters how much you understand about your choices, how much support you have for those choices, and how empowered you feel to make those choices.

It matters how you feel about your childbirth experience throughout.

A birthing woman should, first and foremost, feel empowered. Yes, even if everything goes wrong and circumstances beyond her control result in the exact opposite birth than she hoped for. Even then, a woman should feel empowered by her caregivers. She should feel listened to.

EMPOWERMENT STARTS WITH WOMEN EDUCATING THEMSELVES ON CHILDBIRTH AND **UNDERSTANDING THAT THEY ARE THE DRIVERS OF THAT PROCESS.**

She should be given as much choice as possible—and her choices should be respected even if it turns out that they won't work for whatever reason.

If you grow a baby in your body for nine months, you should be in the driver's seat when it's time for that baby to come out. Yes, sometimes the conditions get hairy. Sometimes unexpected obstacles spring up. Sometimes your vehicle breaks down completely. But you're still the driver. At no point should you feel like someone has forcibly taken the wheel and kicked you out of the car, unless the car is on fire and that's the only way to save you.

My first two birth experiences were incredible. The first was at a birth center with a midwife, and the second was a home birth with a male M.D. Both of those providers made it clear that I was in the driver's seat. They trusted me and my body and helped me do the same. They were prepared in case of emergency, of course, but they let me labor and birth the way I wanted. I came out of those births feeling like a superhero.

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this is my body, my baby, and my birth

My third baby was born in a hospital with a female OB—a choice we made for insurance reasons (and because the doc who delivered my second had retired). That birth experience wasn't bad, but it was distinctly different than the first two.

In the hospital, I felt limited in ways that people might not even think of if they hadn't experienced anything different. I couldn't leave the maternity ward and was only able to walk up and down one hallway. (Staying active in various ways during my first two labors helped immensely.) Whenever I was in bed, they had me strapped to the continuous monitor machine parked beside my bed. (I had intermittent monitoring with my first two births, which has been proven to be just as effective.) I was only allowed to eat Popsicles and Jell-o for 14 hours. (No food restrictions with my first two labors.) There was a lot more poking and prodding and checking and monitoring in the hospital, which all felt extraneous and rather invasive.

This was all at a renowned hospital in the Chicago suburbs. It had lovely, rooming-in birthing suites, baby-friendly practices, a great reputation, etc. The OB group was recommended by my home birthing doctor. So it's not like it was a bad hospital with backwards providers. For a hospital birth, it was good.

But that's kind of like saying Olive Garden has good pasta. Compared to some fast food place, sure, it's good. But if you've had real, home-cooked pasta made by a genuine Italian grandmother, Olive Garden is going to seem sub-par. It's not that the hospital experience was horrible. It just didn't compare to my midwife birth center birth or my home birth. And in the end, it came down to empowerment.

Here's one illustrative example: After I delivered the placenta during my third birth, the doctor announced, "Okay, we're going to give you a shot of Pitocin now to help contract your uterus."

Now, that might not seem like a big deal, but I was taken aback. I don't like putting medications into my body unless necessary. If this had been my first baby, or if I didn't understand how breastfeeding helps contract the uterus, I probably wouldn't have thought anything of it. But I had delivered two children previously and contracted my uterus successfully by breastfeeding. I wasn't bleeding heavily or anything. There was no medical need for Pitocin.

But the thing that bothered me most is that she didn't ask me if I wanted it—she told me it was going to be done.

"Is that really necessary?" I asked. "With my other two I just breastfed and that seemed to work well." She seemed slightly annoyed, but said, "Oh, sure. If that's the way you want to go."

I haven't always been someone who would question a highly qualified doctor. This woman happened to be the one doctor in my OB group that I hadn't met before the birth, so it's not like we discussed any of this beforehand. In the large scheme of things, what she did wasn't a big deal—except when you add up all those little choices being taken away, it does become a big deal. It was only because I knew firsthand what a truly empowering birth experience looks like that I even recognized how disempowering those little things can be.

This is my body, my baby, and my birth. There should be nothing unnecessary done with any of those things for anyone else's profit or convenience. And there certainly shouldn't be anything forced, either through assumed acquiescence or outright coercion. There's a big difference between suggesting an alternate route and reaching over and taking the steering wheel. Barring true emergencies, birth belongs to the birthing woman.

Generally speaking, midwives have a leg up in this area. Midwives are trained to help a woman harness her body's own power, physically and mentally, and they encourage ownership of the birth process. There are some amazing OBs who operate the same way, but you do have to vet them out. There are also some control-freak midwives, I'm sure, so it's not an across-the-board guarantee. But whom you choose as a provider makes a big difference.

The problem with saying "It doesn't matter how you give birth" is that if women take that to heart, they may not take the time to educate themselves on their choices or vet potential providers to find the right fit since the birth process doesn't really matter anyway. Empowerment starts with women educating themselves on childbirth and understanding that they are the drivers of that process. Birth attendants are primarily experienced navigators who know what to do if inclement weather hits or if the car breaks down. They should not take the wheel unless there is truly no other choice.

Childbirth is the likely the hardest, most overwhelming thing a woman will ever do, so of course those experiences matter. If you walk away from your birth feeling powerless, that's important. No matter how your baby ultimately enters the world, how you experience birth and how empowered you feel throughout the process does matter. Let's stop telling women that it doesn't.

Annie Reneau is a writer, wife, and mother of three with a penchant for coffee, wanderlust, and practical idealism. On good days, she enjoys the beautiful struggle of maintaining a well-balanced life. On bad days, she binges on chocolate and dreams of traveling the world alone. You can find her on Upworthy, Scary Mommy, and her personal blog, Motherhood and More (motherhoodandmore.com). View article resources and author information here: pathwaystofamilywellness.org/references.html.

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INDUCTION

Will the baby outgrow the pelvis before she births? What do we risk by choosing to induce?

By Henci Goer

The ARRIVE trial is the capstone of a decades-long effort to demonstrate that awaiting labor has no benefits and that inducing labor doesn't increase cesareans or adverse outcomes and, in fact, that the reverse is true. The argument runs like this: We now know that waiting for labor to start on its own has no advantages over inducing labor, so why risk the baby outgrowing its mother's pelvis or something going wrong with the baby, which can happen without warning even in healthy women? Is that argument sound?

Are there benefits to waiting for labor to start on its own? Yes. Inducing labor disrupts a complex set of hormonal interactions that prepare the baby for life in the outside world, orchestrate the birth process, help mother and baby cope with the stress of labor, promote successful breastfeeding, and foster attachment between mother and child.

How likely are babies to outgrow their mothers' ability to birth them with the ongoing pregnancy at term? Not very. The percentage of macrosomic babies (≥ 4,000 g) changes very little over the last few weeks of pregnancy. A study reported that the percentage of macrosomic babies went from 11 percent in week 38 to 14 percent in week 40—and this data comes from a population exclusively of high BMI women, who are more likely to have bigger babies than the population at large.

More important, the inability to birth larger babies largely originates in doctors' heads, not women's bodies. Every study that has ever looked at the issue has found that when doctors suspect the baby is going to be big, the odds of cesarean delivery go up markedly regardless of whether the baby is actually on the large side. The reverse is also true: Unsuspected big babies have much lower cesarean rates than babies correctly suspected.

The fear that the baby will be too big for the woman to deliver becomes a self-fulfilling prophecy. It leads to inducing labor to prevent the baby growing even bigger, and induced labors are more likely to end in cesarean. It leads to more diagnoses of failure to progress and failed induction, especially in early labor, before this diagnosis can legitimately be made. Typical medical management practices and policies also load the dice against vaginal birth. Women, in general, are often held to rigid expectations of how rapidly they should progress. Policies that inhibit mobility such as continuous fetal monitoring, routine IVs, encouragement to have epidurals, and requiring women to push and give birth on their backs prevent women from finding activities and positions that promote progress, create more space in the pelvis, and get gravity to work *for* instead of against them. While this handicaps all women, it hits women with bigger babies the hardest. Finally, requiring women to birth on their backs increases the potential for shoulder dystocia, and when one occurs, doctors are likely to become even more anxious about vaginal birth with a suspected big baby the next time.

Excerpted from scienceandsensibility.org.

Henci Goer, award-winning medical writer and internationally known speaker, is an acknowledged expert on evidence-based maternity care. Her first book, Obstetric Myths Versus Research Realities, *was a valued resource for childbirth professionals. Its successor,* Optimal Care in Childbirth: The Case for a Physiologic Approach, *won the American College of Nurse-Midwives "Best Book of the Year" award. Goer has also written* The Thinking Woman's Guide to a Better Birth, *which gives pregnant women access to the research evidence, as well as consumer education pamphlets and articles for trade, consumer, and academic periodicals; and she posts regularly on Lamaze International's Science & Sensibility. Goer is founder and director of Childbirth U, childbirth-u.com, a website offering narrated slide lectures to help pregnant women make informed decisions and obtain optimal care for themselves and their babies. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

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IS YOUR OB RECOMMENDING AN INDUCTION AT 39 WEEKS?

Earlier this year, *The New England Journal of Medicine* published the ARRIVE study, which found that being induced at 39 weeks lowers the risk of cesarean by 3–4% compared to waiting until at least 40 weeks and 5 days to be induced.

HERE'S WHY THE STUDY MIGHT NOT APPLY TO YOU

YOU WANT TO WAIT UNTIL YOUR BODY GOES INTO LABOR NATURALLY	The ARRIVE study did not exclusively compare people who were induced with people who went into labor naturally. In many cases, it compared people being induced to other people being induced. Participants were either induced during the 39th week of pregnancy or, if they did not go into labor naturally, they were typically *still* induced at 40 weeks and 5 days. That's right, the "expectant management" group included inductions.
YOU WOULD NOT HAVE CHOSEN AN INDUCTION BEFORE HEARING ABOUT THIS STUDY	Of 22,533 participants eligible to participate in the ARRIVE study, only 27% (6,106) agreed to participate.
YOU ARE PLANNING TO NOT HAVE AN EPIDURAL	ARRIVE participants were all planning medicalized births, and most had epidurals. The study did *not* compare people who were planning to birth naturally who were induced with people who were planning to birth naturally who were not induced.
YOU ARE NOT BIRTHING AT A HOSPITAL THAT PARTICIPATED IN THE ARRIVE STUDY	The ARRIVE study focused exclusively on hospitals using the latest, progressive, long-induction protocols, which have a significantly lower risk of cesarean. These protocols are not standard at many hospitals. Other protocols carry a significantly higher risk of cesarean.
YOU PLAN TO CHOOSE YOUR OWN BIRTHING POSITION	The vast majority of ARRIVE participants probably birthed on the bed on their backs, most likely in lithotomy position, based on the general finding that the majority of planned hospital births occur in this position.
YOU DO NOT WANT CONTINUOUS MONITORING	Being induced requires continuous fetal monitoring.
FREEDOM OF MOVEMENT IS IMPORTANT TO YOU	Induction requires continuous fetal monitoring, which can restrict freedom of movement.
YOU DON'T WANT AN IV	You must have an IV if you are induced with Pitocin.
YOU'RE NOT IN YOUR EARLY 20s	The average age of ARRIVE participants was 23–24 years of age.
YOU HAVE GIVEN BIRTH BEFORE	The ARRIVE study only included participants who have never given birth before.

YOU ARE FOCUSED ON LOWERING YOUR RISK OF CESAREAN BY MORE THAN 3–4%

The following factors can lower the risk of cesarean by as much as 60%

- **Hiring a doula**
- **Choosing a midwife as your provider**
- **Having an out-of-hospital birth**
- **Laboring or birthing in water**

— CAITLIN CLARKE, D.C., BIRTHING RIGHTS BAY AREA

THE Forgotten

By Kenneth Cooper, D.C.

Wow! It's real! The test turned blue. The plus sign appeared. No questions. You are pregnant.

Now the fun starts. The planning, the picking of names, baby clothes, diapers, wipes, and birth plans. Will you give birth at home? In a hospital? What do you want? Who will be there? Do you want a doula? Your mom? Your best friend? Of course your significant other will be there...but what will he be doing?

The OB and midwife have clear roles. The doula knows her role. No one will argue that Mom's role is pretty well defined also. But what about Dad? Is it going to be a Wild West type of thing, where he's sent to boil water and stay out of the way? Is it going to be like the 1950s, where the waiting room is filled with apprehensive dads smoking like chimneys? Or is he just there for moral support?

What if Dad has another role beyond moral support?

In the modern hospital environment, where moms are made to feel less and less in control and are sometimes even bullied or frightened into making decisions they normally would have never done, the father's importance has never been greater. Many people in the birth community are speaking out to help answer the question, "What can be done to make things better?" and one very simple answer remains generally forgotten. Dad. A father at a birth can change the whole environment. All that he has to do is reclaim his power and his voice and realize that, although he is in the hospital, it's his family there, and he is their ultimate protector. His role in this situation is to keep Mom safe and free as she gives birth to their child.

It is not the ideal time for the laboring mom to be barraged by questions, interruptions, or constant (and often unnecessary) procedures and monitoring or other interventions. She's focusing inward on herself and her baby to move the birth process along, naturally. Too often, if a mom refuses a procedure, or offers hesitation, she is pressured, berated, and sometimes even forced to comply. All while the father stands idly by, not knowing he can interject. Not knowing he can put a stop to it.

Even telling everyone to leave the room for a bit so that he and the mom can discuss the decision is more power than most dads feel they have the right to demand. While many doulas are often more than happy to take on this role, and are great at educating pregnant moms about their rights in the hospital setting, I contend that the role of protector truly belongs to the dad.

Historically, to ensure she had the space to feel relaxed, safe, and protected, the dad was always standing guard outside "the cave," while the mom was inside focusing on her baby. This allowed her to effectively labor and deliver without worry about outside attacks. This role hasn't changed, even though our "outside attacks" now come in the form of caregiver pressures to conform to a schedule or a standardized way of doing things.

Far from a macho "do what the man says" injunction, what I am suggesting is that the partner takes an active role during the whole pregnancy and be prepared to step into his own shoes as a father. During pregnancy, he should be at each prenatal appointment, be it OB/GYN, midwife, or chiropractor, ensuring that his questions and concerns can be addressed and that he is up to speed on what is transpiring during the pregnancy. In turn, the couple can then have private discussions along the way, forming a comprehensive birth plan together. This way, Dad will know intimately what Mom wants the birth experience to be, and can enforce their plan when the time comes.

The more a father can fulfill his role, the more the mom will feel safe and secure, which will result in baby feeling safe and secure as well. The end result will be a smoother, quieter, easier birth. The more stress Mom is under, on the other hand, the harder labor and delivery becomes. A mother's body is built in a way that if her fight or flight response is triggered, labor can stop dead in its tracks. Without having the time or space to relax and let the stress response release, things will not progress appropriately. This can lead to a list of potential interventions. Those interventions can be avoided by keeping Mom away from stressors. This is something dads are built for. As miraculous as her body is to give birth, she should not have to give birth *and* defend it at the same time.

Dads, you are not just a bystander in pregnancy, labor, and delivery. You are the gatekeeper. You are your family's shield—and sword, if need be. And you are an integral part of the birthing process for the 21st century.

Kenneth Cooper, D.C., is a husband, father of five, and grandfather of two. He has been involved with chiropractic pediatrics and pre/postnatal care for more than 20 years and currently has a successful practice in Battle Creek, Michigan. View article resources and author information here: pathwaystofamilywellness.org/references.html.

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THE REAL CAUSES *of* Birth Trauma

A study indicates 1 in 13 women experiences PTSD after childbirth. Why are we being told that it's the mother's fault?

By Jessica Austin

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There has been increasing awareness about childbirth-related post-traumatic stress disorder (PTSD). Several years ago, the *National Post* in Toronto published an article headlined "Childbirth Can Be as Stressful as War." This article refers to a study that indicated 1 in 13 women experience PTSD after childbirth. This number is unacceptable, and is why I participate in the Vancouver birth rallies and focus part of my doula practice on supporting women who've had previously traumatic births.

This is an important topic to address because it is so widespread, and because there are many misconceptions about it. I want to address two of those misconceptions here.

Creating New Trauma

The first misconception is that childbirth-related PTSD occurs mostly in women with traumatic histories. The study in the *Post* suggests that women with a history of past trauma, such as childhood sexual abuse, are more likely to have PTSD as a result of childbirth. And it's true, sexual abuse trauma can be triggered during the birth process. I have seen this happen firsthand as a doula, and have been trained on how to best support women with a history of sexual abuse.

However, there is a difference between childbirth triggering past trauma issues and childbirth creating a new trauma of its own. According to the *DSM-IV,* the psychiatric manual for classifying mental disorders, it is not true that women develop PTSD because of a history of past trauma or anxiety. It states that "The severity, duration, and proximity of an individual's exposure to the traumatic event are the most important factors affecting the likelihood of developing PTSD."

Dr. Kalina Christoff is a research psychologist and professor at the University of British Columbia. She studies birth trauma extensively, and points out on her birth trauma resource website that "the causes of maternal birth trauma are primarily situational," just like any other trauma. She also states that "the primary determinant of trauma and PTSD is the severity of the traumatic event, and not the history of prior trauma. Any person, even the strongest, healthiest individual, can be traumatized by a sufficiently strong traumatic event."

Although women with a history of past trauma may have symptoms of that trauma come up during childbirth, it is important not to confuse this with childbirth itself causing a new traumatic event in a woman's life, regardless of her history. When childbirth causes a new trauma, it is very often directly related to feeling bullied by care providers, a lack of informed consent, and experiencing unnecessary medical procedures which lead to complications in childbirth.

Traumatic Interventions

The second big misconception is that childbirth-related PTSD happens because birth can be unpredictable and frightening. *The National Post* article quotes Dr. Gail Robinson, a University of Toronto psychiatry professor, as saying, "Sometimes people go along and they think they're going to have a normal delivery and all of a sudden there's a crisis, and they're rushed into the OR and there's great fear." She also says, "There are things that can happen in the birthing process that can make a woman feel like her life or her baby's life are in jeopardy. She experiences helplessness, fear, horror. That's enough for an experience to be traumatic."

I believe the real question is, why aren't women having normal births? Why are so many sudden "emergencies" occurring that the number of women suffering PTSD from childbirth is comparable to soldiers after a war?

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UNNECESSARY MEDICAL INTERVENTIONS OFTEN LEAD TO THE DRAMATIC BIRTH SITUATIONS THAT ULTIMATELY FEEL TRAUMATIC. IN OUR ATTEMPT TO CONTROL BIRTH AND MAKE IT EFFICIENT, MANY WOMEN ARE NOT INFORMED OF THE RISKS.

The answer lies not in how dangerous birth is, because in a well-nourished, healthy population, birth is generally quite safe. However, nearly 1 in 3 women are "rushed into the OR" for what seems to be an emergency cesarean birth.

The truth is, unnecessary medical interventions often lead to the dramatic birth situations that ultimately feel traumatic to women. In our attempt to control birth and make it efficient, many women are not informed of the risks of induction, epidurals, and continuous electronic fetal monitoring. Although studies consistently show that less intervention leads to better births, hospital practices often stick with the status quo of heavy monitoring and attempts to control the very complex process of birth.

Not only that, but women who know and understand the risks of medical intervention are often pressured by medical professionals to comply with their recommendations by being told that their lives or the lives of their babies are "in jeopardy."

I have seen a father ask, "What might happen if we don't induce today?" and get told, "Your baby might die." This, instead of the doctor giving appropriate information on the risks and benefits of induction. Yes, your baby always might die. But what are the actual statistics? What are the risks of induction (fetal compromise, uterine rupture, increased risk of cesarean birth) as compared to the risks of not inducing? Why wasn't this couple offered this information, as required by informed-consent law, in order to make an informed choice about their birth?

According to Dr. Kalina Christoff, two of the biggest reasons women experience childbirth-related-PTSD are unnecessary medical interventions and feeling mistreated by their care providers. These two factors are very often what lead to the traumatic birth crises mentioned in the *National Post* article.

Informed Consent

Based on the work I do as a doula with women who have had previously traumatic births, informed consent is likely the easiest first step in the solution to lowering rates of childbirth-related PTSD in institutional birth settings. Although I've been to some births with great nurses, midwives, and doctors in our hospitals, I've also been to births and heard firsthand accounts from my previous-birth-trauma moms where the informed-consent practices were inadequate, to say the least.

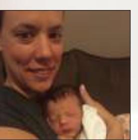
Some medical professionals may believe it's inconsequential to skip over parts of informed-consent practice, or maybe even think it's a helpful way to get a patient to do what they think is best. But spending a little extra time really following those informed-consent laws can make all the difference to a birthing woman and her experience during childbirth. Having medical procedures done without proper informed consent or the opportunity for refusal is commonly what leads to women's feelings of "helplessness, fear, and horror." Dr. Robinson is right: That is enough to make a birth experience traumatic.

Blaming the Victim

When speaking about birth trauma, people often say things like, "A woman suffering childbirth-related PTSD is traumatized because she is prone to anxiety." "She is traumatized because she has not recovered from her past traumatic history." "She is traumatized because she was not properly prepared for how unpredictable birth is, and how quickly it can turn into an emergency situation." Why is our culture so tempted to blame the mother?

Let's instead look at the real problems of unnecessary medical interventions that lead to more challenging birth circumstances, and at the responsibility of medical professionals to provide accurate information and honor a woman's right to make an informed choice about her health without pressure or scare tactics.

If we focus more on encouraging healthy births to progress normally, without interference, we can reduce scary fetal heart rate drops after inductions or epidurals. We can reduce instances of violent forceps deliveries if we stop doing cervical exams at every opportunity to convince a woman her birth isn't happening on the hospital's ideal timeline. If we start focusing on the importance of providing women with real information to make decisions on instead of bullying them, even unintentionally, by using threatening statements like "If you don't consent your baby might die," then we might get somewhere in reducing these tragic numbers of childbirth-related PTSD.



Jessica Austin, of Birth Takes a Village, is a childbirth educator, doula, and doula trainer who attends births in Vancouver, British Columbia. She is known for her work inspiring families to have healthy, undisturbed homebirths and for her emphasis on informed choice in childbirth. View article resources and author information here: pathwaystofamilywellness.org/references.html.

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just
breathe

BIRTH PAUSE

By Lesley Everest

Having a powerful birth is not about sticking someone in a tub, lowering the lights, and playing peaceful music. Establishing conditions that nourish hormone flow certainly helps. But birth is a rite of passage we need to take personal responsibility for, as well. What resources are we bringing to the table within our culture of discomfort around true mindfulness and attention to our inner worlds?

It helps for us to develop our own inner capacity to hold the things that make us nervous and uncomfortable. It helps for us to prepare our internal ground, so that birth may land upon a nervous system that will not default to fighting, fleeing, or freezing in response to the inevitably strong sensations and monumental transformation.

Depending only upon external conditions can be risky. A particular environment or circumstance can only take us so far.

A powerful birth is also an inside job. When we can meet whatever each wave of transformation brings our way with grounded flexibility and knowledge of our worth, we will have found resilience.

Lesley Everest has been accompanying families through the intimate transitions of birth, early parenting, and loss for 25 years. As a mother of four and a long-time birth/postpartum doula, she brings tremendous experience and knowledge to her role, offering information, comfort, and emotional support to all expressions of birth and parenthood. Nourishing the healthy physical, emotional, and spiritual beginnings of family is Lesley's passion. Her educational background includes professional training in many different forms of massage/bodywork, human bonding and infant sleep, psychosynthesis psychotherapy, non-sectarian ministry, maternal mental health support, and transformational coaching. Her greatest teachers have been birth, living with and healing from invasive cancer, and motherhood. View article resources and other information here: pathwaystofamilywellness.org/references.html.

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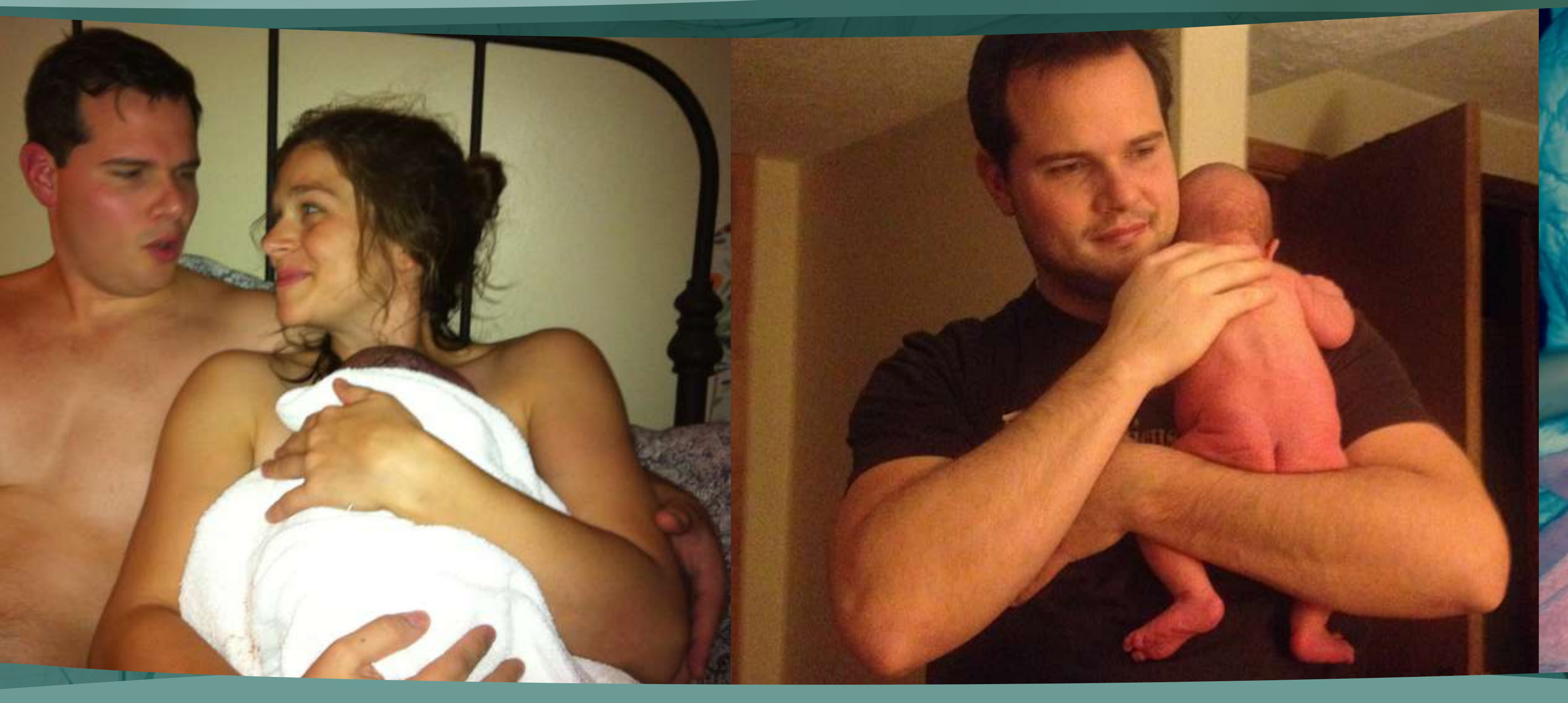

A Tale of Two Births

How Chiropractic Reshaped How I Birth

By Mollie Beachum

Leading up to my first birth, I had obstetric care until I was 34 weeks. My obstetrician told me I would be induced two weeks early, for no reason other than he felt it was best, so I transferred care to a group of midwives. Overnight, it seemed, I woke to a new birth paradigm. In this new landscape I was part of a team of women who took notice of my diet and my mindset, and opened my awareness of informed consent. The weeks passed, and I felt carried by these women as I waited for the birth.

I must have had some romantic ideas about what labor would feel like. All of the sound suggestions—to sleep between contractions, to take the labor pains one at a time, to breathe and let my mouth relax so my cervix would open—could not reach me where labor took me. I wanted to be touched and held and soothed, but there was no balm for this labor. In water and out of water, it felt long and shockingly hard with every new wave my uterus brought. While I did not push for long compared to some births, this last portion of labor felt like an imperative impossibility: My hormones rushed over me and brought gargantuan pushing contractions, but my daughter moved slowly, slowly down, it seemed. I felt panicked and consumed with how difficult the last 32 hours had been.

When I held my girl for the first time, life came into focus again. I noticed how slippery, firm, and heavy she was. This was no ambiguous bump any longer; she had form and feeling. Newborn cries filled my Hollywood apartment and we spent a long while comforting her. My midwife noted that my daughter breathed about 100 breaths per minute—fast, much too fast. Many years later we would wonder if, had we known about chiropractic, would we have been able to save this little newborn girl from the ensuing tests that came her way as she was referred to pediatric care and then hospital care for tachypnea, or rapid breathing. We stayed only 24 hours in the hospital. After two rounds of IV antibiotics—"just in case," they said—and several tests, we decided to leave when they insisted she needed a spinal tap, even though the tachypnea had resolved.

Three years later, my husband was a student of chiropractic—and I was pregnant again. From the very beginning I worried about how hard labor would be. I read about alignment of

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both the soft and bony tissues, and hoped that I would be able to have a different birth experience. Somewhere in my mind I feared that I was "pain sensitive," and that I didn't mentally have what birth took. My husband and I, with Dr. Kent Vanderslice, worked to create health through chiropractic. I had weekly adjustments, and in the final few weeks we added some massage. My body felt well enough, but my memory of my first labor still loomed.

Labor with my son began gently, much as my daughter's had. I went to the bathroom and decided that the toilet, with a Squatty Potty for my feet, seemed like a reasonable way to begin the journey. Waves came and went, and my mood was a constant, contented hum. Contractions were work for my uterus only, instead of the mind-and-body-consuming vortex they had been in my first birth. I drank coconut water, I wished our toilet had a head rest, and prepared myself for a whole night of labor.

My body shook and gave me a huge adrenaline rush. I looked at my midwife and asked, "Could I be transitioning?" It had not been all night—it had been some blur of contractions and conversation. Transition meant pushing, and that the baby was almost here. How was that even possible? I was too happy, too *here*. The all-over urge to push came as it had the first time, but instead of feeling lost and possessed, I felt like my body was really busy and I should just relax and watch the show. All 9 pounds 4 ounces of my son came without a tear. When I held his body and marveled like I had with my daughter, I did so with a second awareness. Labor and birth had been the biggest high of my life. I could have done it again the next day had we another case of that pink coconut water.

My son was checked and adjusted by my husband after he was 15 minutes old. That had been enough time for me to cut the cord, don a robe, and sit on the couch with everyone. Our son had no tachypnea or any other sign of physical stress. He nursed and slept through being passed to the different hands in the room. Dr. Vanderslice came to my home the following day with his table, and adjusted me as well. By day four postpartum, I had almost no bleeding, a sharp contrast to the 5 weeks of postpartum bleeding in my first pregnancy.

Chiropractic had transformed what I knew as labor and birth. It left me and my children better than they found us, restoring function and joy in our bodies. I wonder if what we consider the range of normal in labor and birth are actually common dysfunctions that we share when we have subluxations and other alignment issues. What if birth was supposed to be this easy? What if our children were made to be healthy? After witnessing many births and newborns, this student midwife and mother would say: Health is our heritage.

Mollie Beachum is the baby of six brilliant children (or this is what she has been told). She attended school at Queens University of Charlotte and has a degree in creative writing. Mollie finds the stuff of life when she is near the mountains, birth, natural health, and her family. With her husband as the house comedian and her children as an ever-spring of joy, she feels anywhere in the world could be called "home." View article resources and author information here: pathwaystofamilywellness.org/references.html.

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What About the Baby?

The dynamics of a normal and healthy birth

By Anne Margolis, C.N.M.

On the physical level, birth happens naturally by a complex series of biological events believed to be initiated by the baby. When baby is ready, it is her biological priority to navigate down the birth canal with help from the contractions of the mother's uterus and her instinctive pushing, gravity, and mobile positioning. An immediate connection to the mother and breastfeeding are crucial after birth to begin bonding and for the baby's healthy development.

The baby can experience anything that interrupts this process as invasive, overwhelming, and scary.

In his book, *Birth Trauma—A Baby's View,* Graham Kennedy explains the significance of how we treat birth:

> *The birth process is more than just the means through which we come into this world. It is the first major period of transition in our lives. This transition from our experience of being intimately connected with our mother, whilst in the womb, to gradually separating and individuating, once we leave the womb, affects us not only physically but also emotionally and psychologically. The effects of this transition can range from mild to severe depending on the nature of the birth.*

Birth is tough enough without even considering interventions. Going down the birth canal includes twisting and turning the body, head, and neck, as well as compression and pressure. But we as a species have handled it just fine, born into a calm community of love and support, soothed in the warmth and comfort of mama's chest, quiet surroundings, soft lighting, on-demand breastfeeding, and babywearing.

If babies feel overwhelmed and frightened, this feeling can be locked into their bodies as trauma until they work it out of their systems after birth. It also can impact them for a longer period of time, developing into behavioral and learning difficulties in the child's later years.

We know from decades of research in neurology, embryology, and psychology that newborns are born fully aware and conscious. They are exquisitely sensitive, and therefore vulnerable to acute or chronic stress and trauma. Consciousness actually begins in the womb. Drugs, alcohol, nicotine, poor nutrition, and certain infections in the mother can drastically affect the unborn baby—altering DNA and genetic expression, as well as physical, mental, and emotional development. What Mom eats, drinks, breathes, thinks, feels, and experiences goes right to the baby. So do her stress hormones.

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We are learning that trauma during childbirth is not only stored by newborns as nonverbal memories, it impacts their lives at a critical time in their development. This trauma can affect short- and long-term physical and mental health, and their entire neurological system, including learning capacity, mental orientation, emotional stability, and stress management. The fight-or-flight stress response creates a strong memory in babies and leads to similar responses to future stressors. Eighty percent of children with sensory processing disorder, ADHD, developmental delays, and autism have a history of birth trauma.

"Babies are far more conscious and aware, even as newborns, than we realize," Kennedy says. "They are also incredibly sensitive to what is going on in their environment. Unlike adults, babies do not have the option of fighting or fleeing as a response to threatening or overwhelming circumstances. As a result, the only option left available to them in these circumstances is to freeze. This makes them much more vulnerable to the effects of overwhelm and traumatization than adults, or even older children."

So, what are some of these threatening and overwhelming circumstances?

The Damage of Technological Births

The typical hospital birth today includes an array of drugs and procedures. These are administered to incite stronger, more frequent contractions, to numb the pain or to sedate entirely. But, a baby is also susceptible to anything the mother has been given.

In addition to being flooded with their mom's stress hormones (from fear, impersonal treatment, and being coerced into unwanted interventions), babies experience direct trauma from the aggressive way they are often ushered into the world from the comfort and connection of the dark cozy womb of their mother.

Just think for a newborn, what it's like for them to:

- Experience induced labor that make contractions stronger and more intense
- Feel the effects of numbing drugs which are known to influence their microbiome and disturb the healthy balance of bacteria
- Sense a hooked object breaking the water bag around them
- Have an internal probe screwed onto their head to monitor continuous heart rate and contractions
- Be pulled out by forceps, vacuum, or cesarean
- Have their umbilical cord immediately clamped, cutting off their lifeline of blood and oxygen (as well as other nutrients, antibodies, and stem cells) as they transition to using their lungs instead—often resulting in the need to be resuscitated
- Be born into a world of bright lights, often rough handling by strangers not trained to appreciate their conscious experience
- Get tubes stuck down their throats to suction them
- Have their vision blunted by antibiotic ointment in their eyes
- Be given vitamin K and hepatitis vaccine injections, and poked for blood tests
- Get probes put on them for screening procedures
- Be taken to the nursery away from their parents by strangers, then left alone for hours in hospital cribs
- Be given formula and pacifiers instead of their mother's breast milk and skin-to-skin contact

This is routine and standard in most hospitals in the United States and other developed countries. I am not including the effects of NICU treatment and procedures for some, or being strapped down for medical circumcision for others.

The standard, technocratic birth today just doesn't encourage a safe, quiet, intimate, and private environment for mother and baby to flow naturally within it. This type of maternity care does not promote trust or give baby the message that it is safe, kind, or comfortable to be here. It certainly does not help to enable a tender bond to develop between mother and baby. Instead, it elicits a baby's instinctual fight-or-flight stress response. And when there is fear of harm, overwhelm, helplessness, and an inability to fight or flee, the nervous system gets stuck in trauma. It's no wonder that some babies are so "fussy," or won't breastfeed with ease, or experience colic.

In Pathways issue 44, David B. Chamberlain, Ph.D., describes the situation families face today:

> *While in the hospital, all mothers and babies are on professional turf where everything is regulated by hospital protocol designed not for patients but for staff. [...] Even in the most lenient hospital environments, parents must expect to insist upon continuous contact with their baby, as well as privacy, or they will not get it. [...] The mental and emotional damage done by birth technology to infants in the last century has followed our babies into childhood and right into adulthood, and has made necessary the development of reconstructive therapies for body and mind.*

Effects of Standard Birth

When looking at birth from a baby's perspective, it does indeed sound traumatic and unfathomable, but these practices are all too common and routine—and evidently, they contribute to poor outcomes.

The U.S. ranks near the bottom as compared to other modernized countries in terms of maternal and newborn morbidity and mortality, despite high rates of medical and surgical interventions. Twenty-three percent of all births performed in U.S. hospitals are induced; this means the mother is given drugs and chemicals to provoke more frequent and intense contractions. And, 65 percent of those

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women will also be given epidurals on top of that to cope with the unnaturally intense pain from the medications. Furthermore, 33 percent of births in America wind up in a C-section. These numbers no longer seem ordinary when compared to natural births, 95 percent of which deliver healthy babies without intervention.

Although babies can't verbally explain their trauma to us, the symptoms they endure because of their traumatic births are the language with which we can begin to translate for them a solution. Think of an adult in a stressed or post-traumatic state—poor appetite, trouble sleeping, expressions of angst, irritability, and irregular breathing come to mind. Babies are not so different. Don't mistake these symptoms as those of simply a "fussy" or "difficult" baby:

- increased heart and respiratory rate
- increased startle response, reactivity, jerky movements
- irritability, fussiness, being inconsolable, excessive crying (here, a baby is usually labeled as "fussy" or "difficult"), or not crying at all
- poor sleep or excessive sleep
- feeding difficulties
- bonding issues; decreased eye contact; glossed, divergent eyes

According to William Emerson, a leading authority on the matter,

> *Most parents and professionals consider it ordinary for infants to awaken during the night, cry for long periods, have gastrointestinal distress, or be irritable. Few parents or professionals have seen trauma-free babies, so few have experienced babies who are symptom-free. In addition, few have glimpsed the human potential that is possible when babies are freed from the bonds of early trauma.*

In his book, Kennedy paraphrases Emerson as saying further,

> *The effects of early trauma do not have to be a life sentence. With appropriate therapeutic support, they can be fully healed. Nor is there an age limit beyond which these early traumas can be treated.*

Babies aren't simply the adorable bundles of joy whose lives begin on the day they're born. They are thinking and feeling beings that have a big job to do in transitioning from Mama's womb to the outside world.

According to Chamberlain,

> *Leading researchers now sing the praises of infants. Harvard's Berry Brazelton calls them "talented"; Hanus Papousek, a German pioneer in infant studies, calls them "precocious"; famed pediatrician Marshall Klaus calls them "amazing." Professor T.G.R. Bower, one of the most innovative of all infant researchers, declares that newborns are "extremely competent" in perception, learning, and communication.*

The research to fully understand who these amazing beings are is still unfolding and is only now gaining momentum.

When thinking of trauma, we largely conjure up images of disastrous and catastrophic situations. There is a significant amount of research, however, that shows us that any highly intense situation—especially where there is overwhelm, fear and helplessness—can have just as significant a traumatic effect on our health.

And, we generally know that the traumas that have the deepest roots in our lives are the traumas that happen the earliest, all the way back to experiences of young childhood—including birth and womb time—when we were fully conscious but not yet verbal.

This may sound overly dramatic, but it is backed by science and solid research. Being born is a big and tender step in our life. We don't pay enough attention to the psychological impact of childbirth on newborns. We assume that babies are not aware and won't remember the pain of transition or the insensitivity of their care.

While it may not be written in our conscious memories, experiencing birth remains in our very cells, and is certainly within our subconscious, influencing much of our behavior, reactions, and perspectives later in life. How we react to stress at work or pressure from loved ones in our adult lives, and how we make our toughest decisions, can be traced back to how we experienced birth, when the response to stresses within the nervous system was developing.

Anne Margolis is a licensed certified nurse midwife, licensed Femme! teacher, certified Clarity Breathwork practitioner, and yoga teacher and practitioner. She is a third-generation guide to mamas birthing babies in her family. Anne has helped thousands of families in her 20+ year midwifery practice and has personally ushered the births of more than 1,000 healthy babies into the world. She is the author of Natural Birth Secrets *and* Trauma Release Formula. *Her work has been seen on TV shows and movies, including* A Baby Story *on TLC Discovery Channel and the award-winning feature documentary* Orgasmic Birth. *View article resources and other information here: pathwaystofamily wellness.org/references.html.*

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All the eggs a woman will ever carry
form in her ovaries while she is a four-month-old
fetus in the womb of her mother. This means our cellu-
lar life as an egg begins in the womb of our grandmother.
Each of us spent five months in our grandmother's womb,
and she in turn formed in the womb of her grandmother.
We vibrate to the rhythm of our mother's blood before
she herself is born, and this pulse is the thread
of blood that runs all the way back through
the grandmothers to the first mother.

—Layne Redmond,

When the Drummers Were Women

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Newborns, Infants, and Chiropractic

By Larry L. Webster, D.C.

Many chiropractors are saying that all babies need to have their spines checked to determine if vertebral subluxations are present. Subluxations may exist at birth, or they might even be produced by the birth process. New studies now indicate that many newborns have spinal nerve involvement that could threaten their health and, in some cases, their lives.

Abraham Towbin, M.D., a Harvard University pathologist, found evidence of spinal injury as a result of the birthing process. He called it "precipitous delivery techniques," meaning excessive intervention—both mechanically and physically. Modern obstetrics seem to emphasize speed of delivery.

Dr. Towbin further states that he found evidence of spinal injury in many cases of unexplained crib deaths and respiratory conditions. He quotes an earlier study by Mathew Duncan, who discovered that it took 90 to 140 pounds of pull pressure on an infant to produce spinal damage.

Dr. Towbin states that this amount of pressure is not uncommon in the normal delivery process. According to his work, the birth process, under even the best controlled conditions, is possibly a traumatic event for the newborn.

Robert Mendelsohn, M.D., states that obstetricians are trained to intervene, and adds that, in a substantial percentage of cases, this interference adversely affects the physical or intellectual capacity of the child for the rest of his or her life.

Can Chiropractic Help Children?

The effectiveness of chiropractic care for children has been a long-standing premise in our profession, and clinical results supporting this have been obtained for years. With the establishment of the Kentuckiana Children's Center by Lorraine Golden, D.C., in Louisville, Kentucky, clinical data became more organized and the cases more dramatic. The center accepted more serious cases for care, and achieved results.

Dr. Golden broke new ground in accepting serious cases—such as retardation, cerebral palsy, Down syndrome, etc.—on a regular basis and getting positive results. She was chastised by the medical profession and, to some extent, even by the chiropractic profession.

Now, more than ever, both chiropractic and medical sources are using research to document both the need and the effectiveness of chiropractic care for children.

G. Gutmann, a German M.D., concluded in a paper published in 1987 in *Manuelle Medizin* that blocked nerve impulses at the atlas cause many clinical features, from central motor impairment to lower resistance of infections, especially in the ear, nose, and throat. He stated, "Chiropractic and radiological examinations are of decisive importance for diagnosis of the syndrome." He further wrote that chiropractic can often bring about amazingly successful results.

Dr. Gutmann reported examination and adjustment of more than 1,000 infants with atlas blockages or subluxations, including three case reports. One report describes an 18-month-old boy with early relapsing tonsillitis, frequent enteritis, therapy-resistive conjunctivitis, frequent colds and earaches, and increasing sleeping problems—fear of lying down or sleeping, falling from exhaustion, screaming during the night. After the first specific adjustment of the atlas, the child demanded to be put to bed and slept peacefully until morning. The conjunctivitis cleared completely, and his previously disturbed appetite returned to normal.

From this and other German medical studies, Dr. Gutmann concluded that approximately 80 percent of all children are not in autonomic balance and that many have atlas blockages or subluxations. He has been "constantly amazed how, even with the lightest adjustment with the index finger, the clinical picture normalizes, sometimes gradually, but often immediately."

He reported that his colleague, Viola Frymann, examined a random group of 1,250 babies five days postpartum and found that 211 suffered from vomiting, hyperactivity and sleeplessness. Manual examination revealed cervical

IT IS NO LONGER CONJECTURE WHETHER CHILDREN CAN BE HELPED UNDER CHIROPRACTIC CARE. **CHIROPRACTIC CAN CHANGE LIVES.**

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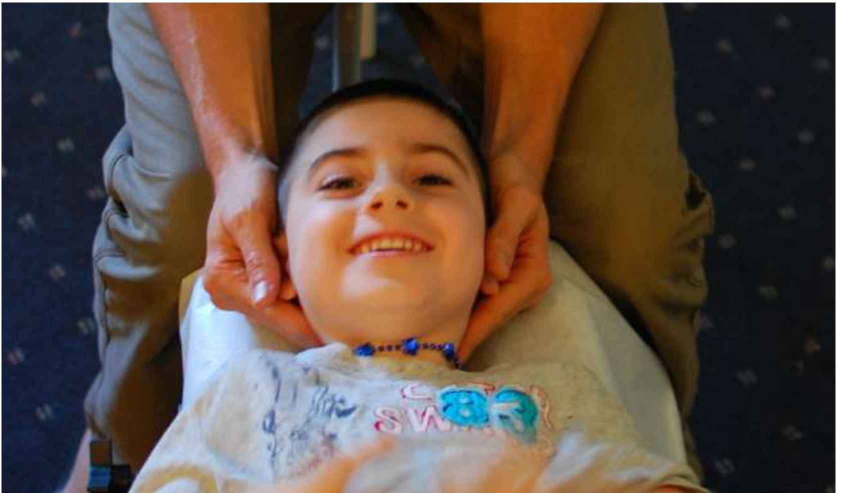
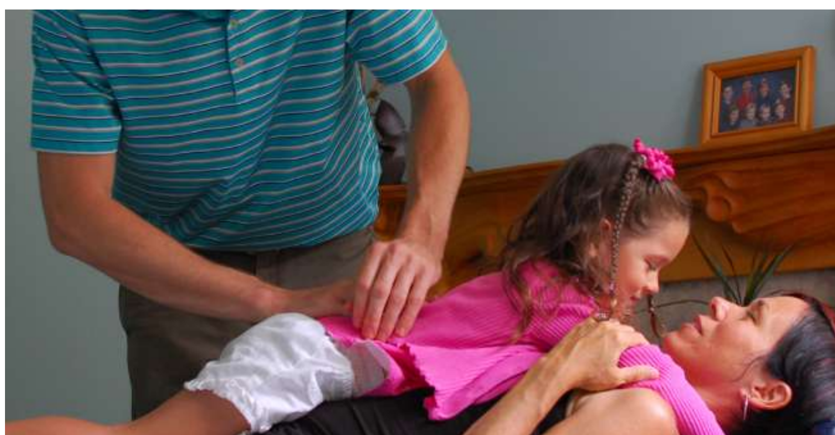
strain in 95 percent of them. Release of this strain by specific manipulation "frequently resulted in immediate quieting, cessation of crying, muscular relaxation and sleepiness."

Dr. Gutmann's highly significant conclusions are:

1. "Observations of motor development and manual control of the occipito-atlanto-axial joint complex should be obligatory after every difficult birth."
2. With any developmental impairment, this joint complex should be examined and, if required, specifically adjusted. "The success of adjustment overshadows every other type of treatment."

Dr. Towbin, in his paper "Latent Spinal Cord and Brain Stem Injury in Newborn Infants," writes, "...forceful longitudinal traction during delivery when combined with flexion and torsion of the vertebral axis is thought to be the most important cause of neonatal spinal injury." It is evident that a close relationship exists between the traction stress applied and the occurrence of subluxations. He further states, "These injuries occur often during the birth process, but frequently escape diagnosis." Modern techniques of obstetrics seem to emphasize the speed of completion of a birth, often at great cost to the newborn's cranial and cervical biomechanics.





When All Else Fails ...

In my own personal experience, chiropractic was the solution to my health problem. As a 3-year-old child, I had chronic asthma and pneumonia complications on a regular basis. After being dismissed from the hospital with a poor prognosis for my life, my father took me to a chiropractor as a last resort. After a brief period of care, my asthma disappeared and the complications ceased.

I can relate case after case in which chiropractic was successful after all else had been tried. Consider the following examples:

1. A 7-year-old boy who was never supposed to develop beyond the mental age of 3 had six months of chiropractic care. Afterward, the child was enrolled in school in a normal curriculum.
2. A 6-year-old girl, whose IQ was measured at 40, had two months of chiropractic care. Then her IQ was measured at 80 by an independent agency which specialized in testing for retardation.
3. A 4-year-old boy who had Down syndrome could not, upon entry, walk, dress himself, or vocalize. After two months of chiropractic care, he began to talk, and after four months of care he began to dress himself. After six months of care, he said his first words. My ego wanted the words to be "chiropractic" or "Dr. Webster," but it was not to be so. His first words were to request his favorite food; prior to that, he could only grunt and point.

Chiropractors all over the world are caring for these cases and others like them, often obtaining dramatic results. The statement "you haven't tried everything until you've tried chiropractic" is unquestionably true.

It is no longer conjecture whether children can be helped under chiropractic care. Chiropractic can change lives.

Just think of the thousands of lives it has changed. No longer are children suffering.

What about the burdens being lifted from parents who searched and searched for answers and found them in chiropractic?

My life was changed through chiropractic, and there is a need for every child's spine to be checked on a regular basis.

Research proves it!

Dr. Larry Webster was a visionary, an inventor, a technique developer, and a teacher when it came to chiropractic and children. He fostered an unmatched understanding of the necessity of chiropractic care for children. His natural love and ability to connect with children was felt by anyone who watched him adjust. Dr. Larry founded the International Chiropractic Pediatric Association to teach chiropractors advanced adjusting skills relevant to infants and children. View article resources and author information here: pathways tofamilywellness.org/references.html.

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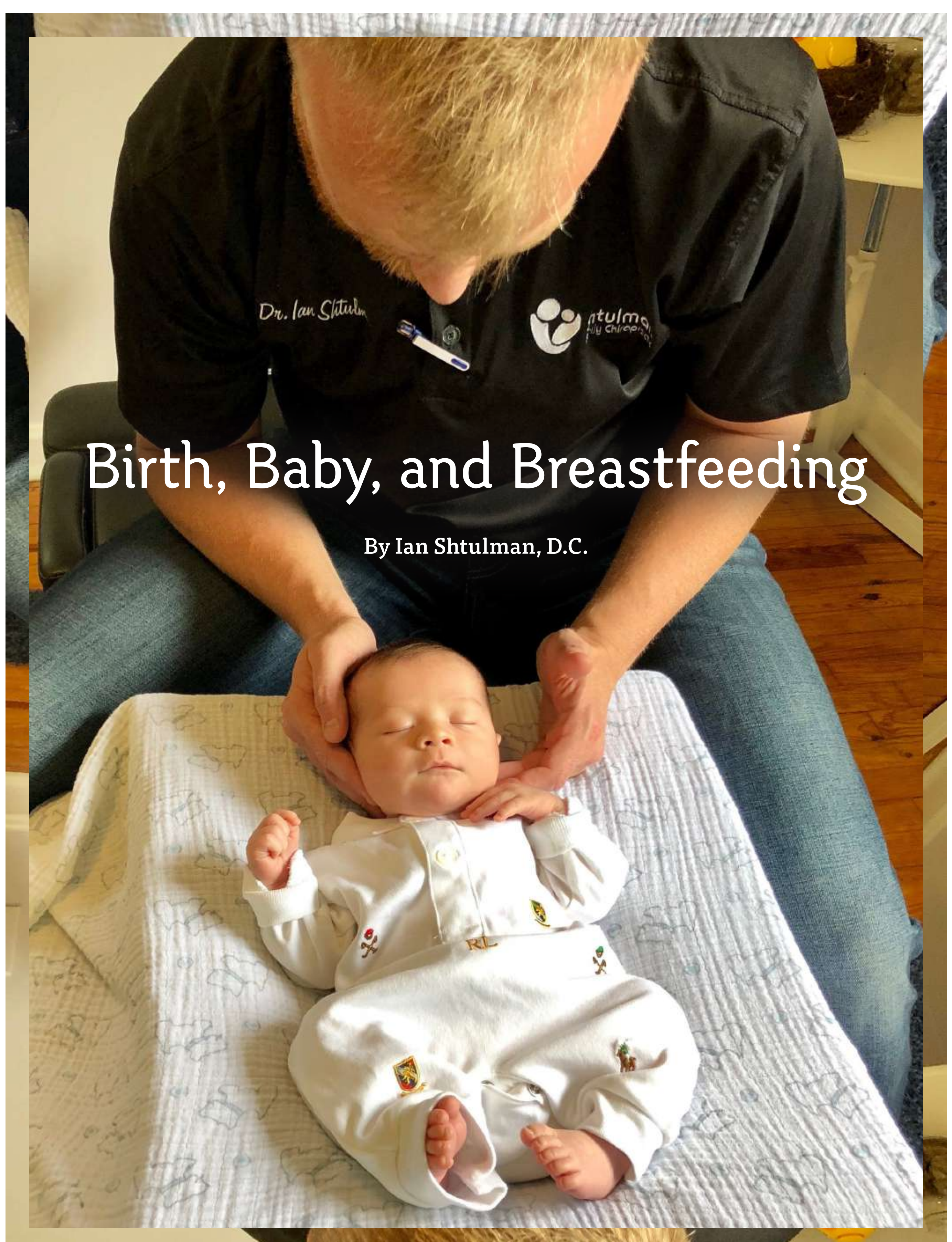

Birth, Baby, and Breastfeeding

By Ian Shtulman, D.C.

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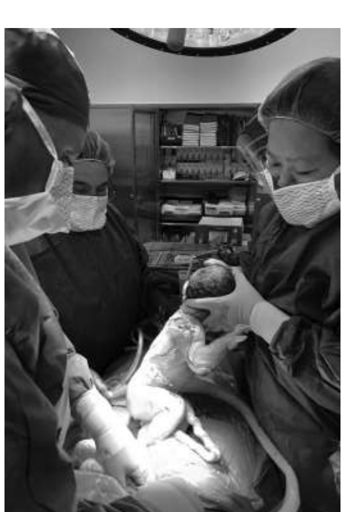
In a typical C-section, a small incision is made in the mom's abdomen and the doctor, hands around baby's neck, pulls upward and maneuvers the baby out. This is how one out of every three babies in the United States enters the world. This is how Owen, a young boy who was brought to my practice, was born. Contrary to the perception that a mom's belly unzips and the baby floats out on a cloud, cesareans pose real physical trauma to a baby's spine. Those traction forces are experienced by the baby in most births, vaginal or cesarean, and cause a subtle shift in the top bone of the neck. That shift in the spinal bone can interfere with the nervous system and disrupt normal childhood development. This neurobiomechanical dysfunction, what chiropractors refer to as vertebral subluxation, can contribute to many of the concerns new parents have for their children—comfort, sleep, digestion, immune system, coordination, and, in Owen's case, breastfeeding.

After birth, Owen and his mom, Ivy, couldn't establish a normal latch. It was painful, inconsistent, and ineffective. Despite Owen seeing the neonatologist, pediatrician, several lactation consultants, and a pediatric dentist who released four tongue and lip ties, no one could explain why he struggled to breastfeed. One of the lactation consultants instructed Ivy to give up, that Owen's anatomy would make a normal latch impossible. "It broke my heart," she said, resigning herself to pumping and bottle-feeding, thinking nothing would make a difference.

When all seemed lost, Ivy tried chiropractic. An evaluation revealed a vertebral subluxation at the top of Owen's neck, restricting his ability to turn his head and engage the breasts symmetrically, open his mouth sufficiently, and develop an effective sucking and swallowing pattern. Owen melted into the table during the adjustment, which was a gentle pressure to correct the subluxation, reduce the adverse nervous system tension, and let him finally move in a way that allowed him to latch.



CONTRIBUTED BY THE AUTHOR

A few hours after his first adjustment, Ivy sent the following text: "I just wanted to say thank you. We just got home and Owen nursed for 30 minutes…I can hardly believe it. I've cried for a week unable to provide for my babe; I'm so thankful! Whatever we are doing to him, it's working."

OWEN MELTED INTO THE TABLE DURING THE ADJUSTMENT, WHICH WAS A GENTLE PRESSURE TO CORRECT THE SUBLUXATION, REDUCE THE ADVERSE NERVOUS SYSTEM TENSION, **AND LET HIM FINALLY MOVE IN A WAY THAT ALLOWED HIM TO LATCH.**

Two weeks later Owen is nursing undisturbed: no more pain, no more pumping, no more bottles. Ivy replaced the tears of frustration with those of joy, and feelings of failure with the incredible connection and bond of breastfeeding. "Never give up," she encouraged. "Breastfeeding can be hard, but you should definitely try chiropractic after birth, before they have to go through what I went through."

The importance of breastfeeding for physical and emotional health is well documented and generally accepted by the medical community. While many hospitals and doctors' offices have taken steps toward increasing breastfeeding rates, for some moms they may be missing one key aspect—chiropractic. Every provider who works with pregnant women and children—OB/GYNs, midwives, perinatologists, pediatricians, neonatologists, lactation consultants, doulas, dentists, and others—needs to understand that birth is physically stressful and chiropractic offers a safe, gentle, and effective approach to helping mom and baby navigate the transition from pregnancy to birth and beyond.

Ian Shtulman, D.C., is a second-generation chiropractor in private practice in Palm Beach County, Florida. After graduating from Life University with the Philosophy Distinction award, he earned his diplomate in chiropractic pediatrics through the International Chiropractic Pediatric Association. His passion for perinatal chiropractic led him to being the in-house chiropractor in a free-standing birth center and a CE speaker for chiropractors, midwives, and childbirth educators. He has fostered relationships with OB/GYNs and pediatricians and is particularly interested in establishing subluxation correction as a routine component of prenatal and pediatric healthcare. View article resources and author information here: pathwaystofamily wellness.org/references.html.

Why Chiropractic Care for Children?

Being born 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 undertreated problem."

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.

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 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.

CO-SLEEPING AND BIOLOGICAL IMPERATIVES

Why Human Babies Do Not and Should Not Sleep Alone

By James J. McKenna, Ph.D.

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Where a baby sleeps is not as simple as current medical discourse and recommendations against co-sleeping in some western societies want it to be. And there is good reason why. I write to explain why the pediatric recommendations on forms of co-sleeping, such as bed-sharing, will and should remain mixed. I will also address why most new parents practice intermittent bed-sharing despite governmental and medical warnings against it.

Definitions are important here. The term co-sleeping refers to any situation in which a committed adult caregiver, usually the mother, sleeps within close enough proximity to her infant so that each can respond to each other's sensory signals and cues. Room-sharing is a form of co-sleeping, always considered safe, and always considered protective. But it is not the room itself that is protective. It is what goes on between the mother (or father) and the infant that is. Medical authorities seem to forget this fact. This form of co-sleeping is not controversial and is recommended by all.

Unfortunately, the terms co-sleeping, bed-sharing, and a well-known-to-be-dangerous form of co-sleeping, couch or sofa co-sleeping, are mostly used interchangeably by medical authorities, even though these terms need to be kept separate. It is absolutely wrong to say, for example, that "co-sleeping is dangerous" when room-sharing is a form of co-sleeping, and this form of co-sleeping (as at least three epidemiological studies show) reduces an infant's chances of dying by one half.

Bed-sharing is another form of co-sleeping that can be made either safe or unsafe, but it is not intrinsically one or the other. Couch or sofa co-sleeping is, however,

intrinsically dangerous. Babies can and do all too easily get pushed against the back of the couch by the adult, or flipped facedown in the pillows, and suffocate.

Often news stories talk about "another baby dying while co-sleeping," but they fail to distinguish between what type of co-sleeping was involved and, worse, what specific dangerous factor might have actually been responsible for the baby dying. A specific example is whether the infant was sleeping prone next to his parent, which is an independent risk factor for death regardless of where the infant was sleeping. Such reports inappropriately suggest that all types of co-sleeping are the same (and dangerous), that all the practices around co-sleeping carry the same high risks, and that no co-sleeping environment can be made safe.

Nothing can be further from the truth. This is akin to suggesting that because some parents drive drunk with their infants in their cars, unstrapped into car seats, and because some of these babies die in car accidents that nobody can drive with babies in their cars because obviously car transportation for infants is fatal. You see the point.

One of the most important reasons why bed-sharing occurs, and the reason why simple declarations against it will not eradicate it, is because sleeping next to one's baby is biologically appropriate, unlike placing infants prone to sleep or putting an infant in a room to sleep by herself. This is particularly so when bed-sharing is associated with breastfeeding.

When done safely, mother-infant co-sleeping saves infants' lives and contributes to infant and maternal health and well-being. Merely having an infant sleeping in a room with a committed adult caregiver (co-sleeping) halves the chances of an infant dying from sudden infant death syndrome (SIDS) or from an accident.

Proven by Research

In Japan where co-sleeping and breastfeeding (in the absence of maternal smoking) is the cultural norm, rates of SIDS are the lowest in the world. For breastfeeding mothers, bed-sharing makes breastfeeding much easier to manage and practically doubles the amount of breastfeeding sessions while permitting both mothers and infants to spend more time asleep. The increased exposure to mother's antibodies that comes with more frequent nighttime breastfeeding can potentially reduce illness for any given infant. And because bed-sharing makes breastfeeding easier for mothers, it encourages them to breastfeed for a greater number of months, according to Dr. Helen Ball's studies at the University of Durham, therein potentially reducing the mother's chances of breast cancer. Indeed, the benefits of co-sleeping help explain why simply telling parents never to sleep with baby is like suggesting that nobody should eat fats and sugars since excessive fats and sugars lead to obesity and/or death from heart disease, diabetes, or cancer. Obviously, there's a whole lot more to the story.

An expanded version of bed-sharing's function and effects on the infant's biology helps us to understand not only why the bed-sharing debate refuses to go away, but why the overwhelming majority of parents in the United States (over 50 percent, according to the most recent national survey) now sleep in bed for part or all of the night with their babies.

That the highest rates of bed-sharing worldwide occur alongside the lowest rates of infant mortality, including SIDS rates, is a point worth returning to. It is an important beginning point for understanding the complexities involved in explaining why outcomes related to bed-sharing—recall, one of many types of co-sleeping—vary between being protective for some populations and dangerous for others. It suggests that whether or not babies should bed-share and what the outcome will be may depend on who is involved, under what condition it occurs, how it is practiced, and the quality of the relationship brought to the bed to share. This is not the answer some medical authorities are looking for, but it certainly resonates with parents, and it is substantiated by scores of studies.

Our Biological Imperatives

My support of bed-sharing when practiced safely stems from my research knowledge of how and why it occurs, what it means to mothers, and how it functions biologically. Like

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UNFORTUNATELY, THE TERMS CO-SLEEPING, BED-SHARING, AND A WELL-KNOWN-TO-BE-DANGEROUS FORM OF CO-SLEEPING, COUCH OR SOFA CO-SLEEPING, ARE MOSTLY USED INTERCHANGEABLY.

human taste buds, which reward us for eating what's overwhelmingly critical for survival—i.e. fats and sugars—a consideration of human infant and parental biology and psychology reveal the existence of powerful physiological and social factors that promote maternal motivations to co-sleep and explain parental needs to touch and sleep close to their baby.

The low-calorie composition of human breast milk (exquisitely adjusted for the human infants' undeveloped gut) requires frequent nighttime feeds, and therefore helps explain how and why a cultural shift toward increased co-sleeping behavior is underway. Approximately 73 percent of U.S. mothers leave the hospital breastfeeding, and even mothers who never intended to bed-share soon discover how much easier breastfeeding is and how much more satisfied they feel with baby sleeping alongside them in their bed.

But it's not just breastfeeding that promotes bed-sharing. Infants usually have something to say about it too, and for some reason they remain unimpressed with declarations as to how dangerous sleeping next to mother can be. Instead, irrepressible (ancient) neurologically based infant responses to maternal smells, movements, and touch altogether reduce infant crying while positively regulating infant breathing, body temperature, absorption of calories, stress hormone levels, immune status, and oxygenation. In short, and as mentioned above, co-sleeping (whether on the same surface or not) facilitates positive clinical changes including more infant sleep and seems to make, well, babies happy. In other words, unless practiced dangerously, sleeping next to mother is good for infants. The reason why it occurs is because…it is supposed to.

Recall that despite dramatic cultural and technological changes in the industrialized West, human infants are still born the most neurologically immature primate of all, with only 25 percent of their brain volume. This represents a uniquely human characteristic that could only develop biologically (indeed, is only possible) alongside mother's continuous contact and proximity—as mother's body proves still to be the only environment to which the infant is truly adapted, for which even modern western technology has yet to produce a substitute.

Even here in the U.S., nothing a baby can or cannot do makes sense except in light of the mother's body, a biological reality apparently dismissed by those that argue against any and all bed-sharing and what they call co-sleeping, but which likely explains why most crib-using parents at some point feel the need to bring their babies to bed with them—findings that our mother-baby sleep laboratory here at Notre Dame has helped document scientifically. Given a choice, it seems human babies strongly prefer their mother's body to solitary contact with inert cotton-lined mattresses. In turn, mothers seem to notice and succumb to their infant's preferences.

There is no doubt that bed-sharing should be avoided in particular circumstances and can be practiced dangerously. While each single bed-sharing death is tragic, such deaths are no more indictments about all bed-sharing than are the 300,000+ deaths of babies in cribs an indictment that crib sleeping is deadly and should be eliminated. Just as unsafe cribs and unsafe ways to use cribs can be eliminated, so, too, can parents be educated to minimize bed-sharing risks.

We still do not know what causes SIDS. But fortunately, the primary factors that increase risk are now widely known—such as placing an infant facedown for sleep, using soft mattresses, maternal smoking, overwrapping babies, or blocking air movement around their faces.

Whether involving cribs or adult beds, risky sleep practices leading to infant deaths are more likely to occur when parents lack access to safety information, or if they are judged to be irresponsible should they choose to follow their own and their infants' biological predilections to bed-share, or if public health messages are held back on brochures and replaced by simplistic and inappropriate warnings saying "just never do it." Such recommendations misrepresent the true function and biological significance of the behaviors, and the critical extent to which dangerous practices can be modified, and they dismiss the valid reasons why people engage in the behavior in the first place.

James J. McKenna, Ph.D., is a professor of anthropology and director of the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame. He also serves on the health advisory board of La Leche League International. He has served on the executive committees of the American Anthropological Association and Society for Medical Anthropology and is a member of the American Academy of Pediatrics. He lectures nationally and abroad on the importance of re-conceptualizing what constitutes healthy childhood sleep, and along with his undergraduate students, continues to study family sleeping arrangements and the importance of breastfeeding in promoting the health of mothers and infants. View article resources and author information here: pathwaystofamilywellness.org/references.html.

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Communication AND CONNECTION

By Rebecca Thompson Hitt, M.S.

We live in an extremely behavior-focused society. From the moment our babies are born, people ask us about our baby's behaviors and make judgments about whether our baby is good or bad based upon how much she inconveniences us as parents.

But behavior is just a baby's way of communicating her internal state. A baby some parents may label as bad, another parent would label as needing more help to adjust to the world. Do you feel the difference? The words we use to describe our children can help create connection or disconnection right from the start.

Most parenting advice focuses on getting the baby to fit into our lives, rather than considering what the baby needs for optimal development (aside from the obvious physical needs for food and rest). When we seek only to end a behavior, we miss what it's trying to communicate. We might be squandering the opportunity for our children to develop to their fullest potential.

Take the example of a child who is waking at night. New parents are often asked, "How is the baby sleeping?" It seems that babies are rated on their circadian rhythms and how the parents answer that question. Most advice is concerned only with what the parent can do to make the baby sleep, to teach the baby to self-soothe so that she is less inconvenient for the parents.

We should stop and ask why the baby is waking up in the first place. Is the baby hungry? Does he need someone to hold him? Is the baby scared? What happened during her birth? Maybe she is telling her birth story through her night waking. What is she communicating through her sounds and body movements during the night? Was your baby premature, and therefore needs extra help adjusting to the world? Was he in the NICU and separated from his parents while interventions were being done?

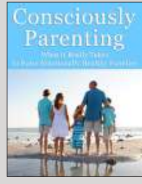
These questions lead to another: What happens if we don't meet this need? Most parenting advice usually says that it doesn't matter, but research shows it does. Meeting a baby's needs matters a lot.

Parents who become focused on behavior when their children are young tend to focus on their children's behavior as they grow up, rather than their relationship. As the children grow, the disconnection grows. Really alert parents may notice something isn't right early on, but not know what to do about it.

Other times, it's not until much later, when the children are teens or preteens (and sometimes younger) and begin acting out very loudly, that parents realize that they don't have a relationship with their children. By this time, the behaviors are much bigger and more problematic. The parents are more scared, and there is clearly more risk involved. The situation isn't hopeless, but it is more challenging to repair relationships at this point than to focus on creating a healthy relationship from the start and repairing disconnections as they happen.

In contrast, parents with a strong relationship with their children don't typically have the same problems. And those committed to making changes early on—during the elementary-school years or earlier—fare much better than those who wait.

Our children communicate with us even before they are born, and immediately after. This communication and positive interaction with a committed caregiver are essential for their optimal development. It is the relationship that makes the difference, and our interpretation of our children's behaviors affects the way we look at the relationship.



Rebecca Thompson Hitt, M.S., M.F.T., is a holistic family consultant. She works to educate and support individuals, couples, families, and groups to slow down and connect. She is the author of three parenting books: Consciously Parenting, Creating Connection, *and* Nurturing Connection. *You can find out more about her and her work at consciouslyparenting.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

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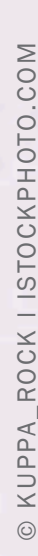
baby CHOREOGRAPHY

By Laura Grace Weldon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First-time motherhood confounded me in a way I could not, and still cannot, put into words. The new life in my arms astonished me. I'd never before looked for so many hours at one face, day after day. I'd certainly never been simultaneously exhausted, enthralled, and overwrought for weeks on end. All the ways I knew to understand another human being were muddled, beyond what the heart knows and the eyes show. So I asked my body to teach me how brand-new Benjamin perceived his world.

When just the two of us were alone, I set him on the carpet and lay down next to him. Then I imitated every single movement and sound my seven-week-old baby made.

Pursed lips.

Open lips.

Wrinkled brow.

Wide-eyed gaze.

Arms sweeping across the air.

Arms held tight to the body.

Feet and toes turning, flexing, flailing.

Arms and legs jerking.

Coos and bubbles.

Hands in fists.

Hands open, waving,

Side-to-side wiggles.

Long pauses of full-body stillness, with a wondrously calm facial expression.

I thought I'd indulge in this for only a minute or two, but I kept it up for much longer. Something about it transported me to my own bodily memory of infancy. I felt, from the inside, a sort of freedom from the physical template created by years of upright posture and acceptable facial expressions. I felt helpless, yes, but also expansively connected—as if my being didn't end at the boundaries of my skin.

Lying there next to this being in baby form, I got a clearer sense of his personhood. And then I got a message as clear as spoken words: that our bodies, mine older and his brand new, were temporal gifts. Our souls were the same size.

I got up from the floor humbled.

It was such a powerful experience that I now look back at it as a sort of ceremony. If you too want to step into an infant's world, give baby choreography a try.

Laura Grace Weldon is the author of Free Range Learning, *a resource-packed handbook of natural education, and poetry collection titled* Tending. *Her background includes leading nonviolence workshops, writing poetry with nursing home residents, facilitating support groups for abuse survivors, and teaching classes in memoir and poetry. Connect with her at lauragraceweldon.com and the Free Range Learning community on Facebook. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

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TIME TO OPT OUT

By Kerry McDonald

It was the stopwatch on the wall that did it. The colorful paint and framed pastel prints nearby tried to hide its conspicuousness, but it was there: red neon digits glowing like the timer at an NBA basketball game. I asked the hospital tour guide what the clock was for, knowing full well its purpose but curious if its intent could somehow be justified. “Oh, never mind that,” she replied cheerfully. “It’s just a way for us to keep track of how long your labor is.”

I had been here before. Not in this smaller, supposedly more personalized hospital, but I had given birth in a hospital on two previous occasions. Both times medical error caused complications for me, ranging from an allergic reaction to prophylactic penicillin to massive hemorrhaging.

But this new hospital would be better, I told myself in the third trimester of my third pregnancy. Here I could have a natural, non-induced birth, attended by hospital midwives. The baby wouldn’t be rushed. She could pick her own birth date, and no one would pull too quickly on the cord.

But then I saw the timer.

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WHEN YOU AGREE TO THE SERVICES OF AN INSTITUTION, YOU AGREE TO ITS POLICIES AND PROCEDURES. YOU MIGHT ARM YOURSELF WITH A BIRTH PLAN AND CLEARLY STATED WISHES. **BUT IN LABOR, AT THE HOSPITAL, YOU RELINQUISH CONTROL.**

It reminded me that institutions have policies and procedures, often designed to protect (or at least protect themselves from liability). They have their own timeframes, their own expectations for when and how certain things should happen. You are simply a widget. When you agree to the services of an institution, you agree to its policies and procedures. Sure, you might try some creative bargaining, arming yourself with a birth plan and clearly stated wishes. But in labor, at the hospital, you relinquish control.

Sometimes things go smoothly and you make it through a hospital birth just fine. With increasing frequency, at least in America, things don't go quite like you anticipated, but everyone reassures you that you have a healthy baby and that's all that matters. Deep down, though, you wonder if that should be so mollifying.

Sometimes you need to opt out. On the ride home from that hospital tour, I called the homebirth midwife and committed to an out-of-hospital birth—something that, according to *Scientific American*, many more women are now choosing in the U.S., perhaps in light of the fact that America is now the most dangerous developed country to give birth in.

At home, there were no timers. My third baby (and later, my fourth) were born on their own time, in their own way, with no complications. The midwives respected the birth process, recognizing that for the vast majority of women, birth is not a medical procedure but a life event. It requires patience and care, not interventions to "move things along." Midwives know that birth must not be rushed.

Yet, so much of our modern focus, particularly regarding children, is about accelerating natural processes. If a child is a "slow" talker, he may get referred for speech therapy before he is out of diapers. If a child is a "slow" reader, she may be given interventions to catch her up to the pack. Never mind that it may be our own distorted view of human development and quest for conformity that lead us to define a process, like talking or reading, as "slow" or "fast." As assistant professor of education Daphna Bassok and her colleagues at the University of Virginia discovered, in 1998, 31 percent of teachers believed that children should learn to read while in kindergarten. In 2010, that number was 80 percent. The target has changed, not the children.

In many ways, our family's education philosophy is informed by our past birth experiences. As unschoolers, our children don't go to school. Instead they become immersed in the people, places, and things around them, allowing emerging interests to drive their learning. They are not pushed to learn certain things according to an imposed curriculum. They are not coerced and prodded and evaluated. They are not timed. They learn to read and write and do arithmetic as naturally and enthusiastically as they learned to crawl and walk and jump. Just as a stopwatch adds unnecessary pressure to the birth process, it does the same to learning. When there is no timer, no institutional force creating arbitrary demands, there is joy. Midwives intuitively understand this. They don't pressure the birth process; they let it unfold and facilitate when needed. Supporting our children's learning, outside of an institution, works much the same way. We are education midwives.

At this time of year, some parents may be having their own stopwatch moment. Maybe all is not quite right at their child's school. Maybe they keep being reassured that it will get better, that this is just the way it is, that everything is fine. But maybe they keep sensing that timer. Maybe they wonder if their child is simply a widget, growing along someone else's timeframe according to someone else's policies and procedures. Maybe they don't like the proposed interventions. Maybe school is not in their child's best interest.

Maybe it's time to opt out.

Kerry McDonald has been deeply involved in education policy and practice for two decades. She has a B.A. in economics from Bowdoin College and an M.Ed. from Harvard University, where she studied education administration, planning, and social policy. She is co-founder of AlternativesToSchool.com, and a member of the board of directors of the Alliance for Self-Directed Education. Kerry writes frequently about education policy and is a regular contributor to Forbes, *NPR, FEE, Intellectual Takeout, and* Natural Mother Magazine. *She is also a popular blogger at Whole Family Learning (wholefamilylearning.com). Kerry lives and learns together with her husband and four unschooled children in Cambridge, Massachusetts. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

7 EYE-OPENING FACTS ABOUT DEPRESSION

By Kelly Brogan, M.D.

A silent tragedy in the history of modern healthcare is happening right now in America, but no one is talking about it. We have been told a story of depression: that it is caused by a chemical imbalance and cured by a chemical fix—a prescription. More than 30 million of us take antidepressants, including one in seven women (one in four women of reproductive age). Millions more are tempted to try them to end chronic, unyielding distress, irritability, and emotional "offness"—trapped by an exhausting inner agitation they can't shake.

It is time, even according to leaders in the field, to let go of this false narrative and take a fresh look at where science is leading us. The human body interacts in its environment with deep intelligence. Your body creates symptoms for a reason. Depression is a meaningful symptom of a mismatch, biologically, with lifestyle—we eat a poor diet, harbor too much stress, lack sufficient physical movement, deprive ourselves of natural sunlight, expose ourselves to environmental toxicants, and take too many drugs. Inflammation is the language that the body speaks, expressing imbalance, inviting change. We usually suppress these symptoms with medication, but that is like turning off the smoke alarm when you have a fire going on. Let's get the facts straight.

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SEVEN PERCENT OF ALL VISITS TO A PRIMARY CARE DOCTOR END WITH AN ANTIDEPRESSANT, **AND ALMOST THREE-QUARTERS OF THE PRESCRIPTIONS ARE WRITTEN WITHOUT A SPECIFIC DIAGNOSIS.**

1 **Depression is often an inflammatory condition.** Depression is often a manifestation of irregularities in the body that often starts far away from the brain and is not associated with so-called "chemical imbalances." The medical literature has emphasized the role of inflammation in mental illness for more than 20 years (unfortunately, it takes an average of 17 years for the data that exposes inefficacy and/or a signal of harm to trickle down into your doctor's daily routine, a time-lag problem that makes medicine's standard of care "evidence-based" only in theory and not practice). Not a single study has proven that depression is caused by a chemical imbalance in the brain. That's right: There has never been a human study that successfully links low serotonin levels and depression. Imaging studies, blood and urine tests, post-mortem suicide assessments, and even animal research have never validated the link between neurotransmitter levels and depression. In other words, the serotonin theory of depression is a total myth that has been unjustly supported by the manipulation of data. Much to the contrary, high serotonin levels have been linked to a range of problems, including schizophrenia and autism. So if you think a chemical pill can save, cure, or "correct" you, you're dead wrong. That is about as misguided as putting a bandage over a nail stuck in your foot and taking aspirin. It's absolutely missing an opportunity to "remove the splinter" and resolve the problem at the source.

2 **Antidepressants have the potential to irreversibly disable the body's natural healing mechanisms.** Despite what you've been led to believe, antidepressants have repeatedly been shown in long-term scientific studies to worsen the course of mental illness—to say nothing of the risks of liver damage, bleeding, weight gain, sexual dysfunction, and reduced cognitive function they entail. The dirtiest little secret of all is the fact that antidepressants are among the most difficult drugs to taper off from, more so than alcohol and opiates. While you might call it "going through withdrawal," we medical professionals have been instructed to call it "discontinuation syndrome," which can be characterized by fiercely debilitating physical and psychological reactions. Moreover, antidepressants have a well-established history of causing violent side effects, including suicide and homicide. In fact, five of the top 10 most violence-inducing drugs have been found to be antidepressants.

3 **The effect of antidepressants is not a cure.** Even if we accepted the proposition that these drugs are helpful for some people (82 percent of which is due to the placebo effect, according to Dr. Irving Kirsch), extrapolating a medical cause from this observation would be akin to saying that shyness is caused by a deficiency of alcohol, or that headaches are caused by a lack of codeine. And what about a genetic vulnerability? Is there such thing as a depression gene? In 2003, a study published in *Science* suggested that those with genetic variation in their serotonin transporter were three times more likely to be depressed. But six years later this idea was wiped out by a meta-analysis of 14,000 patients published in the *Journal of the American Medical Association* that denied such an association.

4 Most prescriptions for antidepressants are doled out by family doctors—not psychiatrists. Seven percent of all visits to a primary care doctor end with an antidepressant, and almost three-quarters of the prescriptions are written without a specific diagnosis. What's more, when the Department of Mental Health at Johns Hopkins Bloomberg School of Public Health did its own examination into the prevalence of mental disorders, it found that most people who take antidepressants never meet the medical criteria for a bona fide diagnosis of major depression, and many who are given antidepressants for things like OCD, panic disorder, social phobia, and anxiety also don't qualify as actually having these conditions.

5 Many physical conditions mimic psychiatric symptoms. Many different physical conditions create psychiatric symptoms but aren't themselves "psychiatric." Two prime examples: dysfunctioning thyroid and blood sugar chaos. We think (because our doctors think) that we need to "cure" the brain, but in reality we need to look at the whole body's ecosystem: intestinal health, hormonal interactions, the immune system and autoimmune disorders, blood sugar balance, and toxicant exposure.

6 Basic lifestyle interventions can facilitate the body's powerful self-healing mechanisms to end depression. These are some of the interventions that can help: dietary modifications (more healthy fats and less sugar, dairy, and gluten); natural supplements like B vitamins and probiotics that don't require a prescription and can even be delivered through certain foods; minimizing exposures to biology-disrupting toxicants like fluoride in tap water, chemicals in common drugs like Tylenol and statins, and fragrances in cosmetics; harnessing the power of sufficient sleep and physical movement; and behavioral techniques aimed at promoting the relaxation response.

7 Depression is a message and an opportunity. It's a sign for us to stop and figure out what's causing our imbalance rather than just masking, suppressing, or rerouting the symptoms. It's a chance to choose a new story, to engage in radical transformation, to say yes to a different life experience.

Adapted from *A Mind of Your Own* by Kelly Brogan, M.D.

Kelly Brogan, M.D., is a Manhattan-based holistic women's health psychiatrist, author of the international and New York Times *bestseller* A Mind of Your Own, *and co-editor of the landmark textbook* Integrative Therapies for Depression. *She completed her psychiatric training and fellowship at NYU Medical Center after graduating from Cornell University Medical College, and has a B.S. from MIT in systems neuroscience. She is board-certified in psychiatry, psychosomatic medicine, and integrative holistic medicine, and is specialized in a root-cause resolution approach to psychiatric syndromes and symptoms. She is on the board of GreenMedInfo, Functional Medicine University,* Pathways to Family Wellness, *NYS Perinatal Association, Price-Pottenger Nutrition Foundation, Mindd Foundation, the peer-reviewed, indexed journal* Alternative Therapies in Health and Medicine, *and the Nicholas Gonzalez Foundation. She is medical director for Fearless Parent and a founding member of Health Freedom Action. She is a mother of two. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

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Pathways Connect

To prepare for the birth of my first child, I was blessed with a community of supportive, like-minded mothers while in chiropractic school. When my husband and I moved away and had our second child, I realized how amazing it had been to have a group of us parents who met regularly and shared our concerns and experiences. It allowed us to make decisions with the assurance that comes with a community of support. As a group, we could venture into unchartered lifestyle choices that felt right to us but were unfamiliar to how our parents had raised us. Homebirth, breastfeeding, and co-sleeping were little-known practices at that time, and I'm grateful that together we gained the confidence and strength to seek these options for our children.

When my husband and I opened our practice, we noticed a similar community come together. Some of the greatest insights into conscious parenting would come out of mom-to-mom, parent-to-parent conversations in our reception area. Sharing their experiences and wisdom with each other as they waited to get their adjustments turned out to be as valuable to them and their families as the adjustments themselves.

Today, with almost too much information at hand via the Internet, it is a blessing to have a real, live, trusted group of open-minded parents to share concerns and successes with. Out of this simple gift of togetherness and real engagement, the ICPA built the platform called Pathways Connect. It has been utilized by many parents and families around the United States and in other parts of the world. Unlike most monthly or weekly parent meetups, Pathways Connect is sponsored by ICPA doctors, giving interested parents an opportunity to join with no fees or requirements.

There are now hundreds of active Pathways Connect meetups in North America alone. They have expanded to include play dates, cooking events, and larger social gatherings, as well as other creative forums. These groups result in new friendships and mutual support systems. Pathways Connect, or whatever parents eventually come to call their groups, provides the opportunity for moms to get together to laugh, cry, and share stories. Young parents report the liberating feeling that occurs when they replace online communication with the deep, invaluable connectivity of face-to-face conversations.

From the gift it has given me in my own life, I encourage you to find a Pathways community in your area. Visit the online Pathways Connect Facebook page, or get in touch with your ICPA chiropractor directly to find a group of people who share your parenting passions. The value of human-to-human connection will be greatly received by your children and the community of families around you.

— Jeanne Ohm, D.C., PATHWAYS TO FAMILY WELLNESS

"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

Rereading *How Children Learn*

THE JOY AND SORROW OF REVISITING THE WORK OF JOHN HOLT

By Peter Gray, Ph.D.

In a survey we conducted a few years ago, educational psychologist Gina Riley and I asked unschooling families to name the writers whose works had influenced them most in their decision to take that route. John Holt was by far the author most often cited, named by more than half of the 232 families in the survey. Holt died in 1985 at the too-young age of 62. Yet he continues to exert great influence.

My colleague Pat Farenga, who has managed Holt's legacy ever since his death, recently oversaw the publication of the 50th anniversary edition of what to me is Holt's most significant book, *How Children Learn,* published in 1967. I read the first edition decades ago, before I had begun my own research into children's learning, without fully appreciating it. Rereading the book now led me repeatedly to think: How true, how brilliant, how sad. Sad because these true facts and brilliant insights are still understood by so little of the population, and our schools are now even worse than they were when Holt was alive. They are even more anxiety-provoking, more wasteful of young people's time, more insulting of young people's intelligence, and more disruptive of deep learning and understanding.

Yet I'm optimistic, as I think Holt might be if he were alive today, because even though the percentage of people who understand that children learn best when allowed to control their own learning remains small, it is growing. It is reflected in the ever-increasing number of families who are choosing to take their children out of standard schools for self-directed education or something close to it. A growing number of parents and teachers are seeing the light of children's brilliance and allowing it to shine. Eventually, I think, we will reach a tipping point, where the rate of school leaving accelerates sharply. Then what we now call standard schooling will die of irrelevance, replaced by centers designed to optimize children's natural ways of learning.

Holt was an astute and brilliant observer of children. If he had studied some species of animal, instead of human children, we would call him a naturalist. He observed children in their natural, free, and I might even say wild, condition, where they were not being controlled by a teacher in a classroom or an experimenter in a laboratory. This is something that far too few developmental psychologists or educational researchers have done. He became close to and observed the children of his relatives and friends when they were playing and exploring, and he observed children in schools during breaks in their formal lessons. Through such observations, he came to certain profound conclusions about children's learning. Here's one which I extracted from the pages of *How Children Learn*.

> *Children don't choose to learn in order to do things in the future. They choose to do right now what others in their world do, and through doing they learn.*

Schools try to teach children skills and knowledge that may benefit them at some unknown time in the future. But children are interested in now, not the future. They want to do real things now. By doing what they want to do, they also prepare themselves wonderfully for the future, but that is a side effect. This, I think, is the main insight of the book; most of the other ideas are more or less corollaries.

Children are brilliant learners because they don't think of themselves as learning; they think of themselves as *doing.* They want to engage in whole, meaningful activities, like the activities they see around them, and they aren't afraid to try. They want to walk, like other people do, but at first they aren't good at it. So they keep trying, day after day, and their walking keeps getting better. They want to talk, like other people do, but at first they don't know about the relationship of sounds to meaning. Their sentences come across to us as babbled nonsense, but in the child's mind he or she is talking. Improvement comes because the child attends to others' talking, gradually picks up some of the repeated sounds and their meanings, and works them into his or her own utterances in increasingly appropriate ways.

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CHILDREN ARE BRILLIANT LEARNERS BECAUSE THEY DON'T THINK OF THEMSELVES AS LEARNING; THEY THINK OF THEMSELVES AS *DOING*. **THEY WANT TO ENGAGE IN WHOLE, MEANINGFUL ACTIVITIES, AND THEY AREN'T AFRAID TO TRY.**

As children grow older, they continue to attend to others' activities around them and, in unpredictable ways at unpredictable times, choose those that they want to do and start doing them. Children start reading because they see that others read and, if they are read to, they discover that reading is a route to the enjoyment of stories. Children don't become readers by first learning to read; they start right off by reading. They may read signs, which they recognize. They may recite, verbatim, the words in a memorized little book, as they turn the pages; or they may turn the pages of an unfamiliar book and say whatever comes to mind. We may not call that reading, but to the child it is reading. Over time, the child begins to recognize certain words, even in new contexts, and begins to infer the relationships between letters and sounds. In this way, the child's reading improves.

Walking, talking, and reading are skills that pretty much everyone picks up in our culture because they are so prevalent. Other skills are picked up more selectively, by those who somehow become fascinated by them. Holt gives an example of a 6-year-old girl who became interested in typing, with an electric typewriter (this was the 1960s). She would type fast, like the adults in her family, but without attention to the fact that the letters on the page were

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revealed his growing belief that teaching of any sort is usually a mistake, except in response to a student's explicit request for help. Here, for example, is one of his 1983 insertions: "When we teach without being asked we are saying in effect, 'You're not smart enough to know that you should know this, and not smart enough to learn it.'" And a few pages later, he inserted, "The spirit of independence in learning is one of the most valuable assets a learner can have, and we who want to help children's learning at home or in school, must learn to respect and encourage it."

Children naturally resist being taught because it undermines their independence and their confidence in their own abilities to figure things out and to ask for help, themselves, when they need it. Moreover, no teacher—certainly not one in a classroom of more than a few children—can get into each child's head and understand that child's motives, mental models, and passions at the time. Only the child has access to all of this, which is why children learn best when they are allowed complete control of their own learning. Or, as the child would say, when they are allowed complete control of their own doing.

random. She would produce whole documents this way. Over time she began to realize that her documents differed from those of adults in that they were not readable, and then she began to pay attention to which keys she would strike and to the effect this had on the sheet of paper. She began to type very carefully rather than fast. Before long she was typing out readable statements.

You and I might say that the child is learning to walk, talk, read, or type, but from the child's view that would be wrong. The child is walking with the very first step, talking with the first cooed or babbled utterance, reading with the first recognition of STOP on a sign, and typing with the first striking of keys. The child isn't learning to do these; he or she is doing them, right from the beginning, and in the process is getting better at them.

My colleague Kerry McDonald made this point very well recently in an essay about her young unschooled daughter who loves to bake. In Kerry's words, "When people ask her what she wants to be when she grows up, she responds breezily, 'A baker, but I already am one.'"

When Holt wrote the 1967 edition of *How Children Learn*, he was still trying to figure out how to become a better teacher. When he revised the book for the second edition, published in 1983, he inserted many corrections, which

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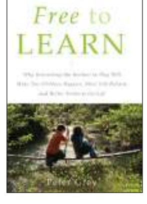

Peter Gray, research professor of psychology at Boston College, has conducted and published research in neuroendocrinology, developmental psychology, anthropology, and education. He is author of Free to Learn: Why Unleashing the Instinct to Play Will Make Our Children Happier, More Self-Reliant, and Better Students for Life *and the internationally acclaimed textbook* Psychology *(now in its eighth edition). For more of his writings on play, creativity, and education, see his blog at psychologytoday.com/blog/freedom-learn. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

Who Knows What's Good or Bad?

By Jennifer Araza

We don't always understand why certain things happen.

At times it could be so easy to be mad. To play the victim. To feel shame, disgrace, or even envy.

It could be so easy for my husband and me to get angry, since this is our second miscarriage. It could be so easy to get angry because I thought I was doing all the "right" things.

But what would that do?

Have you ever heard the parable about the old farmer and his horse? It goes something like this:

When an old farmer's stallion wins a prize at a country show, his neighbor calls round to congratulate him, but the old farmer says, "Who knows what is good and what is bad?"

The next day some thieves come and steal his valuable animal. His neighbor comes to commiserate with him, but the old man replies, "Who knows what is good and what is bad?"

A few days later, the spirited stallion escapes from the thieves and joins a herd of wild mares, leading them back to the farm. The neighbor calls to share the farmer's joy, but the farmer says, "Who knows what is good and what is bad?"

The following day, while trying to break in one of the mares, the farmer's son is thrown and fractures his leg. The neighbor calls to share the farmer's sorrow, but the old man's attitude remains the same as before.

The following week the army passes by, forcibly conscripting soldiers for the war, but they do not take the farmer's son because he cannot walk. The neighbor thinks to himself, "Who knows what is good and what is bad?"

It truly is a mystery as to what the bigger plan is...and trusting in that is paramount.

Whether there is "good" or "bad" ahead is unknown. But this very moment, no matter how hard it may seem, is a gift. A gift of opportunity to share our journey with others. A gift to allow yourself to receive love and support. A gift to recognize the incredible human beings we have in our lives, and allow them to shine in their love for us. A gift to trust in the process. A gift to turn the page and start anew. A gift to feel the depth of human emotion.

Let us not be a judge of what is good or bad. Instead, trust in the bigger picture, and trust that we are loved and cared for.

Jen Araza currently lives in beautiful Santa Barbara wine country with her favorite chiropractor, two beautiful babies, and her boxer, McMillan. Jen is a writer, a joy-seeker, a bookworm, and a self-proclaimed personal development junkie. She thrives on watching others become the brightest version of themselves through diet, exercise, and gratitude. View article resources and author information here: pathwaystofamilywellness.org/references.html.

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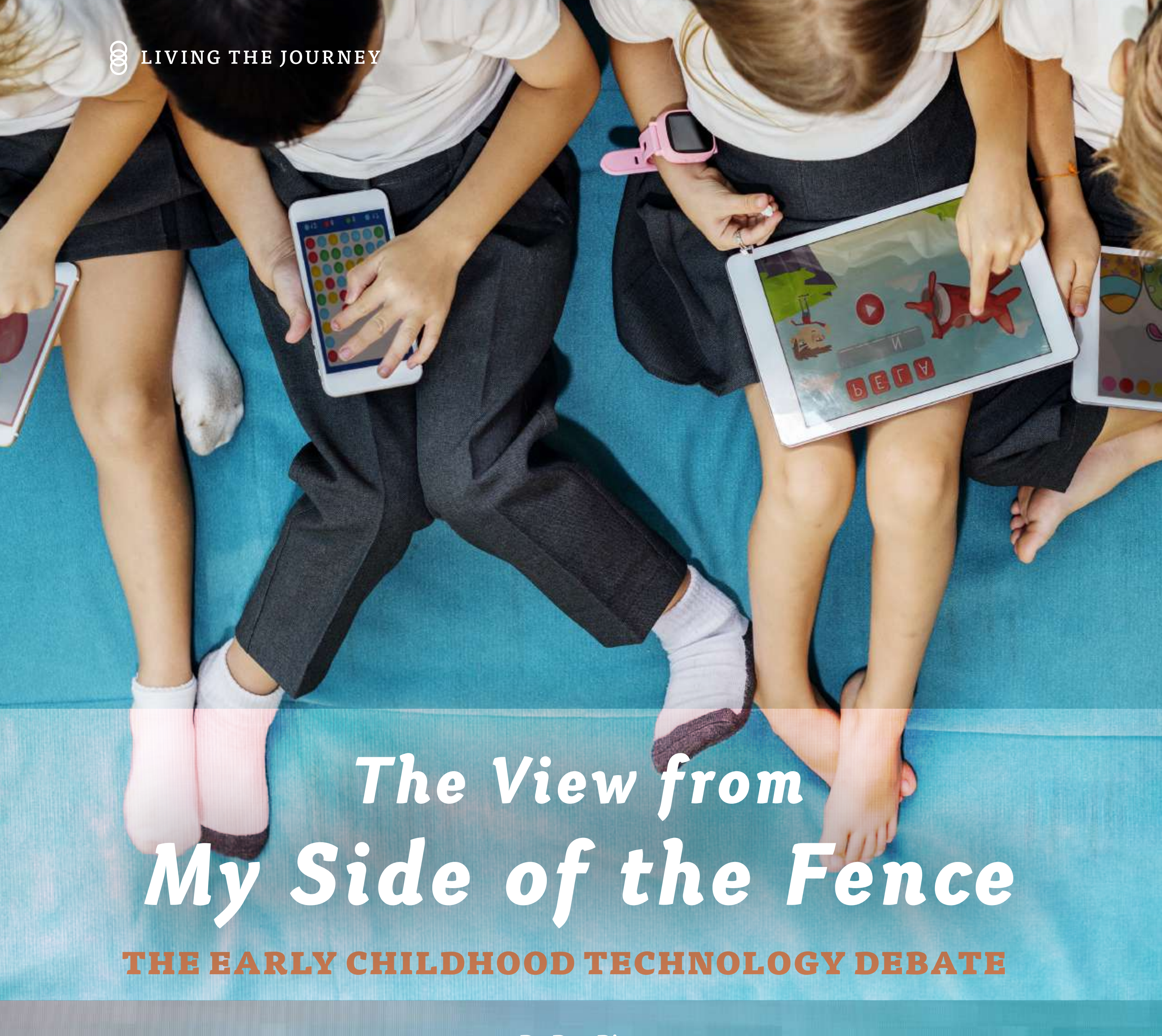
“The day you stop racing
is the day
you win the race.”
—BOB MARLEY



The View from My Side of the Fence

THE EARLY CHILDHOOD TECHNOLOGY DEBATE

By Rae Pica

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Have you ever noticed that it's possible to debate an issue, presenting all your best arguments and the research to back them up, and still not change anybody's mind? If you participate in social media, I'm sure you've witnessed this phenomenon as it relates to today's political climate. But I also see it regarding issues concerning early childhood. Specifically, I'm referring here to early childhood and technology.

I've been contributing my thoughts to an online discussion, and I'm frustrated. Not because there's no one there who agrees with me; rather, because those who agree with me were already seeing things my way. Those on the other side of the fence remain firmly entrenched where they are.

Of course, in addition to today's political climate, technology in early childhood classrooms is one topic sure to create a ruckus. At one end of the spectrum are those who firmly believe that if technology is going to be part of children's lives (and it most certainly is), they must begin exploring and experiencing it in their earliest years. At the other end of the spectrum are those who firmly believe that children will have the rest of their lives to trade the real world for a virtual one.

Me? I'm in the latter camp.

With many topics, I am among those who call for balance. But I just can't make myself go there with this one. Which means, of course, that all the arguments I'm reading on the discussion board aren't doing anything to make me jump the fence, either!

Among those calling for balance is the National Association for the Education of Young Children, which advocates for "both/and," as opposed to "either/or," thinking. They recommend that early childhood educators use technology in meaningful, developmentally appropriate ways. Their executive director, Rhian Evans Allvin, wrote in 2014 of children "in an American city visiting with their peers in a remote Eastern European community through Skype," or a teacher "integrating a smart board with touchscreen technology in a group lesson about democratic society." She cited these examples as representing "the integration of technology in ways designed not to replace human interaction but to enhance it."

It sounds great, actually—if done sparingly. But the cynic in me wants to jump up and down and remind everyone that few people are familiar enough with developmentally appropriate practice in general, let alone where technology is concerned. To counter that argument, some participating in the online discussion are asking for more professional development around technology.

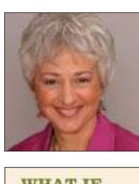
But professional development isn't going to change the fact that as the research catches up with the times, what it's finding is quite frightening. Vision problems, language delays, lack of fine motor control, depression, and aggression are just some of what's being reported as resulting from too much screen time!

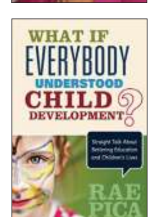
Why take the chance? As I've argued, Bill Gates and Steve Jobs had no access to tech when they were children—because it didn't exist. And we all know they did quite well with it in their later years (an understatement if ever there was one). What I believe they had were childhood experiences that led to strong STEM and problem-solving skills and active imaginations! Of course, someone in the online discussion argued that they may have been able to create much more if they'd had access to tech as children. But who's to say they wouldn't have been able to create much less, as a result of the depression or aggression, for example, that might have resulted from all the screen time they were likely to engage in?

Jane Healy, author of *Failure to Connect: How Computers Affect Our Children's Minds—and What We Can Do About It,* insists there's no need for children to be exposed to computers before the age of 7. And I agree. It makes perfect sense when we stop to consider what we know about child and brain development and how children learn: through all their senses, through movement, and through social interaction. All of that is limited when children spend time with their screens.

I realize that among tech-loving early childhood professionals my stance isn't very popular. But I have to ask myself: Is there danger to children from too little use of technology? I can't see how there could be. For those who argue that children will fall behind if they don't begin learning now, I argue that tech is changing so fast, most of what they're learning (how to handle a mouse, for example) will be obsolete in a few short years.

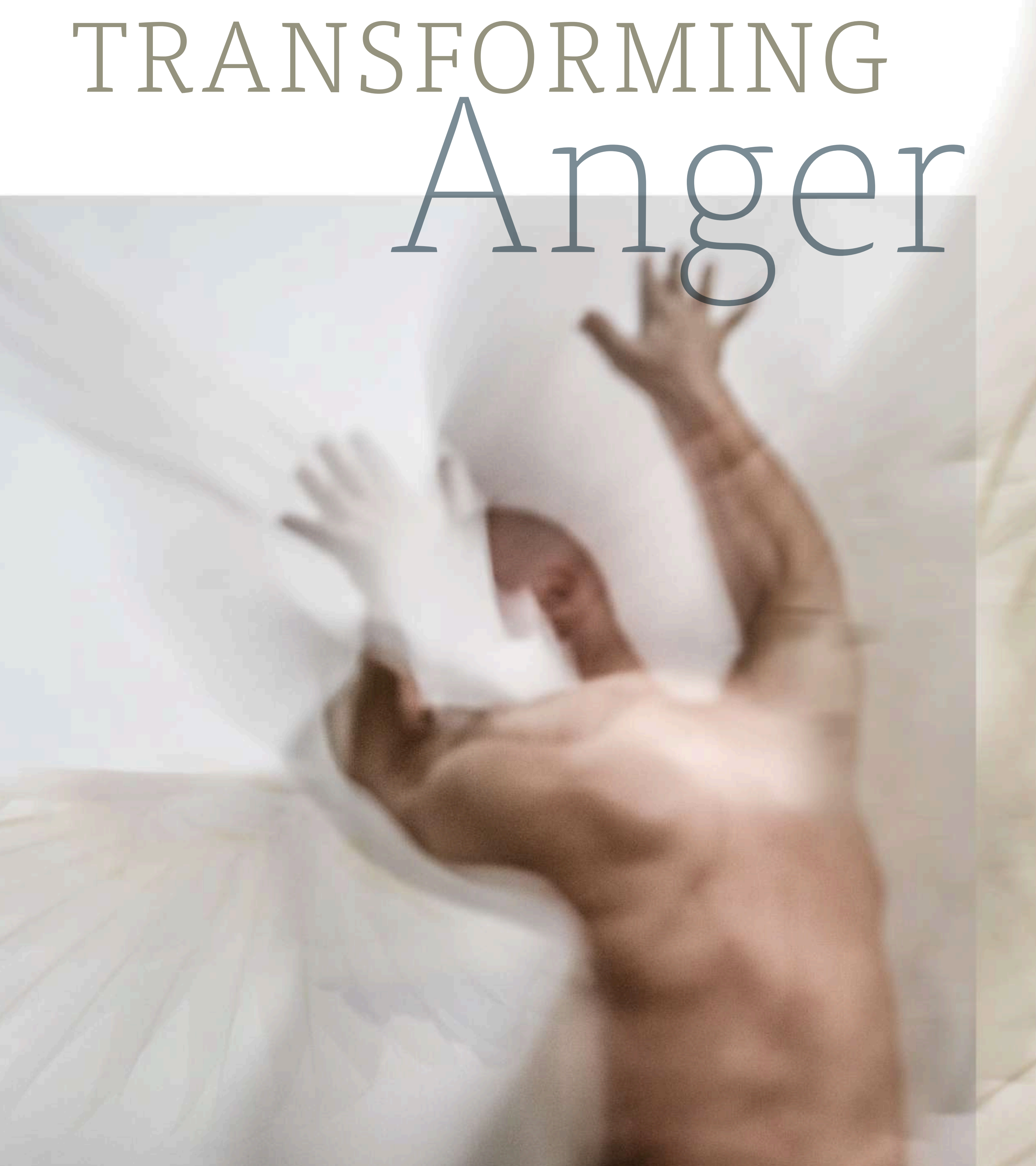
The next question is: Is there danger to children from too much technology? You betcha. And since balance in this country is as rare as Sasquatch sightings, I'm duty-bound to lean toward the no-tech end of the spectrum. So, I'll keep debating (although it's one of my least favorite things to do), hoping that maybe some of the people sitting on the fence will jump on over to my side.





Rae Pica has been an education consultant specializing in the education of the whole child since 1980. She is the author of 19 books, including What If Everybody Understood Child Development? Straight Talk About Improving Education and Children's Lives *and* Active Learning Across the Curriculum. *Rae is known for her lively and informative keynote speeches and trainings and is also an active blogger and YouTube creator. To learn more about her work, visit raepica.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

TRANSFORMING Anger



By Scott Noelle

Among peace-loving folks, anger gets a bad rap. This is because anger is usually present when violence is committed.

But anger is a form of energy that can be applied constructively, too. That was Nature's intent.

Anger arises naturally whenever you perceive a loss of personal freedom or power. It's there to energize you on your way back to your natural state of empowerment.

If you get angry about some behavior of your child, and then you scold, punish, or yell at him or her, you're simply misdirecting the anger energy.

Just remember: The anger is there to uplift you, not to put down your child (or yourself). It's there to help you break free from disempowering thoughts and reconnect with your Authentic Power.

The transformation of anger begins with acceptance. When you resist anger, it persists, escalates into rage, or descends into depression.

Accepting anger doesn't mean tolerating violence. The compulsion to express anger violently is a byproduct of our "dominator" culture in which force is confused with Authentic Power.

That compulsion can be greatly reduced if you disidentify with your anger, which you can do by observing or "witnessing" it.

Take a deep breath and locate the sensation of anger in your body. Use your intuition to sense its subtle qualities. Can you feel its "edges"? What is its "shape," "color," "temperature," "weight," etc.?

Put aside all thoughts of right and wrong for now. Just observe the physical sensation and be present with it.

You are not the anger. You are the Witness, observing the anger. Let yourself be curious and eager to discover what anger can reveal. It wants you to remember Who You Really Are.

Once you make peace with your anger, you can harness its energy and use it creatively.

Remember, anger always arises from a perception of disempowerment. This must be a misperception because Who You Really Are is truly powerful!

So, to reconnect with your Authentic Power, the trick is to direct the anger at the misperception. Let yourself get really pissed off that this LIE has found its way into your mind! It's a rude, obnoxious, uninvited guest!

Most important: Shift your thoughts as quickly as you can from being angry at the misperception to being determined to perceive the higher Truth. For example:

"Dammit! I'm sick and tired of believing that a child's behavior can shut down my heart! My heart and the infinite love that fills it are so HUGE that nothing can stop them! Nothing but my belief, that is, but I'm NOT BUYING IT anymore! I AM powerful!! I CAN choose what I focus on!! And I AM DETERMINED to choose thoughts that open my heart!!!"

At this point in your thought process, you can really have some FUN with your aligned anger energy! For example:

"This is all bullsh*t anyway, because I know deep down that my kid is doing the best s/he can with what s/he's got, and the real reason I'm mad is cuz I'm imagining how my parents would react to that behavior... Like it's any of their freakin' business!! I don't give a RIP what my parents, or the neighbors, or 'society' thinks about my choices! I AM FREE TO BE THE KIND OF PARENT I WANT TO BE!!!"

Of course your thought process will vary depending on the situation. The overall strategy is to transform your anger into a passionate determination to connect with your inner power and freedom.

Authentic empowerment feels WAY better than the shallow satisfaction of forced compliance. And once your heart is open again, all sorts of creative solutions will come flooding in!

Scott Noelle is a life coach and the author of The Daily Groove: How to Enjoy Parenting...Unconditionally! *Since 2006, he has been sharing practical parenting wisdom through his free mailing list, available online at dailygroove.com. Scott teaches parents how to avoid coercive parenting methods and is a founding member of the Alliance for Self-Directed Education, which advocates allowing children to learn and grow naturally by supporting their self-educative instincts. He lives in Portland, Oregon, with his partner, Beth Noelle, and their two teenage children. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

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12 Lessons My Grandmother Taught Me

By Marc Chernoff

When my grandmother, Zelda, passed away a few years ago at the age of 90, she left me with a box of miscellaneous items from her house that she knew I had grown to appreciate over the years. Among these items was an old leatherbound book. She'd called it her Inspiration Journal.

Throughout the second half of her life, she used this journal to jot down ideas, thoughts, quotes, song lyrics, and anything else that moved her. She would read excerpts from her journal to me when I was growing up, and I would listen and ask questions. I credit a part of who I am now to the wisdom she bestowed on me when I was young.

Today I want to share some of these inspiring excerpts with you. I've done my best to sort, copy edit, and reorganize the content into 12 inspiring bullet points. Enjoy.

Breathe in the future, breathe out the past. No matter where you are or what you're going through, always believe that there is a light at the end of the tunnel. Never expect, assume, or demand. Just do your best, control the elements you can control, and then let it be. Once you have done what you can, if it is meant to be, it will happen. If not, it will show you the next step you need to take.

Life can be simple again. Choose to focus on one thing at a time. You don't have to do it all, and you don't have to do it all right now. Breathe, be present, and do your best with what's in front of you. What you put into life, life will eventually give you back many times over. Read Eckhart Tolle's *The Power of Now.*

Let others take you as you are, or not at all. Speak your truth even if your voice shakes. By being yourself, you put something beautiful into the world that was not there before. So walk your path confidently and don't expect anyone else to understand your journey, especially if they have not been exactly where you are going.

You are not who you used to be, and that's okay. You've been hurt; you've gone through numerous ups and downs that have made you who you are today. Over the years, so many things have happened—things that have changed your perspective, taught you lessons, and forced your spirit to grow. As time passes, nobody stays the same, but some people will still tell you that you have changed. Respond to them by saying, "Of course I've changed. That's what life is all about. But I'm still the same person, just a little stronger now than I ever was before."

Everything that happens helps you grow, even if it's hard to see right now. Circumstances will direct you, correct you, and perfect you over time. So whatever you do, hold on to hope. The tiniest thread will twist into an unbreakable cord. Let hope anchor you in the possibility that this is not the end of your story—that the change in the tides will eventually bring you to peaceful shores.

Do not educate yourself to be rich. Educate yourself to be happy. That way when you get older you'll know the value of things, not the price. In the end, you will come to realize that the best days are the days when you don't need anything extreme or special to happen to make you smile. You simply appreciate the moments and feel gratitude, seeking nothing else, nothing more. That is what true happiness is all about. Read Dennis Prager's *Happiness Is a Serious Problem*.

Be determined to be positive. Understand that the greater part of your misery or unhappiness is determined not by your circumstances, but by your attitude. So smile at those who often try to begrudge or hurt you, and show them what's missing in their life and what they can't take away from you.

Pay close attention to those you care about. Sometimes when a loved one says, "I'm okay," they need you to look them in the eyes, hug them tight, and reply, "I know you're not." And don't be too upset if some people only seem to remember you when they need you. Feel privileged that you are like a beacon of light that comes to their minds when there is darkness in their lives.

Sometimes you have to let a person go so they can grow. Over the course of their lives, it is not what you've done for them, but what you've taught them to do for themselves that will make them a successful human being.

Strip yourself of people that don't serve your best interests. Sometimes that's the only way to get the results you crave. This allows you to make space for those who support you in being the absolute best version of yourself. It happens gradually as you grow. You find out who you are and what you want, and then you realize that people you've known forever don't see things the way you do. So you keep the wonderful memories, but find yourself moving on.

Be daring. It's better to look back on life and say, "I can't believe I did that," than to look back and say, "I wish I had done that."In the end, people will judge you regardless, so don't live your life trying to impress others. Instead live your life impressing yourself. Love yourself enough to never lower your standards for anyone. Read Jeffrey Zaslow's *The Last Lecture*.

Don't be afraid of looking for a new beginning. Sometimes that's what you need when you're having a hard time finding a happy ending. Brush yourself off and accept that you have to fail from time to time. That's how you learn. The strongest people out there—the ones who laugh the hardest with a genuine smile—are the same people who have fought the toughest battles. They're smiling because they've decided that they're not going to let anything hold them down. They're moving on to a new beginning.

Marc Chernoff and his wife, Angel, are New York Times *bestselling authors, professional coaches, full-time students of life and admirers of the human spirit. They have been recognized by* Forbes *as having "one of the most popular personal development blogs." Through their blog, books, course, and coaching, they've spent the past decade writing about and teaching proven strategies for finding lasting happiness, success, love, and peace. Visit them at marcandangel.com. View article resources and author information here: pathwaystofamilywellness.org/references.html.*

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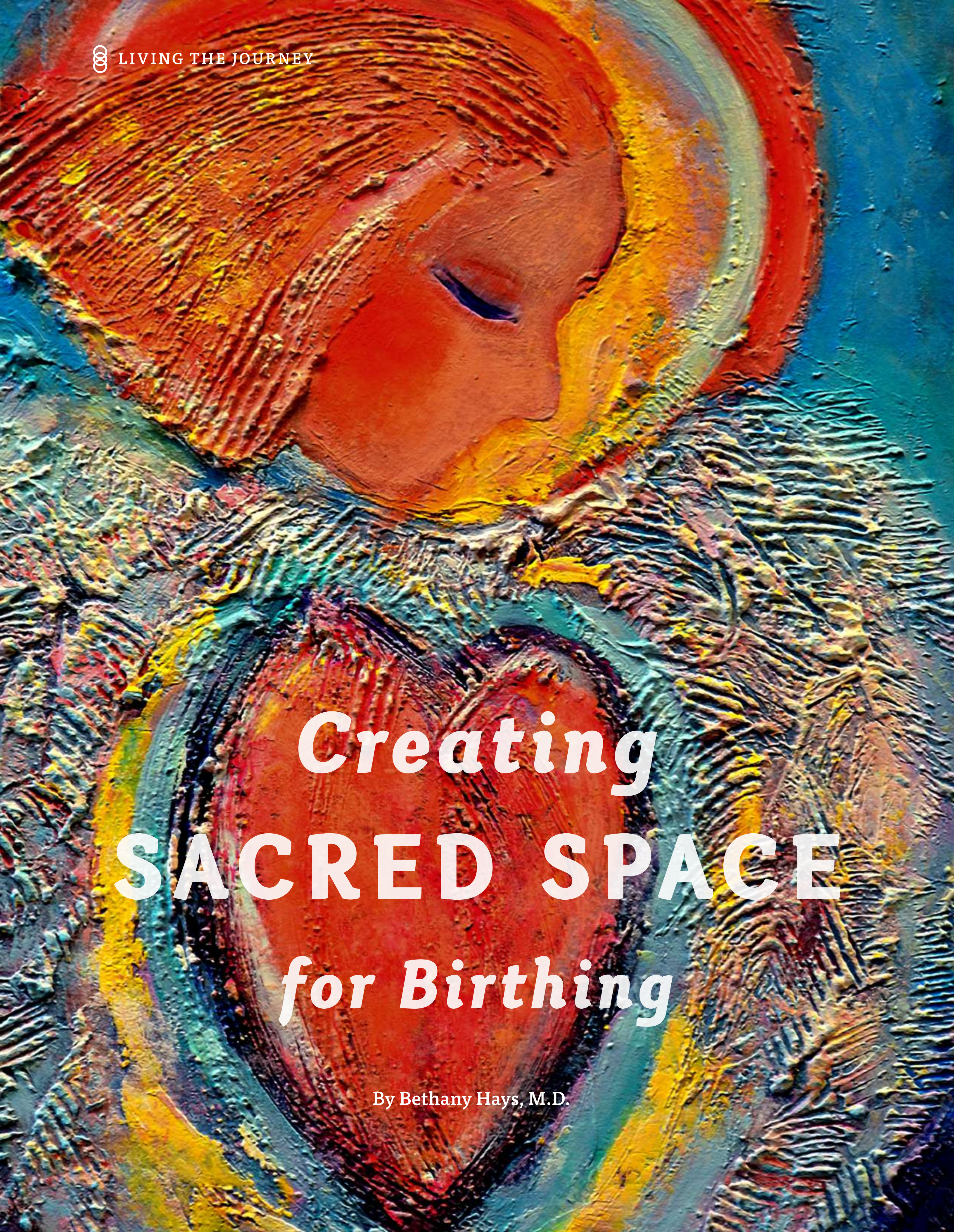

Creating SACRED SPACE *for Birthing*

By Bethany Hays, M.D.

We are the guardians of the most sacred moment in the lives of women and their families, with implications for the long-term health of both. It's a moment when nine months of hopes, anxiety, planning, purchasing, celebrating, putting up with being uncomfortable, being too big, being not big enough, and being in pain becomes separation, relief, responsibility, and falling in love.

In a nation where the largest change in the religious landscape is the 6.7% increase in people who do not identify with any organized religion, it takes a bit of digging in to speak of the sacred. Leaving aside the religious connotations, the word sacred means to "set something aside" and "make it worthy of respect."

So as the guardians of this moment, how do we ensure that, no matter what occurs in the birthing room, labor room, or operating room, the moment of birth is sacred?

It starts with creating a sacred space. This can be hard in the chaos of a hospital labor room that may be preparing for emergency interventions. So start where you are in control: in your own heart and mind. In medical school they teach that if your patient is in cardiac arrest, the first step in resuscitation is to check your own pulse. Meaning stop, take a breath, slow your heart, and bring yourself into coherence by calling on a feeling of gratitude.

"Coherence" is an idea promoted by the HeartMath Institute, a nonprofit organization that helps people of all ages rebalance, rejuvenate, and reconnect with their hearts. Imagine a torus of energy around your heart. A torus is a doughnut-shaped ring with a concave hole in the center. Imagine it surrounding you, with your torso in the hole. Then reach out with the energy coming from this electromagnetic field of your heart to envelop the woman you are caring for, as well as her partner, her caregivers—everyone who will be helping her. This calm, loving energy can bring others into coherence, allowing them to think more clearly and creatively, to be calmer, to make better decisions. According to researchers at the HeartMath Institute, "In a coherent team, there is freedom for the individual members to do their part and thrive while maintaining cohesion and resonance within the larger group's intent and goals." Groups in heart coherence communicate better and are more efficient. The people in them thrive individually and work together better as a team.

Now set your intention. Gladys McGarey, M.D., the mother of holistic medicine, once said to me, "You can't control death, and you can't control birth." So, if you think you're at a birth to make something happen, you're kidding yourself. You're there to create an environment. You bring your experience of birth as a truly amazing and magical event. You bring your knowledge that birth can be easy, free of suffering, and orgasmic, even if it doesn't happen that way every time. I bring a faith that the universe is not random, that it is evolving, that everyone in the room with me has a role in that process.

Think about what you bring. Bring your hope that the right thing will happen next. That everyone there is doing his or her best in that moment. That whatever happens, you can help to share your faith in the process. You can ease the suffering of the doctor or midwife, who are trying to make the right decisions. Of the nurse, who is trying to help keep her patient safe. Of the family members who are trying to support the birthing woman and welcome the next member of their family. Of the mother who is working to bring in new life.

I once attended a birthing woman who was being thrown out of her body by each contraction. Each time she pushed, she would just disappear for a few seconds and become unresponsive. Then she would return in a state of panic, not knowing where she was. The father was concerned, and the nurse was alarmed. I had to bring coherence to that situation. I put my hands on both of her legs and imagined that I was the trunk of a great tree, grounded deep into the soil, gently holding her with my branches, keeping her connected to the earth. "You don't have to push that hard," I said. "Let's breathe together and let your uterus do some of the work." Things calmed down, and she stayed with me—and, of course, the baby was soon in her arms. Later she described feeling disoriented and scared. "I looked at my husband, and he looked scared," she told me. "I looked at the nurse, and she looked scared. I looked at you and you didn't look scared. So I just kept looking at you!"

Did I know what was happening? No, not really. Was I scared? Well, yes. I hadn't seen that particular version of birth before, although I had seen women leave their bodies in birth. Did I lie and say, "This is perfectly normal," so that everyone would be unafraid? No, lying never works. But I knew to trust the process and to create an environment in the room so that the mother, father, and nurse could also trust. That is the respect I believe is embodied in the definition of sacred. That was what I had to offer: Knowing that I was not in charge. Not knowing the outcome.

And yes, if the baby had been in trouble I might have been called upon to do something about it. If the mother had shown signs of physical deterioration, I might have had to intervene in a different way. I was in my obstetrician brain watching all those things. But I was also in my heart, trusting the process, creating sacred space. Doing the good work of the doula and the midwife.

Bethany M. Hays, M.D., FACOG, is a board-certified obstetrician and gynecologist trained in maternal and fetal medicine, and a certified functional medicine practitioner. A mother and grandmother, she lives and works in Cumberland, Maine. She moved to Maine in 1992 to follow her passion for finding approaches in healthcare that treated the whole patient, first working at Women to Women in Yarmouth, and then helping to found True North Health Center. Now semi-retired, she continues her exploration of how the human body works through consulting and writing. View article resources and author information here: pathwaystofamilywellness.org/references.html.

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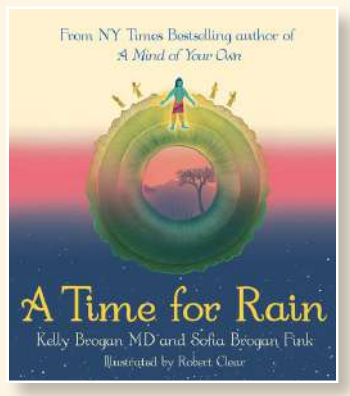
A TIME FOR RAIN

Written by international bestselling author and holistic psychiatrist Kelly Brogan, M.D., and her daughter, A TIME FOR RAIN is offered as support for parents seeking to create room for feelings.



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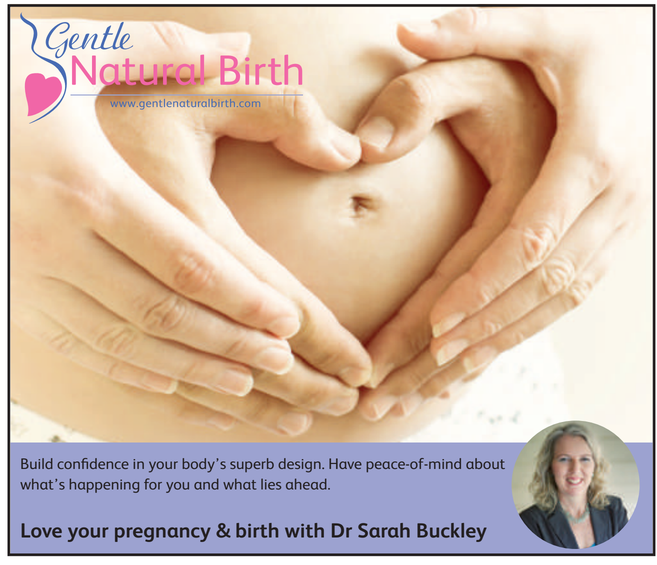

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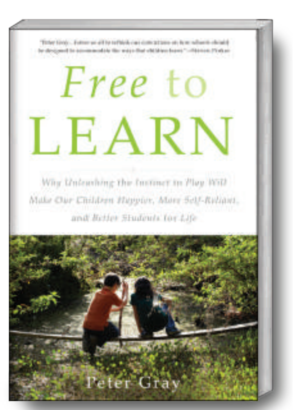

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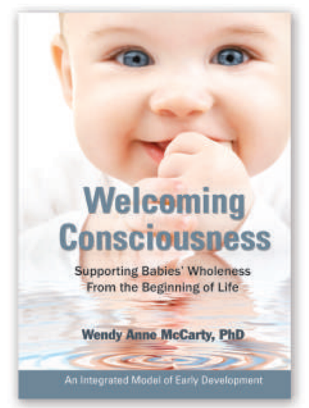

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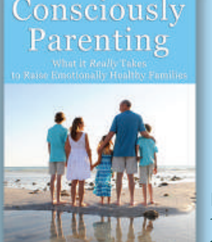

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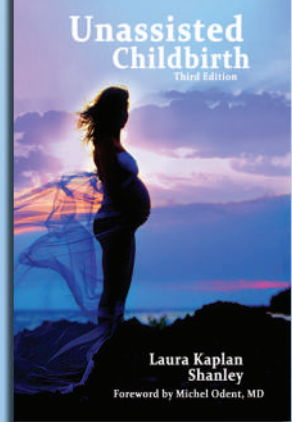

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