MODULE 3

(Typed by Tara Blasco and Sarah Theismann)

2-6-17
FIRST DAY:
Orienting
Intro Check in
Exercise
Homework in groups
Video

INTRODUCTION
Look at birth process from the perspective of sequence, our own sequence, and have skills. to perceive if the person is moving where they are in their sequence.
Conception and attachment are more fluid, space, growing, energy, blueprint.
Birth is very physical and movement patterns and positions at birth leave lasting imprints.
How to be with impulse to move, how to track it, how to have a sense if that impulse is too weak to be able to initiate a movement, or too strong that the person cannot stay with themselves.
From inside our own experience form outside observing or being observing.
This module has to do with learning somatic oriented story showing. And learning how to come into coherence, free flowing with the impulse to move in our own movement and the coordination through our bodies. Its about being with, finding sweet spot, gathering potency, sensing impulse to move, moving, giving accurate reflection body wise, giving the right amount of resistance so that the potency can continue to gather. It adds the component of co-regulation, how to support it as well.
These are the basic skills that we are working with this time. If babies/the person doesn't have that layer then somatic reflection is a necessary part in order to be able to know how we are and how to navigate the world. Many of use feel disconnected and disoriented because nobody moved with us.
Focusing on the health, health of birth, mother baby, and module 4 and 5 will be on the interventions, interruptions.
When we talk about the health in module 3, the imprinting of the interventions and interruptions we had this module might arise too. We will touch the imprints of our own history.
When we look at the imprints in us it supports us to hold presence for another, connection, wider perspective.

We will do all of this under the influence of the principles.
Look how birth informs the sequencing. All the exercises we got are the building blocks so that when we get to day 5 we will have sessions.
Sessions to explore some aspects of your birth and then have sometime to show with the doll and pelvis to show what you learned. Learn how to see from different positions and angles. Be able to track that. We will video that with your videos then take it home, see

what you learn about sequencing last time, and this time about birth, and then write a paper that describes what you are learning about your own birth process.
We will also give some medical terminology to be able to communicate with them, and we will also look at how we look at birth.

There will be some slide shows and videos, babies born in different positions and a session with a couple.

Blueprint and the health in the wholeness is always there, reconnect with the wholeness, it supports our ability to love.
Anybody that has interventions, it doesn't mean that we don't know the blueprint. We will do c-section in module 5, children might show how it happened and how they wanted to do it. For you you have a lot of options: show the sequence of how you were born this time that is fine, or how from the inside you were designed to do it.

Integration requires some connection to the blueprint.

GROUP CHECK INS
Intention for the module
Support you need
Something useful that you are integrating into your work
Anything you want us to know of what it has been happening since last module

EXERCISE CROSSING MIDLINE IN PEERS:
Orient to yourself and your body, and orienting to themselves and their bodies.
Mother earth father sky
Coming into relationship, finding the right distance
What happens when you lift an arm and you go to cross midline. One person does it and the other tracks you.

We do some body movement:, stretching, polarity yoga and following movement with a partner, then move into tracking crossing the midline.

AFTERNOON:
The phases are: intention, preparation, movement, follow through and integration. Today is the preparation. Perceive where the sequence begins and ends, and the energetics of the impulse and movement. Getting a felt sense of doing those moments, and figuring out what part of the sequence it is, so that you can start recognizing the movements in another person. If you can do this with each other then the likely hood that you will be able to do it with a baby is high.

When we don't have accurate somatic reflection at the beginning of life then is harder to be with ourselves and with another. This is a skill to practice this week: tracking oneself and another.
Potency gathering at some point includes the whole, and that enters into harmonic resonance.

As crossing midline you might begin to feel warble; then back off, rewind the tape come back and approach the edge. You don't keep going into the warble. Go to where you feel fluid again.
EXERCISE CROSSING MIDLINE:
Feel one hand, feel mid space, take that arm and have the intention to float toward the center without crossing, go to the edge. And back off, and with the other hand too.
When sensations come, like frozen, nausea etc is because there are imprints. To go from one side to the other you need to have both sides working. If you cross there has to be some coordination between both sides to the brain. Horizontal plane coordination. We are moving horizontally and there is rotation in it too.

Some people felt the coming to midline, feeling resistance in the middle, feeling the force field. You are meeting the resistance of the field in the mid space. Centering, grounding.
Feeling the fast rhythm in approaching the warble and the middle is shock imprint.
Coming to the shaking, we go back and come to the edge.

Hands and arms are the expression of the heart, Dr. Stone.
The energy locked up in the warble and the energy locked up in the blueprint come together.
Peter Levine doesn't get into the blueprint in the movement. We are looking into it.

Different imprints can come in: dissociation (drop out), warble, finding resistance and centering…
The deeper the sock imprint is the greater it wants to shuck is in. you have to have an intention (intervention) to do it differently, that energy is working hard to be remembered, not to be integrated (merging the energy of the trauma vortex with the resource= holistic shift).
Peter talks about trauma vortex and healing vortex.
If we hang out in the sensation of the energy when they are touching each other: the two sides come together, and that give a whole different sense of what it is potency gathering.
Access to the use of that energy in present time. Otherwise we are managing that energy and keep it compartmentalized, or it is sitting there until it gets triggered.
We are specifically applying to movement, and we are learning to be with another person and notice those places, coach them in how to hang out when those two vortexes meet.

If crossing midline creates discomfort: a developmental step got left out of how we got held and probably also that there is a traumatic imprint that overlays it. Intervention at birth mess with vertical access, and rotation access… how we get the felt sense of moving while something is squeezing us…

As soon as you begin to activate the warble the deeper you go into the nervous system, if you stay with that and see what comes to the surface, if you hold it, it creates more resistance, it also will show you what you are holding in the inside.

HOMEWORK GROUPS:

Find out where you are in doing your homework, if there is any challenges, any support you need, questions.

BREAK

Paying attention to your sequencing is a life changing process. To have cognisance to have PFC online. The way we look at sequencing in relationship to birth, birth itself is one of the primary influences on our sequencing issues. If a family sits down and looks at its sequencing and starts taking this into account it frees the family up. I got this idea from William Emerson, he did writing on C-sections and said each birth style has its own sequelae. So I started to pay attention to my own sequencing and then made up this exercise of people paying attention to their sequencing. The value of doing this when being with other people, then we can get how people are living out these patterns all the time, showing their story.
As we understand this it gives us freedom of choice instead of showing the same story. Asking: what do I need to do it in a different way?

When there is confusion it can be that there is information coming in from more than one sequencing layer.

EXERCISE:
Now we will translate this knowledge into movement.
Groups of three. It can be done in groups of two. Turn person, practitioner, support person.
Support person watches tempo: speeding up, start to feel constriction, name it, watch safety;
TP and P start with shoulders to each other, get into harmonic resonance, when you feel a movement beginning, engage in it together. In the movement you can track the sequence. If TP starts to feel warble ➔ pause, name it, go back to right where the warble starts and hang there. This holds potential for integration. If you go past this, you miss the opportunity for that. If an emotion shows up the emotion is coming out of the limbic system.
Do this for 5-7mins, talk about for 3-4mins ➔ switch

SHORT VIDEO: BABIES GIVING CRANIAL TREATMENT
AVERY AND LILLY
Moms are talking about how it works craniosacral… and the babies show it.

DAY TWO:
Orienting
Check in
Debrief exercise
Orient to the doll and pelvis
Pelvis anatomy: pelvis shapes
Diego's birth

Exercises

Check ins in the same groups as last night.

DEBRIEF OF YESTERDAY'S EXERCISE:
Working with shock imprint is layered into the mid brain, amygdala etc. If there are several layers it overrides the integration. We stay at the edge of every glitch, and there are openings that happen at each level. The NS, the old part of the NS, has this things stored in it. You need to stop at every little glitch.
As you come into harmonic resonance with your client their capacity for perception will widen because your is wider. We are not leading but being with them in it.
Doing it slowly, glitch by glitch is much more integrating.
With this exercise we start with the periphery and work towards the center, it takes you to the core.

Some people started to connect with the rotation movement, going around the core, instead of tracking with just one hand you normally ask other people to touch, seat next to you etc. to support the movement.

Impulse is way more subtle than we expect; the are some igniting experiences that are big experiences but most of the time the advent of an impulse doesn't have a lot of spark in it, is subtle, the energy is gathering before that, hang out there is a good way to let potency gather, and then an impulse come into movement.

The shock layer sometimes doesn't allow the impulse to come to the surface. There is collapse. The strategy is follow the glitches. You are working with the layers above the collapse. Potency gathering before the collapse. If you go into the collapse it is necessary an intervention. So that we can negotiate the layers of the shock and collapse, freeze.

Difference between impulse and intention. What comes first intention or impulse?

We did last time intention, preparation, movement, follow through, integration.

If you take a movement at the beginning of its emergences, in order for that an impulse needs to happen, and in order for the impulse you need an intention. You also need potency, preparation that takes you to the movement.

Right at the beginning if there are a lot of glitches that tells you there were a lot of things that happened at the beginning… so that is all information.

Making connection with each other helps when those glitches come. Can you gather potency just being alone? Yes and no. if the people in the surround are not connected with each other it recapitulates the old story, but when the surround is connected is much more supportive.

Still point to gather resources.

Lateral fluctuation is a pendulation that will invite integration.

BREAK

ORIENTING TO BABY AND PELVIS:
Look at the pelvis model. Connect with the person next to you and tell what you learn about your pelvis.
Pelvic brim, illium (right and left iliac crest). Sacrum. Lumbosacral promontory, sacroiliac joints (foundation for being stable), coccyx Cilium terminally combination of nerves and Dura matter and it anchors in the coccyx, that is the anchor of the whole spine. If the coccyx is broken or too loose it affects how the spinal back works.
The shape of the pelvis depends on the shape of the brim.
Sit bones, ischial spine, when a mom labors she produces relaxant hormone that allows her pelvis to open and widen.
Pelvis brim we call the pelvis inlet. The space in the middle the mid pelvis, and outlet.
Stages/sequences: Above the brim is called false pelvis (the before), pelvis brim is the beginning, mid pelvis is the middle, outlet is the end, and out is afterwards.

Where the baby is and the shape they are in, ad the dynamics from the perspective of the baby leaves an imprint in each of the steps of the sequence.

Play with the doll and pelvis and see how the doll can fit through the pelvis, there is no one right way. And people share about their discoveries.

HISTORY OF HOW RAY COME ABOUT THIS:
Met William Emerson
Conjunct sites and pathways. How imprint affects and changes the shape of the baby's head.
There are 4 pelvis shapes and their combinations:
Gynecoid
Android
Anthropoid
Platypelloid
It has to do with the movement patterns that baby takes when they are born.
Studies on x-rays of pregnant mothers. Photocopies in the manual.
In labor when the mom is moving along and gets stuck, if Mary has a sense her pelvis it can be useful. I can suggest what type of pelvis they are (ej antropoide), if the baby is stuck and Mary has a sense of how the bones are overlapping, she images how the bones are overlapping, and asks the baby, you just need to rotate a little bit, I am visioning it, and pretty soon the baby moves and does it. Sitting with open wonder and possibilities, the baby just rotated. The mother was already 10 cm and the baby came out.
In WS somebody is moving, you give resistance, you can have a felt sense of where they are in the progress of their birth. You just see it in your mind's eyes. What you can see helps open the energy, gathers energy, and helps open the energy and increase the potency.

When you get a sense of what is going on, the mother could go into a position to support a rotation.
"What the doctor can perceive nature can release", Dr. Stone.

AFTERNOON
HANDS OVER HANDS EXERCISE
Two people, start with connecting to build resonance. One person holds their hands around the other person's hands ➔ track movement. You can rest your elbows on a chair.

This is an energetic exercise, feel the movement and notice the ripples in the field. Find the right level of contact so it feels good and you can feel potency gathering. If that changes, if there is a glitch ➔ pause, name it, back up, notice the change, then continue. Don't just track what the person's hands are doing but be with their whole body. This will lead into a whole body exercise later on.
HARVEST
Check if the other wants more pressure, more space…
Some participants share that it takes less energy to ignite that potency, some work has been done.
About finding sweet spot and contact, building potency and what facilitates the movement, the coming through.
When the imprint is in resonance with the blueprint then it becomes a resource.

NEXT EXERCISE: leaning into each other and squeezing
Then the practitioner uses his other arm and holds their other arm and squeezes him/her.
We just did with the hands and now we do with the whole body.
5 minutes each.
HARVEST:
Your words give us information about your experience, who besides you might have been speaking those words?...
You are having the feeling of that, the memory of that…
Just now you sharing this with us and we all know that you had that experience… anybody else know that experience?
Gathering information, collecting more personal information; we are doing it in present time and we know that it is memory. Very useful most people don't know they are having memories, they think it is must present time.
The connection helps access to blueprint.
For leaning into each other or creative opposition you need another person, if not available you could do it with the wall or the desk.

SLIDE SHOW ON PELVIC SHAPES:
Birth stages and cranial molding
Usually nature provides a baby that will fit through the pelvis – and there can be abnormalities in pelvic shapes.
The psoas acts as a shoot down to the pelvic inlet. The shape of our head gives information about our pelvic shapes.

DAY THREE
ORIENTING
Check ins: watch your sequencing as you are sharing
Exercise: dynamic squeeze & creative opposition
Debrief
Pelvic types and movement patterns, lie side: Pathways that baby and mom make during birth journey, we will show a variety of ways this can happen.
Conjunct pathways and vector patterns
How to put language to positions baby can be in, medical terminology, integrate this into left brain.
How do you know when to bring in pressure and stimulation or back off and give space?

Functional range. We have been doing satvic, parasympathetic oriented exercises, paying attention to detail. We are progressively moving into working with more pressure, adding all components of what happens in labor. We know that some people need more pressure, others need more space. How do we know how much pressure to give?
If there is a lot of potency and the person keeps going over the top end of the functional range, we need to slow the process down, bring in the amount of pressure that brings in the social nervous system. The titrator is the social nervous system and it gives us the present moment. The way we learned to come into present time is by people being in contact with us. If they are not in contact with us…
Over the top ➔ dynamic squeeze, pressure

If going off the bottom into parasympathetic side: one common way this happens is if everything feels very nice and they slow down too much. When coming down we have to pay attention to the quality of presence. It takes an intervention: Sympathetic stimulation, engage the muscles. If they are not in a space to be touched the muscles can still be engaged: stand up, lean on wall, push, then negotiate touch. Or stand next to them and just lean. What is needed is never the same.

The creative piece in this, all the subtlety can only be done if Social NS is engaged. If it isn't we have to do something to engage it.
There is another way we can get to parasympathetic shock: If they go over the top and are spinning, this takes up a lot of process. Sooner or later their adrenal system burns out and then the ANS drops into parasympathetic side. Catch the ANS on the way up and engage the social NS. When we engage the social NS we also start to remember our history. Do BLSL, pendulations, work the edge, wait for the two poles to come together.

If the person is going out of functional range they are also going away from social NS. Go toward limbic F-F-F (freeze = fight and flight at same time, burns up energy). Many people have a lot of freeze happening. Work the poles, find where the life force is stored, often in rage. Then they get to express their rage, because back then only adults were allowed to express rage, and not the children.

Laboring moms in freeze: Freeze does not have to look like stuck and cannot move, it can look like just nothing is happening.
Any of our responses are dependent on a few factors:

1. constitutional strength
2. how much of that is wrapped up in our trauma hx ➔ no access to it if wrapped up in trauma hx

When mom and baby get separated, if baby is strong and not injured, the baby will protest into exhaustion (cries herself to sleep, parasympathetic drop out).
If baby is injured, shock, not in body, ➔ baby is out. So responses are very different. If something starts happening for that baby, their imprint response is to drop out. We need to look for point of connection. How do we open the receptive field so baby can choose to do that with us. You discover what to do in the moment. Forget the techniques.

Social NS: seeing, hearing, facial expression, movement, sound of voice. In order to be in social NS we need to have the present moment: present age, see who and what is actually in the room, make a judgment about your safety. And what is the sensation of that in your body, BFEC, what is the sensation of that. Perceiving safety. This turns on the functions that allow us to have the frontal cortex engaged.

EXERCISE
DYNAMIC SQUEEZE & CREATIVE OPPOSITION
In groups of 3, 10 mins each, 5 mins to talk about it.
In order to do the next exercise, we need to find a way to come into connection with dynamic squeeze and creative opposition – if this is right for you. As you are doing this and gathering potency pay attention to where you are in the cycle, sympathetic or parasympathetic. Play with where the edge is, back off, hang out on edge, pendulate it.
Support person tracks sympathetic activation and parasympathetic drop.
You can do any variation of coming into contact.

DEBRIEF IN THE AFTERNOON:
We have been gathering information, working with no intention, gathering info so that when we work in sessions you will have that.
SNS: Porges: his material, John Chitty has summarizes it really well, there is the mirror neuronal system as part of the SNS. When you see somebody else doing something your NS fires like it was doing it as well.
They have done the research with the sense of sight but it makes sense that the other senses do it too.
The mirror neuronal system is an explanation of people picking things up psychically.

We would like to hear what you learned in your exercises, how to do this with babies. As you learn to hold this young place in yourself that is the quality you need to hold babies. When needed to have more space, more contact etc etc.

Giving somatic reflection and the session just did it itself.
Listening, somatic listening and reflection.

Some people share how useful it was to do the exercise in an unconventional way, having more space, not having to touch, or not doing the exercise staying in the room, did hide and seek etc. tracking oneself etc.
People are working doing history and doing reparative work at the same time, that is the most effective way to work. Get to the edge and add what you want, intention, that is what we will add next day. We are building skills, track the blueprint and the history at the same time in a way where they work together.

Being out of the functional range is my comfort zone because it is familiar and the other is not.
Going into functional range is some family systems is dangerous, it is better to be out of functional range.
Hierarchy of the nervous system: the emotional system is mediated through the third ventricle, thalamus, hypothalamus.. the emotional system is tide into the endocrine. Our health is tide up to how much emotion we have. Endorphins, oxytocin arise because there is emotion. Emotion takes us also into distress, it is tide into history. But we can also use the emotion that gives.
Emotion, like fear, will not allow to drop down into other sessions. We are working to do is to have enough space to have enough emotion to be here and drop down, and there track the sensations.
If the layer of your emotions take you over, then you cannot deal with the other layers

If we have a habitual pattern of having just one emotion, example fear, that we can stop that one for a moment.
5 MINUTES TO MOVE AROUND AND AIR THE ROOM

MEDICAL LINGO FOR POSITIONING & ORIENTATION OF BABY

Baby can be in longitudinal, transverse or oblique axis in relationship to mother's longitudinal axis.

Whatever part of baby is closest to the cervix has a
Head: landmark is occiput
Breech: landmark is sacrum
ROT: If occiput is in right transverse line of mom's pelvis.
ROP: occiput in right posterior line
OP: occiput posterior
LOP: occiput in left posterior line
LOT: occiput in left transverse line
LOA: occiput in left anterior line
OA: occiput anterior
ROA: occiput in right anterior line

Most common position: baby's body has all limbs and neck flexed.
Crown presentation = most common
If baby's head is in neutral position (military position) = larger circumference

Brow presentation = largest circumference (13cm)
Face presentation = same as crown circumference

Asynclitism: Plane across baby's head and plane across pelvic inlet not parallel. Asynclitic can occur in different areas of the pelvis. It is helpful when baby enters inlet, in later stage of birth this can lead to arrest.
Military position: synclitism
In pelvic exam the sagittal suture will be right in middle of the pelvis, if sagittal suture is way back or forward the baby is asynclitic. If head is coming down and sagittal suture is to one side or other this is asynclitic. It can also cause a bit of arrest, so baby rests in that area for several hours, causing swelling.
If baby is coming through gynocoid pelvis they will enter transverse, occiput will go oblique in mid pelvis, in outlet it will go to…, then baby will go into extension. Shoulders will enter inlet in transverse.

Antropoide pelvic shape encourages baby to spiral (wider diameter in posterior part of pelvis, anterior more narrow). Easiest entry into inlet is with occiput posterior. It can encourage baby to totally rotate around. Baby can also enter oblique and rotate posterior.

Back labor: If baby born posterior, the bones of baby's head is pushing against mom's sacrum, causing very string sensation. Mom will want very strong pressure, or heat / cold against it to help handle the sensations.

Crowning: whole crown of baby is presenting right at opening. Sensation is of burning ring of fire because tissues are stretched to the max, causing burning sensation. Coach mom to ease off from pushing, so tissues can open without tearing, pour oil on it, or be in water. Mom usually just wants to get through this to get beyond it, but if mom can hang in for 1-3 minutes the tissues will stretch. Supporting mom to be more relaxed in this place and pause ➔ reduces tearing. Talking about it ahead of time supports her to stay here.
As the head comes out the bones of the head expand again.
The base of the skull comes from cartilage, the top of the skull are basically membranes. When baby's head is going through birth canal it is shape shifting. If baby's head holds on to the molding after baby is born it means something from birth did not complete, the changes we went through did not resolve. The shape of the head is part of story telling.

Ray: worked with woman who had deep grove down her head, was dropped on hard edge as baby. Was doing cranial work on her and suddenly the groove integrated.

VIDEO: MAYA

BREAK

VIDEO HEIDI:

Third baby, we worked with them a lot before birth, intention: go slower at a pace that she could integrate. Differentiate with her own birth. And differentiate from each of the other two children she had.

BIRTH LIE:
The lie side: **longitudinal axis of the baby's body in relation to the longitudinal axis of the Mother's body. The lie can be Longitudinal (vertex or breech), could be transvers, or oblique.**
Right lie side: back is toward the mom's right side
Left lie side: back is toward the mom's right side
The whole vault of the cranium has origin in membrane. If person drops into early state the function of the bones drops more into membrane functioning.
The base of the skull is has origin in cartilage.

EXERCISE: LIE SIDE
How to find own lie side.
Sit up, spine straight, ME/FS, relax down your spinal column, let yourself sink and notice which way your head turns. You only need the first quarter of an inch.
Take doll/pelvis and put doll into your lie side position.
For breech: do same with sacrum instead of head (standing position).
Get with another person and show your movement to another person. Afterward help each other orient to doll/pelvis, show your lie side.

Confusion is not bad, confusion is information. Because as we start playing with this there will be times when we feel confused. Confusion is like a glitch. It means there was more than one thing going on at the same time. Trying to figure it out will only add more constriction and will likely recapitulate what somebody was trying to do to you and your mother.

With C-sections: not engaged or engaged.
If engaged they will have a lie side. You can still have a lie side if you were not engaged, you can have the lie side coming from the blueprint.

VIDEO: PERINATAL CRANIAL STUDIES
Shows how baby's head shape shifts and how it is breathing with life force.

DAY 4
ORIENT
CONJUNT AND VECTOR PATHWAYS
PREPARING FAMILIES FOR BIRTH (SHOW PRENATAL SESSION)
EXERCISE
MEDICAL STAGES OF LABOR AND STATIONS
SET UP FOR SESSIONS TOMORROW
BIRTH VIDEO

The connection you are making with each other is often what is missing in conventional birth. When the team connects with each other the baby and mom relax and open more. It is easy to loss connection when intensity increases.

CHECK INS:
Share something and pause, connection pauses, felt sense not just the story.

If you dare to explore your early life not just going into the trauma but going to those places with connection with the life forces what happens is that our older bodies become more elastic. Our consciousness and how we are in our lives and bodies has an opportunity to become more elastic, have more possibilities for ourselves.
It takes really brave people to make that journey.
How elastic we can be now and still have shape and form.

There are different pelvic shapes that affect the movement patterns of the baby.
This creates some really important imprint effects. Possible movement patterns that happen with the different shapes.
We want you to get really good at understanding the shape and work what feels right to you as you gather information. To become more coherent in your own story.
Balance with specificity with language and space you don't forget the life breath.
3 basic terms, relatioånal:
conjunct site
conjunct pathway
vector patterns
lumbosacral promontory whatever way the baby goes into the pelvis if the baby stays sometime in the lumbosacral promontory it will leave an imprint in that place because of the pressure, compressive imprint.
Conjunct site: a place where the babies head and the mother's pelvis engage in a way that leaves an imprint on the baby.
Conjunct pathway:
The baby descends into the mid pelvis and starts to rotate with a continuation contact with the pelvis of the mother, creating a pathway where it touches the pelvis of the mother. The mother has to widen the passage.
Each pelvic shape has its own variation on these sites and pathways.

Applying pressure where the site or pathway is…
While those pressures are happening it comes in the side of the head and the jaw, it opens the TMJ in one side and compresses in the other. It creates a pattern for TMJ issues.

Force vector:

MEDICAL STAGES OF BIRTH STAGE 1, 2 AND 3:

- "First stage: is that of dilation of the cervix,(the neck of the uterus) it lasts from the onset of true labor to complete dilation (10 centimeters)of the cervix. The top

of the presenting part is usually at the level of the ischial spines or above them when labor begins with a first time mom.

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- Second stage: is from 10 cm dilation to the birth of the baby-so when baby and mom push together to birth the baby.
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- Third stage: is from birth of the baby to expulsion of the placenta and membranes.

- Most midwives consider a 4th stage: from delivery of placenta until baby nursing. This is an important part to pay attention to and support. Many times people get busy with phone calls and letting the families know the baby has been born. The attention can go away from mom and baby and they are finding their way into a new connection. Finding their way into nursing. There is still a watchfulness that is needed. Hemorrhage can occur postpartum and a lot of distraction can occur.

  CONTRACTIONS: There is a wide variation in the duration of labor, depending on whether the woman is having her first baby (primigravida) or if she is having 2nd, 3rd, 4th etc (multipara). The length of labor depends on how long it has been since last gave birth, the size and shape of her pelvis, the presentation of the baby, and the strength and frequency of the uterine contractions, and the strength of the baby, how safe the mother feels in her environment, the number of interruptions or interventions, the number of people in the room….

  It is not unusual for a first labor to be 12-24 hours for dilation and 1-2 hours of pushing, and 30-60 min for the placenta or 3rd stage. Many woman having their first baby will labor for 5-10hours.
  For second, babies on the labors are often shorter 3-6 hour. They are often half the length of that mother's first labor. And they can also be longer than the first depending on if the 2nd baby is larger than the first, if the position of the presenting head is in a different position etc.

  Uterine contractions are involuntary. They are controlled by the nervous system and by the endocrine influence. The contractions usually last about 60-70 seconds. They often start irregularly with 10-15 min between them and work their way to regular intervals of 4-5 min in early first stage, becoming 2-3 minutes at the end of 2nd stage.

  The contractions usually start in the top of the uterus (fundal region) and spread downward to the cervix pulling up on it and opening it.
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- CASTELLINO AND EMERSON DYNAMICS (from the point of view of the passenger/the baby negotiating the pelvis):
  Stage 1: Inlet stage –This is baby's presenting part entering the brim of the pelvic inlet
  Stage 2:Mid pelvis – baby's presenting part in the mid pelvis

Stage 3: Outlet – when the baby's head is on the perineal floor and moves toward crowning. There are two parts: outlet of the head and outlet of the body.

The forces that are on the head are different than the forces on the body at the same time.

Uterine anatomy:
There are 3 layers of muscle in the uterus.
The outer layer, or longitudinal muscle pulls the cervix up and open.
The middle layer is a "woven" layer. When it contracts it pushes the blood back into the mother's circulation carrying waste from the baby's system. When it relaxes it allows fresh blood with oxygen and nutrients to flow in and nourish the baby.
The two bloods of mother and baby do not mix. They exchange nutrients and waste.
The inner layer of muscle is circular and simply relaxes and opens.

All this is to visualize where the baby is in the process. We can see it in our mental eye and that helps a lot.
BREAK

VECTOR PATTERNS:
The notion comes from physics and the cranial world.
Sphere and a hammer, it hit it creates a line of forces into the object its hitting. Lines of force those lines create a vector pattern.
In relationship to birth and conjunct sites and pathways: forces coming from outside in and putting compression in a baby's head. A strong compression will create a vector pattern into the head, brain of the baby. The therapy is to come into the right relationship to it, and hang out there without overwhelming it, so that you don't recreate the memory of the original insult. You hang out and the person uses as a point of mobilization. The energy that is locked up in the vector pattern gets to release, the energy pushes out and you let it come to your hand, give some resistance and the potency of that expression gets stronger and stronger and the energy of the vector pattern comes out.

In the video Lily picked up a vector pattern in Avery's head and followed the energy as it come out, and her hand was in the energy.
In the work we give you exercises to comes to a point, potency gathers in the head as you hold their head with your hand and they get more energy to move forward.
If you were stack in a place that will create a vector pattern, It is a way to store the energy of whatever the insult was. When you get the right amount of pressure what happens is that the energy locked up in the vector pattern, the freeze, gets transformed into energy that helps move the impulse following the original intention.

When you are telling a story listen for the story for birth language, and if the language used is yours or not.

When you are listening to yourself or other people telling stories and observe that the language came from some place: feelings of the obstetrician, ancestral layers etc and

these layers can me all together, it is good to tease this out and widen and widen so that you can get where the pattern came from in the first place, at least sometimes you can.
You can realize how you could be playing somebody's story.
You can take a segment of your birth process and explore it and do work to integrate it.
You work with one aspect and it will touch all the other parts of the sequence, one part helps integrate the whole.
We are doing short little sessions, and you are focusing in just one thing, those little "vignettes" are very powerful, you don't need to do the whole thing.
We will continue doing little bits today, and tomorrow you will have the opportunity of doing an hour and a half to explore it further.
These skills are very useful when you work with a baby. I can mirror the movement he baby is doing with my own body, or with the doll and pelvis or just tracking it.
This skill is very useful in working with adults and babies.
Vector patterns come in from outside pressure where do you start with that?
I start finding a way to make contact, discover how to start, you have the form but how you discover your way in is unique to the situation, you cannot technique it. The wisdom of how the relationship happens between you and the turn person. Is the discovery that shows you how to do it.
The difference of breaking the waters from inside as it happens or from the outside…
It can still be shocking when it happens from inside. It can be a surprise and that can be an imprint for the baby. Mary tells her story about it.

If the intervention coming in follows the way the human body is designed, following the natural physiological function, it is easier to integrate than an intervention that does not follow physiological function.

VIDEO: HOW TO PREP FAMILIES FOR BIRTH

Mary was exploring how she can support families to stay together during birth, decrease transfer rates. In beginning Mary was requiring her clients to do PPN sessions with her, but it did not work well, because it was coming from Mary's desire, not from the families' desire. Then she just offered the work and did not require it and more families began choosing to take advantage of the sessions. This helped to come up with their own intention. She offered three sessions, often two prenatally and one postpartum. Outcome all first 63 families who did the sessions birthed at home – no transfers.
What also helped was that the whole midwifery team was very supportive of using the work with the families, using the principles in meetings, etc.
Now she has a team that doesn't know this work well and doesn't use the principles. The transfer rate has gone up. So it is not enough just one person doing the work, but the whole team. Now she only offers one session instead of three to the families.
In building teams it is important to find people who love what is important to us and share priorities.

Preparation with families is done very similar as for sessions:
Fill out forms that include their early history. This helps us determine where to support them in that one session they come in for.

Before the session Ray and Mary have time to talk about the family. Ray will ask Mary what she wants for this family. They read the families intention and also form their own intention for supporting the family at the birth – holding a wonderment around their own intentions for the family. Naming practitioner's own intention and then letting it go.

When family comes for session:
Only mom, dad, prenate come, better if older siblings are usually not there. If they don't have a baby sitter, and child comes, the session becomes child lead.
Go over principles (short version) – applied them to a pregnant families, how baby is affected, what baby's needs are. BFEC – important to practice during pregnancy so they are able to use it postpartum, so they can stay connected during this challenging period.
Intentions: Ask for each parent to speak their intentions. Can be very different.
Depending on what their intentions are, each parent gets some time to have a mini turn.

Sometimes the dad is fully clear on supporting his partner and then the session is only centered around mom and her intention. In this case they come back for a second session so dad can also have his time.

As they work their way through the session baby gets included – naming what is happening, differentiating, etc. "This is your mom's history and she is having feelings, and this is also your ancestral history".

Once the family's intention is clarified and Ray and Mary feel they can support it, the turn person gets to share relevant history. The process of relevant hx is present time/age/ see who is in the room. Then the person chooses who to talk to (partner, Ray, Mary, baby). The value of having them choose one person helps practitioner to coach them so they can build the skill of perceiving that what they are sharing is landing in the person they are sharing it with.

AFTERNOON:

EXERCISE:
Three people, 10 mins plus 5min debrief. Start sitting down. Find a place to touch on the turn person's head, give resistance and follow the movement. Do not let the head go down farther than about a 5 degrees angle. If the head drops lower the turn person can go into a memory state of shock where they stay in that place for a very long time with nothing happening. Staying at 5 degrees allows the person to stay in touch with their potency and keep moving. If the person has problems with their neck give only little resistance.
People who have sensitivities around their head usually have a lot of problems with others moving toward them. If they are in charge of it, it changes the sensory perception of the touch on their head. The practitioner just puts their hand in front of the forehead and lets the turn person negotiate their way to them. This way the turn person decides whether to come toward practitioners. The same works when working with babies.
If the head goes too far, ask if it is ok to make contact.
The relational moving together inherently supports the gathering of potency.

DEBRIEF:
Think about from the practitioner point of view what you learned.
Use your whole body as a lever. If muscling from arms you are doing too much.
If the turn person doesn't know what they need this is information. Holding wonderment if there was confusion, drugs, etc. Go back to the place where they do know.
Tracking when the most effective moment is to say the things we are perceiving. If you say it too early, just name: this felt too early. Use your own faux-pas as information.
This is not constellation work. What happens during intention setting into relevant hx is that you see the group constellating. This is useful just enough for the group to get the felt sense of the family system. Once this has happened ask the group to give the TP what they needed. Otherwise it starts to repeat the family history as it happened.

If countertransference: this is useful information. Check in with person's intention, the figure what I need to do for the person so I don't stay in the energy of the counter transference. Do something that is useful for you and for the turn person at the same time.
If what is triggered is too much for me, I talk to my little one, acknowledge that it feels big and tell myself I will deal with it later.
One of the most common CT for the practitioner is not knowing what the next step is. Name: I am wondering what the next step is. Then just wait and the energy for the next step will come. Trusting and waiting.

Pressure: firm in and find the place where the power happens. If you have hesitation, listen to it and get support.
Most of us are trained to do things on our own. If practitioner and support person make contact the turn person gets more potency. Make contact with all people in the team.

PREP FOR SESSION DAY:
Stay with same teams you were with today.
9:30-10:00: check in, settle, determine roles
10:00-12:00 turn 1
12:00-1:30 break
1:30-3:30 turn 2
3:30-4:00 break
4:00-6:00 turn 3

Sessions:
10-15min intention setting
45min birth sequence / movement pattern
30 min doll/pelvis – record this
15min debrief

Intention: make them so you can actually optimize your skill building as turn person and as practitioner. Set an intention that feels doable, have it come out of curiosity about your

own birth. You will connect with how the intention shapes the session. Work with movement patterns.
All week we have been setting the intention for you, so you get the titration. In this exercise we are adding the layer of having you set the intention so you can learn how the intention shapes the session.
Practitioners: don't give your power away by supporting an intention that you feel you cannot support.

The support person is an active person in the surround. Find out how to place yourself so the practitioner and you are optimizing your work so the movement of the session is supported. Not co-facilitation. If in the support role you are having a challenge finding where your place is, it is not you. Somebody in the history had a challenge finding their place. If that energy comes up you are constellating the hx. If it comes up, pause and name "I feel like I don't have a place here".
If you get into a stuck place, no forward movement: ➔ pause, make space, back up, move toward that place again a bit and hang out and wait. If there is enough potency it will move through.

Relevant hx:
See what comes when you talk. Relevant hx has something to do with your birth. Sometimes the person just needs to tell the story of their birth and have it be heard. Tell enough of the story so you can get the movement. If it is hard to transition from talking to movement, make your body available. We listen to the words but we also listen to the movement in the body and we engage in that.

DAY 6
Check ins
Harvest
Homework for M4
Questions and answers
Finish 12.30 pm
Closure by 1 pm

HARVEST:
-First touch, the beginning of kindness.
-Working with the doll and pelvis adds another dimension that just doing it with your body.
-If you rely on the form the form takes care of you.
-Not knowing during a turn can be reflecting how somebody was feeling during the birth. We are here to discover what the blueprint is going to show us and the baby is going to show is, and the not knowing becomes fun.
"The cloud of unknowing" by a medieval priest.
-They experienced going trough the birth the way it was and the way they wanted it to be following the blueprint

-The form gives your guidepost. The unknowing is wonderful seeing it in relationship to the form. You can rely on the form that is orienting, consistent.
-Stopping and backing off with the glitch was very fruitful.
-Getting different pieces but not all together: the accordion has to open and let the life force flow through all the pieces and connect.
-Birth imprints can be very strongly influencing migraines, pain patterns, jaw pain etc. some people's bites float because they have birth imprint in the jaw.
-Connection is important to find the impulse to move. Impulse stopped because surround broke off. Taking the sensation of the blueprint through the place of where the imprint of disconnection happens is such a great discovery.
-If we learn practitioner skills in this way, when we come to a similar situation in our work,
-As the practitioner you are not only facilitating the turn person but you are facilitating something about the relationship between all of you. You are facilitating how to include the others. The same is true when working with families.

HOMEWORK
Write narrative of your birth, what you know, what you have been told, what you experience in your turn etc and write 2 to 4 pages for your reader (you can write more for yourself).
Go back to the homework before about sequencing and see how it relates to this one.

In the manual there are pictures: looks to the pictures and find 2 or 3 pictures that speaks to you and write a little bit about it. It will help you orient to the sequence at birth.
Share homeworks with your pod and your reader.
You can be positive support for each other. You can give feedback to each other, it can be just a couple of paragraphs to say how it touched you.
The important is that you give language to your experience.
"you are not worry about missing a period but somebody was".

New readers.

Initiate some contact with your peers in between modules, it is a good way to re-anchor what was useful during the module.
Don't stay isolated, work your peer relationships and build it more. Use the assistant team for professional support.

Ray will be offering group supervision. It will do trainee supervision and graduate supervision. Dates: March 14th, June 6 for one group. March 28th and June 20th for one group. Will confirm the times.
Facebook group shall we do it or not?
Students want the layer of support and container.

HOW TO WORK WITH FAMILIES PREPARING THEM FOR BIRTH:
-Relevant history
-Movement could be:

Using layers of support one facilitator to each partner, or one facilitator support the other. You can do it once and then refer to it during the birth and feel the field open. The energy moves downward and spreads, that is what needs to happen to let the baby out.
They also suggest to practice every morning with the energy of connecting, grounding during 10 minutes, connection with the blueprint.

We don't do essence statements or debrief with the family. If something big has happened in the session often we will check with them to see they are doing ok. If we run out of time we can have a debrief on the phone.

The facilitators debrief the session afterwards and see if there is anything left over for us, how we were together etc.
If they come with a physical need sometimes the whole session will be bodywork, present need first before we go to history stuff.
We model self-care.
We usually have the camera set up with nobody behind the camera, we can adjust the camera if needed. We write notes after the session.

If you are not used to start working with the video camera:
-if you are new at working with families and you video you can look back and see the effect of your interactions with them, see the effect of the work.
-when the camera is in the room it represents technology if they have a hospital birth or any intervention the camera holds the energy for that. It opens up the pathways in your own perception if you ever need to go to hospitals to support anybody at birth.

QUESTIONS AND ANSWERS:

How to work with babies: when you do your work with your own journey you connect with your little one and in the sessions you get to feel how somebody meets you so sweetly and in tune, you get to identify how much pressure you need etc. that is very informative in how to be with a baby in the womb or a newborn.

The skills that it takes to sit with a family is the same set of skills that take to do WSs.

-how much pressure it is needed with adults, how do you transfer that to working with a baby, do you need more tone or?
You negotiate and find sweet spot, with babies specially newborn one way is to put your hands around and let them find you. They negotiate with that surface, or hold their head and be soft and watch what is happening, the baby might push their head in your hands or away… you can feel in the dialogue with the baby how much pressure they want. They show you want they need, it is a really good safe to do it. There is cranial included but there is much more. Finding you way. With the cranial aspect, I don't do is put my hands and think of patterns, you get into the rhythm of it and the body expresses itself to you.

How do you titrate the work with babies? You don't go fully into it but titrate and back up to resource, go to the edge and backing up. With babies if they start to activate it can be

done in a connected way, if they go too much into the cry then you back off and sooth him maybe move outside, let him settle and titrate it.

It is important to have a sense how strong that baby is, if they are strong there is more latitude for expression, if less strong less latitude, so don't get into processing them him. Don't push anything with story telling, just be there, hang out and listen the concerns.

If the baby is looking in your eyes: "I really see you there", if they close their eyes and go away, you do something to name it but take the baby out of it. You want to do something to break the cycle if they are crying a lot, follow the autonomic ns, keep building in the settling place, keep pendulating and the baby will get it. We are naming where they are in the cycle. The cycles of activation will get shorter and the valleys longer.
When the session is over name it, if not they might want to keep doing it and doing it.
How much we do this at home? Maybe once or twice for 15/20 m. or if the baby initiates it, for example in the night… you say night time is for sleeping and day time is for processing. After repeating that several days, they will start that.
You need to train the parents to allow feelings during the day, not to try to keep them always cool and collected.

About colicky?
It is catch all diagnosis when the practitioner doesn't know what it is.
Often babies born didn't come into the body until 3 or 5 weeks or even 3 or 6 months they come in… and as they come in they start to express it more. They go to the pediatrician and they think is colic.
Yes digestive issues can be there because the limbic system is involved, and the digestive system.
Getting born is about come from the inside to the outside, coming into body, most of us don't get into our bodies even if we do until we are teens or older… the embodiment part is essential. Our work helps embody, the system coordinates vertical, horizontal, rotation… the younger they get that the more their emotions, body spirit works together and is integrating.
Colic is an excuse for not listening what the child is trying to communicate.

Constitution of the baby, how strong or weak. Is there also a theme of the constitution of the family. If the family is not resourced to listen to the story of the baby…
Specially with foster kids…
Skin to skin, bonding with the baby in case the child is taken away to another place but even with that that is the risk, the risk of parenting, but if they get two weeks of having skin to skin the baby will have a better quality of life. And have the support to go trough what you need to go through. How you communicate, how to include the foster parents (what do they want for themselves apart from helping the child because it is challenging). What do you need? That will give you information where the bridge is between them and the child.
Addressing the present need: food, diaper, sleep etc etc

Fear of bonding for fear of loss? Will it hurt more if you are not connected or if you are connected, if this is the short time you have with this baby (possible miscarriage) what do you want to do of that time?

Bring doll and pelvis next modules, we may or may not structure times to use it but it will be good to have it the next two modules.

Will it be helpful to study the drugs before the module? If that is helpful, yes. And see where your curiosity is.
Get an obstetric book around the year you were born.

CLOSURE.