

Alexander Technique Birth Stories

Ilana Machover

Copyright © 2000 by Ilana Machover

L^AT_EX typesetting by Moshé Machover

Letter to the Reader

Dear Reader,

This book is distributed free; I have not written it for financial gain. But its preparation has cost me money, as well as much time and labour (no pun intended), for which I would like to have some compensation. So, I am asking you to make a voluntary contribution of, say, £5 (\$7.50) towards covering the costs. This is just a suggestion; I leave the amount entirely up to you. The present version of the book can only be viewed on your computer monitor, but not printed. If you would like to have a printable version, enclose your e-mail address and I will send it to you as an e-mail attachment.

The book is subject to copyright ©. You are not allowed to sell it or use it for financial gain, or for any other commercial or business purpose. You may pass it on to another reader, provided you include this letter.

Please send your contribution to

5 Milman Road
London NW6 6EN
ENGLAND

Ilana Machover

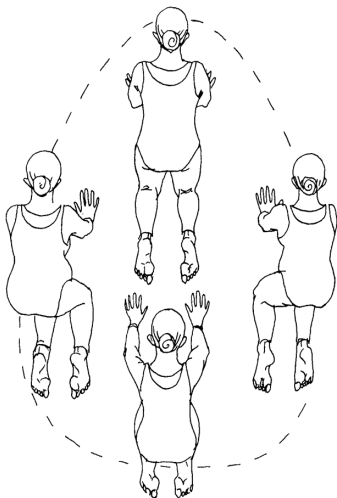
Contents

Preface	vii
<i>Ilana Machover</i>	
Introduction: What is Eutokia?	1
<i>Clare Dannat</i>	
‘Psycho-Physical Unity’	10
<i>Stephanie Wooley</i>	
My Home Births	15
<i>Tamsin Hartley</i>	
‘A Positive Experience’	24
<i>Penny Cook</i>	
‘Time Had Little Meaning’	27
<i>Jane Keay</i>	
‘I’m Getting Through This!’	35
<i>Penelope Easten</i>	
‘Inhibition is the Essential Core’	38
<i>Sophie Morland-Skeet</i>	
‘I Refused to be Flustered’	46
<i>Julia Hardy</i>	
On the Ball	50

<i>Selby Thomas</i>	
'I Felt Capable Throughout'	52
<i>Denise Backhouse</i>	
'Clear Body Signal'	57
<i>Deborah Birnie</i>	
'I Decide to Take Charge Again'	61
<i>Lise Lambton</i>	
'I Thought: "Head Forward and Up"'	65
<i>Zoe Brookes</i>	
'The Power and Limits of my Body'	69
<i>Jane Dalley</i>	
'The Difference was Quite Dramatic'	77
<i>Sarah Johnson</i>	
Home Birth: Pros and Cons	80
<i>Octavia Wiseman</i>	
It Started Well, But...	88
<i>Othaylat Suliman</i>	
'The AT Gave me Faith in My Own Body'	95
<i>Sadie Keable</i>	
Twins	100
<i>Karen Koefman</i>	
'I Coped Better on my Own'	104
<i>Nicola Harris</i>	
'Experience and Instinct'	107
Glossary	113

List of Boxes

Herbal remedies	12
Raspberry-leaf tea	15
The ‘hindwaters’	25
Eating and drinking during labour	30
Pressure on the feet activates stretch reflex	36
Monitors	40
Transition	43
Healing the perineum	56
The ‘show’	57
Meconium	62
Bearing down	63
Anxiety slows labour	70
Breaking the water	90
Helping to deliver the placenta naturally	98
Induction	101
Baths, showers and birthing pools	106



The Pear Movement

Drawing by Helen Chown

Preface

Since the early 1980s I have been a childbirth educator as well as a teacher of the Alexander Technique. Combining these two activities, I hold special courses for individuals, couples and small groups, in which I adapt the AT to the particular needs of pregnancy and childbirth. This method, which I have called *Eutokia*, is described and explained in [The Alexander Technique Birth Book](#).¹ I have also trained other AT teachers to conduct similar classes as well as to serve as birth companions ('doulas').

Over the years I have received hundreds of letters and birth stories in which women report their experiences. Most of these were written by my students, but some were forwarded to me by other AT teachers. I present here a selection of these reports. They cannot possibly cover all the myriad eventualities that may occur during labour, nor do they describe all the uses that can be made of the AT in childbirth. Rather, they highlight the main ways in which the AT can be so applied. Also, I believe that you will find them a good read, especially if you are expecting a baby.

I have aimed to preserve as far as possible the original form and individual style of each story, as written by the woman herself; so I have done very little editing. Each story emphasizes certain aspects of the AT and its use in childbirth, as seen by the writer. In some of the stories the AT is hardly mentioned explicitly, but the role it played is nevertheless quite evident.

I have inserted some comments of my own in footnotes or in boxes within the text. These, like the present Preface and my

¹Ilana Machover and Angela and Jonathan Drake, *The Alexander Technique Birth Book*, Robinson (UK) and Stirling (US), 1993. Also published under the title *Pregnancy and Birth the Alexander Way*.

Introduction, are set in a distinct (sanserif) typeface. I have not included a general introduction to the AT, or a detailed account of the many ways it can be applied in pregnancy and birth.

I would like to thank the writers of the stories, who have kindly allowed me to use them in this collection. My thanks, and apologies, are also due to the many women whose wonderful reports could not be included: selection was difficult, but space is limited.

I acknowledge gratefully the help and encouragement I have received from many friends and colleagues, including Ahuva Arnon, Suzi Barry, Brigitte Cavadias, Ilana Felsenthal, Nicola Harris and Gill Wilkinson, who have read the manuscript and made useful suggestions.

I owe special thanks to Dr Miriam Wohl, a GP and AT teacher, for her enthusiasm and for being the first person to encourage me to undertake this project; and to Dr Milton Simonowitz, an obstetrician, gynaecologist and AT teacher, for his interest and supportive remarks.

Needless to say, I alone am responsible for the views expressed in my Introduction and comments, as well as for any faults and errors remaining in the text.

Finally, many thanks to my husband Moshé for his technical help in editing and typesetting the text, as well as for his endless patience and moral support.

Introduction: What is Eutokia?

Many women would like to have a natural childbirth; it sounds so attractive and . . . well . . . so natural! However, in modern Western society, not all of them get to have this experience. What are the obstacles they encounter?

Labour medicalized

In our society, medicine is increasingly technologized. And childbirth is routinely medicalized; not because it is inherently a medical event—it is certainly not an illness—but because it is often made to become so. This is due to several causes.

One of these, historically speaking, was the interest of obstetricians in enhancing the status of their profession and making their services seem not only useful (which they certainly are) but indispensable in each and every case. The following astonishing account is included in the contribution of Lewis Mehl, himself an obstetrician, to Leslie Feher's book *The psychology of birth*,¹

In order to convince women, as the 1800s began, to come to male physicians for gynaecological care, it was necessary to convince them that birth was dangerous and required the presence of a 'trained' physician. This led to strategies of unnecessary intervention and manipulation. An obstetric textbook from the 1840s, for instance, advises the physician to break the waters and stretch the cervix,

¹Souvenir Press, 1980.

then to go away, telling the woman that this will hasten her delivery. If she delivers before the doctor returns, this attests to his work, for which he takes credit; and if she does not, he performs an operative delivery, again taking credit. Over a century later, a similar logic may lie behind the widespread American practice of amniotomy to hasten labour: even in the face of Roberto Caldeyro-Garcia's finding that amniotomy can prolong labour and contribute to foetal distress.

We need not go along with Dr Mehl's suggestion that the persistence of such procedures today is due to the same motives for which they were first introduced. Once a procedure gets established, it tends to be perpetuated simply by inertia and the force of tradition. Until about 20 or 30 years ago, it used to be common practice in British labour wards to give every 'patient', on her arrival, an enema and to shave her pubic hair; this practice went on long after it had been proved unnecessary and distressful. Evidence-based medicine, which requires every procedure to be validated by rigorous scientific tests, is still in its infancy.

Intervention invited

In any case, it would be too simplistic to explain the medicalization of labour solely by pressures coming from the medical profession. Our society as a whole has grown dependent on the ministrations of medics, who are expected to supply cures to all physical and mental ills. And although childbirth is neither an ill nor an *illness*, it is certainly painful.

During labour it is very difficult for the woman—especially a first-time mother—to accept that the pain of the contractions is 'normal'. For the majority of women, this is the most severe pain they have ever experienced. Our society does not teach us to tolerate pain and we are used to taking painkilling drugs for the slightest discomfort. In present-day Western society, pain is regarded as unacceptable. In this sense ours is a drug-dependent culture. Most people do not realize how much we all rely on pain-

killing drugs and how difficult it is therefore to abstain from them during the serious pains of labour. The ready availability of drugs such as [pethidine](#) and [epidurals](#) constitutes a powerful temptation. Even when medical intervention is not offered, let alone imposed, it is often invited.

Escalation

When a woman in labour accepts or asks for a drug to suppress the pain, she expects that her labour will proceed naturally, as before, except that it will now be painless. But in reality the elimination of pain often leads to undesired consequences.

Human birth is a very finely tuned involuntary process that has evolved over many thousands of years. It depends on a series of signals passing between the mother's brain and the rest of her body, and is controlled by the secretion of appropriate hormones for each of its three [stages](#). This physiological process (which has important psychological aspects) can easily be disrupted by any outside interference. Labour pains themselves are very probably part of the internal signalling of the body: unlike most other pains, they are not a pathological symptom, and fulfil an essentially positive function.

But painkillers eliminate pain precisely by masking the body's signals and blocking their pathways; and it is for this reason that they may derail labour off its natural course, necessitating further medical help. This is why in many cases medicalized childbirth proceeds as an unintended but predictable chain of events. It begins in the first stage of labour when, in order to alleviate the pain of contractions, drugs (pethidine or epidural) are administered. This, however, tends to perturb the natural process of birth and in many cases makes an escalation of intervention inevitable.

Artificial painkillers also tend to suppress the secretion of endorphins, the body's *natural* opiate-like hormones. The latter are not designed by nature to eliminate the pain altogether, but to keep it within bearable limits.

Induced anxiety

It is often observed, and well documented, that the natural course of labour may be disturbed by anxiety. Sometimes anxiety is caused by encounter with the unfamiliar: arrival at the hospital, or the appearance of a new face on the scene. (This is why continuity of care is so desirable.)

When you are in labour, you need continual reassurance, encouragement and support. As you are in pain, it is natural for you to worry that something might be going wrong, that you and your baby are in danger. Those around you should therefore exercise a great deal of tact and understanding.

Anxiety can be caused by careless talk on the part of medical staff. In the birth stories in this book you will find several instances of such talk. I have witnessed and heard of many more.

During a birth at which I was present, a malfunction of the foetal heartbeat monitor prompted the midwife to say, with a worried expression on her face: 'We have lost the baby's heartbeat[!], so I haven't got a continuous trace.' In fact, there were no signs of foetal stress during this labour; but now the mother got upset.

It is not helpful for the midwife to say 'I hope the baby will be born during my shift.' The intention may be good; but for the mother it may act as pressure to comply with a timetable. How can she hurry an involuntary process? And if the baby is not born by the end of the midwife's shift, the mother has a sense of failure. In fact, any unnecessary remark about the length of the labour can induce anxiety.

A woman who has gone through several hours, perhaps days, of painful contractions, only to hear after her first examination, 'You are only[!] 2cm dilated,' or 'Nothing much has happened yet,' is made to feel deflated and insecure.

A woman whom I accompanied to hospital, and who until that point felt she was coping very well with the pain of contractions, was greeted by the midwife's question: 'Have you thought about painkillers?' This immediately undermined her self-confidence.

Another woman told me that she had written in her birth plan

that she might consider accepting an epidural. However, in the event she did not ask for it because she felt no need to. But the midwife kept asking her every now and then: 'Would you like to have your epidural now?' This put her under great pressure.

The way to withstand all these pressures — some of which are exerted with the best intentions — is to be well informed and prepared in advance. Again, this is illustrated by several stories in this collection.

Eutokia

'Eutokia' is Greek for *good childbirth*. This is the name I have given to my classes in which I teach the Alexander Technique in preparation for childbirth. The application of the AT in pregnancy and childbirth is described and explained in [The Alexander Technique Birth Book](#), which I co-authored with Angela and Jonathan Drake. That book contains a general introduction to the AT, a detailed account of procedures used in Eutokia classes, a stage-by-stage guide to giving birth, and how your partner can help you through it. The last two chapters deal with the relevance of the AT to the early months following the birth, to breast-feeding, parenthood and education.

The AT teaches us consciously to [inhibit](#) old tense habits of movement and to replace them by more economical patterns, based on self-awareness: a new set of '[directions](#)' addressed by the brain to the body. By freeing the neck, allowing the head to balance itself on the top of the spine so that the back lengthens and widens, we achieve free and efficient breathing and correct positioning of the other parts and organs of the body. We learn a new body-grammar and discover the wisdom of the body and an unaccustomed freedom for it. Having this freedom, we move with maximal balance and coordination and minimal effort. My experience as an AT teacher and a childbirth educator has taught me that these

general principles can be applied to pregnancy and the labour process itself.

Eutokia classes are not a substitute for one-to-one AT lessons. You need to absorb the principles of the AT and apply them in everyday life before you can learn how to use them in the special activity of childbirth. The classes are designed for women in the last months of pregnancy, who have had previous AT lessons. If a woman without previous AT experience asks to enrol for Eutokia, I advise her to take a few AT lessons beforehand. In fact, this is a very good time to take up the AT, because good use of the self can make all the difference in helping to adjust to the demanding physical and emotional changes that occur during pregnancy.

Also, it transpires that our AT work is ideally suited to encouraging the baby during the last trimester of pregnancy to move into the optimal position for birth: head down, back towards the mother's abdominal wall, slightly to her left. Jean Sutton, a New-Zealand midwife, observed² that in Western societies the incidence of posterior or breech presentation of the baby at the onset of birth has increased significantly since the 1950s. She attributes this to relatively recent changes in lifestyle, especially to the decline in physical activity and to modern design of armchairs, sofas and car seats.

One of the most important lifestyle changes has been the advent of television. This has meant a change from straightback armchairs and sofas ... to furniture which is designed to relax in while watching TV. When a pregnant woman sits down in a modern designed armchair or sofa, her pelvis tips backwards, and so does her 'passenger'. ... Her 'passenger' has no alternative but to lie towards the back or posterior part of her pelvis.

Obviously, if during her pregnancy a woman spends long periods in a low seat—resting, travelling or driving a car—then her baby is more likely to adopt a posterior position.

²Jean Sutton and Pauline Scott, *Understanding and Teaching Optimal Foetal Positioning*, (no date) mimeographed.

The AT is an excellent means for counteracting these adverse effects. For a start, a considerable part of an AT lesson is spent with you sitting upright on a chair: sitting is taught as a dynamic activity, not a static position. You learn to discover how to centre your weight over your seat bones, neither collapsed nor too stiff. Also, we teach how to bend in the position of mechanical advantage ('[monkey](#)'), and a procedure for kneeling on all fours. When you are in 'monkey' or on all fours, the abdominal wall provides a sort of hammock for the baby, encouraging it to settle in the optimal position for birth. In addition, this is beneficial for the development of the baby: as you release pressure from the *vena cava* (the large vein that passes through the lower back), the circulation of the blood that nourishes the baby is improved.

During labour, in order to facilitate the natural movement of the uterus and allow it to be as efficient as possible, your movements and positions should be such that the force of gravity aids the work of the uterus and eases the process of labour. Positions such as lying on your back or reclining backwards, in which the force of gravity hinders the natural movement of the uterus, are best avoided. Walking, standing, sitting well on your seat bones, 'monkey', squatting, kneeling on all fours and resting on a big gym ball are all helpful.

I introduced the gym ball to my Eutokia classes in the early 1980s, and women I taught have found it very useful in home births. Eventually it found its way to some hospital labour wards. It is an amazing aid, which I cannot praise enough. Its firm yet springy surface and rolling motion are exactly what is needed. The support it provides makes it easier to move in a relaxed way and keep your [directions](#) going. It is a bit like floating on water.

In my Eutokia classes we spend much time on all fours, doing the [pear](#) movement or crawling, using the gym ball (sitting or resting the upper part of the body on it), as well as other movements that are advantageous during pregnancy and childbirth. All of this is done through thinking-in-activity.

Contractions are indeed painful, but rather than trying to eliminate labour pains altogether, we can learn to cope with them. Our ha-

bitual reaction to pain is to flex our muscles, hold our breath and pull the head back and down, followed by other symptoms of a panic attack. All of this is part of the *startle reflex*; and, paradoxically, it actually increases the pain because it tenses the body. The AT teaches us consciously to inhibit this reaction.

In labour, your body signals when a contraction is about to begin. This allows you a fraction of a second in which to inhibit the habitual reaction, and to give yourself conscious directions for coping with the pain.

One of the means towards achieving a relaxed state of body and mind is salivation. A dry mouth is among the main symptoms of panic and pain, along with palpitations, trembling and shaking. By allowing the mouth to become wet, we break the chain of symptoms, and the brain gets a message that everything is in order and there is no need for anxiety. This is one indirect way in which we can influence hormonal secretion. The mouth and the vagina (as well as the eyelids and the anus) are controlled by sphincteral muscles, which tend to work together. Relaxing the mouth helps to relax the vagina; this, in turn, releases pressure on the cervix.

In Eutokia classes the women learn to use the following procedure for meeting labour pains: at the onset of contraction, or rather a split second before, allow your mouth to be wet, [whisper 'ah'](#) and start doing one of the movements—such as the pear or a dynamic form of 'monkey'—which feels most appropriate for that stage of labour. Your whole attention is directed to the movement; you are concerned with the means—the movement itself—rather than anxiously trying to achieve some goal at all costs, which would only increase tension.

All this requires careful practice and preparation—which the Eutokia classes are designed to provide, along with the mental empowerment needed to withstand emotional and psychological pressures. Empowerment should not be confused with a rigid attitude: every birth is unique and may face you with unforeseen circumstances, in which inflexibility is counter-productive. We can prepare women for a natural childbirth; but we must also accept

that in some cases medical intervention is necessary—not for alleviating labour pains, but in order to deal with the rare pathological complication and to save life. We can learn to do much to prevent the creation of foetal stress; but if the baby does show serious signs of stress, medical skill must be applied.

The AT work in my Eutokia classes is accompanied by discussion and confidence-building psychological preparation, designed to make sure that the women are well informed about all stages of the birth process, and are able to visualize it. Visualization can be a powerful tool if it is accompanied by inhibition and conscious directions. I hope that the birth stories collected here may help you in visualizing the realities of labour. Each story can enrich our understanding of childbirth.

The point which I wish to stress above all, and which is reflected in most of these stories, is that in order to have a drug-free natural birth you need to do a great deal of preparatory work. This work is enjoyable; and it is also absolutely necessary.

The practical AT work and the mental preparation have one main aim in common: to enable a woman in labour to use herself to best advantage, in a well-informed way, under conscious control, so as to allow the birth process to take its natural course.

This triumph is not to be won in sleep, in trance, in submission, in paralysis or in anaesthesia, but in a clear, open eyed, reasoning, deliberate consciousness and apprehension of the wonderful potentialities possessed by mankind, the transcendent inheritance of a conscious mind.³

³F M Alexander, *Man's Supreme Inheritance*, Centerline Press, 1988, p. 41.

‘Psycho-Physical Unity’

‘Second births? The baby just falls out!’, I had joked when pregnant with Benedict. I did not believe this for a moment; but four hours after the onset of labour, out he popped, not even having the courtesy to wait for the midwife. If I had discovered the Alexander Technique between my pregnancies, it would have been tempting to attribute the very different experience of Benedict’s birth to Alexander lessons. As I had been practising the Technique for eight years before the birth of my first child, Grace, I can hardly pretend that Alexander work makes childbirth easy. Having said that, it was certainly my rather last-minute Alexander lessons with Ilana that carried me through labour the second time.

In the first [stage](#), the pain and the vomiting reminded me of my first labour; but this time I felt so much more in control — partly because I knew what lay ahead, partly because of [Alexander directions](#). My own personal direction was: ‘Remember, this is the hard part!’. The thought of my head travelling away from the baby’s was really helpful. I even had the thought that ‘allowing’ the pain would improve matters.

It was good spending the first couple of hours on my own, in bed next to Grace in the wee small hours of the morning. Looking at her asleep, as I heaved myself up to lean against the wall for another contraction, helped too. It was worth it. This labour I wanted to be much more upright to start with. I waddled downstairs and leaned and hung on banisters and doorposts. I felt hungry and ate an enormous bowl of cereal — then puked it all up.

John woke up when I vomited. (I had decided not to wake him until 6AM). It was good to have him, but I did notice my back-pain increased, and when I phoned the midwife the contraction I had while on the phone was far feebler than the ones I had been getting. →Box
p. 70

There was a definite shift from being on my own to being ... not observed, exactly, but not just doing my own thing any more. When I had adjusted to him being around, it was nice that it was just the two of us. John didn't feel obliged to say any of those encouraging things that partners at births are supposed to say, and I didn't feel obliged to think he should. His unobtrusive support was what I needed.

I lay in a hot bath — wonderful for my back, but I was soon so sweaty I had to get out. Maybe it was the reckless heat that got Benedict going. ... →Box
p. 106

Grace was asleep in the bedroom, so we staggered in to the back bedroom next to the computer. I just wanted the whole thing to go away so I could lie down and sleep. But the mattress was too squidgy and by then I was getting loads of contractions and told John to get a vasectomy tomorrow. He sat on a chair to support me — a slightly wobbly-jointed chair, so my puffing and panting was accompanied by squeaky encouragement from the swaying chair. I had told John to phone Clare, the midwife, again, tell her to come *now*. The thought vaguely crossed my mind that second stage might be soon.

Then *pop* went my waters, straight on to the carpet, as it hadn't crossed our minds to get out any of the mountains of old sheets, inco-pads and shower curtains sitting next door ready for this moment. →Box
p. 90

The relief when my waters went — all the first stage slog and ache gone! I noticed I was a bit shaky before my waters broke, and vaguely wondered from afar if it could be 'transition'. I was just peering at the homeopathic potions I'd got lined up — with instructions on the packets 'To be taken if tearful during labour' →Box
p. 43

and ‘One during labour, one after delivery of the placenta’ — and deciding that labour was probably far enough advanced now to take a remedy or two, when another contraction engulfed me.

Many women use herbal or homeopathic remedies during labour. Aromatherapy oils are used for massage; they also produce a pleasant fragrance, which can mask unpleasant odours. Bach Flower Rescue Remedy is thought to have a calming effect; four drops, diluted in a glass of water, can be taken orally every few hours. Several homeopathic remedies are also used. Arnica often helps to prevent bruising; it can be taken at the onset of the second stage and immediately after the birth. If you wish to use other homeopathic remedies, you should consult a qualified practitioner.

‘John, I think the baby’s coming!!!’

‘Yes, I know,’ thought John; then took a look at my backside. ‘My God! It is!’

‘Get an inco-pad!’ (Maternal instinct came in here: I didn’t want my baby born on a grubby old carpet.) ‘Get the poo away!’

Christ, that baby came out fast! ‘Is the cord around its neck?’

I sat there, stunned, with my baby in my arms, those new-born dark eyes and great big balls. Is he all right? Alive? Going to go on being alive? A wail reassured us, then the bell went and Clare the midwife arrived.

John cut the cord on Clare’s instructions — last time a bit of a highlight, this time a mere sideshow compared with delivering his own baby.

Reflecting on how useful the Alexander Technique has been to me in childbirth, I recalled Alexander’s emphasis on inhibition in his book *The Universal Constant in Living*:

My technique is based on inhibition, the inhibition of undesirable, unwanted responses to stimuli, and hence it is primarily a technique for the development of the control of human reaction.

Does Alexander's 'inhibition' allow one to prevent undesirable reactions to *unknown* stimuli? I was dubious that I had 'used' the Alexander Technique effectively in my first labour, because I was knocked for six by the length and intensity of the pain. In my second labour I knew what to expect, to some extent, and did not expect too much from the Alexander Technique. As a result, I managed my own labour very well, though I say it myself. My shoulders were still climbing over my ears with the pain of it, but my conscious mind helped me out a lot more. First time around, I distracted myself with a Joanna Trollope novel in the early stages. Second time around, I knew the value of focusing on what was going on with my body, resting, practising movements and breathing as the pain came and went. (Still, I'll never forget *The Rector's Wife* — better than a [TENS](#) machine.) I 'inhibited' my natural desire to fight the pain; however, I do have my doubts as to whether a human being can truly inhibit 'unwanted responses to stimuli' without having some prior knowledge of what the stimulus is like — or, in the case of labour, if the stimulus goes on and on and on.

In my first labour I just did not know how I was going to cope with pushing the baby out, if the first stage was so awful. The second time around it was much easier to 'attend to the means whereby' because I knew that the second stage was, for me, much easier to handle. So I could afford to think all those thoughts that one is supposed to think: just focusing on getting through each contraction, not worrying about the whole package.

By the end of my second labour the 'Muslim prayer position' was all that would do. Ilana had reminded me in her class that if labour was too fast, this position would slow things down. So I knew it was a good place to be when I sensed that perhaps my baby was as keen as I was to get the whole birthing thing over with. Which was lucky, because I just had to be in that position, my body took me there. Was this the place where Constructive Conscious Control met instinct, or spontaneous, natural movement? I have always thought of CCC as a replacement for worn-out old

instinctive behaviour, but now I think I have experienced a place where the conscious mind and instinct meet. I could not have got through my labours without conscious control, but my thinking was guided by what my body was ‘instinctively’ doing. Perhaps that was ‘psycho-physical unity’.

In conclusion, I would definitely endorse the use of the Alexander Technique in childbirth as ‘better than drugs’. I would also say that its value and influence may be hidden, and quite subtle, as it was for me in my first labour; or quite practical, almost ‘mechanical’ — if I can use the word without negative connotations — as it was for me in my second labour.

Clare Dannat

My Home Births

First child

I wanted to write and thank you for all your help and support during my pregnancy, which I am certain made a significant contribution to ensuring I was able to cope with labour and giving birth in my home. I'll write down some of the details, in the hope that they will be useful to you.

Martha was due on 9th March; and as I'd had mild symptoms of pre-eclampsia from 37 weeks, the home birth I wanted was under threat if she was not born by 41 weeks. However, at 2.00AM on 12th March I started having regular contractions, which by 2.30 were sufficiently uncomfortable that I had to get out of bed. John and I went into the kitchen and ate some toast and honey and drank raspberry-leaf tea. I sat on my back chair and was able to cope with contractions by making saliva and breathing out through a soft mouth. After about half an hour, we moved into the lounge to listen to some music. John lit some candles. I continued to sit on the back chair and breathe through the contractions, which John started to time — about five minutes apart and 30–40 seconds long.

→Box
p. 30

Raspberry leaf is a well-known herb, used in many cultures during pregnancy and birth. It is said to help tone the uterus. Herbalists recommend that you start drinking infusions of raspberry leaf, two or three times a day, in the last trimester. During labour, it can be drunk as often as you like, sweetened with honey, so as to replenish your body fluids and give you energy.

By 4.00AM I was moving around more and walking through the contractions, still making saliva and breathing out. The contractions were more intense; and at 4.30 I had a bath and afterwards put on the TENS unit at Level 4, where it remained as long as I used it. I also massaged my abdomen with some jasmine aromatherapy oil, the smell of which remained with me throughout the labour. From 4.30 to 6.00 I sat and rested between contractions and moved onto all fours and did the pear movement through the contraction. I was conscious of changing my position every half an hour or so; I also found that being in a 'monkey', with John supporting me and both transferring our weight from side to side, was useful at this stage.

→Box
p. 12

At 6.00AM we phoned the first midwife, who arrived within ten minutes to examine me. When she arrived, my contractions stopped. She had great difficulty reaching the cervix, as it was still so far back. She said I was 2cm dilated and suggested I rest for a while and go for a walk, as I had a long way to go! I felt very disheartened. She left, saying someone would phone later on to see how I was.

→Box
p. 70

John and I went for a walk; the contractions returned and were too intense for me to contemplate walking very far. When we returned, we ate some more honey on toast and put on a funny video. I sat on the gym ball between contractions and went onto all fours for the contractions.

By 9.00 the contractions were still every four to five minutes and now lasting between 40 seconds and one minute. I noticed that the show had come away.

→Box
p. 57

At 10.00 a midwife phoned. She said it sounded as if I wasn't yet in established labour and suggested I remove the TENS machine for a few hours to get some rest as it may be stimulating pre-labour contractions. She said she would leave it with me to call her when anything changed. Again I felt quite despondent, as the contractions were very strong and regular and yet it seemed I was only at the pre-labour stage. When I removed the TENS unit, the contractions did die down for a bit and John and I went to

bed. Contractions were about ten minutes apart, but I did sleep between them — surprisingly! However, after 40 minutes they returned with a vengeance.

By 12 noon the contractions were as close together as two minutes but didn't seem to establish a pattern — they could still be five minutes apart. They were lasting between 40 seconds and one minute. I spent time doing the pear movement on the gym ball, on all fours, 'monkey' or [lunge](#), with John ensuring I changed my position often. I was finding it difficult to rest in between, as the contractions were peaking quite early, and I found I needed to be ready to move when they came. With every contraction, I [directed](#) myself to make saliva and breathe out through a soft mouth.

At 2.00PM I phoned the midwife, who said she'd call round. When she arrived, my contractions stopped again! She examined me — 3cm dilated! She said I was going to be in labour for a long time and should rest as much as possible. When she left and the contractions returned, I said to John I wasn't sure I would be able to cope. He encouraged me and for the next few hours I gave my full concentration to coping with contractions, focusing on the fact that another midwife would be with me in four hours, at 6.30. At this stage I found that the all-fours positions made the contractions too intense. However, I still used them, as it enabled me to rest in between. I was very tired and falling asleep between contractions. I went on all fours on the bed, resting forward onto cushions and pillows.

At 4.30PM I put the TENS machine on again, at level 4. John timed the contractions: they were every two to three minutes and still lasting between 50 seconds and one minute. However, because occasionally there was a bigger gap between contractions and the second midwife had said that when labour was established they would be exactly matched, I still wasn't sure that I was in established labour. During this time, the movement I found most effective for dealing with the pain was with my hands flat on the arm of the sofa. In this way I directed my head forward and up and visualized the baby moving in the other direction. I continued

to make saliva at the beginning of every contraction and breathe out gently through a soft mouth. I spent the time between contractions sitting on the gym ball. When I was in the 'monkey' I let my head lead me in a gentle movement to a deeper 'monkey' and rhythmically moved in this way, until the end of the contraction.

At 6.00PM (half an hour earlier than expected) the third midwife arrived. I was unable to be polite and stop my contractions to be examined. She examined me and said I was 9cm dilated! She phoned for another midwife and started to prepare the equipment. I returned to the lounge and continued to cope with contractions in a 'monkey'. I soon had the urge to bear down. The midwife said that she wanted to break my waters, as my blood pressure was up and they wanted to get things moving. She set up her equipment by the bed and called me in. John suggested we wait for one more contraction — with which my waters broke all over the floor!

We moved into the lounge for the second [stage](#). John sat on a stool and I leaned forward onto him. When the contractions came, the midwife told me when to push, so I found it difficult to focus on what my body was telling me to do. I wasn't making any progress, so we tried an upright position with my arms round John's neck. The midwives were whispering behind my back and I sensed that all was not well. They said that they didn't want me to push for more than an hour and that they would transfer me to hospital if I exceeded that. They suggested a sideways position on the floor with my foot on one midwife's hip and the sofa behind me. At last we started to make progress. We then tried each of my feet on the midwife's hips, with the sofa behind me and my hands hooked underneath my thighs for contractions. John sat behind me on the sofa and encouraged me. I watched the clock to see how long I had. Eventually, after a very difficult hour and ten minutes, Martha was born at 8.45PM and delivered straight onto me.

The midwives delivered the placenta. I had a second-degree tear, which they debated whether to stitch.

→Box
p. 70

→Box
p. 90

→Box
p. 63

→Box
p. 56

I said, ‘if there’s any debate, don’t stitch me’. They left John, me and Martha to get to know each other. She started looking for the breast, and I called to them to help me to feed her. She fed straight away for 20 minutes. They then weighed and checked her. She was 8lb 12oz.

Throughout labour I ate and drank. In the early stages, I ate honey on toast, digestive biscuits and drank raspberry-leaf tea. I also drank apple juice. Towards the end of the first stage, I was drinking a lot of water and also drank water in the second stage. John said I got through 3 litres of mineral water during the course of the day. →Box p. 30

The Alexander Technique helped me to remain calm and give directions to my body: making saliva; keeping my neck free; breathing out through a softened mouth, which stopped my body from reacting to the pain by tensing. When the third midwife arrived, she said she’d never seen anyone react so calmly to contractions. Your voice was in my head, reminding me of my [directions](#) to my body.

I feel very strongly that the Alexander Technique is of great benefit during labour and childbirth and can enable women to have a drug-free, positive experience. I also feel that the reason I have such a contented, hungry, healthy baby is due to her being born into the world in a natural way, without any medical intervention. If there is any way that I can help you to ‘spread the word’ — speaking to pregnant women, journalists, Alexander Technique teachers ... I would be more than happy to do so, in order to repay some of the benefit I have had.

John’s remarks

Stephanie made the labour a very easy and ultimately exhilarating experience for me. She was very calm and focused throughout. My chief fear had been how I would react to Steph if she became distressed or started to cry or shout.

I tried to encourage her throughout the early stages of labour, emphasizing what she had already achieved rather than how much work was still ahead of us. I suggested we changed position regularly and ensured that she went to the toilet and drank often. We had discussed the position Stephanie wanted to be in to deliver beforehand, but it didn't really work out. The one we eventually arrived at, although it did not work with gravity, was best for Steph to push down.

By this point I was sufficiently confident to help Steph with the breathing exercises the midwives asked her to do. I became so involved that I was pushing down as hard as I could! When Martha was born, the only thing I can remember is repeating 'She is beautiful!' over and over.

Second child

The birth of Joseph was a very different experience from that of Martha, twenty months before; and this report will be a lot shorter than the one I wrote you at that time.

My due date was 18th November. On Saturday, 16th November, I was aware from about 5.00PM of stronger Braxton-Hicks contractions. They weren't regular or particularly painful, and I spent the evening bathing Martha, playing with her and settling her for bed. She got to sleep about 9.00PM but then woke up vomiting at 10.00 and we spent another hour clearing up and settling her down again.

At 11.00 John and I sat down to watch television and I said I thought the contractions were stronger. At 11.15 John started timing the contractions: they were five minutes apart and lasting about 30 seconds. At 11.45 I phoned the labour ward to contact the community midwives. By this time the contractions were four minutes apart and lasting between 40 and 50 seconds. I started to shake uncontrollably. John attached the TENS unit electrodes to my back. I then sat facing the back of a chair, while he rubbed my

feet and back to try to stop me shaking. I spoke to the midwife on call, Catryn, who said she would come straight away to examine me. I ate some toast and drank some raspberry-leaf tea between contractions. Catryn arrived at 12.15. She examined me, which I found very difficult to cope with, as I was on my back dealing with the contractions. As she examined me, my waters broke. She said I was 5cm dilated and she would call the second midwife to collect what they needed from the hospital. →Box p. 30

Unfortunately, she was unable to contact the second midwife (whose phone was off the hook) and I was aware of various phone calls to and from the hospital trying to find a replacement. Catryn reassured me there wouldn't be a problem: she would deliver on her own. →Box p. 90

In the meantime the contractions had increased in intensity and frequency (we stopped timing them when the midwife arrived). I coped with them by being in a 'monkey' at the end of the sofa, holding on to the arm and moving into a deeper 'monkey' as the contraction started and continued moving up and down in this way, concentrating on the outward breath and making saliva. John rubbed my back or held my feet through the contractions. He reminded me to change position after about twenty minutes, and I went onto the sofa on my knees, holding on to the arm of the sofa and moving in the shape of a pear through the contraction. Reminders to soften my mouth and make saliva were helpful. The contractions were very close together and lasted a long time. Sometimes there were two together. Catryn said afterwards that I was having seven or eight contractions in ten minutes. →Box p. 36

After a while (it seemed like forever) I started to feel pressure low down, and I got into the position on the sofa on my knees, holding the arm of the sofa, with John in front of me holding my hands. The pain was almost more than I could bear, but I continued to breathe out through soft lips and move through the contractions. Catryn reassured me that it wouldn't be long now. I said I felt I wanted to push and she said that after a few more contractions she'd examine me. However with the next contraction I had

an overwhelming urge to push and did so. Catryn said she could feel the baby's head and started to get her equipment ready.

The second-stage contractions were close together and within each contraction I had four or five urges to bear down. I needed no instruction. The urge was overwhelming and very powerful. I could feel the baby's journey and a sharp stinging sensation as the head crowned. Catryn asked me to do a slow steady push and then pant as the head was born. She said the cord was very tight around the baby's neck and she would have to cut it. He was then slow to breathe and needed some suction. After what seemed like a long time he cried.

The second midwife had arrived about two minutes before the baby was born and Catryn told her to have the [syntometrine](#) ready. The baby was already born when they gave me the injection. I lay back on the sofa and held Joseph, while Catryn attempted to deliver the placenta. The cord snapped as she was trying, and so she said the placenta was lying just inside the vagina and I'd have to get up and try and push it out. John had gone upstairs to take care of Martha, who had woken up crying, so I handed Joseph to the other midwife and stood up. I pushed for a while but had no success. I saw an empty mineral-water bottle on the floor and remembered what you said, so I blew into that. After a few minutes the placenta came out. Catryn examined me—I had only torn a little and would need no stitches. I lay back to enjoy Joseph. He had been born at 1.51AM and the second stage was only ten minutes. The whole labour and birth was extremely intense and the sensations a lot stronger than I'd expected.

The Alexander Technique helped in a different way from the last time, when I spent 19 hours in labour and there was a gradual build-up: then I needed to use my body well for resting as well as being active in contractions. This time there was really no time for resting: I was always preparing myself for the next contraction. Making saliva and breathing out through wet lips helped me

to focus on something other than the pain and stopped me from ‘panicking’ and tensing up against the contraction.

Catryn said afterwards that she was amazed at how calm I was during and between contractions.

I can now recommend the Alexander Technique for both kinds of labour — long and drawn-out, or short and intense. Your voice was with me throughout. Thank you again for all your help and support.

I hope this report is useful. I feel that it’s not very detailed; but because it all happened so quickly and was so intense I was not aware of everything that was happening. Joseph is beautiful and I’m going to spend the next few months enjoying him.

Stephanie Wooley

‘A Positive Experience’

I am an Alexander Technique student of Jill Freeman in York. She said she had spoken to you about me in the past with respect to using the Technique during my pregnancy and labour. As I found the work that we had done together absolutely invaluable, she suggested I might write to you and highlight how the Technique had helped me during pregnancy and labour.

The baby was breech presentation for the last couple of months of my pregnancy, but fortunately they were able to turn him successfully by external cephalic version in the 37th week. The techniques of relaxation and breath control were very helpful during the ECV, which I found quite painless. I wonder whether doing regular crawling, interspersed with left-side lying (as I believe you had suggested), also helped to prepare the baby for turning.

On February 2nd I gave birth to my son Jack in hospital. The labour lasted about 12 hours and he weighed in at 10lb 1oz (I might add that I only weigh 8 stone 9lb). I had a normal delivery with a first-degree tear. The only form of pain relief I used was Entonox, for about 15 minutes whilst they ruptured my membranes just before I went into transition.

I found the Technique helped me to remain very focused and in control throughout. I’m convinced that this — combined with the expertise of the midwife who delivered Jack — helped me avoid the need for a forceps delivery. I’ve tried to summarize the things I found particularly helpful for each [stage](#).

First stage

- Staying upright seemed to be crucial: every time I lay back to be monitored the contractions were more painful and less frequent. →Box p. 40

- I spent most of the time during contractions in 'lunge', leaning forwards onto the arms of an armchair. I preferred to use an inanimate object to lean on, rather than my husband, as he has not done the Technique himself and I was not sure what tensions he would carry. As the contractions became stronger, I found it more comfortable to be more upright, using the back of the armchair for support.

- Between contractions I found it helpful to walk around, or lean on my husband whilst sitting on the edge of the bed when I became fatigued. I felt it important to be able to move easily from one position to the other without assistance. For this reason I'm sure that being in water would have been brilliant, but this wasn't an option for me as my hindwaters had gone before I came into hospital.

The membrane of the amniotic sac can rupture at the presenting end, in front of the baby's head, in which case the forewaters come out in a gush. Or it can rupture at the back, further up the uterus. In the latter case the hindwaters come out in a trickle, and sometimes quite a lot of liquor may remain in the sac.

- I was conscious of directing my spine to lengthen and widen, as I had learnt to do in crawling whilst pregnant.

- The whispered 'ah' throughout each contraction was perhaps the most helpful of all. Simply smiling behind my eyes made such a difference to the degree of pain.

- I found the benefits of using gas and air towards the end of the first stage were outweighed by the distraction of having to grip the mask to my face; I found more benefit from focusing on the Technique.

Second stage

- I was half kneeling, half squatting for the second stage, leaning on the bed—which seemed to give the space needed to deliver Jack’s rather sizeable head.
- Visualizing the baby as I pushed helped to overcome some of the fear of possible trauma.

I don’t know whether this is of any interest to you, but I have found it helpful to get some of my thoughts on paper. It was such a positive experience and I don’t want to forget the details as my memories fade with time. I have recommended your book to other friends who have had a baby and they have found it very useful even when they have not had any lessons themselves.

Many thanks,

Tamsin Hartley

PS It didn’t take me long to realize that the real labour doesn’t really begin until after the baby is born—but I’m really enjoying being a mum!

TH

‘Time Had Little Meaning’

Isabella was born at 5.48PM. It was a long labour, and I never could have imagined beforehand the pain I experienced. However, by remaining confident that birth is a natural process, and with health and The Alexander Technique on my side, I was able to experience childbirth without worry, drugs, intervention, pain relief (except [TENS](#)) — and at home.

To be fair: I did not achieve this without wonderful support from Andy, my husband; Ilana, an Alexander Technique teacher and friend; and the sympathetic midwife, Doreen.

Labour began, I guess, at 1.00AM. However, I was not 100 per cent sure until about 2.00AM, when I roused Andy. It was an exciting but slightly nervous time. It made me think of a massive train starting to roll down a gentle slope, picking up momentum as it went — and no brakes to stop it! Andy and I started to prepare the sitting room: tidying it up, spreading the plastic sheets, getting pillows out, putting the heating on etc. At this stage contractions were painful, but bearable and not too long.

We phoned the hospital at 3.45AM; and at about 4.15AM we called Ilana, who said she’d jump into a taxi and come straight over. They had both been forewarned, because I had had a ‘show’ the morning before. This had also given us the chance to make sure we got some sleep in the day and an earlyish night to bed. →Box p. 57

At about 4.45AM, Doreen arrived and set up all her things. Shortly afterwards Ilana arrived too. Up until this point I had been at a bit of a loss as to what to do with myself. Now that it came to the crunch, it was hard to remember anything of labour

positions and procedures from *The Alexander Birth Book* or from antenatal classes. So it was wonderful when Ilana took over and had me moving about and suggested what to do. In fact, Doreen was left jobless for a while, so she was able to sit back and watch. Had Ilana not been there, I think I would have needed to be better prepared.

Early on, soon after Doreen arrived, she did an internal examination and found I was about 3cm dilated. She was very encouraging. It would have been disheartening if she had said ‘only 3cms dilated — you’ve got a long way to go yet’. She used a trumpet to listen to baby’s heart as I had requested no Sonicaid.

During my labour, time began to have little meaning. It seemed to pass very quickly but last an eternity! For example, when Doreen said, at around 9.00AM, ‘you’re coming along nicely, let’s get this baby out by midday’, it seemed so incredibly distant I could not imagine how I would endure this another three hours; although in fact midday came and passed, and it seemed so quick.

Due to my new relationship with time, it is difficult for me to remember when various events happened. I know that early on I was getting very shivery. My whole body, and especially my legs, shook with the intensity of the experience.

I know that Ilana [directed](#) me to move about, to go into ‘[monkey](#)’, supported by herself or Andy during contractions, or to sit on the [gym ball](#). Also to be on all fours, leaning over the ball (this one I found hard, as my abdomen felt very exposed and vulnerable, and I wanted it to be supported by cushions or hands).

Ilana worked on me while I was sitting or standing, checking my neck and limbs for stiffness. I seemed to be able to stay fairly free. I don’t know if that helped with the pain, as it was very intense. Would it have been worse had I tightened? I think it would.

Doreen had me sitting on a chair, facing and leaning on the back support padded with pillows. This was a good place to rest, and it enabled my back to be massaged during each contraction. Of all the help I had, this was perhaps the most vital, as the lower back

pain with each contraction was excruciating. Andy was wonderful as he made sure he was there to massage me each and every time. Interestingly, Doreen's massage on the buttocks instead of the lower back was very helpful. It was good to have the variety. Ilana also used pressure on my feet, sometimes even standing on them! This seemed to have an uplifting effect; and as it never became painful, it was a good distraction technique too. →Box p. 36

At one stage I had everyone doing something — one on each foot and two attending to massage!

The TENS machine was fitted to me early on, and I used it religiously, switching it on and off with each contraction. It is hard to say if this reduced the pain. It certainly helped me psychologically — I felt I was doing *something* and that it might help. The clicks also helped Andy to know when a contraction started and finished, so that he could be there for me. Doreen and Ilana thought it did help me.

During the morning Ilana and Doreen strongly urged me to eat and drink. This was the only bone of contention between us. Their well-meant intention was to 'build up my strength', but having fasted solely on water three times — the longest for fourteen days — I knew that my body had the reserves necessary. I also knew that my energy was being directed wholly towards giving birth and that digestion would be extremely difficult and would require some of that precious energy. This is how I saw it intellectually, but on top of that my body was telling me in no uncertain terms not to eat. I normally have a very good appetite (too good sometimes!) but at this time food was the last thing I wanted; I had trusted nature up until now and didn't want to abandon that trust in a moment like this. Andy supported my wishes, but I did end up compromising by having a little fresh orange juice in the morning, honey and camomile drinks and at lunch, after some persuasion, I tried some mashed avocado with a little seasoning. This tasted incredibly salty and unappetizing so I only ate a couple of

teaspoonfuls. There is no way I could have eaten the suggested toast and honey and tea. Luckily, I felt strong enough to say no to this. All this said and done, it was not really a big issue.

Generally speaking, it is not necessary to refrain from eating and drinking during labour. If labour is long, getting some nourishment is essential in order to prevent exhaustion and hypoglycaemia.

My tendency during labour was, once I was in a certain position, to stay there. Luckily, Ilana was great in letting me stay there just long enough and then encouraging me to move to a different position or to walk around the flat; sometimes even down the stairs, due to the lack of available space. The latter would always immediately bring on a contraction. She also encouraged me to moan with the pain. I liked doing this but only as long as I kept the noise controlled and fairly quiet. Had I gone to town, I would have felt out of control. For me the two essentials in coping with the pain, and therefore not having to resort to pain relief, were to remain in control of myself and to remain unafraid of what was happening to my body, the two being closely connected.

At some point in the afternoon, exhaustion overtook me. My eyes could hardly stay open, and it was suggested that I took a rest on the bed. I longed for a rest although, as I had been told that lying down would slow things up, I was a bit reluctant. Nevertheless, Ilana encouraged me, and so that is what I did. I lay on the end of the bed and Andy lay behind me massaging my back during every contraction. Amazingly, although the contractions were coming about every four minutes, I managed to doze between them. Somehow the pain seemed far worse when I was lying down but, between contractions, how wonderful to be resting! I was completely spaced out—in another world almost. Despite that, Andy's presence gave me the emotional support I needed to see me through each painful contraction. I must have been there for about an hour but time meant nothing to me—it could have been ten minutes or several hours.

At some point I got up (did I choose to or did someone get me up?) and Doreen suggested I get into a bath. Again, I was reluctant at first (change!) partly because I knew I would have to take the TENS machine off. Once I was in the bath though, the warm water engulfed me and it was wonderful. The only problem was the shape of the bath. It didn't support my back and so the contractions felt as if they were causing my back to arch. We tried filling the gap with a towel and then with a filled hot-water bottle and this helped a little. I stayed there for about half an hour. Doreen said she thought it helped to speed things up. Ilana didn't comment and at the time I took this to mean she either wasn't sure or didn't agree. Whatever, each change was psychologically good for me. →Box p. 106

During the day I was encouraged to go to the toilet often, and each time I took Andy with me. Inevitably I would have a contraction straight afterwards, so Andy would support me in the bathroom, and then we'd walk back to the living room.

Something else I did quite a lot of was squatting between contractions. Andy or Ilana would hold my hands and squat opposite me, while the other would support me from behind. After I'd done this once or twice, I began to really enjoy the feeling of being in a squat — especially when we rocked there from heel to toe. It somehow felt rather comforting. I couldn't stay there for a contraction, as it felt too vulnerable: if in the middle of a contraction I didn't want to be there, it would be too hard to stand up. So as soon as I felt one coming on, I'd stand and go into a supported 'monkey'. Of all the things I did in labour, this seems to have been the best in helping dilation to occur.

Few examinations were done along the way, and they were a lot easier than I had expected. My blood pressure and the baby's heart beat stayed constant. At one stage, sometime near the end, Doreen requested that they use the Sonicaid to hear the baby's heart, as they would no longer be able to hear it with the trumpet once I

was squatting to deliver. I reluctantly agreed. However, they were out of luck: the batteries for the Sonicaid were flat!

The second [stage](#) was approaching, although I couldn't allow myself to think ahead. Moment by moment was how I had to take it: if I thought about, say, the next hour, it would be too hard to bear. I knew I was nearing the second stage, as Doreen asked me where I wanted to deliver. We decided on a place, and it was set up for the big moment with plastic in place, chair for Andy and probably a host of other things of which I was unaware. Even at this stage I still could not believe I was about to give birth!

Pushing sensations began, and it took me a while to realize that that was what they were. I went with them—I could do nothing else. At some stage I felt as if I was weeing. It wasn't until a while later that it occurred to me that my waters might be breaking. I mentioned it, and an examination then confirmed that this was the case. This was very lucky, as I hadn't wanted them artificially broken, and that was just what Doreen had been about to suggest. All this was while I was standing, and I could also feel myself defecating. I didn't feel at all embarrassed at the time. Doreen told me to push it all out to get it out of the way and someone gave Andy some toilet paper to wipe my bottom! Looking back, it seems very undignified.

→Box
[p. 90](#)

I don't remember there being a transition stage with contractions slowing or ceasing. I just remember people moving me on—this time onto all fours and finally to a squatting position with Andy sitting on the chair behind me, giving me support and enabling me to support myself with my arms on his knees. More pushes with each agonizing contraction, but at least the end was in sight.

Suddenly someone said, 'The head is appearing, reach down and you can touch it!'. I remember saying 'no'. It seemed too difficult, and I just wanted it to be all over; but they insisted and so I did. Next I felt a sharp pain as the head emerged and another as the shoulders arrived and our baby was born!

→Box
[p. 43](#)

That moment is indescribable. I didn't even care to know immediately if it was a boy or girl, and indeed we couldn't see immediately as the cord was in the way. She was handed to me onto my chest, and I sat down on the floor. She didn't want to suckle yet. A voice said, 'We're cutting the cord, watch! It has stopped pulsating,' (my request for this on the birth plan) and another 'It's a girl!'. Two cries I remember as she was born—and then silence. The pain of the previous sixteen hours was instantaneously forgotten as we looked upon this tiny beautiful creature.

After a while, Andy was handed the baby so that I could deliver the placenta. I had requested no [syntometrine](#). I had wanted to let it come out of its own accord, but Doreen helped it out with her hands. I think she was worried about blood loss, as my iron levels were low. Once the placenta was out, our baby was handed back to me: still quite happy until the second midwife had to take her to be checked and weighed. This was a traumatic moment for the baby and me, and she immediately began to cry. Andy and I both wondered if this was really necessary.

During delivery my perineum was torn (second-degree tear) but I chose not to be stitched. Once Doreen had cleared up, she left and Beryl, another midwife, arrived to take over. Doreen had stayed beyond her duty to see the birth. Beryl was reluctant not to stitch me but respected my wishes. She saw to it that the three of us got safely to bed, finished clearing up and left at about 8.00PM. →Box p. 56

What I had not seen during the delivery was that Doreen had had to unwrap the cord twice from around the baby's neck. Also that she had been born face upwards. Apparently this is what accounted for the terrible back pains I experienced: her back had been pressing on my spinal column and nerves.

Ilana told me later that, facing this way, the baby might have had difficulties in tucking her chin in to be born; and had I given birth lying down on my back, she may well have got stuck and needed forceps. I'm glad I didn't know about this during labour, as I'm sure it would have worried me. She was born very clean with little blood or vernix on her, and she went pink almost im-

mediately. These were the things Andy remarked upon, as I was so brain-dead I couldn't take much in. The hospital later told me that Isabella had an Apgar score of 9/10 at one minute and 10/10 at five minutes.

All in all, the labour was far more painful than I could have possibly imagined, but with hindsight I would have changed very little. I would walk more and sleep more in the weeks leading up to labour. I would not eat anything during labour unless my body indicated otherwise. I still wouldn't have any drugs or pain relief other than those mentioned, and I would hope to be in a position to hire a birthing pool. I will definitely have another home birth (unless there are complications). It was an experience not to be missed.

Penny Cook

‘I’m Getting Through This!’

As promised, I have written a few comments on my birth experience. Benedict was born a day early, on the 20th April. The night before this, I went to hear a soul band in which my boyfriend was playing. I danced, had a Guinness and had a thoroughly good time. Returning home at 2AM, I made stacks of garlic bread and watched a film on TV. Dazed with tiredness, I headed off to bed with the knowledge I could sleep in. Just as I got into bed, my waters broke. Still determined to sleep, I got back into bed. I felt a pop inside me, followed by a contraction at 2.45AM. It was painful. →Box p. 90

I caught a cab to the hospital, whereupon I was monitored for 20 minutes lying down on the hospital bed. As I was only $\frac{1}{2}$ cm dilated, I was given a bed for the night in the pre-natal ward. Tony was still recovering from the soul-band concert and had the bed to doze off. I was in pain, so preferred to be on all fours, and then I found a stool to lean over. I groaned. I managed to pull out a few cushions from my rucksack nearby. About 8AM the doctor came to see if I was ready to go to the labour ward. Again, lying on my back was painful. I had no choice but to lie on my back as she inspected me. I was 5cm dilated. I was ready to go in to a room of my own. I asked for a plastic inflatable ball; they misunderstood me and 30 minutes later brought along a plastic bowl. Eventually the ball turned up and I sat on it for hours.

Tony encouraged me to go to the toilet every hour. Once there, I seemed to get stuck in positions without the strength or courage to move. I remember leaning over the taps at the sink, unable to

move. Tony pressed down my feet with his feet and placed one hand on my lower back. When a contraction came, it seemed to act as a pain-killer. The hand on the lower back became electric and my feet became grounded. I returned to sitting on the ball for most of my labour. At times I flopped to one side leaning on a side board, sometimes falling asleep. I practised the [whispered 'ah'](#).

Exerting some pressure on the feet activates the stretch reflex and helps release—rather than contract—your muscles while in pain. A midwife or your partner can apply this pressure quite simply by putting their hands on your feet.
--

The pain was becoming unbearable. The tops of my thighs hurt terribly. I imagined a great wave at sea: when a contraction came, I jumped into the wave, feeling the pull but knowing it would pass over me.

Tony and I were left alone for many hours until a midwife came flying in saying, 'We're not making any progress here!' and wanting me up on the bed for a check. I refused. I asked her about pain relief:

'Is the pain going to increase toward the end?'

'Undoubtedly,' I was told.

Again we battled it out; she insisted that I was to lie on the bed. At this stage I obliged and was instructed on how the gas and air worked. The pain doubled as I lay on that hospital bed. She attached monitors to me and described me as being fully dilated and ready to push. She then left us. At this stage despair set in. Tony became tearful, we were all alone again. I was stuck on the bed with gas and air that had been pushed on my face and with the instructions that I was ready to push the baby out. I forced myself with every grain of strength to climb on all fours; the pain decreased immediately. I became so angry with the midwife: I remember sticking up two fingers as she left the room saying, 'I'm bloody not giving birth in this position.' As I was in the progress of pushing, enter another midwife. Fortunately she was wonderful. I was in such a world of my own, my hair covering my face to block

out disturbances. Just as I began pushing, another midwife came in, enquiring as to whether a student could enter. Saying 'no' was easy.

I felt in control over things. My mind was strong but my body was enduring so much pain that it was difficult to get into different positions. I became fixed, frightened to move. I wanted to lean over the ball but could not physically get there. Perhaps having a third person in the labour room would have been better.

Tony sat astride on the edge of the bed. I sat on top of him in a standing squat position. He held me from behind. I pushed the baby out in this position. The midwife caught him as he flew out.

When Benedict was born, there was a huge scream, and I immediately put him to my breast. He fed. The smell of him was wonderful. I loved him the moment I held him. The baby had strong sucking instincts at my breast. No drugs to slow or doze him. He began his life as a very relaxed calm baby.

Thank you, Ilana, for your Alexander work. I could hear your voice reminding me to breathe, do the whispered 'ah', get saliva on the lips; grounding of the feet on the floor, using the inflatable [gym ball](#), my initial work on all fours and an inner confidence, 'I am getting through this!'

The doctor visited us the next day at hospital on his rounds. He greeted me saying, 'Your labour and delivery is the only one that went smoothly all week.' Painful, no doubt, but I managed it. Thanks again. I won't forget it.

Jane Keay

PS

Labour 10–11 hours long. I suffered a slight tear but no stitches.

JK

‘Inhibition is The Essential Core’

Through the pregnancy I obviously used the Technique, because I was teaching it; and although I got no backache I had ‘bump-ache’ — cramps in the muscles holding the bump — that at times got so severe I could hardly walk any distance. At about six months, I came to see you for a session on natural birth, during which we did crawling. I was afraid that the baby was lying breech, and so practised crawling religiously for 10 minutes a day, which not only made me feel great but completely controlled the bump pains, so that I was more mobile in the third trimester.

As a result of our session, I practised on all fours, thinking through a contraction, swaying back and forward, rotating the hips, breathing out and visualizing. This helped keep me comfortable in the last few weeks. I did pelvic floor exercises as well. I also went to active birth classes and I gently ‘rewrote’ the exercises as we did them, so as to make them Alexander-compatible. But the classes were good for a morning’s calm to myself and for the contact with other pregnant women: a forum to discuss hopes and fears and hear real birth stories.

When I finally went into labour, the baby was two weeks late; and I had been having show and mild contractions for three days. On the fourth day, my waters broke as a dribble early in the morning and the contractions got stronger. By evening, the midwife was keen to get labour started and gave me an enema, which worked within half an hour. The contractions became much stronger and

→Boxes
p. 57,
p. 90

painful, and I found indeed that I wanted to be on all fours, rocking and breathing. We had planned a home birth (though I had a GP unit birth booked), so the midwife, my husband and a friend all assembled. It was 10.30PM. I was anxious and excited and a bit frightened and not knowing what to expect. I used all the positions, and the ball, and the breathing, and back-rubbing etc. — rather frantically perhaps, aware that I wasn't inhibiting as I would like. The result was that I quickly became tired, my wrists gave out, and I was using far too much nervous energy to combat the pain of the contractions.

At midnight, the midwife examined me and found I hadn't even begun to dilate, and said she was going to bed. My friend and my husband said likewise and encouraged me to lie down, as they could see I was wearing myself out with positions and movements. Once I did so, and all was quiet with everyone else sleeping around me, I began to use the Technique just to inhibit reacting to the pain. As the contractions approached, I would inhibit any movement or any facial expression, any tensing against the pain, working mentally to relax into it. This calmed me right down, and although I couldn't sleep, with contractions coming every five to seven minutes, it was a meditative and therefore restful night. At 5.00AM the contractions slowed and at 7.00AM they stopped completely. The midwife found I was 2cm dilated. She went home and the next midwife came on shift and visited, and my friend sat with me all morning. Nothing happened at all, and I was glad, because at some level I'd decided I didn't want to go through with it after all(!) — which was what my body, and presumably also the baby, had also decided.

At 2.00PM the doctor rang, on the advice of the midwife, and said I'd got to be induced. I pleaded for four hours' grace to get some sleep and to give it a bit longer to start again, though intuitively I knew perfectly well it wasn't going to, and induction was now essential, especially as the waters had broken 30 or more hours

→Box
p. 101

earlier. So I slept for two hours, then woke and packed bags and cried and came to terms with going into hospital — not what I'd planned at all.

We went in at 7.00PM, and I was very nervous. My husband came, and also the community midwife had agreed to come in to get me started to provide a continuity of faces: someone I knew was on my side. I took Bach Flower Rescue Remedy and by the time the drip was in and going, at 9.00PM, I was calm again. An infection had started, as my temperature had been slightly raised; so we were none too soon, and they gave me intravenous antibiotics for that. It took an hour and a half to get labour going properly on the drip; I needed the full dose to get contractions every three minutes. Once that was under way, we phoned my friend to come in (she'd gone to get some sleep). So we started labour properly about 9.30PM.

Now I was very restricted in movement. My right hand had the drip into the vein, and it was very uncomfortable, so that I couldn't use it at all. The leads were quite long, but it felt vulnerable. On my left were the contractions monitor and the baby's heartbeat monitor, both belted to my bump.

Measuring the baby's heartbeat is essential in order to make sure that it keeps within the healthy range of 120–160 beats per minute (except during contractions, when it is normal for it to go outside this range). This can be done using a foetal stethoscope or Sonicaid. Hospitals also use various kinds of electronic monitors. When these are used, it is not advisable to lie on your back, since this may cause pressure on your blood vessels, reducing blood supply to the baby — who will duly show signs of distress (catch-22)! Unfortunately, electronic monitors are known to malfunction occasionally and give false readings, prompting unnecessary medical intervention.

I could sit, lie or kneel up on the bed, or, as I discovered, lean forwards over a bean bag or the shoulders of someone sitting on the bed end. But the drip arm made manoeuvring very difficult—I felt very heavy with the contractions and, really, much movement was out. So although I used all the above positions, I wasn't moving once I was in them. So again my tools for the labour were

inhibition, breathing, positive thinking and visualization, and the helpers with me.

As each contraction approached, I signalled to my husband or friend—they took it in turns while the other fetched cups of tea or snatched a catnap—and they would rub my back. I had real lower-back pain. It was now clear that the baby was lying posteriorly and was obviously pressing where she shouldn't have been, as the lower back pain had been getting worse for a fortnight and had not responded to Alexander work—the only pain I've ever had that didn't respond.

I focused on not crying or screwing my face up into 'poor me' expressions, but staying calm and impassive: not tightening to the pain. I focused on continuing to breathe out: as the first [stage](#) progressed, I moved from the slow deep out-breath, to the panting breath, to saying, then shouting, 'out, out, out'—to keep breathing out.

I focused on visualizing the baby and cervix as higher than the pain, so that I gave energy to the whole uterus in the contraction, because the lower back pain was below where the contraction needed to be occurring. So I was welcoming the pain into my body, thinking: 'I welcome you. You are bringing my baby. You are a good pain'. Drawing it up high into me, not fighting it, but working to invite it and welcome it. I was going to write 'to love it', but that would be too strong, and not possible, as it was the most terrible and intense pain I've ever felt. But each contraction, I knew, would only last a minute or less; the most intense part of the contraction was only 10–20 seconds, and that fact made them bearable. 'If only I can inhibit for another few seconds it will begin to die down and that will be alright,' was an oft-occurring thought. I also needed hands on me: if I was left to do the most intense part of the contraction without hands on me, I felt intensely abandoned; even though they were in the room, it was as though they didn't care, didn't understand.

The community midwife also stroked between my big and second toes, which I guessed was reflexology, and somehow was

→Box
p. 12

wonderfully helpful. I put a couple of drops of Rescue Remedy in all the water I sipped throughout the night, which I believe was helpful. I also took a homeopathic remedy for severe back-pain at a point where it seemed to be getting unbearable, and it took the distress away.

By 3–4AM I was getting exhausted. The pain was worse and worse, the others were taking it in turns to rest and I began to think: ‘I want a rest. It’s not fair—they can rest and I can’t’. After a while the midwives—who had now changed to the hospital midwives, more orthodox in their approach than the community midwives—noticed and said I needed a rest, and began to talk of [pethidine](#) or [epidurals](#). I didn’t like the idea but I could see the point of a few hours’ rest before the second stage. However, on examination I was found to be 8cm dilated, only 2cm to go; so they suggested gas and air instead. It took a while to learn how to draw (even drag!) on the gas; but it helped, by giving me something else to focus on during the, by now, very intense contraction pain; and it took away the distress and exhaustion. The others said I was looking drunk on it and I was rather offended by that—I just felt it took away the tiredness and in half an hour I could cope again.

The midwives decided I could begin pushing as the urge was starting, even though there seemed to be an [anterior lip](#). They described what I was to do and exhorted me to push hard, and I got it wrong: because I was trying, it was not very successful. I was pushing into my face and into my legs; I couldn’t find what they wanted. But with the pushing, the pain stopped. Then a doctor came in to check and insisted I return to transition because of the anterior lip, and the baby had not turned. That was hard, because again I had to face the pain of contractions without pushing, and it now took massive inhibition and focusing out and up: I focused hard on the opposite wall and high up, to avoid the thought going with the contraction and so setting it off; and shouting ‘no’,

to stop myself pushing. Every two or three contractions, the urge was too strong and a push happened; and because I was resisting interfering, these were highly successful pushes, and they taught me what to do (or not do).

The experience of transition (between the first and second stage of labour) varies greatly from one labour to another. It is often physically and emotionally dramatic. If there is an [anterior lip](#), it is usually noticed during transition. In this case, in order to counteract a premature urge to bear down, the best position to assume during contractions is the 'knee-chest': kneeling with head down and pelvis raised, accompanied by shallow puffing.

I wanted to be on all fours — leaning over my husband or friend — because that was how I'd envisaged myself in second stage. The midwives wanted me on my back so they could see what was happening. So we compromised: two contractions my way, two theirs, etc., which was okay. Then, to complete transition, they had me sit on my haunches and rotate my hips to help the baby turn, and that finally worked. Changing position was good in transition, as it confused the musculature and my focusing and helped me not to push. By the second or third contraction, I was focused in that position and a push would occur spontaneously, which I couldn't stop. Kneeling up over someone in second stage I found slightly disconcerting for focusing, and embarrassing, because I was passing small stools with the pushes, and no one was cleaning me up — they didn't seem bothered, though I was. I actually ended up on my back with the feet in the stirrups, and found it fine. Perhaps due to my previous experience of lying semi-supine, I found it easier to know where my back, and the centre of me, was. But at the time I had the negatives about it going through my head, and had to overcome them, telling myself it was in fact okay to be in that position.

Eventually I was fully dilated and the baby had turned and they let me push in earnest — exhorting me furiously: 'Push, Penelope, come on, *push*! And again! ...', often not in tune with the actual

contractions: wanting me to start too soon and go on after the contraction had gone. And again this made them less effective. Really there should have been encouragement to inhibit pushing and just go with it when it happened — which I tried to do a bit, despite their shouting, as I found it was more effective.

→Box
p. 63

By now everyone except me was watching the monitors and was aware that the baby was getting distressed; the meconium had been spotted, though they weren't sure. So they wanted her out quickly, they nearly gave up; my friend, who is a trained midwife, thought they were soon going to be calling for forceps. But I managed a few good pushes, by ignoring them and inhibiting, and the baby appeared down the birth canal. Now they were in a hurry and they asked if I would mind an episiotomy for the baby's sake, and I agreed: anything to get it over with, as I'd been in second stage about two hours. Her head was born on the next contraction after the episiotomy, and we then discovered the reason for labour stopping, and for the slow second stage, and for the baby's distress: the cord was three times round her neck.

→Box
p. 62

The last inhibition: they said, 'Don't push now, whatever you do, or you'll strangle her'. And so while they worked flat out to get the cord cut and unwound, I panted furiously fast and hard and inhibited like mad, and fortunately there was no contraction. And then they said 'Now push!' and there was a contraction and the rest of her just slithered out and was whisked onto the resuscitator by the paediatrician, because there was meconium everywhere. Then a very tense few minutes, wondering if she was okay, then the first cry, and we knew she was alright, and I asked and they told me she was a girl. It was 6.23AM.

Unfortunately, my impatient midwife hadn't finished: she wanted to pull out the afterbirth, and I wanted to wait and let it happen. I was aware that since the cord had had to be cut, I should probably have [syntometrine](#), but the midwife, who knew I had originally requested not to have it, said no, she didn't think it was necessary, as I still had the induction drip going full bore — they had

turned it right up after the birth. But after 20 minutes it still hadn't happened so she pulled it gently and got me to push, and then it did detach and come out, but I haemorrhaged and needed syntometrine after all.

Three days later I was still very distended, and they found my cervix was still dilated, and a D&C revealed I was full of blood clots and also bits of placenta which had not detached. My reaction after was that the midwife had 'caused' all this by getting impatient and wanting to pull the placenta out. But in retrospect I suspect that that part of the process had been put out of balance by the induction and by the necessity of cutting the cord, and that actually she had no choice.

I feel quite strongly that inhibition is the essential core of the Technique, [direction](#) is secondary to it. The mechanics of 'not the head back' etc. are results of these, and can easily become mechanistic, although such mechanisms do have their place in processes such as birth. I forgot to mention that when pushing I tended to pull my head back; the mechanics of keeping it forward helped tremendously.

Penelope Easten

‘I Refused to be Flustered’

Unlike my first labour, where the beginning was quite clear cut, with Lara I had had two weeks of intermittent sleepless nights, back ache and Braxton-Hicks. When labour actually began, I was very relieved. We had people to supper and I had contractions every now and then; it was possible to ignore them if I pottered around the kitchen rather than sat down. When the guests left I went to the loo and had a show — so I knew that it had really started.

→Box
p. 57

The contractions came regularly, every 10 minutes; but they weren't that strong. I was torn between wanting to rest and being keen to keep things going. By 3AM I was desperate for sleep and — having confirmed with the hospital that it wasn't really worth coming in until the contractions were five minutes apart and lasting a minute—I managed to lie down and rest between contractions. They conveniently slowed down to every 20 minutes. When a contraction came, I would leap to my feet, licking my lips and blowing out, swaying from side to side or backwards and forwards. Mark would raise a weary head and make a note of the timings. He wisely wanted to conserve his energy for the morning. As the contractions got stronger, my swaying turned to [lunges](#).

I got up properly at 6AM with a hot, scented bath. The activity increased the contractions to five minutes very quickly. Mark put the [TENS](#) machine on me. At 7AM we phoned Stacey, my daughter Ava's childminder; and Jeremy, Mark's brother. Jeremy came round straight away and we had a rather surreal breakfast.

Ava sensed that something was up, she had woken during the night, seemingly aware that things were not quite normal, and in the morning she was abnormally clingy: hanging on to my legs whenever I breathed through a contraction. I found her presence a pressure I could do without and decided to go to hospital before Stacey arrived. In fact, as we drove hurriedly out of the Mews, her car drove in. It was very reassuring to know that Ava would have a normal day with someone she knew.

I was on a Domino (community midwife) system, so when I arrived at the hospital, they phoned through to summon one of the team. Mark and I were put straight into a delivery room. It was quite small, and had no clock. I regretted having rushed in. In our haste we had forgotten the [gym ball](#) and a tape machine. They said that our room was the only one without music. They brought a jug of water with ice.

D the midwife didn't take long to arrive. I was disappointed it was her — she had been the only one to mess up one of my blood tests. Her manner seemed incredibly slow. The room didn't have any of the basic equipment she needed. I got crosser and crosser at her fumbling and hesitant manner.

Mark phoned through to Jeremy to bring the gym ball and a radio. He also lent us his watch. When D eventually did the internal and told me I was 4cm dilated, I felt incredibly depressed and suddenly exhausted. With Ava I managed to stay at home all day, and had been fully dilated by the time I'd got to hospital. Everything had happened very quickly. To make things worse, my blood pressure was high, and D said they might have to resort to an [epidural](#) if it stayed high. Since I hate injections, the idea terrified me. We unpacked all the homeopathic remedies I'd brought for the occasion and I took Kali Phos for exhaustion and Rescue Remedy to pick me up. →Box p. 12

The contractions continued, getting gradually stronger. Mark held me and rubbed my back. D wrote notes in the corner. Workmen

arrived with a ladder to hang the clock. It was a lovely day and we could hear the buses going past. The radio played the traffic news. It was comforting to know that life carried on as normal out there.

At 11AM we persuaded D to do another internal; I was encouraged to know I had reached 7cm — over half way at least. We ordered up the gas and air before we needed it, in case that too was in short supply.

By 12 noon the contractions were getting relentless. The TENS machine was on full power: I could barely tell which were Mark's back rubs and which were electric vibrations. I was also gulping gas and air gratefully when I sensed a contraction on the way; the resulting spaced-out sensation made the pain infinitely more bearable.

I gave up lunging by this stage and slumped over the gym ball on top of the bed. With the bed head propped up at an angle and the ball up against it, I could slump over it on my knees with my feet against the foot of the bed — good for pushing against later on. D suggested breaking the waters. I had seen the knitting needle and resisted the temptation to speed things up. They must have broken at about 12.20. Ilana's advice was vindicated.

→Box
p. 90

I started getting vague urges to push. D leapt into action and, having checked that I was ready, encouraged me to push more. Again I was reassured by Ilana's advice, and refused to be flustered when there was no urge. There were gaps between the contractions, and I rested with pleasure: waiting for the next urge to come, like a surfer waits for the big wave. Mark carried on rubbing my back. D let me keep the gas and air which continued to be a comfort — although I tried not to use it too much at this stage. The TENS machine still pounded away.

→Box
p. 63

After a while D suggested that I tried lying on the bed. I clung to my ball and refused. She suggested that I tried crouching, whilst still holding the ball; this did seem to make a difference, though I only managed to keep the position through one contraction, and

quickly returned to my knees. The pain was excruciating; I swore that this would be my last child.

Lara was born at 1PM exactly — so I must have been about 30 minutes pushing. She had the cord around her neck and was bright blue. D cut the cord as she came out, and it took some slapping to get her to scream. They rubbed her clean, wrapped her up and gave her to me. Having haemorrhaged quite badly last time, I let them inject [syntometrine](#) to expel the placenta. It was a great relief to lose the bulge at last, but the greatest thrill — apart from having Lara of course — was not having stitches! With Ava, the stitching up had taken longer than the actual birth and I had been bedridden with a catheter for a week afterwards; so stitches were a bit of an obsession.

I spent the afternoon with Mark and Lara in the delivery room. We had delicious takeaway kebab for lunch — and it was a wonderfully peaceful time. My blood pressure was still high, and for a while we had to resign ourselves to an overnight at the hospital; but luckily it went down the required amount just in time. We went home at 6.30PM, to introduce our new baby to her sister.

Sophie Morland-Skeet

On the Ball

I began to have Alexander lessons with Elaine Bernard at approximately 14 weeks of pregnancy. Initially I had two lessons a week, which after a while was reduced to one. I cannot say for certain whether the lessons were the reason, but I had a very easy, comfortable pregnancy, which I think must be attributable, at least in part, to the Technique.

Elaine had agreed to accompany me and ‘coach’ me through my first [stage](#) of labour; and when the time came, she arrived at my home, [gymnastic ball](#) in arms. This huge, green ball was a lifesaver for me. I found that by sitting on the ball and gently bouncing, especially at the height of a contraction, the pain was greatly reduced.

Although my labour was quite a long one, 20 hours, 14 of these hours were spent at home, indoors and in the garden, with my family and Elaine reminding me of my [whispered ‘ah’s](#) at regular intervals.

My sister, Miriam, was to be my birth partner and was feeling rather apprehensive as the time drew nearer. Sensing this, Elaine gave her a quick Alexander lesson in the garden, which made her feel more relaxed immediately. I must say that she did remain calm throughout.

When it was agreed that the time had come, we drove to the hospital. The ball certainly raised a few eyebrows and a great deal of interest, but I sat and bounced on it right up until I felt the pressure of the baby’s head.

I gave birth quite naturally, only using gas and air and requiring no stitches. I can honestly say it was a good day (not without pain) and just as I had wanted it to be. This success must surely be attributed to the Technique and the use of the ball.

Julia Hardy

‘I Felt Capable Throughout’

I’ve just got Paris off to sleep using that large green [ball](#). It is almost the only time I feel I’m using proper [directions](#) for my back: winding him and rocking him while sitting, bouncing gently or rolling on the ball. I’d like to come back for lessons — it’s much harder on the back afterwards and I find a tendency to slump with tiredness!

No-one prepared me for the fact that I’d have so little time after that first week. Max is now back in town during the weekdays and I can hardly write a postcard some days. Despite really enjoying parenting, I felt very sad after the birth. A deep sense of grief, not depression. I loved the experience of birthing so profoundly and felt so high that first week: joy as I have never felt before — but I also felt he was no longer mine. I need to protect and cherish him for the next however many years — but he isn’t ‘mine’: he *was* in the womb, as part of me, and now he isn’t. That change, I feel, sparked the grief: a sense of loss. And I felt and still do that I’d love to have another tomorrow. However, I’ll wait a while, I think!

It is so amazing, that experience of birth — extraordinary, marvellous, gentle and wondrous. I’d like to hold onto part of it but it’s already fading. At first I could hardly sit in the room where he was born for feeling so emotional — everything moved me profoundly: walking, listening to birds, reading a card or poem. I still have some of that feeling around nature but the high of the birth is fading. I suppose the new joy of parenting is replacing it.

Ilana, thank you so much for all your help and support with my pregnancy. I really enjoyed your classes and consequently loved

the birth. I felt capable throughout and really proud of myself since.

I started getting twinges on Saturday morning at 4AM; not certain whether they were labour contractions or Braxton-Hicks. As I had no watch, I'd go to the bathroom and check the clock on the heater. No rhythm to them, but felt like peeing each time. They continued very sporadically throughout the day. The midwife on duty came out to locate the cottage and meet us at about 11AM and I told her about them. She said, if I could speak through them they were unlikely to be contractions.

I went to bed in the afternoon for about an hour and a half and woke up feeling really rested and yet alive. Normally, after a sleep in the day I would wake feeling a bit low. At about 5 or 6PM →Box p. 106
Max and I talked about filling the birthing pool. The contractions were more regular but not too painful. I was making saliva and breathing out and even [lunging](#) against the wall if necessary.

We started timing them: about 10 minutes between each one. We called the midwife and the GP, who wanted to be notified as well. We wanted to take a walk down the drive. The midwife said, if we were OK to walk, we were OK and to call her when contractions were closer to each other or stronger. The GP said, it would probably be tomorrow morning and again to call later.

We started filling the pool and took the dogs out. It was a bright clear night, full of stars and mist on the field. I felt elated yet a little nervous as I realized these were real contractions, not Braxton-Hicks. I had three quite painful ones on that walk, enough to hold onto Max for a supported lunge.

We got home and I tried various positions during the pain. I remember joking to Max that when I'd done these delicious [pear](#) movements in the class — without pain — they'd been relaxing and I could manage a good clean pear; but in a contraction I found it hard to do, so I abandoned them. I quite liked the one leg up on a chair. I was aware of wanting to rest between contractions but

never had time to do anything but a [whispered ‘ah’](#). Max asked if I wanted to get in the pool and — as I’d looked in the Janet Balaskas’ book and seen that five-minute intervals meant I was probably 3cm dilated — I decided to hold off and wait until the pain became more intense before going into the pool.

The midwife had said to call at five-minute intervals, so we did and she said she’d come out and do an internal. It was 12-ish; I remember thinking, ‘Where have these three hours gone?’. Max had been holding me through the worst contractions, doing ‘close [monkey](#)’ and ‘lunging with a partner’ and feeding me arnica every half hour. I would call him away from lighting candles and burning oils when I felt a contraction coming on. He would wet his mouth as if to remind me to make saliva; I remembered anyway and found that really irritating, but was unable to say anything and squeezed him as if in disapproval!

→Box
p. 12

The midwife Gaye turned up at 1AM; as she came through the door to two excited dogs, my waters broke. She looked surprised as I was grunting with a desire to push and said the baby is going to be here any minute! I was excited and relieved. A hope of being fully dilated and having got that far without needing a midwife.

→Box
p. 90

Each contraction I felt a real desire to push. Excited, as I knew I was in transition, and therefore not long to go. Max held me in a supported squat each time I called for him, as I found that most helpful. I kept pulling my leg up as I felt the need to push down. On reflection, having the ankles and feet held would probably have helped also, but I couldn’t ask for anything clearly.

→Box
p. 43

→Box
p. 36

A cold flannel on my face was essential but it never really felt cold enough: an iced flannel would have been better. The midwife tried to get me to lean against the sofa to do an internal: lying on my back was too painful during a contraction. I really wanted to sleep after about an hour. No sign of the head or feeling of pressure; yet the desire to push was there each time.

The second midwife, Sue, arrived to another frenzy of dogs. I couldn't use the pool, as no-one was keen to deliver in the pool and it seemed so close; yet I really wanted some other kind of support through the contraction and desire to push. The top of my thighs ached — a cramp-like sensation. I was stiff from endless supported squats and the pool would have helped, I felt. Eventually the midwife suggested lying on my side against Max, with my leg up on her shoulder to push against when the need came. That relieved my need to hold my own legs up or open. Then they could see the head and aided me with breathing/panting directions and I released and whispered 'ahh' between that.

It was very hot in the room. I heard the midwife kneeling by the wood burner say: 'This baby better come soon or I shall go up in a puff of smoke'. I was surprised at the clarity with which I could picture her doing so.

Sue, the second midwife, massaged my feet — she was a trained reflexologist and knew how to make the contraction stronger by using pressure points on my ankle. I was scared of tearing, yet it felt excruciating as Gaye massaged my perineum. I tried to tell her to stop it.

Eventually the head appeared and they told me to pant; it felt very good having a new direction all of a sudden. It felt longer than two and half hours, but he was born quite suddenly at 3.30AM and he was asleep. He was delivered to Max. He opened his eyes and looked around and then was passed to me, where he settled onto the breast.

I lost a lot of blood, which I thought was the placenta. I felt very disconnected and had a ringing in my ears, but was aware of the need to sit up to deliver the placenta. Both midwives told me to relax; there wasn't any immediate time pressure, but I asked Max for an empty bottle anyway. All your tips came back as clear as anything! In fact, I knelt up as I had the urge to push and it delivered easily and without pain. →Box p. 98

We talked of getting into the pool with baby to clean off but I had to wait for the doctor to come and stitch me. Paris was dressed and I declined the three stitches offered as I had a herbal remedy for healing the perineum. I then got in the pool — dazed but in heaven, dizzy but very happy.

Selby Thomas

Midwives sometimes prefer to leave unstitched small ragged tears caused naturally (rather than by episiotomy); however, serious tears and episiotomy require stitching. The following two recipes can help to heal the perineum in either case.

- Shepherd's Purse, *Uva Ursi*, Comfrey, 3 heads of garlic. Prick the garlic, put in large stainless steel saucepan with a generous handful of each of the herbs. Fill up with 3–4 pints water. Bring to the boil and simmer for 30 minutes.

- Oakbark and Comfrey Root, Lavender and Marigold, Slippery Elm and Golden Seal. To 3–4 pints water in large stainless steel saucepan, add handful of Oakbark and Comfrey Root. Bring to boil and simmer for 15–20 minutes. Remove from heat, add handful of Lavender and Marigold. Leave to steep for 20 minutes. Stir in handful of Slippery Elm and Golden Seal.

For each of these infusions: strain liquid through sieve into large jar. This quantity is enough for 2 baths. Pour into warm shallow bath and sit in it for about 20 minutes. Take one or two baths daily until wound heals.

‘Clear Body Signal’

I had a very easy, drug-free birth on the ‘right’ day and a perfect very contented baby: she’s been sleeping six hours and overnight from nine days! I send you my birth report and I’ll bring a copy to Christopher,¹ whom I’m seeing for a lesson this Wednesday.

Thank you for your practical and confidence-building lessons.

MONDAY

1830 Meditating on relaxing and opening the cervix.

2030 A show!

The ‘show’ is a plug of mucus that develops in the cervix and seals it during pregnancy. It comes out during labour (in which case it may not be noticed), or at the onset of labour, or a few days before (for example, after love-making). It is fed by blood vessels from the wall of the cervix; so when it comes out it is accompanied by some blood. Sometimes this can be mistaken for bleeding; but having a show is no reason to rush off to hospital.

First Stage

2330–0600 Stomach ‘cramps’ but slept in between these, on my side.

TUESDAY

0700–1400 Low constant tummy ache plus irregular ‘cramps’ every 2–15 minutes. Had a bath, put the **TENS** on about 0900;

¹Christopher Batten, an AT teacher with whom Denise had lessons before joining the *Eutokia* class.

then did housework/ironing until 1030. Then sitting upright/forward reading or walking around house and garden.

1230 cramps sharper and leaning over **ball**, focusing on the out breath during 'cramps'.

→Boxes
p. 70,
p. 40

1400 Entered hospital (Pains every 2–15 minutes but manageable); contractions stopped when had to lay down to be monitored!

1500 Sent home: 'not in labour,' said sister. Cramps started as soon as I got back in the car (TENS off).

1525 Back home, tried to rest lying on my side; three strong contractions within 20 minutes and too uncomfortable to stay lying down.

1545 TENS back on (but broken cycle so not so helpful?) Pain every two minutes, but still no 'upper bump' contractions like the sister told us to wait for. Holding hot-water bottle to lower stomach, crawling on floor; upstairs on all fours.

1600 Bowels; then crouching on bed. Had low back pain now, which was considerably helped by my husband pushing firmly down on it. Kneeling in front of him while he was sitting on a chair was good too.

1700 Pains almost non-stop, found deep groaning really helpful. Left again for hospital (I on the back seat on all fours resting on the ball!) Got stuck in the rush-hour traffic!

1800 Arrived at hospital and needed wheelchair to get me up to maternity unit; said to sister: 'If this isn't labour I want **pethidine** now!' She said it was. No pain relief offered (or asked for)—which is what I'd said I wanted. Sat half cross-legged on bed; strong pushing (and peeing) urge; water went.

→Box
p. 90

1815 Literally had to run down the corridor supported by two nurses to the delivery room; onto delivery bed on all fours,

head down and tail up when told not to push for a minute. Then back onto all fours, holding the bed head and supported by cushions. Asked for (and given) a glass of water.

Second Stage

1830 Told to turn over to a supported sit for delivery; found it hard to focus on where to push, until I remembered it's 'like shitting'. Sister twice said she'd have to 'help' me, which I took to mean episiotomy; so vigorously and repeatedly said 'no'! She manually stretched perineum. I groaned very loudly (and caught myself shrieking a couple of times). Felt clear body signal when to push (and had to ignore sister's instructions as they were out of tune with me). Took 6–8 pushes with brief respites to deliver, holding my two supporters' hands and legs braced against nurses/bottom of bed(?). Drank several small glasses of water (to help 'wet lips'!) →Box p. 63

1850 Baby delivered onto my bare stomach. Small straight tear (because she came out with an arm raised at side of her head) and a few stitches (which now almost healed). →Box p. 56

Third Stage

Had said I didn't want routine syntometrine injection as wanted to deliver placenta naturally; but heavy bleeding, and consultant administered injection. I feel OK about that. We were left quietly with the baby for 10 minutes before stitching, weighing etc.

2000 Walked back to my room.

2045 Had a double gin and tonic to celebrate!

BY FRIDAY: Minimal discomfort from stitches and bruising; worst problem was severe neck and shoulder ache caused by my tenseness at breast feeding. (Your book needs more ideas as how

to start breastfeeding I think, and I actually found the five days this took to get going more upsetting than the actual birth).

And what would I do differently if there is a next time? Very little! The activity and positions all useful and at no time did I feel frightened or out of control (although I might well have done if the strong pains from 1600 onwards had gone on for hours more). Probably I just needed to have been more assertive with the sister the first time and I should have insisted on an internal, as I thought labour well established; I should not have removed the TENS, as she told me to on the first visit to the hospital; and we shouldn't have believed contractions had to fit the pattern she stated; we almost left it too late to get back to the hospital the second time.

Denise Backhouse

PS Not bad, for a 38-year-old first-time mum?!

DB

‘I Decide To Take Charge Again’

Nine days overdue and feeling rather low — what a waiting game this is! Spend all day moping around, then in the late afternoon I start to busy myself and bake some walnut shortbreads. During this (just after 5PM) and while I’m cooking tea for my daughter, Olivia, I start to have ‘twinges’ at regular intervals.

I suspect I’ve started; but having had some false alarms already and a very long labour with my first child, I am very relaxed about it all — although I am surprised at the regularity of these ‘twinges’ at seven minutes apart.

I start and then continue to practise what I have learnt in Ilana’s class. I am an Alexander Technique teacher and I understand what she is on about. I lean forward onto the worktop in my kitchen, bending at the hips and knees which opens up the front of the hips.

As the contractions get stronger, my overwhelming response is to push the top of my pelvis forward, closing off the hips and causing pressure on my lower back. There is a sense that it will be really painful if I bend at the hips. I have to [inhibit](#) strongly and encourage myself to lean forward and bend. Once having achieved this, I am amazed: the pain lessens, the tummy is suspended forward in its hammock of muscles and the activity of the contraction seems to be intensified and localized in the abdomen. Even so, with each stronger contraction it is a battle for me between what I want to do (tighten) and what I know will work better for me (free off the hips).

I breathe during these contractions, blowing out through softened, wet lips, concentrating on the out-breath; but I find I over-ventilate. So I just concentrate on observing my breathing, which deepens naturally and, in the strongest contractions, takes my concentration deeply within myself — an extraordinary experience.

Meanwhile, I make my arrangements to go to hospital and for my daughter to be looked after. I have a hot bath. To help keep the hips open and prevent any pressure on my sacrum, I use a folded bath towel to sit on to support my back so that I can easily sit up on my seat bones. I *don't want* to lie back 'banana shape'.

At about 7.00PM I start to have some quite strong contractions and now use the 'all fours' position or lean against my husband, Chris. I phone the midwife.

In between contractions I'm busy putting on my make-up to go into hospital, believe it or not! At 7.30 I have some really hefty contractions which quite take my breath away. During one of these my waters break — it is a flood: I have to sit on folded towels. At this point I know that the birth is not very far away and when I look and see a brownish-green substance in the waters I really start to panic because this can be a sign of foetal distress.

Meconium (literally: poppy-juice) is a dark substance forming the first faeces of a newborn baby. If it is passed while the baby is still in the uterus, this may be a symptom of foetal distress; it also poses a risk of being sucked into the baby's lungs.

If meconium is present, it is detected when the waters break. The membrane is sometimes ruptured artificially as a diagnostic device, because the presence of meconium is suspected; but occasionally this may actually cause the baby to pass meconium (catch-22)! Alternatively, the amniotic fluid can be examined using an amnioscope, without rupturing the membrane.

The panic grips me and threatens me with loss of control. Apart from this the contractions are so strong and frequent, I find it hard even to move. These contractions are very intense but not unbearably painful. But I can only get to hospital a step at a time, and Chris and I concentrate on these steps. With each contraction I am now bearing down and grunting.

→Box
p. 106

→Box
p. 90

At 8.00 we leave and drop off Olivia. On the way to the hospital I am swearing at Chris to get to the hospital quickly. With this stream of bad language comes the realization that I'm probably in transition. *I really don't think I'm going to make it.*

→Box
p. 43

As we walk the short distance from the car to the hospital, I feel the head crowning. It's like a surfacing — causing a circle of rippling white light like a radiant halo. An extraordinary experience. (I also remember this sensation with my first child).

When I reach the birthing room I let my two main worries surface: first, the meconium: is my baby in distress? And second, I need confirmation that I am fully dilated and can now push. I am told that the heartbeat is fine and the head is already on the perineum!

At this point I completely hand over my authority to the midwives and doctor. For the first time I am not in charge, and I'm lying on my back. The contractions subside, and I no longer have the desire to push. Several times I ask if I can go on all fours and I'm gently dissuaded: the midwives will not be able to see properly. I'm urged to push, but really I can't even feel the contractions or desire anymore. The midwives are amazed at my apparent difficulty.

The urge to bear down during labour is comparable to the urge to empty your bowels. It is a natural reflex, triggered by the pressure of the baby on the perineum. When the urge is there, it is hard to resist. However, without the urge it is difficult to push; and energetic pushing may throw the reflex out of kilter and also cause unnecessary tearing. It is better to wait for the urge to come naturally.

When bearing down, it is best not to lie on your back, because then you would be pushing the baby up, against gravity. Try to stay upright in 'monkey'; kneel; or lie on your left side, with your right foot pressing against something or someone.

I have a short rest and then decide to take charge again. I insist on going on all fours. The contractions immediately start up strongly. Once again I notice how the activity is localized around my abdomen (which is now hanging loosely). I can now push, I feel the contractions working and the resistance of the baby to

push against; I know we are on our way. But it is hard work and takes a lot of effort.

The midwife tells me when to push and when to stop, and we gently ease the head out. The head circumference is big and his passage tears me slightly inside my vagina — an unpleasant burning sensation, but the head is born with the perineum intact. The rest is born easily. It is 8.40PM. He is a big boy (8lb 9oz) and he is really ugly!

The placenta is born, and I have a good look. My baby is taken away and weighed etc. and dressed, and all I feel is a longing to hold him. I have a tear inside my vagina which requires a few stitches which I find really unpleasant.

It has been so quick and so easy. I'm so happy with my baby boy and so proud of myself that I laugh and my empty spongy belly wobbles with my laughter.

Deborah Birnie

‘I Thought: “Head Forward and Up” ’

I wanted to thank you for your very inspiring lessons which gave me the confidence to have a ‘normal’ delivery. It was wonderful to keep having the classes right up to the birth, as they encouraged me to focus positively on the coming adventure rather than allowing myself to be overcome by a fear of the unknown. Practising the various positions meant that during the birth I never felt at a loss of what to do but always felt I had another idea up my sleeve. Another key for me was understanding the process; all these things contributed to my positive experience. Looking back, it seems that it is important to have support throughout—before the birth with your classes and during the labour from my husband and the midwife. The Alexander Technique is invaluable, as it enables you to maintain good use during pregnancy, through birth and more importantly afterwards, when the tiredness and aching have a tendency to make you tense.

It also seems that James enjoyed the Thursday lessons and all that practice so much, that he arrived on Thursday the 8th at 10 minutes to 1 o’clock, just as we would have been finishing a lesson! So, many many thanks from James, George and me; and may there be many more Alexander babies.

The story of my labour and the birth of James

Having had a bath on Wednesday at about 11 o’clock, I said to George, ‘This baby is going to arrive either tomorrow or the next

day'. Within an hour the contractions had started, and I woke George up and he started timing them. They seemed to be coming every 15 to 20 minutes, and they were not particularly painful, but I did have to keep on the move by either walking around the bedroom or sitting on the [gymnastic ball](#).

Three hours passed — seeming like one hour to me — and the contractions were coming every 10 to 15 minutes. At 3 o'clock we rang the midwife and she advised us to try and get as much sleep as possible until the morning — particularly George! He promptly made some biscuits to take to eat during labour and packed the bags, before going into the spare room to sleep. I drank some hot milk to try and make me more sleepy and got into bed with a hot-water bottle which I put against my lower back. I managed to sleep between contractions and, depending on the strength of the contraction, I would remain lying down or go onto all fours on the bed.

After a few hours I had moved onto the floor, as the severity was increasing and was on all fours with my head against the side of the bed; and by 5 o'clock I called out for George, as I needed some moral support, and I was contracting every 5 to 10 minutes. We called the midwife, who said she was on her way, but that it could take an hour and a half to get to us. I put the phone down and was promptly sick and had a 'show'. George rang her back to relay this, and she said she had to allow for traffic but was on her way. She arrived at about 6 o'clock and examined me, to discover I was 6cm dilated and we decided that I should transfer to hospital after fitting the [TENS](#) machine to my back.

I made the journey in the back of the car, contracting on all fours there and on the floor of the entrance to the labour ward. George had gone ahead and on arrival was asked by the midwife where I was, to which his reply was 'somewhere down the corridor having a contraction'.

Our room in the labour ward was dimly lit and had a large double pine bed and access to a birthing pool should I have decided to

→Box
p. 30

→Box
p. 57

→Box
p. 106

use it. I then spent the next few hours on the bed, contracting on all fours and returning to sit on my haunches. While I was contracting I was breathing through the contractions. I continued to use the TENS machine, and George was massaging my lower back, which I found essential. As he did this I thought: 'Head Forward and Up' and visualized that he was massaging away any pain. I maintained my energy levels by drinking apple juice and nibbling on the odd biscuit. I felt quite relaxed throughout and definitely felt that my body was producing natural painkillers, possibly with the aid of the TENS machine. George intermittently reminded me to 'make saliva'.

Finally my waters broke at about 11 o'clock, and I had a spell when I had to resist the urge to push, using the technique of going forward from all fours putting my head down on the bed and saying to myself 'don't push'. Then an examination by the midwife revealed that I was fully dilated, and the different work of pushing began. It took me quite a while to realize this difference between meeting the contractions and the active work of pushing. I remember looking at the clock about three-quarters of an hour before the actual birth and thinking that because it was near the time I had been born it wouldn't be long before he would arrive. In fact I followed my mother's labour very closely in length (about 12 hours) and time of day (midnight through to midday).

→Box
p. 90

Progress was quite slow, and George suggested that I might use a birthing chair. I moved to this, supported on my right by George and on the left by the bed. I continued pushing, with the midwife encouraging me to find one more push during every contraction to make the most use of them.

Eventually we could feel the head emerging. Suddenly I panicked — probably in anticipation of the head emerging fully — and the midwife immediately calmed me down and said that although it felt as though I would split apart, that wouldn't happen and to just do four more pushes. Focusing on my late father, I found what

was needed; and after four pushes the head emerged completely. The midwife checked there was no cord around the neck and then I pushed again to give birth to James — a healthy boy, weighing 9lbs and 2oz, who screamed immediately.

George cut the umbilical cord, and I held James before George took over, so I could deliver the placenta still sitting on the birthing chair. After the physiological third [stage](#) I decided to leave my second degree tear to heal on its own; and put James to the breast to feed him, before we bathed and transferred to the maternity ward.

→Box
[p. 56](#)

Lise Lambton

‘The Power And Limits of my Body’

First child

This is an account of my labour in giving birth to my first child. I had planned a home birth, but in the event gave birth in hospital, with a high degree of intervention. I want to tell this story to show how helpful the Alexander Technique was to me throughout my labour and how it helped me to feel very positive about an experience which was not the birth I had planned for.

I woke at 4AM on Monday, when my waters broke in a sudden gush, three days before my baby was due. I had expected to ignore the early stages of labour, but the rupture seemed to make things more urgent and, after a little more rest, we got up and filled the pool downstairs. I had mild, regular contractions all morning and as they became closer together I began to be excited about the prospect of giving birth that day. The midwife dropped in to check progress and told me to call her when contractions were more frequent and painful. In the afternoon, they tailed off a bit and I had a sleep; then we walked to Queens Park for a round of pitch and putt. I was still having only mild contractions at 6.30PM, when the midwife phoned and suggested a bath to get things going again. I became aware that she was beginning to be concerned at the delay in the onset of full labour. →Box p. 90

After a warm bath, I began to have regular contractions again, every seven minutes; and though still not painful, they were more

distracting. My sister arrived and timed them with me until nine, when I called the midwife to report on progress. By the time Catryn, the community midwife, arrived at 10PM on Monday evening, I was beginning to feel that I was really in labour, needing the support of my coaches and thinking of getting into the pool soon. Catryn's examination showed that I was 2cm dilated — about what I had guessed, but too early to get into the pool — so we settled down to wait for more progress.

→Box
p. 106

Despite being at home, I did not feel comfortable at this time. Later I realized I had allowed Catryn's arrival to distract me from my labour, and that she had become the focus rather than me. From 10PM until 3AM I sat with Catryn and first my sister then my husband, chatting and drinking tea and waiting. I took up some of the first [stage](#) positions that my National Childbirth Trust and Alexander classes had suggested; but my mind was not focused. At 2AM Catryn examined me again and my cervix had made no progress. She said that if this was still the case at 6AM, she would have to take me to hospital because of the risk of infection 24 hours after my waters had broken.

Although the process of labour is involuntary and is regulated by the secretion of the right hormones at the right moment, it is greatly affected by conscious activity as well as by emotions. In its early stages, the process is easily disrupted even by slight changes in mood or environment. Contractions may stop on arrival at hospital. In home births, they sometimes stop with the arrival of the midwife. When labour is in full swing, anxiety or stress may still slow it down, but rarely arrest it.

I felt confused and angry: I didn't understand why 24 hours was so important, nor why my contractions had slowed. Alastair and I went for yet another walk around Queens Park and I whimpered about my fear of hospitals and how tired I felt. I was losing control and felt cheated. As we walked around the park it suddenly occurred to me that I was not making the best use of myself and the time that I had. Surely, if I were to regain my focus and concentrate on labouring, I could bring the labour on. My mood changed; I told Alastair that he should take Catryn into the front room when

we returned and find out everything he could about our options if things didn't progress. Meanwhile I would shut myself away in the room where the pool was and do my best to get things going. We walked on round the park, not clutching each other any more but separately. Every few minutes I stopped to regain my [directions](#) and walk on. I began to feel tremendously powerful.

Once alone, I stood for a long time repeating the Alexander directions over and over and moving in and out of the 'monkey' position. Then I lay down to rest on my side and welcomed the contractions. I chanted to myself, I rocked on all fours, I crawled around the room, and the contractions came. At first I was summoning each one, welcoming it, breathing through the pain then congratulating myself. As I went on, they began to come of their own accord, every five minutes. I felt totally exhilarated: I was doing this, I was labouring. I was a marvellous brave woman giving birth to her baby.

After a while, I began to want company and support again. But instead of inviting Alastair and Catryn into my room I went to them for comfort, a back rub, to have the baby's heartbeat checked; then returned to my room to be alone. They were both impressed by this change and I told Alastair that I would not need to go to hospital now. At 6AM on Tuesday, after three hours of what I might call my 'Alexander labour', Catryn examined me again. I really wanted to get into the pool then and believed I must have passed that magic 3cm mark.

But there had been no progress. I was controlling my womb, but my cervix was not ready for this. I felt calm still, but disappointed as we decided that I must go to hospital to be induced. But I made this decision easily, knowing that I had tried all I could to make things happen. I do believe that, left to my own devices, I would have slept then and carried on labouring later that day; but I did not feel confident in challenging the 24-hour rule. I did not want to risk giving my baby an infection which would need to be treated with antibiotics.

→Box
[p. 101](#)

My contractions ceased almost entirely as I lost the will to labour. I cried at the hospital's bareness, the stuffiness of the room and the discomfort of the bed after my cosy home. I decided to sleep and compose myself for the doctor's visit, rather than to try to restart my contractions — I desperately wanted to rest.

The staff at Central Middlesex Hospital were wonderful. I had expected a battle to get the treatment I wanted, but they took my birth plan very seriously and took every opportunity to explain our options at each stage and accommodate my wishes where they could. I do not want to give birth in hospital again, but if it were necessary I would feel happy returning to CMH.

We agreed to have a oxytocin drip to bring on regular contractions, but I said that I would like to try to manage without pain relief for a while. The staff could have told me that I was foolish to try to cope without an [epidural](#), but they didn't and I am grateful for that.

I spent four hours labouring with induced contractions every two minutes — the greatest endurance test of my life. At the start I could not see how it was possible to cope, but after the first few contractions I began to regain control. Now it was essential to have Alastair there: I had asked him to read about the Alexander Technique so he could help me and now he began his mantra which, he said afterwards, made him feel foolish and spare but which I clung to the whole time.

*Relax your mouth, make it wet, keep your neck free,
relax your shoulders, let your back lengthen.*

I was astounded by the difference using the Technique made, and kept going longer than I could possibly have imagined. But I also knew when I was exhausted: I was dropping to sleep in the minute between contractions, and finding it harder to focus on my directions; and after four hours, when the midwife came to check the progress of my cervix, I said that I would need an epidural if I had to go on. When she examined me she found that my cervix was still only 2cm dilated.

I wailed and gave up. I handed my body over to the hospital staff to look after, because I had used up my strength. I cannot say it was a happy time; but I feel very positive about my decision to relinquish control after having done all I could to keep it. The anaesthetist came to administer an epidural anaesthetic and washed away all the pain. The doctor explained that I could elect to have a caesarean now or she could increase the oxytocin dose for a couple of hours, to see if a higher dose would bring on further dilation. I agreed to this higher dose, by now clinging to the electronic monitor, wanting the reassurance of my baby's healthy heartbeat to keep me going.

In those two hours I slept and relaxed. I felt nothing and could talk to Alastair properly for the first time in hours. We discussed the implications of a caesarian, which we now thought very likely. My sister arrived just before a new doctor came to examine me. When he told me that my cervix was now 9cm dilated I wanted to hug him. My baby would be born in just a couple of hours. I rested and waited during that time, until I felt nausea and somewhere far away the hint of an urge to push. I used the Technique again to search for the urge, which was deadened by the epidural, and managed to raise myself onto my knees to deliver. I pushed my daughter into the world myself, feeling little except the fantastic sensation of her head emerging, and the rush of her body as she squirmed into Alastair's hands. It was 9PM on Tuesday, and she was healthy, perfect and lovely.

Friends have been sympathetic about the difficulty of this birth and the trauma I must have suffered, but I don't feel that. My memory of the birth is a happy one: I learned the power and the limits of my body, and gained rather than lost confidence in it. I do wonder what would have happened if I had refused hospital assistance and simply waited at home for labour to restart, but I don't regret any of the decisions I made. Next time around, I will plan a home birth again, and believe that I have the strength to cope without drugs, but I will be prepared to go to hospital again if I need to.

Second child: home birth in the USA

Gus was twelve days late and I had days of pre-labour which I found pretty frustrating. It began almost four weeks before he was born. For three nights I had the signs of early labour: irregular, painless but frequent contractions. On the third night they began to be painful and I had to breathe through some, though they died away when I slept.

Three weeks passed; then, a few days past my due date, I woke feeling weepy and irritable. I made the effort to take my daughter Iona out to the library, but began to feel weary and crampy as we went. By the time we left the library, my abdomen was being squeezed so that I was short of breath every 10 minutes. The cramps were not painful, but I felt alarmed and that I shouldn't be alone looking after Iona. I called Alastair to come home and I let the midwives know that I thought things might be starting.

I didn't give birth until a week later.

I feel rather ashamed now of the fuss I made during the intervening days. Every day the pre-labour intensified a little and I was convinced things were about to start any minute. I was reluctant to go far from home and didn't feel much like tending Iona. I spent hours on the phone to my mother and sister, trying to make up for being a long way from home and to gain a sense of perspective on the delay.

I went through many emotions in that week: fear, loneliness and abandonment, boredom, frustration, serene calm, resignation, and finally intense irritation. By the seventh evening of wondering whether the twinges I was feeling were going to lead to anything, I was pretty bad company. I drank two glasses of wine to take my mind off babies and celebrate the end of the course of antibiotics I was taking for Lyme disease and we watched a dreadful film.

That's the history of the unpleasant side of this labour. At 11.30PM on the night of the awful video, things turned around. I felt con-

tractions which I knew I wouldn't sleep through. After counting them for an hour I woke Al to tell him I was going to warn the midwives that we would need them later.

By 4AM, the whole team was assembled. I was attended by independent midwives whose approach was fantastically supportive and non-interventionist. No examinations except when I asked for them, which I did once, right at the end before I started to push. No instructions to push, just guidance on how to listen to my body. Total respect for how I wanted to be treated (*don't touch me* during contractions) and calm and gentle after the birth. I felt that I was the one who had done the hard work, *not* my poor busy attendants. Home birth is pretty rare here and illegal in some States, so people are surprised when I tell them, and tend to think I was lucky to get away with it (ie without life-threatening complications). I am alarmed by how medicalized birth is here. →Box p. 63

I used the Alexander Technique throughout my labour. At first I said [directions](#) out loud to myself, then later had Alastair say them to me. I moved around between contractions in the earlier stages; but as things progressed I spent most of the time kneeling with my hands on my bed. I found I wanted a downward slope for my body rather than the horizontal position in which you demonstrate the [pear](#) movement; but I found the movement itself very helpful. It was very hard to keep my neck free — my shoulders ached the next day — but I kept free enough of the time for the pain to be endurable. I always succeeded in [inhibiting](#) the urge to fight the pain, and that seemed key.

I had a pool but I didn't get into it until quite late on: I must have been around 7cm dilated. By that stage I couldn't make the adjustments I needed to manage the pain while in water, and I got out again after a couple of contractions. I had never been able to visualize giving birth in water, so I was happy to get out. The pain was extreme — no doubt about that — but I felt strong and positive right up to that shaky moment of transition, when you want your →Box p. 106 →Box p. 43

mummy to come and take you home. I shook and gibbered and threw up; then I was calmer and things didn't seem so hard.

I was surprised to find I could talk lucidly about bringing Iona in for the baby to be born.

When the urge to push came, it was an alarming surge of energy that swept through me, demanding that I go with it. It was a terrific force and I felt utterly animal. I let out a loud roar — not so much in pain, more like a warrior's cry — and shouted that I wanted to push. I don't think I had to *do* very much, but I had absolutely to *be*. (Does this make sense?) With the next push, I felt an explosive gush as my waters broke, then pain as the baby's head pushed down onto my cervix. Gus' head emerged gently after a couple of portentous appearances and his body followed with the next contraction. Iona came in to watch this last stage ('Oooh, tiny baby head!').

Afterwards, my wonderful midwives moved quietly around, tending to me and to Gus — without fuss, reassuringly. Their sensitivity in aftercare was probably the starkest difference between hospital and home. I felt totally looked after and special.

I feel tremendously proud of my experience of a very natural childbirth process — not because I endured the pain, but because I found such a connection between my mind and my body and allowed the process to take place: bravely, without panic and with confidence.

The whole labour took eight hours, the second stage 17 minutes. It was my perfect birth. Thank you for helping me achieve it.

Zoe Brookes

‘The Difference Was Quite Dramatic’

I started having Alexander Technique lessons with Irene Woodrow in October 1996. At that time I was nearly 40, four months pregnant with my second child and in so much back pain that I was using a walking stick to get around the house.

My back problems started when I was 17. Since then I have seen several consultants, had many treatments, including plaster jackets, traction, physiotherapy, and two operations to fuse sections of my spine. I also tried various alternative remedies including osteopathy, acupuncture and homeopathy.

In 1992, I married Graham; and, in response to our queries about having children, we were told that it wasn't impossible but that I would probably spend most of my pregnancy on my back in hospital. I had previously been told that I shouldn't have children because of my back problems, so this didn't sound as bad as it might have.

In 1993 I was retired from my job as a college lecturer because of back pain. By that time, the orthopaedic consultant was unable to suggest any further treatment and advised giving up work as part of 'learning to live with the condition'.

Our first child was born in May 1995. During the pregnancy my back was better than it had been for years.

Unfortunately, this didn't last long and I got steadily worse until I was virtually house-bound, was having to have help to clean the house and look after my son; and I was wondering how I was

going to cope not only with my second pregnancy but with another child.

At this point, I was lucky enough to find Irene, who agreed to see me even though she was fully booked.

I continued to see her twice a week throughout my pregnancy — and the difference was quite dramatic. Within a fairly short time, I felt stronger both mentally and physically and the pain in my back improved steadily.

Towards the end of the pregnancy, Graham attended a couple of lessons with me, so that he could help me in labour and at the birth.

On the day I went into labour, I felt well and relaxed. The contractions started at about 5PM. We went to the hospital at about 8PM, when the contractions were about eight minutes apart. The midwife said that she thought I would be going home again straight away. This was because I was very relaxed, and throughout each contraction I concentrated on my breathing and went into 'monkey', using the end of the bed or Graham's shoulders to lean on. On examination, she changed her mind, as I was 6cm dilated. I had hoped to have a water birth but, due to a shortage of midwives, this wasn't possible.

Throughout this stage, I concentrated on what Irene had taught me, especially the breathing. We had practised making noises and grunting, which I had found very unnatural and almost embarrassing, even though there was only Irene there with me. During the birth, all these inhibitions disappeared and I actually found it very helpful.

The second stage was only seven minutes long and Samuel was born at 11.30PM after a very easy and remarkably relaxed and back-pain-free pregnancy and labour.

This was all in marked contrast to the birth of my first child. The labour had been about thirty ours long and I remember that the back pain was actually worse than the pain of the contractions when they were at their worst. The contrast remains after the birth.

The first time, I had been in considerable pain for some time afterwards and my back got steadily worse and worse.

This time, although I ached all over the next day, I soon felt strong and fit. This continued; and even when I was getting very little sleep and having to cope with the baby and an active two-year old, I still coped remarkably well.

As a result of my Alexander Technique lessons, I can now lead a fairly normal life. I can walk for further than I would have believed possible a year ago. I can play football with my two-year old and I can even pick him up. The improvement in less than a year is truly amazing and is due to Irene and the Alexander Technique.

Jane Dalley

Home Birth: Pros and Cons

Agatha is my fourth baby and the only one I have had at home. My other three labours were drug-free, though I used a [TENS](#) machine for all of them.

The days before labour began

At least 10 days before the due date, I had steady, nagging pains like period pains, which came and went apparently at random. Sometimes walking about eased them, sometimes it did not. I had been warned to expect this with a fourth baby. My midwife also told me that the sharp, shooting pains I sometimes suffered down the front of my groin and legs and across the bottom of my ‘bump’ were typical with a fourth baby, caused by pressure on nerves, and nothing to worry about. This was a comfort—I had been fretting about having strained a muscle moving furniture around. But all this unaccustomed niggling pain made me very anxious and uneasy and kept reminding me of how strong labour pains are. By Guy Fawkes Night I was a bundle of nerves and the sound of fire-works all evening made me very jumpy.

But as it was to be a home birth, I did not have to worry about whether and when to go to the hospital. All I really had to do was to avoid going out, and keep in touch with the various people who would be able to look after the three older children at short notice.

The birth

Two days after the due date, I was 2cm dilated and my midwife swept my membranes, very gently—‘tickling the baby’s head’

it seemed to me. The next 24 hours were very uncomfortable: persistent period-type pains and twinges, then nothing for most of the next day. More fretting: what is going on here? Forty hours after the sweep, at 1AM, I was awakened by very tiny but nonetheless regular pains, every ten minutes. Only their regularity made them different from all the other twinges I had endured for about two week. After about 40 minutes I got out of bed and started to use the [gym ball](#) to roll round with the contractions, more to get into practice than from any great need to ease the pain; and also because if I lay still and relaxed, the contractions would slacken off.

To give my husband, Dan, as much sleep as possible — I knew I would get lots of rest later in the day while he would be rushing about — I waited until 3.00AM before waking him. We called the midwife; she said, very sleepily, ‘Call me again when he contractions are coming every three to five minutes’. We started getting the room ready.

‘Getting the room ready’ is the major drawback of a home birth. I had felt very anxious about the room being clean enough, so I had indulged in buying in a professional spring-clean service two weeks before the due date, which made me feel a lot more at ease. Protecting the bedroom carpet and bedding against staining needs careful thought.

Here is what we did: In a drawer under my bed I kept an old curtain which had been first spread out onto a 12' × 12' decorator's polythene sheet (£5 from Homebase) and then rolled up again; a couple of old, tatty fitted king-size sheets; and two more decorator's plastic sheets. Piled up in the cot next door were an old double duvet that used to be Dan's when he was a student, covered with an equally old cover, and two pillows in old cases. In less than ten minutes, Dan and I had unrolled the curtain with its plastic sheeting underneath, stripped the bed and tucked a decorator's sheet round the mattress before remaking it with the old sheets; and spread the old duvet onto the curtain, making a snug, comfortable ‘labour area’ next to the bed. Here I could crawl, move

with the gym ball, rest on my side or kneeling near the bed with my head on the bed or on Dan's lap — the position I chose when pushing the the baby out. I would advise anyone planning a home birth also to have at least two, ideally four, good-sized, cheap or old towels on hand as well, and to make sure that any carpets en route from the labour area to the bathroom are well protected.

Dan dressed in old clothes, put the central heating on, filled a hot-water bottle, wrapped a little set of baby clothes round it and tucked it into the Moses basket. He took from a locked cupboard the midwife's sterile pack, bed-protector pads, plastic aprons and so on, which had been stowed away from prying little fingers three weeks earlier.

I phoned the midwife again: contractions were now spaced at anything from two to seven minutes (perhaps bedmaking helps). Dan also brought from the kitchen a small mountain of fruit and chocolate biscuits and a cup of camomile tea. To help Dan do all this while half asleep and without having to ask me constantly where everything was, I had stuck a list of instructions on our bathroom mirror a week before. The midwife arrived at 4.45 with what seemed to be masses of electronic equipment — none of it needed in the end — and busied herself with plugging things in near our baby-changing table, over which, some weeks before, we had rigged up a desk lamp to help with examining the baby.

Once the room was ready we put the TENS machine on — after a short argument in which I said I didn't want it, and Dan said we had paid for hiring it and it had been useful in all the other labours. In the end I grudgingly agreed to have it on but I could not help feeling that I had sort of grown out of TENS. I didn't need that crutch any more and at the back of my mind was a desire to give birth without any artificial aids at all. So I kept it turned down very low right through to the end. The control box was bulky and hard, it kept slipping off my nightie and got in the way when I leaned against the gym ball or Dan. I'm pretty sure it did not deaden the pain but it served one useful purpose: it presented me with an

→Box
p. 30

inanimate object which didn't mind being sworn at throughout my labour.

The gym ball, by complete contrast, was very useful. I could roll round through each contraction without having to put weight on my wrists and hands. Earlier we had practised other strategies you had shown us, such as having me lean on Dan and rock to and fro, and Dan putting his feet on mine; but in the event I just couldn't face them. I tend to withdraw completely into myself during labour. I don't like anyone touching me during contraction and I become very brusque and rude. But I do need Dan to hold my hand or let me lean on him between contractions. Between some contractions I tried to keep walking around; between others I sat back on my heels with my back straight and my eyes closed; or, when I was getting really tired, I lay half-curved on one side on the duvet and closed my eyes, trying to relax totally. Whenever I did this, the contractions would slow down — which made me feel very powerful and in control. →Box p. 36

Over the course of four labours, I have learned that you should welcome each contraction, never fight it. I am usually more or less on all fours and I try to focus on my cervix, imagining it opening out. As I breathe slowly out, I might mutter: 'That's good, a good one,' or something like that; and when the contraction subsides I let myself go completely floppy and 'listen' for the next one. The gym ball is excellent for this, as I can rest my head on it as soon as the contraction is finished. (The only snag with the gym ball is that on uneven floors it tends to quietly sneak away into a corner as soon as you take your eye off it.) When the contractions began getting incredibly strong, I felt very sleepy and tired. Dan gave me a spoonful of honey; I felt a bit sick after it, but probably the sugar helped and the taste in my mouth was very pleasant.

The key is giving in to the pain, to let it take you over completely. Unless there is some medical problem, you have to allow your body to get on with a job that it seems to know how to do all by itself, without interference and bossiness from your intel-

lect. Once you start panicking or feeling aggrieved — having ‘Oh no, not again!’ or ‘Why should an efficient career woman like me have to put up with this?’ thoughts — then you start making things worse. Most of the pain is your friend: it is telling you what is happening in your body. But the minute the midwife/medic starts asking if you want [pethidine](#), gas and air, [epidural](#) or whatever, then you are tempted to see the pain of contractions as your enemy, and you will start fighting it.

Soon after 6.00AM my five-year-old daughter woke in her room next door and called out crossly: ‘Someone keeps going “ooh, ohh,” and I can’t sleep!’ Dan told her what was happening and I heard her whoop with excitement. At 6.40-ish my water went, after one of a series of extra-strong contractions. To my dismay, Dan was downstairs phoning a minicab to take the children to their grandmother’s, so I started yelling at everyone: at the midwife to get Dan back upstairs, at the world in general to get the children out of earshot. I knew the baby was coming down fast and I would need to scream while pushing. This had been my big worry about a home birth all along: that the children would be upset hearing me in labour (and I can be very noisy indeed).

Dan whisked back into the room, sat on the edge of the bed, so I could grab him round the waist. Helga, our midwife — who had kept blessedly quiet, relaxed and watchful throughout the labour — knelt behind me. With my hospital births, I had had to wait for a midwife to order me to push, or not to push; here Helga was assuming I did not need telling — a wonderful change. In two or three pushes, Agatha — 4.400kg (9lb 11oz), and looking remarkably clean — plopped into her hands. Helga pushed the baby through to me and asked me to hold her; but I was too surprised to do anything. Helga also left it to Dan to point out that we had a girl (lovely: now we have two of each).

I vaguely remember a discussion about an injection ([syntometrine](#)), in which I said I hadn’t the faintest bloody idea whether or not I needed an injection. In the end Helga quietly decided not to

give me one. She asked Dan to cut the cord, which he did with difficulty, as he was trying to hold me with one arm. (Afterwards he said that while it was nice to be asked, he did rather feel that cutting the cord was a job more suited to the sort of father who had done nothing up to that point but get in the way. Dan felt he was helping far more by holding me in his arms.)

My thoughts on the advantages of home birth

● I did not have to be moved to hospital while in labour. I have heard so often from friends that their contractions seemed to stop on moving to hospital and they were afraid the midwives would send them back home. Some women do get sent home repeatedly, which is a disgrace. Surely it is obvious that the move while in labour impedes the process; it probably adds to the distress of the baby as well as of the mother. →Box p. 70

● I did not have to be moved out of hospital two days afterwards, just when I would be feeling a bit tearful. Coming home has been for me the least satisfactory part of my previous births. There is always too much to carry, and too many flowers; I am always in a bad mood. There is always some well-meaning collection of relatives who choose to drop in at that moment, just when you feel weak, tired, need a bath, want to unpack your bag and be alone with your baby. This means that if you are lucky enough to have a partner who is around, he will be preoccupied with being a good host rather than enjoying his baby. If your partner is not around, then someone will say 'Oh, I'll get some tea' and then spend the next hour asking you where the teapot is.

With the home birth it was so different. I slipped straight into my own bed and stayed there for the rest of the day, while the children went to spend a day with their grandparents and made posters to put on the front windows of the house, saying: 'Agatha born here today 6th November 1997'. For me: no doctors, no constant footsteps round the ward. No having to leave the baby in

her hospital bassinet in order to get breakfast. No horrible hospital bathrooms. For Daniel: no worrying about parking, taxis, front-door keys; no rushing backwards and forwards from hospital to home; or from ward to telephone, hunting for change and address books. No luggage and flowers to carry.

- I, my partner and the baby all slept like tops for the first two or three nights. As Agatha then turned very colicky in the following weeks, these hours of sleep were crucial.
- The children did hear me in labour: I had an idea it would be traumatic for them to hear me in pain. Perhaps it was; all I can say is that none of them have shown any sign of trauma yet. Even the three-year old, who can be stubborn, angry and possessive, is coping with his new baby sister remarkably well. The thrill of being told, while they were having breakfast, that the baby had been born that very minute; the thrill of coming into my room about an hour after the birth in an excited little procession to find me sitting up in bed, smiling as broadly as I could manage (afterpains following a fourth labour are almost as strong and painful as labour contractions) with the baby in my arms; being allowed to climb onto the bed with me, to hold the baby and to cuddle me for as long as they wanted — these exciting feelings seem to have dominated any memory of hearing me screaming. (And our next-door neighbour claims he heard nothing at all.)
- Champagne, fresh fruit, and my husband's lovely vegetable soups, instead of hospital tea!

The disadvantages of home birth

- There is the ever-present risk of having to be moved to hospital during later [stages of labour](#) — my worst nightmare. I was warned that this would happen if my waters contained meconium, which they did when my first child was born. My partner wanted me to

have a bag of bare-minimum overnight stuff ready to make such an event. So in effect you have to prepare for two sorts of birth.

- The preparation is extensive and needs two people. You have to expect to spend some money on towels and sheets. Details such as positioning a strong lamp over a changing table have to be thought about weeks beforehand, because you will not have time or strength to get these things ready at the last minute. I couldn't envisage wanting a home birth if I were on my own or if money were very tight.

- Mess! We used plastic decorators' sheets a lot but I forgot to protect the bathroom and loo carpet as well. The midwives clear everything away (including the placenta) but they don't do carpet cleaning!

Sarah Johnson

It Started Well, But...

I'm writing this, at long last, at my parents' house in Somerset, where Louis and I are spending a week in the sun. I'm sorry it has taken me so long to write to you, but I was in lots of pain for the first six weeks post-stiches and quite unable to sit long enough to type anything. Louis is now 11 weeks old and in fabulous shape: holding his head up, weighing at least 16lb, 'talking' and smiling non-stop.

First of all, I want to thank you for all the work you did with me. As I got heavier during the last trimester, it became easier and more necessary to use the new ways of moving you taught me to sit, stand and lie down. I spent many many hours crawling and on my knees, hugging my green ball in the run-up to labour — often the only comfortable position I could get into, as all the bones in my pelvis ached more and more. Other than that, the only real problem I had was with heartburn which was very painful (and which stopped as soon as Louis was born). Your lessons in balance and movement have also been very useful now that I have to carry Louis around all the time. I carry him in a sling — very simliar to the position he was in when in the womb, and comfortable even now.

My labour started exactly a week after my due date. I'd just been in for a check-up and a 'sweep', and had got St Thomas' to agree not to schedule an induction the following week, but instead to have me in for a scan to see how things were going then. How glad I am we did not have to wait that long! At the time, they thought Louis was about 8lb but in the event he was 8lb 12oz!

It was only at this meeting that they said he was engaged — very late for a first baby, I believe, which had worried me a little. He was not completely anterior, despite all my crawling, but was only slightly to the side (ie, not posterior either).

By that afternoon, my general achyness had developed into a specific backache, which was pretty bad by 6PM. I had friends coming over for dinner, and didn't put them off, although by 8PM I had started contractions (all in my back). They came very close from the start: every three minutes, 15–20 seconds each — so much for going into hospital when contractions were every five minutes!. By 9.30 I'd sent my guests home, plugged in the [TENS](#) machine — which was useless: probably put in on too late, since I hadn't been sure I was in labour — and called the hospital. I found that, far from wanting to be on the floor hugging my pliable ball, I needed to be as high up as possible (on my toes), leaning into hard things like door jambs during contractions.

At midnight we arrived at St Thomas', with contractions coming every minute or so (40 seconds each) and I walked up to the labour ward. They offered a wheelchair when they saw how much pain I was in, but I could not possibly have sat down!

When they examined me, it was clear that I was already 3cm dilated. To my immense disappointment, the birthing pool was occupied; so I realized I had to do without (although for hours I kept hoping in vain that the woman would finish and I'd be able to move into it).

I spent an hour or so kneeling up on the bed, using gas and air, quite blown away by the level of pain: I could never have imagined anything like it, and could only compare it to torture. I don't know if the gas and air helped; I couldn't feel any benefit particularly, and it blew away the breathing in-through-the-nose and out-through-the-mouth, I'm afraid, but was useful to have something to concentrate on while breathing in. I was very aware of what was going on around me, however, and was amazed that despite the phenomenal pain (still mostly in my back) I could feel additional pain if I was examined or touched elsewhere.

I could not move around—the pain was much worse when I moved—but an hour or so later, at 5cm, I did agree to get into a hot bath when the midwife suggested it, and that was wonderful. Although the pain did not go away, it was very comforting and I stayed in the water for four hours, with my partner pouring jugs of warm water over my bump non-stop all that time. I think things might have been very different if I'd been in the pool, because I really wanted to move, which was impossible in the bath, of course. As it was, the contractions came almost without a break, with me making lowing noises like a cow. A registrar came in at one point and asked me to keep it down, because I was distressing the other mothers; but there was no way I could have been quiet! It was my only comfort, and they should build sound-proof bathrooms.

At 6AM I had to get out of the bath so that they could examine me again and to my despair they found that I was still at 5cm. That's when the fight went out of me.

The waters (amniotic fluid) break naturally either at the onset of labour (in about 10% of women) or towards the end, often at the onset of the second stage. The waters help to cushion and even out the pressure of the baby on the cervix, allowing it to dilate evenly. After the waters break, there is a risk of infection if birth is delayed for more than 24 hours.

Sometimes the membrane is artificially ruptured (ARM) in the hope of accelerating labour. This is usually done at some point during the first [stage](#). It may shorten the duration of labour, but at a price: the pace of contractions is altered abruptly. Many women report that this results in loss of control, and further medical intervention may become necessary.

My waters had not broken, and some time after getting out of the bath I agreed to let them break them for me. I can't remember exactly when it was, so I don't know what kind of effect it had, if any. It was clear, when they did, that the baby had passed meconium, but it was 'old', so they weren't worried.

Before then, although the pain had been unspeakable, it had seemed almost too much trouble to consider any drugs; but I knew I could not keep going without a break, without proceeding. To

→Box
p. 106

→Box
p. 62

the midwife's and my partner's credit, neither of them had suggested an [epidural](#) during the previous hours, despite the phenomenal noise I was making. I am very grateful for this: it was important for me to feel that they also felt I could go it alone. At this point, however, I decided that I'd done as much as I could: the birthing pool was still busy, and I asked for an epidural. In the event, the anaesthetist did a wonderful job: I felt nothing, despite the fact that he had to put it in during a contraction (there were no breaks to speak of); and although it was not a 'walking epidural' it was light enough, so that I could feel my legs and retain some control. The pain receded just as the sun came up over the Thames and the Houses of Parliament on May 29th and it was like coming up from under water, or from out of space. I was very sorry to have had to 'give in', but I was very grateful to have had the option.

As the drug took effect, I dozed for a while on my back and got my strength back. Needless to say, my contractions slowed right down to one every three minutes and stayed there. By the time the consultant did his rounds, it was clear that I could stay in labour at that level for days and the baby would never be born. He wanted to put me on the hormone drip but I was dead set against that; and the midwife, bless her, supported me — she took him outside and asked him to let us work together to try to get the contractions working again. She and my partner helped me get on my knees again, hugging the back of the bed (fabulous contraption) and we got the contractions and dilations going again on our own. I was very pleased. She did not worry that the monitor did not work particularly well in that position, since everything was going much better. →Box p. 40

Around lunch-time, the machine measuring the epidural started to beep, saying that it was empty. The midwife turned the beeping off and called for the anaesthetist (a new one) who said she'd be in in five minutes but took a full half-hour to arrive. I was descending into a great deal of pain, slowly, but when she came she said that

the machine said the bag was not empty, and that all I needed was a boost. This is when I lost it, because there was no doubt for me that the drug no longer worked. After my partner and I continued to complain, she opened up the machine and saw that the bag *was* empty! She put a new bag in, but now the machine told us that the bag was empty and would not send the drug through. I was feeling pretty desperate by now, and all I could hear in the background was this stupid woman tapping the machine, *tap-tap-tap*, saying, ‘Gosh, it usually works, I can’t imagine what’s wrong!’ *tap-tap-tap*. I wanted to put a gun to her head to get her to find a new machine!

Just at this time I reached 10cm and felt like pushing, but I was so disorientated by the unexpected pain that I could not push properly—I simply could not hold my breath (ie stop yelling) while I pushed. Finally they relented and injected some of the drug directly into the tube (at my request) and this time, once it took effect, I felt nothing below my waist. Now, despite the fact that the third-shift midwife, Norman, had to tell me when I was having a contraction, I was able to concentrate and push very effectively (at least, they *told* me they were impressed).

A doctor came in and said she’d give me an hour to push; and stupidly I didn’t ask her ‘Then what?’, nor did she think to tell me—I just thought we’d talk again at that point. I enjoyed the pushing (feeling no pain) but didn’t take it too seriously; so when she came back and said ‘Fifteen minutes to go!’, I was surprised and said ‘Then what?’ and she didn’t even answer me, just made a sucking motion to indicate ventouse. I was terribly upset, because I knew there was little I could do in fifteen minutes. I’d been pushing on my back (because of the epidural) but if I’d realized that there was this deadline I would have insisted that my partner and Norman had lifted me onto my knees again, even if it had taken a crane, to try to make it happen naturally! The baby had now passed meconium again, and although I gave it everything I had—pushing in *and* out of contractions—it was too late. He apparently got within 2–3cm but it wasn’t enough.

When the doctors came in and took over I lost it; I just felt so sad and tearful. They stopped consulting me, and this was the worst thing. The room filled with people, my legs were put up in stirrups, my bladder was emptied with a catheter. I was outraged at this and asked her why she hadn't given me an opportunity to do it myself—I'd been successfully doing this throughout despite the epidural. Her answer was, 'Well, we're here now' . . . I just cried and cried as they inserted the ventouse and it came off the baby's head three times (with a terrible noise), then moved on to an episiotomy and forceps. He didn't come out during the first pull of the forceps, and when his head finally did come through and they asked me if I wanted to feel his head, I was horrified: I really thought that that might be all there was of him after all the violent pulling. His body was born immediately afterwards, tearing me with his shoulder, and he was fine: scored 9 then 10 on the Apgar test. Louis was born at 3.51PM by Big Ben (which they said was more reliable than the hospital clocks).

My small victories at the end were that I persuaded the doctor not to cut the cord and rush him to the resuscitation table unless he really needed it—ie to look at him first after he was born. In the event, since he was fine, they put him on my belly and let the cord pump out before cutting it and taking him off to give him the once-over. The doctor had been very skeptical about this request, saying that they only suggested letting the cord pump out for underweight babies, but I yelled at her that they did it for racehorses and they could damn well do it for my child. She also agreed to allow me to 'see how it goes' for a natural third stage, and in the event the placenta was born, complete, within a couple of minutes; so that was good.

Anyway, soon all the doctors cleared out and I was left with Norman the midwife, my partner and this filthy baby, covered in blood, meconium and bruises. I was not overwhelmed with a feeling of love when he was born, but we were left in the room for a couple of hours and by the end of it I was much recovered

and I had started getting familiarized and amazed by my son, who was already breastfeeding. (Much credit goes to Norman for this since he gently kept putting Louis back to the breast: I would have cheerfully left it for a day, since I knew they had enough reserves to keep them going for a while!...)

Twenty-four hours later I was home and although I was staggered by the pain of stitches and bruising on my pelvic floor—I was on pain killers for three weeks—the first two weeks were about the most wonderful of my life. My partner did everything except feed the baby, and I slept, ate, had hot baths with salt, received presents and guests, and fell in love. I had hoped to just about survive the first weeks, so nothing prepared me for this wonderful time of being outside normal time and convention.

Despite his violent and long birth, we have been *so* lucky with Louis. His bruises faded almost immediately and from the start he has been a quiet, happy baby. I haven't had any trouble getting enough sleep and he started putting on weight within six days of being born, so no trouble eating either. He's been entirely breast-fed, and will take a bottle of breast milk too, so I've had a few evenings off. He's asleep on my lap as I type and I'm almost back to my pre-pregnancy weight, despite eating huge amounts.

It's great to talk (and type) this out; I hope I haven't bored you. I was asked by my local health practice to give a talk about my experience having a 'difficult' birth to a class of medical students and jumped at the chance. They had three recent mothers come in, with very different births, and it turned out that we all had the same story: fabulous care by the midwives, complete loss of control and bad experiences at the hands of the doctors. I hope they learn something from that.

I must admit that my first thought when they told me I'd had a boy was 'Thank God, you won't have to go through labour,' but despite that I know that I will do it again.

Octavia Wiseman

→Box
p. 56

‘The AT Gave me Faith In My Own Body’

A few nights before Hanna was born (27th December 1998), I had been having strong Braxton-Hicks type of contractions, and I thought that she might be born either before or during Christmas. However, nothing happened until Boxing Day. On that day Alan and I were doing last-minute shopping for a few household items. At around 6PM we were in a department store, when I started feeling a trickle of water, which felt like involuntary peeing. It took me a few minutes to register that this might be my waters breaking. A visit to the ladies’ confirmed that it was my waters breaking and I saw a ‘show’. Shortly afterwards I started feeling some contractions. I was not sure that these were the right type of contractions, but we thought it might be a good idea to pay for the goods and go home, just in case it was the beginning of something significant.

→Box
p. 90

→Box
p. 57

I felt cautious excitement, because I had read and heard so much about how labour can take a long time to become well established for first-time mothers. Also, the last two weeks had felt like endless waiting, so I had a sense of disbelief that this could really be the start of labour. I re-read the description of contractions to assess whether what I was sensing were labour contractions. We called the hospital and described what was happening. The hospital midwife advised that I should go in for a check-up, since my waters had broken.

By the time we arrived at hospital it was around 8PM and by then I was having contractions almost every five to six minutes, but of irregular duration. The midwife read my notes and went over my

birth plan (she was sympathetic that I wanted a natural birth with minimum intervention). She did the routine checks and gave me an internal examination. She said that my cervix was completely closed, so labour was not yet established in spite of the frequency of the contractions. I was on the monitor for forty minutes. She then said that, because this was my first baby, it could take a while before labour became well established. I was given the option of staying in a ward or going home. Alan and I chose to go home, not only because he would not be allowed to stay with me in the ward, but also because we wanted to do the labour movements together.

→Box
p. 30

At home we had a light dinner and tried to relax. The contractions continued getting stronger, but we were both calm. Alan was assembling some furniture, while I moved about the flat. Every time I felt the start of a contraction, I would call out to Alan and he would put his arms around me while applying pressure on my feet and we would do pelvic rocking in the ‘*monkey*’ position, or he would apply pressure on my back. Sometimes I would be sitting and he would place a hand over each knee, while stepping on my feet.

→Box
p. 36

The *Eutokia* class Alan and I attended together proved to be immensely useful, not only in terms of helping me to cope with the pain, but also because it ‘primed’ us to be relaxed and just loving with each other. I was coping with the pain quite well and by 2AM I was having contractions every two to three minutes, but lasting only for 20–30 seconds. As the midwife had advised us that contractions would last for at least 40 seconds in well-established labour, I thought that I was not making much progress.

Suddenly I felt that I could not cope with what might be a long labour. We called the hospital and they said that obviously they could not give a diagnosis over the phone and that it was up to me to decide whether I wanted to go in or not. We decided to go to hospital and if I still had not dilated sufficiently, I would ask for some pain relief, because by then I was feeling that I could not cope with such intense contractions for a very long time.

We went into hospital around 2.30AM. Again, the midwife seemed to be sceptical that labour was well established in spite of the frequency of the contractions. She did another round of routine checks and by the time she examined me it was 3.00AM. I had amazingly dilated to 8cm. This gave me a great boost of morale, because by then I knew it would not take long to become completely dilated. From then on I focused on staying relaxed and moving to help the baby.

As it was night, it was really peaceful and quiet in the hospital. The midwife was quite good in letting us do whatever we wanted. I told her about the Alexander Technique, which she had not heard of but she was encouraging and told us to do whatever felt comfortable. The main intervention, though, was that she wanted to monitor once in a while, so we had to choose a position which would give me mobility and allow her to monitor. I decided to kneel facing the bed and held on to the side bars on the bed. I did the [whispered 'ahh's](#), which started as a whisper and ended up as loud groans as the labour progressed. I also did the [pear](#) movement on the bed throughout, which helped in easing the pain. I also tried visualizing my head and the baby's head moving in opposite directions and having positive thoughts like 'I welcome you my baby', etc. →Box p. 40

The first [stage](#) went very well, and towards the end I started feeling the pressure building up towards the back.

I had a respite of about 15 minutes during the transition period. The second stage was much more painful and seemed to go on for a long time, although it must have lasted for only about 40 minutes. The pain was transferred to my back and I was reaching my threshold of tolerance. I felt immense pressure against my back, especially my rectum. By then the whole experience was dream-like, I could see the midwife preparing the baby's things but it felt very unreal, and that it would be a long time away before the baby would be born. Alan was helping by massaging my back, applying clarysage compresses, giving me sips of water, and generally →Box p. 43 p. 12

comforting me.

As the urge to push started getting stronger, the midwife again insisted on using a monitor to watch out for any distress signals, so I had to change positions again. Luckily, I remembered that I could lie on my side with one foot pushing against my partner's chest, so we did that. Although I found the monitoring to be annoying, the midwife did not interfere by telling me what to do. Towards the end she encouraged me to push, because by then I was getting tired, and she was quite good in telling me to pant as the baby's head was emerging. I had forgotten how to pant, but remembered that I had to blow; so I did that instead. At one point the baby's heartbeat dropped and the midwife warned me that if the baby was not born soon, she might have to give me an episiotomy to help her out. Luckily, Hanna was born a few minutes later without an episiotomy and with my perineum intact.

I had discussed earlier with the midwife the fact that I did not want to be given [syntometrine](#) unless there was danger of haemorrhage. As it was quiet in the ward and I had no complications during the labour, the midwife agreed to allow the afterbirth to be delivered naturally.

If the placenta is delivered naturally (without syntometrine) and its birth is delayed, try the following simple trick: blow into an empty bottle while you are upright or kneeling.
--

After about twenty minutes of waiting I tried the idea of blowing into an empty bottle — and that did the trick.

It must be said that I felt so elated at the end that I managed to do it all naturally and that, apart from the second stage, the pain was bearable, and both Alan and I were calm throughout the whole experience. I could not have asked for a more positive birth experience. In fact, coping with the pain after the birth was far more of a challenge than coping with the pain of labour. I believe that having done the Alexander Technique (with David Glassman and you) prior to and during the pregnancy helped in maintaining a positive attitude and a healthy and trouble-free pregnancy. Also the ante-

natal classes helped to psyche me up to deal with the labour and the whole business of childbirth.

But the most helpful thing of all was using the Alexander Technique for natural childbirth. It gave me the strength and faith in my own body—in spite of the temptation of seeking a medical solution. Also Alan had missed all the antenatal classes and although he had done some reading, he was unable to catch up with everything. We found that we were using everything we learned from your special class we did together. Even Alan had to admit that that one hour had been the most useful ever!

Othaylat Suliman

Twins

I started going to Alexander lessons when I began to suffer some back pain very shortly after getting pregnant. As I was carrying twins, I couldn't imagine how I was going to get through without some help in this area. And, indeed, I did not have any further problems with my back throughout the pregnancy, despite the weight of two babies.

Having had a natural birth with my first child, Joseph, I very much wished to have a spontaneous natural birth, but during my antenatal visits it quickly became clear that the policy at my local hospital was going to make this very unlikely. I was informed that 50% of twin births require caesareans and that because of the additional dangers involved in giving birth to twins the hospital would probably wish to assist delivery of the second twin, if not both.

When I reached 38 weeks, it became necessary to induce the birth because Doppler tests revealed that the blood flow to one of the twins was dropping, and this indicated that the placenta was beginning to fail, and the other baby's placenta was also beginning to struggle. There was quite a clear size difference between the two babies. I was extremely uncomfortable by this time and the arguments were very persuasive and I agreed to come in to hospital in three days' time.

Having heard 'horror stories' about induced labours, I was feeling pretty wobbly. My husband and I were instructed to come in at 7AM and were told to expect that the process could be long and slow. And indeed, the first dose of prostaglandin didn't seem to be

doing anything. I was examined six hours after I received it and to my disappointment nothing had happened. My cervix was barely open and still very far back. A second dose was applied.

Induction is sometimes necessary for medical reasons. When it is planned, the usual procedure is to try to soften the cervix by inserting a prostaglandin pessary. If this does not work, an oxytocin drip is administered. Oxytocin may also be used to accelerate labour that started naturally but has slowed down for some reason. This drug causes sudden and powerful uterine contraction, which are extremely painful; so coping with the pain becomes very difficult.

If induction is scheduled (say because the baby is overdue), you may try to pre-empt it by using milder natural means of induction: releasing tension through [inhibition](#) and [direction](#), nipple stimulation, love-making, going for a walk, a nice scented bath, eating a spicy curry. If all else fails, try castor oil.

By this time, daylight was going and we were pretty fed up. My husband went out and bought a couple of pizzas and a bottle of beer. Somewhat before this repast, I had felt some stinging sensations very low down, but nothing like how I remembered a contraction. About half an hour after the pizza, I noticed that this sharp stingy low-down feeling was coming and going; and gradually I found that I wanted to breathe through the pains. But they couldn't be serious labour pains: they were so different from how I remembered them. →Box p. 30

My husband was reading a magazine and I was sitting forward on the edge of the bed, and I found myself breathing through a really scary one. I was crying and saying, 'I don't think I can deal with it this time'. If I had realized that I was going through transition, I would have called a midwife and been on my way, but these pains were so odd. Then I felt I must use the loo, so we went to the toilet. I remember that this was the moment when I realized that the babies were on their way. We got out fast and I told the midwives my confusion. When I said how I felt, that convinced them I was serious. They examined me and found that I was 9.5cm dilated with an [anterior lip](#). →Box p. 43

I couldn't believe how suddenly it was happening. I had had an anterior lip with Joseph and knew the on-all-fours, bum-in-the-air position needed to clear it. I immediately assumed this position on the hospital bed and was swiftly wheeled off down the corridor to a labour room. There was general panic. Everyone seemed to be frightened.

'Is this the lady with twins?'

'Fully dilated?'

'She's wanting to push?'

'Try not to push, dear!'

'Is the theatre free?'

'Where's the doctor?!'

It was pandemonium. I was rushed into theatre and transferred onto a very narrow, very hard, very high table. All this time I was trying not to push and was breathing through each contraction. I found the advice of my Alexander teacher — to concentrate on the out-breath and to think of it as a release — very helpful. Looking back, I felt that I never really lost it like I had done with my first experience of birth. I lay on my side and pushed Robert out in three pushes.

Then there was more panic. I had had a few whiffs of gas and air and was a bit woozy, and the anaesthetist was asking me if I had eaten anything recently. I owned up to the pizza, and he said they would have to give me a spinal block in order to assist the second baby, as he was breech and there was a chance the cord would be pushed out ahead of him and this can cause oxygen starvation to the brain. I suggested it might help if I was upright, but this was not a valid suggestion in anyone's view.

I submitted to their advice and was examined by a doctor who assessed Marcus's position. This was the most painful moment of the whole experience. Then the block was put in my spine, and my sensation ebbed away. I saw my legs being put up in stirrups and the doctor was tugging away at my body. Marcus was pulled out by his feet and unceremoniously dumped on my floppy tummy for a brief moment — the only concession to my birth plan.

The babies were whisked away, as Robert was very small for his dates, and they were concerned that both babies seemed to smell strange and could have an infection. I did not see them until the next day. Neither baby was infected, but Robert stayed in the Special Care Unit for three days.

Whilst I think that the staff did what they did with extreme efficiency and skill and were also very pleasant people, clearly doing what they felt was the only thing to do, I can't help feeling that it could have been different. I shall, of course, never know; and perhaps it is wise not to dwell on this, but to exalt in the fact that I have two lovely healthy babies.

The experience was a hard one: it was very shocking and I felt a little as if I had been assaulted. The whole thing was over in an hour. But I think that the concentration on my breathing and my increased awareness of my body really helped me to feel that I retained some self-possession under extremely difficult circumstances.

Sadie Keable

‘I Coped Better on my Own’

I was first introduced to the Alexander Technique in 1992 by an osteopath, whom I had been seeing regularly for several months with generalized back pain and problems caused by years of poor posture and unsatisfactory lifting technique as a nurse. At that time I had been told by a consultant physician that the mild scoliosis I had would give me endless problems as I got older, and I would end up a bent old woman. After a course of approximately 20 AT lessons, my general condition had improved immeasurably, and the back pain had ceased to be a problem. However, as with most things in a busy lifestyle, I gradually stopped lessons and returned to my old patterns.

Having had one miscarriage, I became pregnant again in 1993 and had two uneventful trimesters. During the later weeks I began to experience acute pelvic pain, but was reassured by my GP that this was a normal occurrence in pregnancy, and would improve post-natally.

My daughter was born following an 18-hour labour, with the assistance of an [epidural](#), and everything appeared fine, until approximately a week later, when I began to experience acute pelvic and back pain. The cause of this was diagnosed as urinary-tract infection, and I was prescribed three courses of antibiotics, prior to being referred to a consultant obstetrician for a second opinion. Unable to find a cause, the consultant diagnosed the as ‘just one of those things’; and it was only at seven weeks post-natally that it was finally discovered that I had diathesis of the *symphysis pubis* (separation of the two halves of the pubic bone at the midline).

I was immediately referred to the obstetric physiotherapist, who was able fully to explain the implications of this, and I was put onto bed rest for a short period, following which I was not allowed to bear weight and had to use crutches. For several months afterwards I required the continual help and support of my mother, as at this stage I was unable to lift or carry my daughter and found even the small activities, like changing nappies, unbearable. I was also informed that this conditions would recur in any future pregnancies, during which time I would probably have to be on crutches. It was not surprising that the frustration caused me, a new mother, to become depressed, for which I was offered — and refused — anti-depressants.

At six months post-natally, I was still wearing a corset at times to support my back, and the pain continued at variable degrees, until I became pregnant with my second child in 1995.

It was at this point that I realized that there was an increasing amount of literature available on the use of the AT in pregnancy, and I re-enlisted the help of my former teacher, Irene Woodrow.

When I first returned to her, I was in a poor state both mentally and physically, and it took several lessons to begin to be able to take the Technique on board; but we both persevered with twice-weekly and then weekly lessons throughout. Although I was much more tired during this pregnancy, and I did not attend any antenatal classes, I did not suffer any back problems and felt much stronger and more mentally prepared to have the type of delivery that I wanted this time round. The only thing that concerned me was the risk of a recurrence of my pelvic problems post delivery.

Despite my being hospitalized for a short period at 39 weeks with high blood pressure, my son was born five days late by water birth in a delivery that lasted three and a half hours. I was determined not to have pain relief and to be in control. From the start of the contractions, I worked solely on the positions that I had learned through the Technique, particularly using 'monkey' supported on a table or bed. Once in the pool and into second stage,

I concentrated on vocalizing, visualizing and using the [whispered 'ah'](#), to the extent that I felt that I coped better on my own than with support. Fraser was delivered without pain relief or stitches, and I was delighted to have been so much more aware of the whole birth process.

Women have often used warm baths or showers for comfort and relieving pain during childbirth. Recently, water births have become available. Some hospitals have built-in birthing pools, and you can also hire an inflatable pool. You may use the pool whether or not the actual birth happens in water. But it is not advisable to immerse yourself in water before you are about 5cm dilated, unless you wish to slow things down.

Despite having been in such good shape, afterwards I felt as though I collapsed, and lost all my [direction](#). I started to suffer back pain, and my old patterns of movement started to take over. I am sure that this was due not only to the changes in my body tone post-natally, but also to the expectation of myself and others that I would suffer as I had last time.

Fortunately, I returned for AT lessons exactly a week after delivery, and with consistent work I began to regain my strength and direction. My son is now 12 weeks old, and I am entirely self-sufficient to the amazement of many of my medical colleagues! I cannot extol the virtues of the Technique strongly enough, as I have very little pain, if any, and am able to enjoy and participate fully in the development of both my children.

Karen Koefman

‘Experience and Instinct’

I have had back problems since I was ten years old, but during my teens it was left undiagnosed, as I was ‘too young for it to be anything serious’. I coped by keeping very fit, and by taking a couple of weeks’ ‘rest’ every now and then.

At 18 I went to university and, due to a different lifestyle, the back got much worse and I was visiting osteopaths and physiotherapists regularly. Eventually at 20 I saw a consultant who ran tests, and — due to both my physical and mental state, with my final exams approaching — took me into hospital as an emergency and performed an operation on the discs in my lower spine, two of which had prolapsed. In the preceding ten years, and even at this point, no-one had questioned why I was in this state, or suggested that the way in which I used my body was in any way responsible for the problems. So now I had to recover from major surgery, but still had the same underlying habits of use. Unsurprisingly, therefore, I was still in trouble when I was 25; I was very stiff, had permanent pains down my legs, was depressed and had a life limited by the problems.

At this point I found my way to an Alexander Technique teacher, not to help with the pain itself — which I thought was mine for life — but to help with my attitude to the pain and limitations forced upon me. To my amazement, after several months of lessons — in which I learned a new, positive and empowering way of thinking and a way of being which involved less muscular effort and more kindness — the pain and depression began to lift. I decided to train as an Alexander Technique teacher, in order

to have three years working with this new way of living. By the time I was 30, I had qualified as an Alexander teacher, had long, pain-free periods, rarely got depressed and my life was no longer limited by my disability. At 35 I got pregnant.

Having had the back operation 15 years previously, I knew that pregnancy and labour posed certain risks and problems to me. I was able to discuss this with my GP and midwives, and we agreed that the best strategy would be to attempt a drug-free labour in order that I could be in control of all movements to minimize the risks posed to my weakened back by unintentional postures. I also wanted to avoid any risk of further harm from an [epidural](#) into the damaged spine. I did, however, have to agree to keep an open mind, in case there were complications. I had discussed this fully with my husband, Graham, who I hoped would speak for me should things get difficult. I had been discouraged from a home birth because of my age, it was my first baby, and the hospital is some distance away from my home.

To this point I had had very little contact with babies and the whole birth process, as I was the youngest child in my family and all my friends with children lived some distance away; so the whole thing remained somewhat mysterious. My main sources of information were television and books, from which I had the impression that first labours tended to be a long slow build-up of contractions with a final quick, exciting crescendo of rapid contractions and pain at birth, rather like a symphony!

I did attend antenatal classes attached to my GP's clinic, run by the midwives and health visitors; but afterwards I did not feel much wiser as regards labour. The breathing instructions — a session of about five minutes out of the whole 12 hours of classes — consisted of telling the pregnant mums to breathe out into pain, pant when the midwife says to, and don't hold your breath. From my experience, both as an Alexander pupil and as an Alexander teacher, I knew that to have such control over breathing is an art which needs to be honed over many months and years, as it goes

against instinct. We also did one short session on relaxation, both for pregnancy and labour. I felt that this was almost laughable, as the implication was that during the most momentous moments of your life (labour) and the very worrying months of pregnancy, all you have to do in order to relax muscles is to remember to do it. Ten years after starting Alexander lessons I am still discovering the multifarious ways we have of holding tensions subtly and I have to constantly remind myself to do everything with less muscular effort; and fully expect to be doing so for the next 40 years or so.

The midwives seemed unable to talk about pain in a positive way, only how we would not be able to cope with it, and how we wouldn't have to — as we had these various pain-control options. I would have welcomed a discussion on *why* we had pain, and why it was useful, and the dangers of dulling it. I think a better preparation for labour would have been to discuss how hard it is, how momentous and shocking; so that I could have been better prepared mentally.

Four days after my due date, I went into labour at 6.00 in the morning. Nothing had prepared me for what followed. I had assumed that a contraction would feel like just that: a sort of bad period pain in the abdomen; and also, as I have already said, that labour would be a gradual build-up. So, when right from the start I got severe pain in the lower back every five minutes, which lasted about 45 seconds, I was really shocked and overwhelmed, and I think I stayed quite shocked throughout labour! The midwife advised me to have a bath, which slowed the contractions down to eight-minute intervals for a short time. Each time a contraction came, I met it on my knees, leaning on whatever was available: the bed, Graham, side of the bath; this was in order to keep my head, neck and back in alignment. I also tried to keep my neck and mouth soft, and to keep breathing out into the pain. This gave me something positive to work on and ensured that I didn't increase the pain by contracting muscles. Graham's job was to push into my

→Box
p. 106

back to counteract the pain, so for 12 hours he wasn't allowed to move from my side. I don't quite know how he knew what to do or where to press, but mostly I didn't have to be specific about what I needed.

I found that standing was excruciating and brought on a contraction immediately, so getting organized and into the hospital 30 minutes away posed certain difficulties. I took a large [gym ball](#) and padded mat with me, which took some explaining to the startled midwives; but this gave me an opportunity to tell my own midwife how I wanted my labour to proceed, and why. She seemed impressed that I had thought it through, and watched me through a couple of contractions, using the ball to lean and roll with, breathing out and chanting my [directions](#) — and left us to it.

After four hours I was 4cm dilated and proceeded to dilate at the rate of 1cm an hour — with contractions into the back every five minutes, kneeling and leaning forward, with hardly any respite for a further six hours. I tried the gas and air which made me feel drunk, but did nothing for the pain; so, not wanting to be drunk and in pain I abandoned that idea. The flaw in my plan became apparent as I increasingly got cramp in my legs, and very sore down the shins and feet, probably because they had swollen in the last month of the pregnancy, and I was having to constantly shift positions to ease my legs. Still, it took my mind off my back!

As it happened, Sian, the midwife, had to actually deliver another baby after I reached 9cm; and she left us, saying that the last centimetre was the hardest. It was at this point that I felt really despondent; I think I must have been ready to push, and found myself panting through the contractions. For half an hour I had a sense of endless pain and I felt as though I wasn't getting anywhere. If I had been offered drugs at this point, I think I would have agreed. But Sian had been so impressed with my determination and manner of handling everything, she hadn't offered anything; and Graham felt he was being negative on my behalf and didn't

want to undermine my confidence by suggesting anything — so nothing was offered. I was left to rely on exhaling into the pain and exhorting myself to keep my neck free, and my back wide. If I had not had the training that I have had in conscious control, this experience would have been a lot worse.

When Sian returned, she confirmed that I was ready to push; but I had no sense of wanting to, never mind having to. For an hour I tried pushing to her command with the contractions, on my knees, draped over the raised bed head, but nothing really happened. →Box p. 63

At this point Sian said that according to protocol she should call in the doctor, as I had been pushing for an hour with nothing happening, but she was loathe to do this as it would probably mean an epidural and forceps, and she didn't want me to have intervention after 11 'natural' hours. But she did insist that I try pushing lying on my side, which was much more successful. I finally understood how to push, and when.

Eventually I was persuaded onto my back, much against my better judgement, where I was able to push even more successfully. Then the head was showing, I was asked to pant, Graham was encouraging me to a last effort (I was rather past caring at this point) and amidst lots of shouting (mine) Natalie Francesca was born at 6.30 in the evening. She gave one cry and stared around quietly before drifting off to sleep peacefully. My back was fine, my recovery from the birth rapid and Natalie was, and still is a calm and contented baby.

Sian was so impressed that I had managed the whole labour without pain relief, it became obvious to me that she was not used to seeing a woman really labouring. The question for her, and the other midwives in the area, seemed to be *at what point* to intervene, and not usually *whether* to at all.

Although I had marvellous post-natal care, the agenda appeared to be that I would have to be taught everything, as I was inexperienced; and that intervention is usually best. It is hard to stand up

for yourself when you are so exhausted and emotional as a new mother. If I have another baby, experience and instinct will work hand in hand.

Nicola Harris

We take a young, impressionable woman who is pregnant and put her into a system which defines pregnancy as disease. Much of what we do to her during her pregnancy gives her the message that she is not capable of being pregnant and having a baby without professional help. By the time the birth comes she is feeling inadequate. Then what happens at birth? She gets the message that she couldn't give birth to a baby without professional help. The monitors, induction, all of these say to her: your body is not enough, is it? By the time the baby is handed to her she is really feeling inadequate. Then what happens? She's got the baby and here come all the nurses trying to teach her to be a mother. By the time she leaves the hospital she's convinced of two important things: that being a tiny infant is very dangerous and that you have to be a professional to be a good parent. We define pregnancy as a disease, birth as surgical procedure, infancy as a serious medical situation and parenthood as needing professional assistance. This is what I call disabling help.¹

¹Marsden Wagner, 'Child health care in the 1990s', *Midwife, Health Visitor & Community Nurse* 1990, **26**:420–22.

Glossary

Some of the terms used in the stories of this collection may be unfamiliar to the general reader. The following is a list of such terms, with brief definitions.¹

Anterior lip A fold of skin that sometimes remains in the rim of the cervix in front of the baby's head, as a result of uneven dilation of the cervix during the first [stage](#) of labour. It impedes the progress of dilation; but eventually it disappears.

Directions A central concept of the AT: the process of projecting conscious messages from the brain to the body.

Epidural Anaesthetic injected into the lower part of the spine. If administered well, it eliminates the pain of contractions.

Inhibition Stopping ourselves from reacting unthinkingly to a stimulus, so as to allow time for giving direction, replacing habitual harmful activity by a new reasoned response.

Lunge One of Alexander's 'positions of mechanical advantage'. One leg forward; head leading and the torso tilted forward over the hip joint, while the knee bends; the body's weight is transferred forwards or backwards.

¹For further explanations about terms relating to pregnancy and childbirth in general, consult any good book on the subject; for example, Sheila Kitzinger's classic *Pregnancy and Childbirth*. For terms relating to the AT and its application in Eutokia, consult *The Alexander Technique Birth Book* ([see p. vii, footnote 1](#)).

‘Monkey’ One of Alexander’s ‘positions of mechanical advantage’. A way of bending with a forward tilt around the hip joint, while maintaining the primary control.

Pear movement Kneeling on all fours, with the neck free, the head leads the torso in a movement parallel to the floor, describing an oval or the outline of a pear. (See drawing p. vi.)

Pethidine A synthetic analgesic, injected to the thigh. Changes the perception of pain rather than eliminating it. Its use has declined, probably because it is not very effective as a painkiller, and has noticeable negative side-effects on the baby.

Primary control Alexander’s major (re)discovery: a certain dynamic equilibrium between head, neck and back; it determines overall coordination, improving body mechanics as a whole.

Stages of labour First stage: from the onset of contractions to full dilation (10cm). Second stage: from full dilation to the birth of the baby. Third stage: birth of the placenta. For *transition* see box p. 43.

Syntometrine A drug injected into the mother’s thigh, just after the baby’s first shoulder emerges, to speed up the delivery of the placenta. Thought to reduce blood loss.

TENS Transcutaneous electrical nerve stimulation. Stimulation of selected areas of the skin. Thought to encourage the production of endorphins.

Whispered ‘ah’ A vocal exercise, devised by Alexander to free the breathing and the vocal chords. It prevents hyperventilation and has a calming effect.

Addresses and Links

The following are addresses, phone numbers, e-mail addresses and web-sites of societies of teachers of the AT

UK STAT, 129 Camden Mews, London NW1 9AH
☎ +44 20 7284 3338
enquiries@stat.org.uk www.stat.org.uk

Australia AUSTAT, PO Box 716, Darlinghurst, NSW2010
☎ +61 3 8339 571
ruthshoe@bigpond.com www.alexandertechnique.org.au

Belgium AEFMAT, 4 rue des Fonds, B-1380, Lasne
☎ +32 2633 3059
synergon@skynet.be

Brazil ABTA, Caixa Postal 16020, Rio de Janeiro, RJ Brasil, CEP 22220-970
☎ +55 21 239 66 18
abta@montreal.com.br

Canada CANSTAT, 465 Wilson Avenue, Toronto, Ontario M3H 1T9
☎ +1 416 631 8127
canstat@istar.ca www.canstat.ca

Denmark DFLAT, Gassehaven 5, Gl. Holte, DK 2840 Holte
☎ +45 7025 5070
DFLAT@post4.tele.dk

France APTA, 42 Terrasse de l'Iris, La Défence 2,
92400 Courbevoie
☎ +33 1 4090 0623
TECHNIQUE.ALEXANDER@wanadoo.fr
perso.wanadoo.fr/technique.alexander/

Germany GLAT, Postfach 5312, 79020 Freiburg
☎ +49 761 38 33 57
glat-freiburg@t-online.de

Israel ISTAT, PO Box 16163, Tel Aviv 61161
☎ +972 3 522 7979
atares@bezeqint.net

Netherlands NeVLAT, Postbus 15591,
1001 NB Amsterdam
☎ +31 20 625 31 63
burger.j@wxs.nl

South Africa SASSTAT, PO Box 135, Simon's Town 7995
☎ +27 21 780 9412
brambi@io.co.za

Spain APTAE, Apartado 156, 28080 Madrid
☎ +34 532 01 05
simfitz@teleline.es teleline.terra.es/personal/fmalexander/

Switzerland SVLAT, Postfach 8032, Zurich
☎ +41 01 201 03 43
info@svlat.ch www.alexandertechnik.ch

USA AmSTAT, 30 North Maple, PO Box 60008, Florence, MA
01062
☎ +1 413 584-2359 (toll free within US: 800 473 0620)
alexandertec@earthlink.com www.alexandertech.org