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The Art of Giving Birth

Five Key Physiological Principles

The Art of
Giving Birth

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FIVE KEY PHYSIOLOGICAL PRINCIPLES

Sallyann Beresford

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DANDELION BOOKS

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*For my wonderful children –
Joseph, Lauren, Caitlin and Darcy*

I love you with all my heart and hope that one day
the births of your children will be as magical
as mine were with each of you.

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Introduction

Having a great birth isn't about luck.

There is much to learn about having a baby, so it's no wonder Mother Nature gave us plenty of time to prepare. From the moment you became pregnant, I have no doubt you've discovered there is a wealth of information available from a wide variety of different sources. Whilst your research is probably not 100% focussed on the birth process alone, I believe that the more you can do in preparation for this life-changing event, the better. As you learn about all of your options, one philosophy regarding the way you want to give birth will most likely begin to stand out above all others. If, after your research, you think that having your baby with minimal interventions is something you are keen to explore further, then this book is for you. Its aim is to help you uncover the secrets to achieving a physiological birth. Throughout the following chapters, you will learn my five key principles and be able to decide which elements you want to take forward in preparation for your journey. Even if this isn't your goal, you can still learn ways to take ownership of your birth and help yourself to achieve a positive experience,

simply by discovering more about what your body requires during labour in order to work effectively. By learning and implementing the five key physiological principles I have put together, you will be expanding your knowledge and deepening the confidence you have in your body's ability to birth in a way that should be easily achieved by the vast majority of women, but sadly is only experienced by few. This is mainly because modern maternity services follow a medicalised model of care, where a woman's body is somehow seen as an inferior product that needs drugs and devices to help it function. With interventions on the rise, most doctors and midwives are simply not seeing birth in its true form, and as such, have developed a deep lack of understanding and trust in the way the body works. Because these care providers often undermine the process with their behaviour and expectations, it has become virtually impossible for a woman to be left alone undisturbed, unless she already knows how to trust her own body and advocate for herself. Of course, planning a physiological birth isn't about avoiding good quality, safe care. It's about honouring your body's ability to give birth to your baby. When the body is left to function physiologically—in the absence of a genuine medical concern—it can be much easier for both you and your caregiver to recognise progress and feel confident that everything is going well. If it is not, and a reason to intervene arises, you can then access closer monitoring or any medical help that you or your baby

need, just like you would in any other medical situation. By choosing a physiological birth, you are not ruling out receiving support; you are simply learning to trust your instincts more deeply, thereby giving you the confidence to relax and tune into your body. When the body is left alone, it works more efficiently. This undeniably leads to a much safer experience for both you and your baby.

Whether you are pregnant for the first time, or have given birth before, my hope is that you will research all of your options and come to appreciate the benefits of giving birth without medical assistance. This can be easy to achieve, when you deepen your knowledge of physiological birth and understand how to maximise your chances of having one. Throughout the book I will encourage you to identify and eliminate any doubts or fears that might get in your way, and erase any limiting beliefs that may be lying dormant inside your subconscious mind. These doubts—and those of other people—have the potential to rise up and sabotage your plans. The best way to align both your mind and your body on the day, is to ensure that not only will you ‘know’ your body was designed to give birth, but you will also truly believe that you ‘deserve’ to have a beautiful experience. In addition, as a doula and antenatal teacher for over 20 years, I am passionate about educating not only you, but also your birth partner. I want to ensure that you both feel confident in your individual roles and that whoever you choose to be with you understands and

respects your preferences. That you are *both* clear about, and trust, in any decisions you are making when planning and preparing for your physiological birth. Even though you are the one going through it, the person supporting you needs to be aware of how much their presence is going to matter to you, and what you specifically need from them. Without the right support you are better off with no support—because it takes only one person who is not on board with your physiological needs to set your labour back by many hours. For this reason, there are several tools that I have put together which you can use during pregnancy to help you and your birth partner get really clear on what you want to achieve. So, by reading this book, you will begin to know who the right advocate is for you, and you can prepare them well in advance. You may even consider hiring a doula to join you and support both you and your partner. Lastly, I have a whole chapter on putting together a birth plan (see Chapter 7) so that you, your birth partner, and your care providers have a clear picture of all your preferences. This will help you to feel really well supported throughout the remainder of your pregnancy, and confident that you can easily advocate for yourselves, if any challenges come your way.

This book's aim is not to educate you to the same extent as a full antenatal course. It's intention is to take you from where you are now with your knowledge, and elevate it to the next level. I want to give you some new tools and boost

your confidence, in order to support you in achieving your dream birth. I recommend you do some research into all your options locally, so that you know what locations are more likely to support your preferences. Also, where possible, consider having your baby at home or in a midwife-led unit (MLU) as opposed to a hospital, where you are more likely to experience medical intervention. For this purpose, throughout the book I will be referring to 'Plan A' as a physiological birth. This is the birth experience I am going to assume you are hoping for after learning more about my five key physiological principles. When I speak of 'Plan B,' I am referring to a managed vaginal birth. This is the birth experience you may switch to if at any time your Plan A birth shows itself to need additional support. At this point, you can change direction and make the decision to accept more intervention if it is genuinely required. And finally, 'Plan C' refers to a caesarean section, which I am choosing to call abdominal birth. Some babies have to be born via surgery despite your plan to give birth physiologically. If Plan B or C become your reality, you can still have a wonderful, positive experience, as long as you are feeling well supported and in control. My five key principles will prepare you to advocate for yourselves in any situation, because you will know how to make well informed decisions at any time. Birth trauma can occur when you feel unsafe and are coerced into making decisions that you don't fully understand. For this reason, it's really important to know

how to remain in charge of ‘all’ the decisions you make, and how to find your voice if necessary. This ensures that any interventions you agree to lead to a positive and empowered experience, rather than a traumatic one.

The primary biological role of human beings is to survive and procreate—to conceive, grow, birth and feed another human being in order to keep our species alive. It’s important to understand how the body was made to give birth, and to recognise that nature’s plan was that this process would happen undisturbed. Giving birth physiologically is about learning to trust in the body, to believe in the power you have within you and to feel supported and safe whilst doing so. Any doubts, no matter how small, should be resolved with the knowledge and information you gain from within these chapters. By the end, you will have a wide range of tools that can influence the direction your birth takes, simply by enabling you to remain in control of your options at all times.

You will only have this particular pregnancy and birth journey once, so take ownership and make it an incredible, empowering experience. I want you to come away from your birth feeling that your body and your wishes were respected, that you understood every element of what your instincts were telling you, and that you kept control at all times of any decisions that needed to be made. The more confident you feel in the process, the easier you will find it to fully trust yourself, leading to a safer and more

satisfying experience. Because a healthy baby is not all that matters—you matter, too.

Always remember the hero of your birth journey is not your midwife, not a doctor, or the teacher of a class that you might attend with your partner. The hero of your birth story is you.

*Much love,
Sallyann*

CHAPTER ONE

Whose Body Is It Anyway?

You are not allowed to not allow me.

*P*regnancy is nothing short of miraculous, but it's not a walk in the park for most women. Nausea, vomiting, sore boobs, night sweats, extreme exhaustion, itching, constipation, mood changes, breathlessness, and varicose veins are just some of the symptoms that you can expect to experience. Throughout the 10 months that you are growing a whole human, your body will provide you with your own personalised set of symptoms that are unique to you and impossible to predict in advance. The changes happening inside are numerous and can leave you feeling excited one minute and in a state of turmoil the next. There are many physical and emotional symptoms that can come as a real shock to the system—in particular worrying about how your body will look, anxiety around giving birth, relationship changes, becoming a mother, and much more. As the months pass and the baby grows bigger, your body becomes flooded with hormones that soften your bones and expand your pelvis. Your internal organs begin to

move and relocate inside you as the baby takes priority. New symptoms can appear, such as heartburn, the need to pee all the time, and pelvic, back, and muscle discomfort as the uterus and surrounding ligaments stretch. It's important to highlight that this incredible transition and expansion is happening within you, without you ever needing to stop and think about it. Nature's incredibly clever design ensures that the embryo's cells grow to form all parts of the baby's body, including eyes to see, ears to hear, and brains to think. Even during the last few weeks of pregnancy miraculous events are taking place. The baby's body lays down brown adipose tissue under the skin to help maintain their body temperature and keep them warm in the early days of life, whilst at the same time, your body sends healthy microbes to the birth canal and vaginal opening in preparation for the new arrival. These 'flora and fauna' will begin to seed your baby's gut during the birth process and in the moments following, helping them to develop a strong immune system.

This miraculous work is happening unconsciously within us, and we trust and believe our body knows what to do, barely pausing to question it. When it comes to the end of pregnancy, however, it is becoming increasingly common to throw all faith in the human body's ability to complete the reproduction process out the window. The 'maternity system' you are booked with may begin offering you extra checks and scans that will undoubtedly lead to interventions. Far too many women whose pregnancies have been

previously straightforward can expect their care providers to begin questioning the way their baby is growing. They may express concerns to you and recommend intervening to cut short the pregnancy, with the explanation that your body could stop working efficiently at any moment, or your placenta could 'fail.' If you have not had any serious medical concerns identified, and you have decided to give birth physiologically, there is very little that can be detected in later pregnancy that should impact the way your baby is born. Women are being pushed towards interventions that are totally unnecessary without understanding what they are signing up to. Their babies are being forced out of the womb before they are ready, leading to harm and trauma that have the potential for lifelong repercussions. Whilst I wouldn't disagree that a certain level of monitoring in pregnancy can be helpful and reassuring for those who choose it, we have to recognise that not all tests and checks are 'offered' in the best interests of the mother and/or baby, but more to eliminate the potential of the care provider being found negligent. I describe it as a 'tag, you're it' scenario. If, for example, a midwife measures you with a tape measure during a routine appointment and the size of your belly does not measure in line with the percentile curve you have been following, then they have to signpost you for a scan. In the past, medical staff would have requested to see you again in a couple of weeks, and re-measured, which worked just fine. These days, however,

they pass you on so that the responsibility for your well-being and that of your baby is no longer in their hands. When extra monitoring is offered late in pregnancy, the appointments can expose you to the possibility of hearing negative comments and threats of birth complications or stillbirth, leaving you frightened and confused. Whilst any appointment offered is optional, it can take a confident person to decide not to attend. If you do decline, the best-case scenario is that your wishes are respected, but more likely, you can expect to be made to feel irresponsible. You may receive a telephone call from a doctor who will question your decision and perhaps coerce you into accepting more checks and monitoring. It's not unusual for someone to make appointments for you that you are not even aware of and certainly have not consented to. I don't say this to scare you, but to support you in being well informed.

Ultimately, if you do decide to attend any appointments offered, I recommend that you go feeling well prepared. It is important to write down any questions you may have for the doctor and be clear in what you want to say. After all, you do not have to justify the reasons you want to give birth in a particular way—it's your body and your choice.

Always understand that:

- You can ask as many questions as you want and take as much time as you need to come to a decision.
- You can accept or decline any or all procedures offered.

- Scans performed can be inaccurate when it comes to assessing the size of a baby. A 15–20% margin of error isn't uncommon.
- Different people performing growth checks can get different measurements.
- Glucose tolerance tests are designed to be effective only between 24–28 weeks and are optional.
- A predicted 'big baby' is not a reason to offer an induction of labour.

Sadly, fear kicks in once a pregnant woman and/or her birth partner have been spooked by medical professionals discussing 'potential issues' that imply you are unable to give birth without assistance. It can then become very hard to ignore or go against a doctor's advice. Seeds of doubt can be sown in your mind about the dangers of remaining pregnant, and you no longer trust that your body is keeping your baby safe. You find yourself questioning nature, wondering if your baby actually isn't the perfect size to fit through your pelvis, or whether your placenta might indeed 'fail' at the last hurdle. It seems that doctors no longer trust that babies will come when they are ready. This overmedicalisation of childbirth has led to the preferences of your care provider being paramount. They insist that they are the ones who should choose when and how to end your pregnancy, by pumping you full of artificial hormones to bring labour forward, replacing those hormones you naturally produce

and thereby overriding your body's instincts and your baby's. Before you know it, you are flat on your back on a bed, strapped to a monitor, unable to move or guide your baby out through your pelvis as nature intended. The discomfort caused by these restrictions is more likely to affect your ability to cope, and your options for pain relief begin to feel essential. The hormones that were suppressed during labour because of the drugs are delayed and have to catch up once your baby has arrived. This delay can have a huge impact on the bonding process and milk supply, affecting both you and your baby. There are many other issues that can throw your plans off course, which I will discuss in other chapters, but for now, I want you to know that this book will challenge the need for most interventions and highlight the fact that we need to remember to trust our bodies. My message is that when the body is in charge, very little will go wrong. It's also important that you as the pregnant woman understand that you are capable of deciding for yourself how you want to give birth—and you should be supported in your quest to do so.

Safe Birth

Whilst I recognise that everyone wants a safe birth experience, with a healthy baby born into their waiting arms, there is no reason at all why that can't happen for the vast majority of pregnant women without another person intervening. You are not designed to be meddled with, poked and prodded, attached to machines, and assessed during these

incredibly intense and private moments of your life. You are not meant to be strapped to a bed and surrounded by strangers. Your body prefers a quiet, calm environment, which helps you to relax and soften. In order to stay safe, you must feel safe. Oxytocin, the hormone required to stimulate contractions and help your cervix dilate, will only be produced in abundance if conditions are optimal—similar to the ones we need when making love: warm, dark, private, and quiet. Constant distractions and sounds lead to the production of the hormone adrenaline, which prevents you from relaxing enough to get into the zone. If you understand your hormones (see Chapter 2), you will know that when adrenaline is present, it will reduce or stop the production of oxytocin, leading to slow or no progress and a long and exhausting experience. Safe birth in physiological terms therefore becomes about listening in to your body and following its lead. By feeling well supported and having the ability to relax and let go of any tension or anxious thoughts, you will find it easier to slip into the wisdom your body holds and trust your instincts. This is what makes physiological birth safe. It is a much clearer way for you to know when something might not be going well and, if necessary, you and/or your care providers can then act appropriately.

Nothing Normal about Normal

The chasing of a particular birth outcome, often called a ‘natural’ or ‘normal’ birth, has been spoken of widely in

the media in recent times. The implication in much of the coverage is that anyone who wants to achieve a natural birth could be potentially putting their baby at risk for the sake of an ‘experience.’ I can only imagine how confusing it must feel to be pregnant and hear stories in the news that suggest that you, as the pregnant woman, can cause harm to your baby by wanting to give birth in this particular way—that you should feel selfish or foolish to even expect to have a positive birth. This message is often compounded by your friends, family, colleagues, and anyone else who might share their awful birth stories with you to prove that birth is dangerous or unsafe. Well-meaning loved ones might question the alternative choices you make, because they themselves had a birth that didn’t go well and might wonder aloud why you think yours will be any different. There is also a common perception that since we have come so far with modern medicine, why wouldn’t you want to use all the available drugs to make your birth pain-free and easy. Why won’t you just listen to medical advice? Here is what’s happening: everyone, including friends, family, mainstream media, and to some extent your care providers, are getting confused between a physiological birth and a managed vaginal birth. The two are incomparable. So whilst a baby might be born through the vagina, it is not correct to say that a pregnant woman had a ‘natural birth’ if: she received drugs to stimulate contractions; she ended up lying on her back in restrictive and

very ‘unnatural’ positions; and/or she had her baby pulled out by forceps or ventouse because she was told when and how to push rather than following the natural urges her body would have normally produced. There is nothing normal or natural about any of these situations, but sadly we have begun to see them as such.

Throughout this book, I want to ensure that you fully understand the distinction between physiological and managed birth, because it is important to recognise why, when birth is managed, it is more likely to lead to a cascade of intervention. The end result can be a difficult or traumatic birth, with you being made to feel that any issues were your fault if you ‘didn’t progress well enough’ or you ‘were too tired,’ when in reality the management element of the birth was more likely to have been the cause of any problems. It’s important to learn the differences between physiological and managed birth, so that if you are determined to avoid interventions, you will have the confidence to advocate for yourself when making decisions. It is crucial that if you intend to let your birth unfold in its own way, you are not made to feel that the birth you are planning is dangerous, especially if you decide to go against medical advice. I want to separate the two in your mind so you know why it is no longer accurate to describe anything other than physiological birth as ‘normal,’ and that if you choose this option, you might have to speak up to get the support you need.

Three Ways to Give Birth

Let's look briefly at the three different ways your baby can be born. When you and your partner have a clear understanding of all types of birth, you will be able to make well informed decisions that are personalised for you, both before labour and also on the day itself.

1. Physiological Birth

The term physiological simply means that the body is left to function on its own without interference from modern medicine. When it relates to birth, the term conveys that the process should be untouched, unhurried, and undisturbed. The ingredients for a physiological birth would include many or all of the following:

- Waiting for the baby to be born in its own time
- Not having any methods of induction performed, including a cervical sweep
- Allowing birth to unfold without time constraints
- Adopting instinctive positions and relaxing between contractions
- Eating and drinking regularly
- Avoiding internal assessments (such as vaginal exams), which can trigger the cervix to close down
- Respecting a natural pause if it occurs at any time, but in particular around full dilation

- Waiting for the instinctive urge to push that comes when the baby is ready
- Expulsion of the baby with no guidance
- Allowing the mother to decide when to gather the baby to her
- Transitioning of the baby's blood through the umbilical cord with no pressure to clamp or cut prematurely
- Allowing natural separation of the placenta from the uterine wall

These are the tasks your body is capable of during the birth of your child. Anything that undermines or interferes with this process may alter physiology, and therefore the direction your birth can take. I want you to understand that you can, of course, skip elements of the list above and still achieve a physiological birth, but the points on the list are not equal in their status if you accept an intervention. For example, changing to a recommended position rather than an instinctual one is not quite on the same level as agreeing to a cervical sweep. Both can be classed as interventions, but one is about getting you comfortable, and the other can stimulate contractions before the baby is aligned and ready to be born. Similarly, if you compare birth management methods, choosing gas and air or a TENS machine, which can be accessed in any environment including home, won't have the same detrimental influence on the progress of labour as an epidural, which has to be administered in

a main labour ward, with your baby needing continuous monitoring and you needing a catheter inserted. An epidural has an immediate effect on the physiological process, shutting off pain receptors to the brain and leading to a reduction in oxytocin. The side effects can include a longer labour; your pelvic floor muscles losing their tone; you needing guidance to push; your baby requiring assistance to be born; and a possible delay in bonding with your baby. Of course it's up to you whether to choose to have a cervical sweep or an epidural, but I want you to appreciate that any scenario where the body is meddled with overrides physiology and can change outcomes, often resulting in a longer and/or more difficult experience for you. Lots of new parents are often unsure why their birth didn't go to plan, and this is typically why.

Oxytocin is the key to physiological birth, and knowing the role this hormone plays within your mind and body will help you experience a safe birth without intervention, simply by understanding how to keep it flowing (see Chapter 2). Even if labour is long, with the right hormone production the body will do all it can to encourage the baby into an optimal position and help the birth to be as quick and as easy as possible, assuming there are no unforeseen circumstances—or you change your mind about giving birth physiologically. If at any time you decide you would like an intervention, or you feel a clear indication that one is needed, then you have a wide range of options available

to you with support from your midwife or doctor. This is no longer a physiological birth; it is now a managed birth.

2. Managed Vaginal Birth (Medical or Holistic)

In using the term managed birth, I mean no offence to anyone who might have, or go on to have, a birth that includes interventions, either medical or holistic. However, in order to differentiate between a birth that is physiological and all other births, it is important to share the elements that change physiology, therefore making the birth a managed one.

First, as mentioned previously, anything you do to the body to bring on labour has the potential to change the physiological process that occurs during the later stages of pregnancy. You can, of course, still try your own interventions (holistic) or accept interventions from your care provider (medical), but you will at least be aware that the body may no longer be able to rely on the same instincts, production of hormones, or guidance from both your body and the baby, leading to a potential change in the pattern and timing of the labour you have. Second, once in labour, anything that is suggested to you or done to you physically is an intervention. This includes a quick vaginal examination to check progress or someone instructing you to begin pushing. If your body is not working independently, and you are being poked, prodded, or timed, that is management of the birth process. It's also worth mentioning that when you disturb and break the

natural rhythm of labour, you shut down the mother's ability to feel and listen to her instincts and those of her baby to move in beneficial ways (see Chapter 3).

A managed vaginal birth can include:

Pre-Labour

- Cervical sweeps and any form of induction
- Any holistic therapies that will attempt to bring on labour, including aromatherapy and homeopathy
- Consumption of foods or products that aim to bring on labour, including castor oil
- Inversions and rebozo to encourage the baby into alternate positions

During Labour

- Constant questioning and analysing that disrupts the flow of hormones
- Recommendation of positions that are not instinctive
- Vaginal examinations, which can affect vaginal microbes and dilation
- Continuous fetal monitoring, which is often inaccurate and requires you to be on the bed, as every time you move the monitor falls off
- Purposely breaking the waters around the baby, putting you at risk of infection
- Drugs or fluids given to relieve pain, which affect the body or mind
- Assisted birth techniques such as ventouse, forceps, or episiotomy (a cut to the perineum)

I hold no judgement to anyone who chooses or plans to accept any of these forms of management. I have opted for many of them myself. Once you begin accepting interventions, however, you may experience the need for more. This is known as the ‘cascade of intervention.’

3. Abdominal Birth (Caesarean birth)

Abdominal or caesarean birth is often thought of as the ‘worst case scenario,’ that can happen to you when things go wrong and your plans have gone out of the window. This is not the case for everyone, and many will find the experience incredibly positive. A small percentage of people who are truly scared of vaginal birth, or would prefer to avoid one, will purposely plan an abdominal birth—and some will require one due to a medical concern such as the position of the baby or the location of the placenta.

An abdominal birth can be lifesaving, either for the labouring woman, the baby or both. It is, however, still major abdominal surgery, and the decision to opt for one should not be taken lightly. Consider:

- There is a risk of infection or complications.
- Recovery can be hard and impact your postnatal journey.
- It can have an impact on all future pregnancies.
- It can have a long-term impact on your health.
- It can have a long-term impact on the baby’s health.

There is no doubt that some of you, despite planning for a physiological birth, may go on to choose to accept an

abdominal birth at the end of your pregnancy journey. The reasons will become obvious to you at the time. Here are some recommendations for you in preparation.

1. Where possible have a planned abdominal birth on the day labour begins. Waiting until labour starts on its own means the baby is ready, the lungs are mature, and the right hormones will be released. Your care provider will probably tell you it's not possible, because they want to have a date booked into their diary—but it is. If everyone only had an abdominal birth when the baby was ready, it would make such a big difference to the journey for everyone and for the lifelong health of the baby.
2. In the weeks before birth, sleep with some muslin cloths. Share them with your partner, other children, even pets. These cloths should be exposed to your skin, mouth, and home bacteria. From the moment your baby is born, these cloths can be wrapped around them to ensure they keep warm and help seed their gut with your microbes. If the baby is removed from you for any reason, the cloths will be incredibly beneficial in building their immune system. Explain to your midwife or doctor that if you cannot have skin-to-skin contact with the baby, you want the cloths to be placed on top of any towels or blankets used. This is essential for a baby who is born abdominally, as they miss out on microbes in the vagina, and are exposed to antibiotics which also wipe out any good quality bacteria they have received so far. The effects can be symptoms like thrush,

poor sleep, and skin conditions like eczema. In addition, I recommend you purchase a good quality probiotic for both you and the baby to help replenish any friendly bacteria you may have lost.

3. Write a solid birth plan that outlines what you are prepared to accept during your abdominal birth and what you are not. Just because you are having an operation, it doesn't mean you can't be involved in any decisions during that time. This is particularly important if, for example, you would like skin-to-skin contact with the baby, because babies are often given to the partner while the mother is being sutured. If you feel skin to skin in theatre is important, insist that you always keep the baby with you.

Knowledge is Power

My goal in presenting the five key principles is to help you explore what your philosophies are around birth—to develop your Plan A and then ensure that you are not derailed from your plan as is often the case. The more you learn and understand what your body is capable of, the more in control you will feel on the day your labour arrives. Understanding hormones is crucial, and this book will help you to learn how to work with yours, ensuring that labour conditions are optimal at all times. I want you to hold the power throughout your birth, so you can achieve a positive experience no matter how your baby is born. I am going to help you tune into and trust your inner wisdom to find the

power within yourself. Look at this book as an instruction manual on how to discover that power. First, you will need to identify any fears or doubts stored in your subconscious mind and uncover any uncertainty you might have in your body's ability to give birth easily. I also want you to investigate what the people who will be supporting you believe about both you and the birth process. Do they have any underlying fears they need to work on? It is essential to prepare your birth partner, family, and friends, because the right support is key. You can then have complete control of your birth experience, simply by letting go and trusting in the support around you. Understanding your rights and being clear on the philosophies of the maternity services you are engaging with is also vital, so that you know how and when to advocate for yourself. Your care providers should be respectful of your wishes and help support you to achieve them. Your birth experience shouldn't just be a positive one. It can be so much more, and I want to show you how to make it incredible. One that supports and honours the wisdom that you have within and deepens your trust in your own body and your baby. This trust will enable you to tune into the natural rhythm of your body, without the interruption of any negative thoughts that could reduce or inhibit your levels of oxytocin. These ingredients are the secret to achieving a physiological birth.

THE FIVE PRINCIPLES

Understand your hormones. If you don't get hormones, you won't get birth. Educate yourself about the role of hormones and the physiological processes of the human body.

Trust your instincts. Your intuition is your best superpower; prepare your subconscious mind for belief in your body's ability to give birth, and rid yourself of any doubt.

Prepare your birth partner. Your birth partner can make or break the birth experience. Educate your birth partner about their role in the process.

Know your rights. Hospital policy is not law. Set very clear boundaries about the care you are willing to receive. Practice saying No!

Trust your body. When the body is in charge, very little will go wrong. Let your baby decide when it's ready to be born.

The Five Key Principles

I am honoured to be on this journey with you. I am a big believer in the power that you have and the incredible body that is yours! I am excited to share with you all the tips and tricks that have helped me and so many of my clients achieve their dream birth. In the following chapters, I have outlined the steps that you can take in order to educate and prepare both you and your partner for a physiological birth.

Assuming you and your baby have no health issues, and there is no clear, personalised medical need to intervene in your pregnancy, then you can confidently say 'No,' 'Nope,' 'No, thank you' or 'Not right now' to any medical procedures offered to you. The only thing most interventions do is sabotage your birth experience and cause long-lasting health issues for you and your baby, so be sceptical of advice given to you by a stranger in a white coat who probably hasn't even fully read your notes and has no idea what will happen to you if their recommendations are carried out.

Amelia's Story

From the outset of pregnancy with her first baby, Amelia was labelled 'high risk' due to her BMI, despite being tall. Anyone could see that she was perfectly in proportion, but she ticked a box and was therefore monitored closely. During several hospital visits, a glucose tolerance test (GTT) was offered, which she confidently declined. When I began working with Amelia and her husband, we sat down to discuss her wishes for the birth. She wanted to be given the opportunity to have little or no intervention and was keen to use the birthing pool. In order to be granted permission, Amelia was asked to prove that she could get in and out of the pool without support to show that she was not restricted by her size. It was humiliating for her; anyone with an ounce of common sense could tell that she was fit and perfectly agile. Amelia understood that she needed to be confident in her own ability to achieve her dream birth, because it became obvious to her that her care providers were not. We spoke in detail about how to trust the process of giving birth, and how

her hormones would support her if allowed to flow. In the end, learning about how her body would take over and push her baby out when the time came was a life saver. On the day, Amelia declined every vaginal examination that was offered to her by the midwives who were on shift. Her labour advanced beautifully until she hit a plateau for a few hours, where she continued to produce contractions, but instinctively felt that her progress had not advanced. The midwives caring for her expressed more doubt in her by recommending she transfer out of the pool and up to the main labour ward, not allowing her the time she needed to finish dilating and for her baby to navigate the pelvis. When Amelia declined, and chose to stay where she was, the midwife became very analytical and questioned her sensations: 'Do you feel anything different?' 'Did that feel a bit pushy?' Luckily, Amelia was confident in her body and knew that the time was not right yet, so she never once felt under pressure to perform. When the Fetal Ejection Reflex did kick in, her pushing stage was quick and her baby was born easily and within a short time. If Amelia had not done the work in learning to trust the birthing process, and if her birth partner had not been on board with her choices, the experience might have been very different. In the end, her unwavering confidence in her body, the knowledge that medical intervention was definitely not what she wanted, and the support she was given from her birth team, was everything she needed to succeed in achieving the birth she knew she was capable of.

The information you read throughout these chapters should build on what you are learning about birth in general, and give you the confidence to decide what exactly you want

to achieve and how to put that into action. There is no magic pill or secret; it's as simple as believing in the power of your body. We were built to grow another human being inside us and to give birth without assistance. The more you understand about what your body is going through, the more in control you will feel, even if you have been labelled with so called 'risk factors' as Amelia was. She didn't have greater superpowers than the ones you have.

You can read the remaining chapters of
the book by purchasing your copy of
**The Art of Giving Birth – Five Key
Physiological Principles** on Amazon and
all other online booksellers