

DESIGNING A BIRTH CIRCUIT FOR NORMAL BIRTH

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Before I had my first baby 37 years ago I was a physical education teacher, swimming instructor and outdoor adventure instructor. Since having that first baby I have been passionately involved in the natural/normal physiological birth movement as a birth educator, attendant (doula), counsellor and now author.

But as you will see in this article on designing a 'birth circuit', my take on birth has been influenced by that earlier career.

I'm assuming dear reader that you are a pregnant 'willing' woman—a woman who still has a yearning to work with your body, your baby and the intensity of the normal physiological birth process. Over the past issues of The Natural Parent I have discussed many factors that impact on birth, in this issue I'm getting practical.

You may already be familiar with the idea of using circuit training for your fitness, stamina, sports performance, health and wellbeing. Well as a birth educator and birth attendant I have adapted the circuit idea as a way of setting up a birthing space to facilitate the birthing woman's stamina and boost her pain tolerance.

For women birthing at home there are many options. If birthing in hospital they will need to plan a circuit for home as well as hospital because labouring at home till you are well into established labour before heading to hospital is best for increasing the possibility for normal physiological birth.

Birth Space

Going into hospital labour rooms, I'm always struck by how cold and stark they are. Nothing to distract, to soften, to warm, to please the eye and soothe the feelings; nothing giving either implied or direct messages to move freely, to be spontaneous, to trust the physiological process; nothing to boost oxytocin and endorphin release.

Our birthing rooms are not set up to back you in your quest for normal physiological birth. These rooms are set up for access to medical equipment. They are set up in response to institutional requirements— cleaning, occupational health and safety, standardisation, electronic surveillance and record keeping.

The idea of 'birth space', which includes the physical environment as well as the power dynamics at play within the birth space, has been researched and critiqued by academics around the world. Over the past few years in Australia these ideas have been expressed in the concept of 'Birth Territory', as outlined in the book 'Birth Territory and Midwifery Guardianship'. According to this concept, such medicalised birth rooms are defined as 'surveillance rooms'. A surveillance room, as described by Professor of Midwifery Kathleen Fahy in the book, 'denotes a clinical environment designed to facilitate surveillance of the woman and to optimise the ease and comfort of the staff'.

In contrast to a surveillance room, Birth Territory also describes a 'sanctum' as 'a homely environment designed to optimise the privacy, ease and comfort of the woman, to optimise physiological function and emotional wellbeing'. These sanctum birth spaces have access to all that medical equipment but they're hidden away, not in your face dictating your actions.



Willing women and their support teams need to be on the case about this. They need to create a 'sanctum' within the confines of the standard 'surveillance room'. They need to override institutional and medicalised messages and claim the space for the work of physiological birthing and for building that loving feeling that will 'oxytocinise' the birth space.

They need to protect the space to achieve the privacy necessary for optimising birth hormones and birthing instincts; create an environment that will raise their pain-tolerance levels; support the needed mixture of soothed feelings and physical invigoration. They need to honour the birth space as a personal intimate space, a sacred space that facilitates an inward focus and a woman's ability to be attuned to her baby.

Move the bed, make space for working with your labour—for pacing, rocking, leaning, bouncing and rotating on the ball, creating a burying nest. Dim the lights for spontaneity; add softness, warmth, beauty, positive distractions, familiar things, uplifting things, music to orchestrate the energy—lifting it, settling it, sustaining it, changing it.

Hopefully you can also access nature or a garden to soothe, to distract, to inspire. I'm reminded of the many productive birthing hours I've previously spent with women pacing around the Fitzroy Gardens in Melbourne, when one of our major public hospitals was situated adjacent to this park. Finding a tree to hang off or lean into for support, being distracted by counting possums at night, enjoying the pleasure of wind, sun, moon, stars—all wonderful support for raising pain tolerance.

But I'm also reminded of the more usual situation of women laboring in rooms with no view, let alone any access—even by being able to open a window—to fresh air or outdoors.

Birth Circuit

As well as being mindful of setting up your birth space at home and actively claiming your birth space in hospital, you need to plan specifically for your birth circuit. Your circuit should include a number of labour playthings—mats, cushions, beanbag, physio-ball, water—to support active birthing positions and activities.

Active Birth Positions

The book 'Active Birth' by Janet Balaskas was first published in the 1980's, it inspired birthing women to get up off their backs to actively work with gravity and positions that would enhance the opening of their bodies to actively birth their babies. Now sadly with the prevalence of epidurals so many women are again lying on their backs with their caregivers being the active ones in delivering their baby. But not the willing woman, she is attuned to her body and baby and the active work of birthing.

There are four key elements to all active birth positions –

- i) knees apart to open the pelvis width wise
- ii) slight lean forward to open the pelvic outlet
- iii) use gravity to facilitate downward movement of the baby
- iv) add some moving and grooving of the pelvis to encourage the baby's rotation and to decrease the likelihood of becoming hijacked by your pain instincts.

These four elements can then be incorporated into the following positions and activities. Think about where you can do the following and what you can use at home or in hospital.

Standing positions

Standing and leaning on benches, backs of couches, chairs, mantle-pieces, walls, kitchen tables, your partner or the hospital bed cranked up to the height that is right for you.

Walking, pacing and birth dancing spaces

Like other mammal species, women free to follow their birthing instincts will often pace and circle. They also like to walk, stamp and rhythmically dance out the energy of contractions. So open spaces—large rooms, hallways, corridors, maybe backyards, parks, gardens—for movement are important.

Ideally there will be access to some steps or stairs for diagonal rocking of the pelvis to encourage the baby's downward rotation through the pelvis.

Sitting positions

All sitting positions need to facilitate the forward tilted pelvic posture required for maximum opening to encourage babies into optimal position for birth. So sitting back-to-front and leaning forward on chairs rather than slouching back on couches.

The toilet is a favourite sitting spot for labouring women. It offers privacy and habituated body release, but a time limit is needed, usually no more than 20 minutes or so at a time. This is due to the possibility of congestion on the pelvic floor, which can increase the likelihood of tearing.

Birth stools can be very facilitative especially in the bearing down contractions of second stage, but as with the toilet, long periods on the stool without standing or changing position to relieve any congestion can be problematic.

Physio-balls are brilliant for labouring, circling your pelvis, supporting your legs, but also a word of caution here. You will need to make sure it's the right size for you. Your hips need to be higher than your knees in order to create the pelvic tilt optimal for your baby's position.

Kneeling positions

Kneeling with knees open and leaning forward with some gravity in the position is a fantastically effective position for labouring and birthing. So kneeling on gym or yoga mats for knee comfort and leaning into cushions, bean bags, chairs, partner's laps, the hospital bed set at a low position—whatever you can find that's the right height.

Squatting positions

While squatting is excellent for opening your pelvis, unless you squat easily squatting is generally saved for second stage bearing down contractions and even then generally using a support person to assist in a supported squat. The support person sits on a chair and you squat between their legs hooking your arms over their thighs and facing outwards with your feet flat on the floor. That's important if you don't want to get cramps in your legs, which you don't, believe me there's enough challenges going on without adding another degree of difficulty! Some of the whizz-bang hospital beds can also help facilitate a supported squatting position.

Hanging positions

Maximizing the effect of gravity by hanging (keeping your feet on the floor) can be very helpful. Also hanging or pulling on supports helps to increase pelvic opening and bearing down efforts. So hanging from ropes, swathes of fabric, tops of doors, tree branches, bars on

hospital beds or arms around your partner's neck (your partner needs to lean back onto a wall to protect their back) are all useful.

Burying nests

Like other mammals, birthing women in the throws of an evolutionary regression, will often seek out a burying nest in a dimly lit or dark protected place, where they nestle and nuzzle into something soft yet firm—pillows, cushions, bean bags, their partners chest or smelly armpit.

Water: Shower

Many hospital birth rooms have ensuites with showers that have two shower heads giving the birthing woman heat on her lower abdomen and back. Standing and rocking under the shower or using a floor mat, physio-ball and handrails to pull on, this is so good for raising a birthing woman's pain tolerance.

Home birthers need to check their hot water supply to make sure it can cover both the shower and a birth pool.

Water: Birth pool

Water immersion for labouring (whether the baby is born into the water or not, is a different issue) is so effective at raising the birthing woman's pain tolerance and encouraging her into the driftily internally focussed consciousness needed for normal physiological birth, that no willing woman whether birthing at home or in hospital, should birth without one. It's best not to get into the birth pool until you're well into established labour, around seven centimetres dilated, otherwise the water can slow your contractions. Besides the promise of the birth pool, held out just in front of you till the time is right, is your biggest carrot and protection against the seduction of the epidural.

So there you have plenty of options for setting up a birth circuit for actively working with your labour and birthing your baby.

It's best to do a dress rehearsal at home before your labour begins, so you can make sure the space, heights, number of cushions, etc. are just right. If you are birthing in hospital it's important to be familiar with the room before hand so you can plan your birth circuit. Then when you arrive in labour your support people can quickly set up the space for the active work of birthing. This ensures that you can follow seamlessly, the subtle energetic shifts and signals from your body and baby—nothing should disturb this instinctive flow.

A birthing woman free to follow her birthing instincts will move around the circuit from position to position, internally prompted by the changing pressures of her baby descending—standing, leaning, pacing, kneeling, dancing, nestling, squatting, bearing down, then ecstatic as her beautiful baby slips from her body into her arms.