



ROCKSTAR BIRTH

MAGAZINE



positive
Caesarean
Birth



Helen Carmina
PHOTOGRAPHY

by Shalome
♡

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This is how we take
the fear out of birth:
by honouring
and embracing
all the many
possible variations
that birth encompasses

LAURALYN CURTIS

The birth of *Liam*

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TANYA STRUSBERG

Rockstar Photographer: A huge thank you to our Positive Caesarean Issue Rockstar Photographers, Samantha Squire-Howe, of [Twinkle Star Photography](#) and Helen Carmina [Photography](#). You can read more about them on page 6 and 7.

Graphic Designer: Full credit for the awesomely creative design of the Rockstar Birth Magazine goes to Jacqui Gleeson of [White Deer Graphic Design](#), who turned my concept into breathtaking reality.

THANK YOU TO OUR



SAMANTHA SQUIRE-HOWE
TWINKLE STAR PHOTOGRAPHY

Thank you to Samantha Squire-Howe, of Twinkle Star Photography, for sharing her artwork. Samantha is a mother, doula and professional Maternity, Birth & Newborn Photographer based in Cape Town, South Africa. Samantha is deeply passionate about Birth and thrives on being able to captures beautiful memories of the once in a lifetime moment of birth. The birth of your baby is the most important day of your life - she would love to be there to discreetly capture those profound moments for you to treasure forever.”

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THANK YOU TO OUR



HELEN CARMINA
HELEN CARMINA PHOTOGRAPHY

And a huge thank you to Helen Carmina Photography for providing our breathtaking cover image. This amazing photo of Helen’s friend with her 3-day old babe was seen all over the world and was the inspiration for the Positive Caesarean issue. As the conversation about caesarean births opened up, the photo bought much joy to the millions of women with caesarean birth scars who have felt guilty about how their birth unfolded, or ashamed of their body for failing them.

Not anymore. All birth is birth. All birth is beautiful.

[WEBSITE](#) [FACEBOOK](#) EMAIL: helen@helencarminaphotography.com



A Positive Caesarean Birth

There are four important words that I would like you to remember, Mama: Caesarean Birth IS birth. It doesn't matter whether your babe passed under your pelvic bone or over it. You BIRTHED them. Way to go, you!

There have been some exciting recent developments in caesarean births – woo hoo! As a caesarean mama, you (and your Rockstar partner) can now experience some of the joys that used to be reserved for vaginal births. Known as a natural or gentle caesarean, the Positive Caesarean birth is an intimate mother-focused experience that may involve you:

- ★ watching your baby be born through a transparent or lowered drape
- ★ lifting your baby from your womb (known as a maternal-assisted caesarean)
- ★ experiencing immediate skin-to-skin as your baby is placed on your chest
- ★ seeding your baby with the important bacteria that it would naturally receive through the birth canal

- ★ electing for delayed cord clamping
- ★ holding and bonding with your baby throughout the remainder of your surgery and into the recovery room

How cool is that?!

The Positive Caesarean issue of the Rockstar Birth Magazine is a must-read. With 30-40 percent of babies experiencing a caesarean birth (up to 90 percent in some countries - Brazil, I'm looking at you!), we need to talk about caesareans. All mamas deserve to feel proud and empowered about their birth experience, regardless of how their baby exits the womb. And it's especially important that caesarean mamas are treated like total birthing rockstars, as they hand their birth over to the trusted care of their medical team.

A quick side note before we dive deep – there are several different spellings of caesarean commonly used around the world and they all appear in these pages. When it comes to birth, we're not fussy; we decided to just roll with it.

Big smiles, Shalome xx



The birth of *Abigail*

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There is no single
way to give birth.
There is instead
the birth you have,
the experience
that is
uniquely yours...

TORI AMOS

Twinkle Star
PHOTOGRAPHY



steering
My
Birth Ship
by Carlee

I broached my pre-natal class with slight reserve and trepidation, wary of any negative birthing stories that always seem to arise amidst pregnant women. After discussing my concerns with my husband we decided to be receptive to a positive experience and sit near the door in case we wanted to make a quick getaway.

Surprisingly, I was met with a resounding moment of clarity during the class when the midwife encouraged women to share only positive birthing experiences with other women. Sharing horrendous stories of childbirth only creates fear around the situation and in turn creates pain, she said. This resonated with me on all levels and confirmed that I was ultimately, scarily, the captain of my ship. How I chose to steer my pregnancy journey was left in my hands.

Prior to labour I decided to dismiss all preconceptions of what the experience would be.

In the months before I practiced gentle yoga and meditation, recited daily strengthening affirmationstomy body and attended a hypnotherapy class to learn relaxation and pain management techniques.

Although I had no labour 'plan', my intention was to minimise medical intervention and support my body's natural ability to birth my son.

So the evening my water broke, I stayed at home with family, had a bath, listened to music and mentally prepared myself for the final stages of labour. When I headed to the hospital, it was in a state of excitement and bewilderment that I'm sure all first time mamas feel.

Together, my husband and I faced 34 hours of pre-labour and 2 hours of pushing only to be told that after exhausting all other options, the shape of my pelvis was unsupportive of a vaginal birth and I needed to have an emergency c section.

During the procedure I felt physically removed from the event. I felt a combination of tiredness, anaesthesia and emotional acceptance that despite my best efforts and intentions I was unable to have a natural birth. Lying on the operating table I was forced to re-adjust my mindset and re-align the course of my pregnancy ship.

At the end of the day I just wanted a happy healthy child.

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Whilst this wasn't the birth I would have chosen, it was the one that was chosen for me. How I dealt with it and reflected on it could either be negative or positive. And I chose positive.





Whilst this wasn't the birth I would have chosen, it was the one that was chosen for me. How I dealt with it and reflected on it could either be negative or positive. And I chose positive. Because of the marvellous and supportive team of doctors and practitioners I was able to deliver a child.

As soon as I held Abel everything else became background noise. His face mirrored my own. I was so grateful that this wonderful little boy had chosen Sean and I to help guide the first part of his life journey.

It wasn't until months later that I somewhat purposefully and privately mentally revisited my labour in order to reconcile some of the experiences we had.

As part of the harmonising process, I wrote a letter to my body thanking it for nourishing my child so effortlessly for nine months. For its strength and support when I needed it most, both emotionally and physically. For its ability to regenerate and restore. This birth enabled me to appreciate the wonder that is my body and prioritise self-care. Today my almost nonexistent scar is a symbol of pride and a daily reminder of strength.

When people ask for my story, this is what I now tell them: Trust in yourself. Surround yourself with only positive people. Allow yourself to be receptive to alternative options. Recognise and reward the amazing adaptable nature of your mind and body. We are all warrior women. Band together and celebrate one another's successes. Respect another's choice regardless of whether you agree with their chosen birthing plan. We are all doing the best we can with the information and experience that is given to us.

You control the direction of your ship.



The *Strength* of Birthing Mums

by Moran Liviani





My name is Moran and I am blessed to be a mother to three beautiful girls. I am grateful to be able to work in something I love and am passionate about, and that is birth. I am a Doula, a Stillbirth Doula, HypnoBirthing practitioner, Placenta encapsulation specialist, Birth art mentor and Sacred pregnancy instructor.



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There is a stigma in our society that giving birth naturally enters you into a secret club of strong mamas. Mamas that you look upon with admiration and say 'wow, she went through the pains of childbirth and she did it naturally...she must be so brave!' Yes, these natural mamas birthed their babies without intervention, and with the soaring highs of just their god given bodily hormones to get them through. But does that mean those mothers who opted to have an elective cesarean, or may have agreed to a cesarean in the midst of labour for the sake of their child, are any less strong? Have we really thought this through when putting each other in these individual categories of self worth?

What about cesarean mums... under which category do they fall in society's eyes?

As a Doula I have had the pleasure of guiding mums through this moment of indecision, be it before the birthing day or at their births. Believe me when I say that this is a decision that doesn't come lightly to any mother - to do what they feel is innately right for their body and their baby, to have the birth they need by the cut of a knife.

I can only speak from my own experiences as a mum who's gone through three completely different birthing journeys. I always find it amazing how I (like many women) can recall my birthing experience

years later. I can tell you the minute details from the smell of the room to a single word the midwife uttered. For me, one of my most prominent recollections of my first birth is the way I felt the minute I had my first surge. I was only 24 at the time, and in hindsight not completely connected in mind nor body to the fact that I was becoming a mother. So as the first surges struck me and signalled my labouring body to begin its work, I had a sudden jolt of pure and utter fear. So, I said to my husband with clear determination that I wanted a cesarean!! I wanted it to stop, to just get the baby out and be done with it. My intentions weren't coming from a place of trust, but rather from pure dread and an enormous rush of adrenaline. However, it was what I wanted. My husband did as I asked and requested a cesarean birth. The midwife politely said (and rightly so) that they don't offer cesarean as a method of pain relief. Looking back, I am happy they denied my anxious request. And knowing how that feeling shaped my thoughts on the day, I can now understand mums that have the same anxiety. They just want to have a healthy baby in their arms, regardless of potential costs to their emotional and physical health. Coming from a

Doula, this might sound ridiculous - it sounds as though I am advocating for cesarean births - but what I am advocating for is a woman's choice for what is right for her, based on informed consent, evidence, and most of all her emotional well being.

It takes a lot of courage for a mum to come to the decision to have a surgical birth. It is important to understand why she chooses to birth her baby this way, to bear forth her body for the sake of this little person she hasn't yet met but loves so unconditionally and deeply.

It takes a lot of strength for a mum to sit there alone, as her support person waits behind theatre doors. To lean over a midwife she may have only just met, and have an anaesthetist guide her through the stillness of her spine as her body becomes numb. All this is for the sake of her baby growing inside her, and that moment where she can finally be skin-to-skin with the love of her life.

It takes love and bravery to trust that you are making the right decision to have a cesarean. What we must all remember is that a cesarean is still a birth. It is the birth of your baby, the birth of you

as a new mother, the birth of your new life unfolding with this child who will, for the last time, hear your heartbeat from the inside. So, to cesarean mums: be wise, be educated, and be kind to yourself. Know that you are courageous and you are brave and you are so very

strong. And to mums everywhere: please don't judge, as the footsteps you've walked could have been very different. The paths you've chosen are very personal, but in the end we are all the same.

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The
100-metre
Sprint Birth of
Emilia

by Alexandra

I have always enjoyed physical challenges and love pushing my body to the limits. The idea of riding a mountain bike for multiple days at high altitude thrills me, running for hours on end through difficult terrain and feeling the pain in all my muscles makes me feel alive, and the thought of swimming for more kilometres than some people can run makes me giggle like a child in a lolly shop [well, maybe not quite like this but you get the idea]. So when I found out I was pregnant, and a friend who had recently given birth announced that giving birth was just like an endurance event, I was all up for the challenge. 'Let's see how well my mind and body can cope with this,' I thought. I had heard it all, from the amazing all-empowering home births to the more traumatising accounts of 28-hour-plus labours with excruciating pain and third degree tears. I certainly did not have a romantic view of vaginal births to start with, but I thought that if I approached it like an endurance event by preparing both my mind and body for it, I could, well, nail it, and maybe even cruise through it.

My preparation consisted of meditation, strengthening my core and pelvic floor, pregnancy yoga,

practising breathing techniques and reading lots and lots of positive birth stories. I also remained fairly active – I continued to run up until three days before the baby's birth and went on a multi-day hike of 20+km a day at 30 weeks pregnant.

I envisaged giving birth in low light, accompanied by music, maybe in a birth pool. For a brief moment, I even contemplated a home birth after my husband and I had visited the hospital and gone on a tour around the maternity unit. The hospital environment did not seem relaxing and intimate enough for me. I raised the topic of home birth in the car on the way back home, but after a brief discussion my husband and I agreed that home birthing wasn't for us, despite hearing about the amazing experiences of a friend with two home births.

I thought I was well on track for having my natural, drug-free birth until a scan at 28 weeks showed that my baby girl was in a breech position. "She has plenty of time to flip. Don't worry" is what I kept hearing, but I didn't want to leave my chances completely up to my baby girl who was clearly happy in the position of her choice. So just as methodical as I was with my preparation for my

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But instead of being disappointed, I chose to embrace the twist in the script, go with the flow, utterly surrender and focus on the positives.

blissful, natural, drug-free birth, I embarked on project "Let's spin the baby". For the following few weeks you would find me burning my pinky toes (moxibustion), hanging upside down from a bed with the blood rushing to my head or in all sorts of random positions. I also visited a chiropractor who attempted to "create room for my baby to turn."

I was determined to give it a good go and try everything possible to get the baby to flip, in order to experience the "real thing," actually "giving birth" as opposed to a "lying down on a table and having someone hand over the baby to you" birth. I also wanted my baby to get all the benefits from being born naturally with minimal to no medical interference, the positive bacteria and delayed cord clamping. But my baby didn't turn, so eventually when week 37 of my pregnancy approached, I accepted the reality of what initially felt like a "cop out" birth, more commonly known as a c-section. We could have insisted on a transfer to a different hospital that supported vaginal breech births but we didn't feel comfortable with the idea, and we would have lost our excellent midwife. Also there was only one obstetrician who was qualified to support these births

and he only worked three times a week. So unless my baby girl agreed to coincide her birth with the obstetrician's work schedule, the vaginal birth would not happen in any case.

At my last few appointments in the lead up to my baby girl's birth, my midwife went over what to expect on the day: from order of events to the drugs I would receive, the people and their roles, the layout of the room, the temperature...in fact, every minute detail to the extent that by the time I was rolled into the theatre room, I felt I had experienced several c- sections. Truthfully, this level of detail helped both my partner and I stay calm on the day. Also, in those last few appointments before the caesarean, my midwife and I discussed my original birth plan and tried to incorporate as many elements of a natural birth into our birth procedure as possible. For instance, we wanted delayed cord clamping and skin-to-skin in the theatre room.

We also intended to take a swab to transfer some birth canal/vaginal bacteria to the baby's mouth to help her develop health-protecting microbiome, something that vaginally-born babies benefit from

naturally. This was not a hospital policy but my midwife's personal offer. In the end, I tested positive for group B strep and we couldn't proceed with the plan, however I was grateful to my midwife for trying to enable us to retain some aspects of a natural birth.

My caesarean was scheduled for 23 March 2015, at 9am. On the day we woke up very early, loaded the car with all our bags and drove off to the hospital in the dark. We were both naturally excited and anxious about meeting our baby girl, but I was very calm about the surgery itself because I knew what to expect.

We arrived at the hospital, met my midwife and a student midwife and headed up to my room to fill out forms. The surgeon also came over and discussed the process with us. My midwife related our requests [delayed cord clamping, skin-to-skin etc.] to the surgeon; we packed up some clothes and blankets for the baby and headed downstairs with a baby bassinet. "How surreal," I thought to myself, "In less than an hour the little person who has been inhabiting my belly for the last few months will be lying in there."

Downstairs my husband and I separated and I was whizzed off to a little room in front of the operating theatre [he would be asked to join me in the theatre room once the team was ready to operate] where a theatre nurse wrapped me up in a warm blanket as the anaesthetist inserted a catheter tube into my hand. Once the anaesthetist had left, I enjoyed a few minutes by myself, processing everything that had happened in the morning and preparing myself for what was about to happen. In only a few minutes I would meet my baby girl and my life would never be the same again. I knew I would be a different person when I was wheeled out of the theatre room. I had some flashbacks of my pre-baby life: the travels, the sporting events and hours training for them, the nights out, etc. I began getting more and more excited and being more than ready to embark on this new chapter of my life with a tiny person I would soon embrace and cuddle.

My little moment of reflection was suddenly interrupted by a theatre nurse who said we were ready to go. Just as I snapped out of my daydreaming, I was wheeled through the door of the theatre room. I remember clearly the bright

light and the whiteness of the room. I also remember seeing people... lots of people, in fact. There was an anaesthetist, paediatrician, surgeon, assistant to the surgeon, student doctor, my midwife, a student midwife and some other people whose roles I no longer recall. There was also the same nurse who handed me the blanket who would later sneak over the screen and happily snap away photos as my baby was lifted [we have some great footage thanks to her]. There was a super friendly and caring assistant who held my hand while I received the spinal anaesthetic and spoke to me in a very calm and soft voice. What I remember most about him was that instead of wearing a standard blue theatre hat like everyone else was wearing, he wore an African tribal hat. So not all sterile then, I thought.

Yes, with such a big group of strangers in white coats in a sterile environment, I could have been disappointed not to experience the birth I had imagined. But instead of being disappointed, I chose to embrace the twist in the script, go with the flow, utterly surrender and focus on the positives - I was about to meet my gorgeous little bubba, and I was surrounded by a

supportive team who would make sure that my girl arrived safely and that I was in a happy place.

By the time the team started to operate and my husband joined, I was oblivious to the number of people in the room. I was focused on looking into my husband's eyes and waiting to finally hold our baby. I felt a bit of tucking and pulling around my belly and then suddenly someone said, "that's a cute bum." My heart started pounding. "Come on, show me the baby, show me the baby...is she alright, is she breathing?" was all that was on my mind. Or perhaps I even said that, I don't recall. It must have been one or two minutes at the most but seemed like an eternity before they lifted her over the screen and showed us our beautiful baby girl.

She was taken over to a little table a few metres away from me for a quick check up and my husband joined her. I looked at her from across my bed, heard her scream and saw her move her little legs around. At that stage, I started to feel a little bit nauseous and my vision was blurred. I asked the nurse whether this was normal and she confirmed that it was due to a combination of drugs and

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Yes, I missed out
on a marathon natural birth,
but the 100 metre sprint version
was so easy,
that straight afterwards
my husband caught me saying
"Was that it?
Let's have another one!"

blood loss that caused this. While my baby girl was being examined and my husband cut the umbilical cord, I focused on my breathing and on staying in the moment. Within a matter of a few minutes, my baby girl was put on my chest for our first skin-to-skin contact, and the feeling of nausea disappeared. As I was stitched back up, I looked into her beautiful big eyes, kissed and cuddled her. It truly was an intimate moment, and we might as well have been completely by ourselves, as I have no recollections of anyone being there apart from my baby, my husband and I.

The whole process from being wheeled into the theatre room to being wheeled into recovery with my baby on my chest took only about 30 minutes. I was able to breastfeed her straight away in recovery and we enjoyed some more cuddles before being transferred to our room. We spent only two nights in the hospital because I recovered so well from the surgery and because we were eager to take her home and properly start our life as a family.

My baby girl is now almost eight months old, and if you asked me if I had any regrets regarding her birth, I would say no. Of course, I did not

have the birth that I had originally wanted, but the caesarean was such a positive experience that to date I feel no disappointment. I had a very friendly and supportive team who accommodated our wishes as best as possible. I experienced very little pain after the surgery, and was able to go on careful 3km walks within a matter of a few days. Of course, the lack of mobility on the first day was not ideal, especially when I couldn't pick up my girl. But it had its advantages - my husband had to deal with the first nappy changes, and given that neither of us had ever had to deal with it, it provided some comical scenes!

I started running and riding my bicycle five weeks post surgery, and ran my first 21km race when she was five months old. The most important thing of all though, is that I have a tiny little healthy girl who brightens up every single one of my days. For me, my experience was just perfect. Yes, I missed out on a marathon natural birth, but the 100 metre sprint version was so easy, that straight afterwards my husband caught me saying "Was that it? Let's have another one!"

Cesarean Mothers Give Birth Too

by Hollie de Cruz





Hollie de Cruz is an experienced hypnobirthing practitioner and celebrity birth coach. She is the owner of London Hypnobirthing and founder of YESMUM cards - positive affirmation cards for women and children. She also runs the monthly YESMUM Moon Club in South East London - soulful supper clubs for women, held under each full moon. Hollie has been empowering women in birth and motherhood since 2011 and lives in Dulwich with her husband and son.

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LONDON
HYPNOBIRTHING 
EMPOWERING WOMEN IN BIRTH AND MOTHERHOOD

In 2010 I gave birth. I had planned a candlelit home water birth with my husband and midwife by my side. The reality unfolded amidst a snowstorm, in a brightly lit hospital theatre with ten people around me, uncontrollable shaking, no feeling from the waist down and a scar I still can't really feel. My son's birth was calm, positive, and the most empowering experience of my life.

I read a lot of articles about cesarean birth. As expected, they address the UK's rising cesarean rate and the importance of increasing our VBAC (vaginal birth after cesarean) rate. What I feel is

often lacking though, is a focus on the mother behind the cesarean - the one that gives birth to her baby via major abdominal surgery, and how we can and should value her experiences as much as the next woman's. A cesarean section is not just a statistic, a failed natural birth, or life-saving surgery. It's a baby's birth, and a woman's birth into motherhood. My baby didn't come out of my vagina, but I grew a human and birthed him, and I'm very proud of that. So I feel compelled to share my story with you, and that of other women who have birthed this way. I want to remove some of the

stigma around cesarean birth and empower you to feel positive about your birth experience, regardless of how your baby is born.

Birth is one of those emotive subjects that everyone feels they get an opinion on. If you plan a home birth you're "brave" (you're not brave - you're birthing with people you know in a place you know, like women have done for thousands of years, AND choosing a statistically safer option if you're low-risk, as endorsed by NICE and the NHS); and if you have a cesarean you're allegedly "too posh to use your fanny" (but interestingly, not too posh for the footless stockings and the catheter knocking around your knees in the aftermath). The truth is, the best birth exists in so many forms. Something that saddens me only with the benefit of hindsight is that when I became a hypnobirthing teacher, I was subtly advised to not mention to clients that I'd had a cesarean. I'm writing this as a little nod to all the cesarean mamas out there who at some point have felt ashamed or embarrassed about the way their baby was born - to those of you who feel you've had to explain why your baby's arrival was just as much a birth experience as your mate's vaginal one.

When I started out in my career I went along with what was suggested - insecure that the couples I encountered would think I was less equipped to talk about birth. I cringe as I write that, because now, as a well-seasoned antenatal educator who has worked with hundreds and hundreds of women (and crap, as someone who's grown and birthed a human being), I feel that talking about my birth experience reflects the very nature of what I teach - having the tools to navigate birth, in all of its forms, feeling confident and informed. So here's the thing: I don't care how your baby is born. Home, hospital, epidural, water, meditation, primal roars, squatting, forceps, fast, slow, poo, c-section, planned, unplanned - whatever. I don't care.

I care that you were not scared, that you felt calm and confident, that you educated yourself about birth and were able to make informed choices. I care that you were able to confidently navigate your birth on the day. I care that the benefits, risks and alternatives of all options were always explained to you. I care that you were not rushed or bullied. I care that you were listened to and respected. I care that you felt nurtured and supported through your pregnancy, labour and birth.

“

I am teaching women
to trust their birth partner,
to work in harmony with their baby,
to create the best
birth environment possible
and to ensure they receive
the high level of personal,
woman-centered care they deserve.

I care that you were treated like a mother rather than a patient. I care about your experience, not the way your baby entered the world.

With that in mind, I previously put a shout out on social media for women to tell me what their cesarean felt like. It bothers me that the physical and emotional feelings of a c-section are so easily overshadowed by the fact that it wasn't a natural birth. Who's to say a woman experiences any less during her birth just because it doesn't come out of her vagina? I wanted the voices of all of you incredible cesarean mothers, and I received them in abundance – thank you, thank you, thank you. So then, here's what a cesarean feels like:

Strange, emotional, but painless.

Bizarre, unreal, relaxing.

Conflicted, powerless, strangely detached.

A magic moment.

Helpless, overwhelmed, and proud.

Emergency section – scary, emotional and a shock.

Second elective section – calmer, easier and quicker to get over op and scar.

Three sections: proud, positive births.

Calm, safe, relieved.

Dazed, trusting, amazement!

First, an emergency section: rushed, frightening, brave.

Second, a planned section: interesting, happy, brave.

During both I was amazed by the professionalism and kindness of the medical staff and totally bowled over with love for my baby.

I had twins at 34 weeks. The first arrived naturally. The second was emergency section.

Terrified, hopeful, relieved.

My second section was elective and involved waiting for theatre slot.

Despite what hospital brochure said, no CD player or home comforts:

Nervous, clinical, overjoyed.

A surprisingly intense, joyous, calm experience.

Like someone was having a rummage in an over-full handbag.

Relief. Pure utter relief.

Emotionally like I'd failed at the most natural thing in the world.

The most frightening experience.

I hated my first one, it freaked me out.

Second time I knew what to expect and I used your hypnobirthing techniques – it didn't bother me at all.

Again, thank you so much to all the mamas that shared with me what your cesarean felt like. I love reading your comments and seeing that they are just as fierce, powerful, varied and vulnerable as any other birth experience. And I hope that if you're reading this thinking that cesarean mamas don't give birth, or that all cesareans are the same, it has done something to move you, because you're wrong.

I know that hypnobirthing can carry somewhat of a stigma around the way women should birth. If it's not pocket watches and joss sticks, it's a conjured up image of a woman at home in a pool – eyes closed, with some heavy breathing against the soundtrack of an Enya album. Maybe this birth is a hypnobirth, but so was mine.

Hypnobirthing for me is not about "shoulds," it's about empowerment. Whilst my courses

are generally geared towards natural births, what I'm teaching are tools, not ideals. And part of natural birth is the unexpected twists and turns it can sometimes take. I am teaching women to trust their instincts, ask questions, make informed decisions and follow the lead of their bodies. To trust their birth partner, to work in harmony with their baby, to create the best birth environment possible and to ensure they receive the high level of personal, woman-centered care they deserve. So if you're pregnant and reading this, please don't just wing it – start preparing for the best birth for you. You CAN have a good birth with a bit of commitment and a positive mindset, and that means however your baby enters the world. Give yourself the best possible chance to have an empowering experience by equipping yourself with a big toolbox full of knowledge and techniques that will give you confidence and self belief to use throughout your pregnancy, your birth, and way beyond into the adventure that is motherhood. The birth of your baby stays with you for the rest of your life, and for that to be powerful and positive is genuinely life changing. Believe me.

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I care about your experience,
not the way your baby entered
the world.



“

Although the popularly
desired outcome is
'healthy mother,
healthy baby,'

I think there is room
in that equation for
'happy, non-traumatized,
empowered and elated
mother and baby'

MIDWIFERY TODAY

The birth of *Emanuel*



The Feet-first Birth of Amelia

by Cassie

breathe
birth photography

I had been having contractions on and off for what felt like forever. On Thursday night they started to get close and painful again, I stayed at home and just breathed through them, trying to get a little sleep in between. On Friday morning the contractions were still there, painful and more intense. I knew that this time it was 'time'.

It was time to organise the kids. I asked Tim to take the boys to their mum's house, while my own mum organised for Sarah to look after the girls.

Around midday on Friday I asked Tim to "call the midwife." He didn't know if I was serious or not, as we had joked about it a lot. He rang, our midwife Di said she would meet us at the hospital, and we got in the car to make our trek to the GCUH. On the way I noticed a Delorean [the Back to the Future car] on the highway. I told Tim he had to speed up so I could take a better photo of the car, but he was too concerned about getting me to hospital safely! Pfft – that was an AWESOME car!

We arrived at the hospital and met up with our birth photographer Rana. Di was already in the room setting things up. I loved the GCUH

birthing suite: it was spacious, quiet, and well equipped with everything you could need! Di performed a vaginal exam when we first arrived. I was only 3cm, and Hitchhiker was still bum down.

I went into the pool...oh, my ever best pain relief...and it certainly helped with the increasing contractions. I had my own music playing through the bluetooth speaker – this provided a few laughs with some of my song choices (one being Salt and Pepper's 'Push It'). The lovely Toni [another private midwife from Midwives First] joined us during this time to support Di as I was a Vaginal Breech Birth.

After a while I got out of the pool and went on the birthing ball, but this wasn't as comfortable as what it was when I was at home. I found more comfort on my knees, cuddling into Tim while Di gave me the best back rubs! Even though the pain was incredible, I loved this time listening to music, cuddling into Tim and having a massage. It was just perfect.

Once I was deemed to be in active labour, I had to have monitoring on due to Hitchhiker's breeched position. Thankfully, it was



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Everyone in the operating room was lovely - they explained what was going on as they were doing it, and the atmosphere was calm and peaceful. I wasn't scared.

wireless monitoring, so I was still able to be active and unrestrained. It took a while for Di to find Hitchhiker's heartbeat, as she had moved a bit, but once the monitoring was working it showed Hitchhiker was coping really well.

Di suggested I go sit on the toilet for a bit; I found this position really nice as I was off my knees and supported. Whilst sitting on the toilet my waters broke (cleanest birth ever). In my previous labours, my waters had never broken on their own. That was the most bizarre feeling, such an intense pressure. My contractions were on top of each other at this point.

I was checked again. I was 7cm, but this time there was something wrong, I could see the look in Di's eyes. She asked me to move to the bed so that she could check again, and then told me she could feel feet. Miss Hitchhiker had decided she wanted to walk out. It was time to bring in the big guns: an obstetrician. We knew the obstetrician, Erin - she had previously worked with me. I don't know why but that made me feel a little more at ease. She was lovely! Erin checked me over and confirmed what we already knew, Hitchhiker's feet were down,

I wasn't fully dilated and the safest option was for a cesarean section. It was the most appropriate course of action to take to ensure that Hitchhiker came out safely.

Once the decision was made, everything went so quickly. I signed consent forms, met the anaesthetist, and Tim, Rana and Di all got dressed up in their theatre gear. I was pushed into theatre where I received a spinal (I have had two births without drugs, but I must say the spinal at this point was the best feeling ever!). Everyone in the operating room was lovely - they explained what was going on as they were doing it, and the atmosphere was calm and peaceful. I wasn't scared. Di and Rana were in the room whilst everything was getting prepped, and Tim came in and sat beside me.

It felt like not even a second after Tim joined us that the screen went down and we heard the screams of our perfect little girl!

At 6.07pm Amelia Elizabeth came into the world. She was well enough to have delayed cord clamping. Di brought her to my chest for skin-to-skin and a breastfeed. Tim and Amelia didn't have to leave my side at all for the rest of the stay

at hospital (which was short lived – I was out within 21 hours!).

Amelia was 3.445kgs, 50cm and absolutely perfect!

Even though it wasn't my ideal birth, it was still perfect.

To the people involved...

Tim - you were my rock, I love you. Thank you for looking after me and being totally awesome.

Di - well what can I say... I am so glad I chose you to be my private midwife. I have loved to have you

around through my pregnancy, labour and postnatal care. You have been a tremendous support; I don't think I would have been as strong if it wasn't for you. Thank you. xox

Rana - thank you for the gorgeous photos, your photography is amazing... You have a calming ambiance about you that just puts everyone at ease.

Mum, Sarah and Dan - Thank you for being down here and involved in watching Izzy and Eli. I love you guys. xox





How to have a Positive Caesarean Birth

by Melissa Spilsted



Melissa Spilsted is a Clinical Hypnotherapist [CHt], Childbirth Educator [BE, HPCE] and world leader in hypnobirthing education. She is recognised as a pioneer in 'The Positive Caesarean Birth', having written the world's first program in 2011. As the founder and director of the Hypnobirthing Australia™ and Hypnobubs™ programs, she is kept busy teaching parents and practitioners worldwide. Melissa is married to Stephen and they have three beautiful boys (aged 6, 8 & 10), who were all birthed using gentle hypnosis techniques. You can find further information on The Positive Caesarean Course [here](#) or [here](#). Individual albums are also sold through [iTunes](#).

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[Hypnobubs – The Positive Cesarean Online Course](#)
(available world-wide)

[Hypnobirthing Australia – The Positive Caesarean Birth Course](#)
(with practitioners located throughout Australia)



Last week, this message popped up in my inbox:

“My body is amazing. It grew a precious life, from a tiny cell into a perfect human being... then somehow recovered from major abdominal surgery while producing milk to nurture that life further.” Rhiannon

This message was from a mother who, despite preparing for and dearly

wishing for a natural birth – needed a c-section for the safe delivery of her baby. However, this did not take away from the positive, ecstatic birth experience that she dreamed of having. She felt empowered. And that – is what we call 'The Positive Caesarean Birth'.

Having taught childbirth education for many years; I noticed a complete gap in our system of childbirth education. Mothers who needed

a caesarean birth for their baby often had no further preparation other than a 'tour' of the hospital [which often focused mainly on pain management]. Mothers often felt very scared, unprepared and disempowered leading up to and during their birth as they seemingly had no rights regarding birth preferences, less control and choices than a mother aiming for a natural birth and no coping strategies/tools to help them to stay calm and positive leading up to and during the birth. Birth often became more of a 'medical' event and so a lot of strong emotions [and often fears] emerged at this time.

Birth is such a vulnerable time for a mother [and birth partner]. We just want the absolute best for our baby and will do anything in our power to ensure that they have a safe entrance into this world. Mothers are willing to put our own lives on the line to protect our precious babies. Love and protection drives every decision that we make.

I believe that mothers who require a c-section delivery for their baby absolutely deserve to have the knowledge, support, tools and support to ensure that they give themselves and their baby the best

birth possible with the circumstances they have. It is to their advantage to be well prepared and empowered to make good decisions regarding the birth process.

In 2011 I decided to do something about this. And so, the 'The Positive Caesarean Birth' course was born. I have been very surprised to receive international support and recognition for being a pioneer in this area of birthing – because it always just seemed 'common sense' to me that we would use the same system of preparation for a caesarean birth as we would a natural birth; knowledge, tools, support and preparation. It turned out that 'The Positive Caesarean Birth' course that I wrote was actually a world first!

In my role as a Clinical Hypnotherapist, Childbirth Educator, and director of the Hypnobirthing Australia™ program and Hypnobubs™ Online Course; it stands to reason that I passionately advocate for positive birthing. I believe that birth can and should be a joyful and very positive experience – regardless of how our baby is born.

So what does 'The Positive Caesarean Birth' involve?

Through focusing on these four key areas, parents can prepare themselves for a very positive and empowered birth experience...

Key area of focus # 1 - Knowledge is power

It is important for mothers to feel a degree of control over the circumstances of the birth. If a mother feels disempowered, this can have physiological effects on her body and mind. In addition to this, decisions made during the birth, can have a lifelong effects on the longterm health and wellbeing of both mother and baby.

Build knowledge about the latest research in regards to caesarean birth. You do have the ability to negotiate certain birth preferences such as: a calm atmosphere for birthing, 'walking' the baby out ['natural' or 'gentle' or 'family friendly' caesarean], having the drapes lowered at the time of birthing, delayed cord clamping, immediate skin to skin contact, the opportunity to cultivate your baby's microbiome with mother's bacteria [known as 'seeding']. These and other preferences may be negotiated with supportive caregivers, dependant on your individual circumstances.

"Slowly walking my son's body out, my son was born, the cord cut and cut by my husband and my son was quickly placed on my chest for skin to skin as they stitched me up. He remained there until we were moved to recovery, where he was again left on my chest and began to breastfeed. All of our wishes had been carried out and I was absolutely euphoric, having been given the birth of our dreams. My son was beautiful, calm and perfectly healthy, with an APGAR score of 9, and 9 five minutes later. Melissa, thank you for your non-judgmental and special caesarean preparation. You allowed us the most amazing birth experience." Jessica

Key area of focus # 2 - Choose supportive caregivers

Research your possible birth choices for a more 'family-friendly' caesarean birth and discuss/negotiate these preferences with your caregivers openly. You need to feel supported, heard and respected through your pregnancy and birth. Even though we are living in times whereby some caregivers now support maternal assisted c-sections [where-by the mother, using sterile gloves, actually reaches down and receives her own baby]



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-there still exist many caregivers who baulk at the thought of even 'allowing' immediate skin-to-skin at a caesarean birth. So, you really do need to do your own research and then discuss your preferences with your caregiver as early as possible in your pregnancy; to ensure you have the most suitable support team on board.

Also make sure that your birth partner/companion understands and is supportive of your birth preferences. They also need to have the knowledge and tools to be able to encourage and support you through pregnancy and birth. The last thing you need during the birth, is a birth partner who is anxious and transferring that stress on to you! They can play such a pivotal role in helping you to stay calm and relaxed during the birth... if they know how to.

Key area of focus # 3 – Your toolkit

Let's face it – a caesarean section is major abdominal surgery. It is very natural for mothers to feel fear or anxiety leading up to the birth within these circumstances. However, know that there are relaxation tools that you can utilise to reduce your stress levels; and this can absolutely benefit both mother and baby (and

even the birth partner and caregivers present]!

We are all familiar with the effect that tension can have on our body and mind. After a very difficult day, for example, you may become aware of physical indicators of stress such as a sore neck or shoulders, a headache, grinding teeth, or a churning stomach. Whenever we have a thought, there is a corresponding physiological change in our body. If a woman is stressed and tense leading up to and during her caesarean birth, this will have an effect on her mind, body and her baby. Similarly, when we are fearful and scared, the 'fight or flight' response is triggered and blood is redirected to our defence systems. If this happens in a birthing woman, oxygenated blood is directed away from her uterus and therefore, her baby.

Worry / fear / negativity vs. happy / allowing / positivity. You can choose the mindset that you want to have in the lead up to and during your birth...and then maintain it. Some tools used to reinforce a positive approach and mindset is to use tools such as affirmations, visualisation, self-hypnosis (hypno-therapy) and relaxation.

Hypnotherapy can assist a mother to release fears and reservations, thus reducing and/or eliminating stress and tension. It also serves as a shortcut to the subconscious mind (which holds our beliefs, values, habits, memories etc.). If you want to change your mindset and gain more control of your thoughts, self-hypnosis would have to be one of the effective means of doing so. Oh, and by the way, there are no swinging pendulums involved... it is actually just a very normal state that we are already in several times a day. When we learn how to harness the power of self-hypnosis to bring ourselves into a very calm state, at will... we are giving ourselves that extra advantage when faced with potentially stressful situations such as surgery and childbirth.

During hypnosis, the body relaxes and thoughts become more focused. Hypnosis lowers blood pressure and heart rate and changes certain types of brainwave activity. With these deep relaxation techniques, mothers can be more relaxed when receiving spinal or epidural anaesthesia and awake and calm throughout the birthing process. In this relaxed state, mothers are highly responsive to

suggestions from their birth partner. In the time leading up to the birth, partners can learn techniques to 'condition' the mother with 'anchors' [where the mother instantly relaxes to a particular type of touch], trigger words/phrases, and other hypnosis scripts/visualisations. These can then be used pre-surgery, during the birth, and afterwards.

I have witnessed mothers completely shifting their focus during a caesarean birth; enabling them to fully experience all the intense feelings of the miraculous moment and immediately bonding with their baby at birth. I find that these techniques result in babies who are very calm and alert from birth. It makes sense that a gentler birth is sure to have a positive effect on the newborn. A positive birth experience also sets mothers up well for parenthood. There is much debate surrounding this issue, but many experts suggest there is a strong correlation between traumatic birth experiences and postnatal depression.

Breathing and relaxation techniques can also be of great benefit after surgery to assist with recovery. Many mothers who have used the affirmations, breathing

and self-hypnosis techniques have reported a need for less pain relief after the birth than usual.

Key area of focus # 4 – Preparation, preparation, preparation

Just as an athlete prepares for a major event; so too, do mothers preparing for a Positive Caesarean Birth. We condition both the mind and body, so that both are in optimal form, for birth. It is imperative that mothers have a nutritionally balanced diet, regular exercise (subject to medical advice) and nurture their mind with positive thoughts leading up to and during the birth. This requires repetition and dedication – though from my experience, this is never a problem. Mothers want the absolute best for their baby and are willing to put in the effort to give their baby every possible advantage at the start of life.

Mothers can create their own method of preparation (using the tools outlined above in combination with the acquisition of knowledge and supportive care); and they also have the option of attending 'The Positive Caesarean Birth' course face-to-face through a qualified Hypnobirthing Australia Practitioner or online via the Hypnobubs Positive

Cesarean Birth course (available worldwide).

Birth is the end result of a very complex process: the birthing mother has already done most of the hard work involved in creating a new life—months of growing limbs, organs, eyes, even hair follicles. Actual birth is 'the icing on the cake'. **Birth is a miracle and can be transformational, and every woman is entitled to have a beautiful, calm birth experience as she meets her precious baby for the first time – it is our birth-right!**

I believe that when armed with knowledge, good support, tools and preparation – families can have a more positive and empowering birthing experience, whether their baby is born vaginally or via caesarean.

It is my dear wish that more women and parents will have the opportunity to experience just how beautiful and transformational the birth of their baby can be; making it an experience they will never want to forget!

I think that the words of one of the first mothers who completed the program, Elizabeth, sums it up perfectly when she says...

“When I picture the ‘perfect birth’ I have to admit I still don’t imagine an operating theatre. What I do imagine is low lights, quiet voices, respectful and trusted medical staff and support people, my husbands arms wrapped lovingly around me, my baby being gently welcomed into

the world in an atmosphere of joy and love. I imagine feeling strong and calm and fearless. I feel so very blessed that I have experienced such a birth. I feel so very blessed that I found extraordinary joy from a place I least expected to find it.”

Now that is a Positive Caesarean Birth!



It is important for mothers to feel a degree of control over the circumstances of the birth.



Then he Crowned...

by Krystle



I had always known that I would be having a Caesarean section; my family has a history of weakened pelvic floor muscles, with not very pleasant results after vaginal birth. I had done my research, however I was still terrified that something would go wrong or something would happen to my baby.

Sitting in the waiting room, covered in a warm blanket and wearing a gown, booties and a hairnet, I was very nervous. My husband Dan and mother Kathy sat by my side, keeping me calm while worrying just as much themselves. I left my family to be prepared; they put the cannula in my hand and wheeled me into the delivery room.

My husband was there, waiting, with a gown over his clothes, a hairnet over his hair and a little badge saying "Dan the Dad." The nurses helped me get onto the table and into position for the spinal tap. I was expecting the worst,...I mean, it was a needle into my spine! But it wasn't so. I felt a pinch, lay back on the table and felt my lower half going numb. I could still move my legs, which was a funny feeling because I couldn't really feel them. They then tested to make sure I couldn't feel pain. My doctor had put me at ease

throughout my entire pregnancy; this day was no different.

The doctor, nurses and midwives spoke to me and explained everything that was happening. They told me that I would feel a lot of pulling and tugging, but there would be no pain. They were right. One very lovely nurse even offered to take photos of the birth for us, and for this I will be forever grateful – she got some of my favourite photos of all time. All the while my husband was nervously playing with a strap on the surgical table. He was enjoying watching them prepare all the instruments.

It was at about this point that I started to feel a bit nauseas, which I had been told beforehand was normal. When that feeling passed I looked around the room and found a shiny surface on the work light. I could see them opening me up for my son to be born! There was nothing much happening for a while until I heard "here comes the head." I was so excited! When his head was clear he let out a crow (there is no other way to describe it) and I burst into tears! My baby was here, he was real and he was safe. A second or two later he was born entirely, they quickly showed us our baby boy's

backside (to show he was a boy) and whisked him off to clean him up and check him over. They allowed time for the cord blood to finish pumping before they cut it, then they allowed Dan to 'cut' the cord by making it shorter. I was still lying on the table waiting for my first hold, keeping in mind that all this was happening in seconds rather than minutes (it felt like hours).

Then they gave him to me... but I couldn't hold him! In Dan's nervousness he had strapped my right arm to the table! We all had a bit of a laugh and I finally got my cuddle. I was happier in that one moment than I had ever been in my entire life.

While they sewed me up, Dan and the midwife took our baby boy, Matty, to the recovery room. It was only about 15 minutes before I got to hold him again; he was placed on my chest and immediately latched

on. Words couldn't express the feeling in my heart or the proud look on my husband's face.

We were then wheeled away to our room where my mother was waiting to see her very first grandbaby. Five days later we were on our way home to begin a very new journey as a family.

My healing process was rather fast, I followed all the instructions and didn't push myself. There were some limitations that I didn't mind at all, such as laundry and carrying heavy things. The transition into becoming a parent was sweetened even more by having my Mum staying with us for the first two weeks of our son's life. That time will be treasured forever.

I loved my CS birth, it was the most emotional day that I could never have prepared for.

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My baby was here, he was real
and he was safe.



A Gentle *Caesarean* Birth

by Rachel



Rachel is a UK-mentored Doula offering optional birth photography for families in the Midlands, England.

Rachel's first child was born in 2012 by crash emergency caesarean, which left her with postnatal depression and post traumatic stress disorder. Her second birth was a gentle caesarean after caesarean (CBAC) experience, which has really helped her healing.

[WEBSITE](#) [FACEBOOK](#)

My contractions started on a Wednesday night whilst out for a meal. Having studied a hypnobirthing programme, I embraced the surges and was happily relaxing my way through them. They continued irregularly for three days. I attended triage at Peterborough City Hospital for a routine monitor, and was advised a growth scan would be wise to ensure all was OK in there. The scan showed that I was carrying a dangerously low level of amniotic fluid, which could compromise flow from the placenta. A caesarean was offered, which of course I really didn't want. I'd worked so hard towards my VBAC and immediately felt like it was all falling apart.

I needed fresh air, and having

been presented with the pros and cons, I chatted them through with my husband and doula. After a few tears and a weigh up of all the facts, I made the choice to divert my VBAC journey.

I enjoyed my walk back to the ward with a smile on my face and a real sense of calm. It was a last resort, but "mummy instinct" had kicked in and I knew in my heart it was the right thing to do. [As it turned out, the cord had a tight "true knot" in it so we were all glad we'd chosen this path in the end!]

I made a few requests. I didn't want a screen up, I watched the whole operation. My husband was lucky enough to stand next to the surgeon and observe. I had

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Whilst he will be my last baby, and I'll always be curious to know what it feels like to birth naturally, oddly, I don't feel robbed anymore



immediate skin-to-skin and delayed cord clamping, so we got a very gentle and slow birth that was just incredible.

By pure luck, the surgeon was actually my consultant, which was fabulous. We played music, he allowed my doula in as well as my husband...it was just amazing!! He knew I'd suffered with PND and PTSD after the first caesarean, so he pulled out all of the stops to give me the best start possible.

I managed to establish a huge and consuming bond with my son, along with breastfeeding – beautiful things I never got last time.

Whilst he will be my last baby, and I'll always be curious to know what it feels like to birth naturally, oddly, I don't feel robbed anymore. I got to experience that rush of mother-baby love that I never thought I'd get to feel. My amazing consultant, husband, doula & midwifery team helped me achieve this. I made an informed decision and I don't regret a single thing. It was beautiful.

I hope more women can experience this and be healed, not scarred, by a "caesarean birth after caesarean."

Rachel has kindly shared her birth plan here:

Preferences for Caesarean Birth Before the birth:

- ★ I would like all options of pain relief and anaesthesia explained to me, with alternatives, in full. I wish to avoid drugs that make me drowsy. I do not wish any drugs to be administered without my full consent and understanding.
- ★ I wish to meet my surgeons and anaesthetist prior to the operation.
- ★ I would prefer to walk to the theatre instead of being wheeled on the bed.

During the delivery of our baby:

- ★ We would like the theatre to be as quiet as possible during the actual time of delivery.
- ★ Please do not cut the cord until it has ceased pulsating.
- ★ My partner would like to cut the cord.
- ★ Please do not discard my placenta without showing and explaining it to me.
- ★ I would like my husband to remain with me throughout the entire procedure.

- ★ We would like to have a commentary of what is happening up to and including the birth.
- ★ I do not want the curtain up blocking my way at all. Especially for the time of birth. Please assist me in lifting my head up to watch the birth once the head is located.
- ★ I would like our baby lifted unwashed and straight on to my chest once born for immediate skin-to-skin contact. Please do not hurry this time with our new baby.

Special Care:

- ★ Should our baby need extra attention, please consult us fully before taking him away.

- ★ Should I need any transfusions, you have my consent to do so. Should I need life saving surgery following the caesarean please consult with my husband, he is fully informed of my wishes.

Post Delivery:

- ★ Again, I wish to have pain relief and their effects explained to me.
- ★ I wish to establish breastfeeding, however if this is painful after the operation I will bring formula to supplement until I am ready. Please do not pursue the issue with me at this time.
- ★ We would like to wash and dress our new baby ourselves.





The Natural CAESAREAN

Photos of Emma's maternal-assisted caesarean shared by her
Rockstar Mama Kylie and [Eastside Midwives](#)

by Lindsey Middlemiss



My name is Lindsey and I'm a Doula based in Newbury, offering antenatal, birth and postnatal support, including breastfeeding support, across much of Berkshire, Hampshire, Oxfordshire and Wiltshire.

My passion is helping women and families to have better pregnancy, labour, birth and postnatal experiences. Birth matters. How we experience becoming parents matters. Being happy with our choices, and having those choices supported, matters.

As a Doula I offer support in a very non-judgemental way and from a non-medical standpoint. I won't advise you, but I can support you to find the information you need to make the right decisions for you and your family.

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The term "Natural Caesarean" sounds like an oxymoron... how can a caesarean birth be "natural"? But this increasingly popular technique tries to make a caesarean birth more like a natural birth.

I researched the topic for my own information this year and have since written a document on the natural caesarean for Doula UK doulas. I've become quite passionate about promoting the technique as an option for caesarean birth. Whilst I definitely agree that caesarean birth rates are too high in the UK, and I'm all for promoting natural

vaginal birth, caesarean births will always be a part of the birth spectrum. Given that, it would be good if more women and families facing a caesarean birth had more options and if, wherever possible, the potential negative impacts of caesarean birth on babies, mothers and families could be minimised.

SO, WHAT IS A NATURAL CAESAREAN?

The natural caesarean - also called the gentle, woman-centred or family-centred caesarean - method seeks to maximize parental connection with the birth, limit

the negative effects of caesarean section on the baby and provide a less potentially traumatic and more family-centred way of performing caesarean section.

This way of performing caesarean sections was pioneered by the Division of Maternity at Queen Charlotte's and Chelsea Hospital, London. Since the publication of a paper explaining the technique in 2008 [Smith, Plat and Fisk, 2008] and the subsequent online distribution of a video showing the technique [Reelflowtv, 2011], the natural caesarean method has been adopted by obstetricians and hospitals worldwide.

Key points of the natural caesarean method include:

- ★ the parents watching the birth of their child as active participants
- ★ slow delivery with physiological autoresuscitation
- ★ delayed cord-clamping, either between delivery of the head and complete delivery of the baby, or in addition to this
- ★ transfer of the baby directly onto the mother's chest for early skin-to-skin contact in theatre.

The technique lends itself to caesarean births in which there is no

immediate rush. This could be either elective [planned] caesarean births, or emergency caesarean births where there isn't a life-threatening emergency where minutes matter [for example, if there is a medical complication that means a caesarean birth is required, but where mother and baby's health is stabilised for now]. However, many of its elements can be used even in emergency situations, and natural caesareans have been performed in real emergencies.

[Watch this 12-minute video of The Natural Caesarean: A Woman-Centred Technique](#)



HOW DOES THE NATURAL CAESAREAN TECHNIQUE ACTUALLY WORK?

PREPARATION

Antenatally:

- ★ The parents are shown videos of 'natural' caesareans to educate them about the technique.

- ★ Where possible, the woman (and her partner) meet the midwife and obstetrician preoperatively and are shown the operating theatre to render the environment less intimidating.
- ★ The parents are encouraged to bring their own music.

In theatre:

- ★ The pulse oximeter is positioned on the mother's foot to keep her hands free.
- ★ The electrocardiogram (ECG) leads are positioned away from her anterior chest wall where the baby will be placed.
- ★ The anaesthetic block aims to permit pain-free surgery without requiring supplementation (which may obtund the woman's responses). It should not affect the upper limbs needed to hold her baby nor cause haemodynamic instability with its potential for light-headedness, nausea or vomiting.
- ★ The intravenous line is placed in the nondominant arm.
- ★ Once the block is sited, one of the woman's arms is freed from her clothing to facilitate skin-to-skin contact.

- ★ Cardiotocography is continued until skin preparation to confirm fetal wellbeing.

DELIVERY: WALKING THE BABY OUT

- ★ The protocol for natural caesarean used by Queen Charlotte's Hospital [Smith et al, 2008] suggests that surgery starts with the screen up, and with sterile routines observed as usual. After uterine incision, the drape is then lowered. Alternatively the drape could be dispensed with.
- ★ After uterine incision, the head of the table is also raised to enable the mother to watch the birth.
- ★ As the fetal head enters the abdominal incision, the operative field is cleaned of blood and the partner is invited to stand to observe the birth. A member of the surgical team or the mother's birth partner can provide a commentary of what is happening for the mother if/when she is unable to see clearly.
- ★ The principle for the surgeon is then hands-off, as the baby autoresuscitates: breathing air through its mouth and nose while its trunk, still in utero, remains attached to the placental circulation. This delay of a few

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The use of the natural caesarean method automatically enables a delay of up to around 3 minutes between delivery of the head and the baby starting to breathe independently, and delivery of the body and then clamping & cutting of the umbilical cord.



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The natural caesarean – also called the gentle, woman-centred or family-centred caesarean – method seeks to maximize parental connection with the birth, limit the negative effects of caesarean section on the baby and provide a less potentially traumatic and more family-centred way of performing caesarean section.



minutes allows pressure from the uterus and maternal soft tissues to expel lung liquid, mimicking what happens during vaginal delivery.

- ★ The half-delivered fetus frequently cries but if not, the obstetrician observes its breathing, colour, tone and movement to indicate wellbeing.
- ★ Once crying, the baby's shoulders are eased out, and the baby then frequently delivers his/her own arms with an expansive gesture. Concurrently, the baby's torso tamponades (plugs) the uterine incision, minimising bleeding.

DELAYED CORD CLAMPING

The use of the natural caesarean method automatically enables a delay of up to around 3 minutes between delivery of the head and the baby starting to breathe independently, and delivery of the body and then clamping & cutting of the umbilical cord. This delay wouldn't be considered delayed cord clamping in a vaginal birth, and it is a natural part of a normal [not instrumental] vaginal birth, but this is still an improvement over the more typical [fast] caesarean birth.

- ★ Once the baby is finally 'born' and wellbeing again confirmed,

the anaesthetist/anaesthetic assistant clears the mother's clothing from her chest, and the midwife positions him/herself at the top of the table beside the mother's head.

- ★ The operating table should be levelled from the preoperative lateral tilt.
- ★ The protocol for natural caesarean used by Queen Charlotte's Hospital [Smith et al, 2008] suggests clamping the cord immediately after the complete delivery of the baby, before the [still scrubbed] midwife receives the baby directly from the surgeon to prevent contamination.
- ★ Further delay in cord clamping can be achieved without contamination by either:
 - The baby being passed from the surgeon to the [still scrubbed] midwife after delivery – without clamping and cutting of the umbilical cord – and the midwife holding the baby within the parents' view while the cord remains attached to the placenta. The cord is then clamped, after a delay, within view of the parents.

- The baby being delivered onto the woman's stomach, thigh or between her legs, wrapped in a warmed towel and kept there for a delay [of at least 2 minutes for a term baby that appears well] before cord clamping [Southern West Midlands NHS Newborn Network 2011, Hutchon and Ononeze 2006].
- NB: With either technique, the woman should be warned not to reach out for her baby, as this risks touching the obstetrician.
- While the cord is intact, the baby should not be lifted more than 10 cm above the uterus [RCOG, 2009] and should ideally be kept below the level of the placenta [Southern West Midlands NHS Newborn Network 2011].

EARLY SKIN-TO-SKIN CONTACT

- ★ After the cord is clamped and cut,

the baby is immediately laid prone between the mother's breasts by the midwife, positioned so that he/she can begin to suckle.

- ★ After a plastic clamp is applied, the partner can cut the remaining cord if he or she wishes.
- ★ The baby can then be dried with a warmed towel [patted dry if parents request that the vernix is not removed] and kept warm with fresh towels and bubble wrap.
- ★ The screen can then be restored.
- ★ The midwife remains near the head end to monitor the baby and reassure the parents.
- ★ Most midwifery tasks [AGPAR scores, labelling, etc] can be accomplished with the baby on the mother's chest.
- ★ When the surgery is finished and the mother is being transferred to a bed, the baby can be weighed before being given to the partner for skin-to-skin, and then returned to the mother for further skin-to-skin contact.

DISCUSSION OF EVIDENCE

There is no real quantitative evidence about the efficacy and safety of the natural caesarean

protocol as compared to more usual caesarean protocols. However, there is evidence and evidence-based guidance relating to specific aspects of the natural caesarean technique.

The NICE Guidance on Caesarean section [NICE 2011] states that "women's preferences for the birth, such as music playing in theatre, lowering the screen to see the baby born, or silence so that the mother's voice is the first the baby hears, should be accommodated where possible."

DELIVERY: WALKING THE BABY OUT

- ★ The NICE Guidance on Caesarean section [NICE 2011] recommends that medical staff take into account the condition of the woman and the unborn baby when making decisions about rapid delivery, and that they should remember that rapid delivery may be harmful in certain circumstances.
- ★ There is significant evidence that neonatal respiratory complications are more common after elective caesarean than vaginal delivery, in which retained lung liquid is implicated, as is the lack of catecholamine and cortisol surge associated with vaginal birth [Smith, Plaat and Fisk 2008]. Whilst there is yet no quantitative evidence of this, pausing the delivery of the baby, after the delivery of the head, to allow physiological expulsion of lung liquid like at vaginal delivery may facilitate respiratory adaptation.

DELAYED CORD CLAMPING

Much of the evidence surrounding the effects of delaying cord clamping is from trials and reviews considering vaginal births. However, the potential benefits of delayed cord clamping for the infant in any birth can be extrapolated from this.

- ★ A Cochrane review [Rabe et al 2012] of the evidence on the timing of umbilical cord clamping with preterm birth found that delaying cord clamping for at least 30

seconds was associated with fewer infants requiring transfusions for anaemia, less intraventricular haemorrhage and lower risk for necrotising enterocolitis compared with immediate clamping.

- ★ Another Cochrane review [McDonald and Middleton 2008] of the evidence surrounding the effect of timing of umbilical cord clamping with term infants on maternal and neonatal outcomes concluded that delayed cord clamping does not affect maternal outcomes. It concluded further that it is important to weigh the growing evidence that delayed cord clamping confers improved iron status in infants up to six months after birth, with a possible additional risk of jaundice that requires phototherapy.
- ★ A randomised controlled trial [Andersson et al 2011] looking at the effect of delayed [at least 180 seconds after birth] versus immediate [less than 10 seconds after birth] umbilical cord clamping in 400 full-term infants found that delayed cord clamping, compared with early clamping, resulted in improved iron status and reduced prevalence of iron deficiency at 4 months of age, and reduced prevalence of neonatal anaemia, without demonstrable adverse effects.
- ★ The Royal College of Midwives [RCM] has updated its third stage of labour guidelines [RCM 2012] to be clearly supportive of a delay in umbilical cord clamping.

One complication of caesarean section over vaginal delivery when considering delayed cord clamping is that a physiological third stage is not possible with a caesarean section. Use of uterotonic drugs to facilitate the removal of the placenta is routine, and it used to be accepted that the use of uterotonic drugs meant that immediate cord clamping was required in order to prevent excessive placental transfusion. However, this is no longer clear:

- ★ Mercer and Eriskson-Owens [2012] stated that uterotonics are not contraindicated with delayed cord clamping.

- ★ The Royal College of Obstetricians and Gynaecologists (RCOG) Scientific Impact Paper 'Clamping of the umbilical cord and placental transfusion' (RCOG, 2009) states that the use of a prophylactic uterotonic drug does not significantly alter the volume of placental transfusion and that neither intramuscular oxytocin nor intramuscular Syntometrine, given with delivery of the anterior shoulder, is likely to have a substantive effect on placental transfusion.
- ★ The Royal College of Midwives guidelines for the Third Stage of Labour (RCM 2012) now state that "delayed cord clamping is currently the recommended practice". Although the guidelines do not specifically state a delay suitable when using oxytocic drugs, discussion prior to the publication of the guideline [Midwives 2012] emphasized that the change in guidance [from not recommending delayed cord clamping] would have an effect, not on physiological birth [when no oxytocic drugs are used], but if active management [including oxytocic drugs] is used in the third stage.
- ★ The Southern West Midlands NHS Newborn Network Guideline on Delayed Umbilical Cord Clamping [Southern West Midlands NHS Newborn Network 2011] states that "delayed cord clamping does not interfere with the management of the third stage of labour, nor operative delivery."

EARLY SKIN-TO-SKIN CONTACT

- ★ Randomised trials demonstrate that early skin-to-skin contact increases the rate and duration of breastfeeding, reduces infant crying and improves maternal affection [Smith, Plaat and Fisk 2008].
- ★ The NICE Guidance on Caesarean section [NICE 2011] states that "early skin-to-skin contact between the woman and her baby should be encouraged and facilitated because it improves maternal perceptions of the infant, mothering skills, maternal behaviour, and breastfeeding outcomes,

and reduces infant crying."

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The birth of *Logan*

“

It does a man good
to see his lady being
brave while she
has his baby...
It inspires him

INA MAY GASKIN

The
Beautiful
+ HAPPY
+ Lucky
Birth
of Connor
by Tegan



Starting at my laptop screen, I've currently have four opening paragraphs for this story, but none of them jump out at me as good enough to use. I'm lying in bed listening to my partner, Jarryd, snoring beside me, our two dogs also gently snoring and dreaming at the foot of the bed, and our beautiful, happy, lucky, and incredibly loved son sleeping peacefully in his cot.

I say "beautiful," because he is.

I say "happy" because he is – for the most part.

I say "lucky and incredibly loved," because he is.

Connor was born via an emergency C-section due to a cord prolapse, and realistically he is lucky to be here.

At 13 days overdue with my first child, you'd think I would have been extremely uncomfortable, but I wasn't. I didn't have back pain, I didn't get pressure on my pelvis, and I could still sleep comfortably. The only issue I had was feeling like a whale, waddling like a penguin and pissing like a racehorse – every 10 minutes! Connor was still sitting high and was showing no signs of coming out any time soon.

At my 41-week check-up, I was

booked in for induction the following week. Mum had been over from Tasmania already for a couple of weeks, and Dad had just arrived, so it was quite good timing, really.

On Monday 18th May I was told to come into the hospital at 3pm and they would get me started. What if it worked so quickly that Jarryd couldn't get to the hospital in time? I was petrified of giving birth without him.

I was all packed. I had my hospital bag, baby bag, pillow, teddy (I needed something to cuddle seeing as my partner wasn't able to stay the night!), dressing gown, and my tablet full of Grey's Anatomy episodes to keep me entertained for the night. I had so much stuff, I felt like I was moving in!!

I had left my parents and my mother in law back at home doing a final clean of the house. Dad would cook dinner for them and Jarryd when he returned from the hospital later that day.

I was dreading being induced!

My dad and I had a massive fight the previous night over toasted sandwiches and if he made them correctly (trust me, there is a correct way!). It was because I was so stressed – I was actually surprised

“
I can't push
the cord out
of the way.
I can't take
my hand out.”



Connor didn't make his appearance then! I was on edge, and I hated it. Before we left home that afternoon, Jarryd tried to hug me because he could see I was stressing and I snapped at him to leave me alone – I didn't want to be touched. I couldn't be touched. I was fighting back tears of fear.

I knew that if mum saw my cry, that would be it. Her little girl, going in to pop out her first grandchild! Living in Tassie, she wasn't around like either of us would have liked during my pregnancy. It was hard, and she already felt guilty enough. So I knew I couldn't let her see me cry.

As soon as we rounded the first corner the waterworks came. I was ok; I just needed to let out my emotions. After a little cry I was back to smiling and laughing and being shit scared.

We were FINALLY - after 9 and a half long months – going to be parents!

Jarryd and I arrived at the hospital and got checked in. I was set up on my bed for the night: I fluffed my pillow nicely, got my teddy out and just laid down and tried to relax as much as I could. The doctors came around and took the girl in the bed next to me away,

and then it was my turn.

This was it, no turning back now.

It's real.

It's happening.

Oh shit.

Fingers were gelled up and legs were spread.

“Good news – you're around 3cm dilated. No balloon catheter for you.” Ummm...what? That was NOT what we were expecting to hear!

Because I had started to dilate, they would let nature take its course, until 7am the next morning when they would break my waters if nothing happened naturally. They gave me the option of staying the night, or going home and returning first thing. Staying there meant I could watch Grey's Anatomy in peace and not get up early. But it also meant I would miss out on a comfortable night sleep, in my own bed, in the arms of the man I loved. I chose to go home.

The next morning we returned promptly at 7am. Deja vu – except this time mum was with us. Once we had arrived, the staff wasted no time. Within minutes I was out of my clothes, and sporting a very sexy, gigantic, open-backed hospital gown. The only thought I

had running through my head was wishing I HAD decided to shave my legs and pubes. FML.

I peed. Then peed again. Stupid nervous peeing.

Dr. Sam arrived to put an IV line in my arm. I hate needles, so I looked away. I felt something warm running down my hand...I figured he injected warm saline or something into the line. Turns out it was blood! As soon as he had put it in, my hand shot out blood, there was a nice pool of it on the bed and floor from my hand. It was warm and gross.

My Midwife Caitlin arrived. She had been at a majority of my appointments, so as soon as I saw her face I felt instantly relaxed. My best friend arrived to say hi and good luck, and assured me she would be waiting outside.

More toilet trips.

Dr. Sam checked how far along I was – still only 3cm. Then he disappeared and came back with Dr. Ronnie. “Is it ok if I have a feel?” Sure, the more the merrier, everyone else has seen my legs spread wide, what's one more? Dr Ronnie said she could feel the head. SHE CAN FEEL THE HEAD! MY BABY HAS A HEAD! She was going to try to break my waters. No turning back

now, Tegan.

I thought my waters had already broken around a week prior. To the point where we went to the hospital to get checked, just in case. When Dr. Ronnie broke my waters at 7:50am, the amount of liquid that came out was horrifying – even while doing a controlled release! I realised then that whatever had happened a week ago was nothing compared to the torrent gushing out of me. It was warm, and I was lying in it. I was lying in it. Gross.

“I can't push the cord out of the way. I can't take my hand out.” Those little words set everyone into motion. The four hospital staff in the room when my waters were ruptured multiplied by ten. People came from everywhere.

Meanwhile, Caitlin was explaining to me that Dr. Ronnie was holding Connor's head in place inside me, as the umbilical cord was in the way. If he came down, he would squash the cord and cut off his supply. I needed an emergency C-section to get him out. Now.

This was really shit. This was NOT how I had imagined the birth of my first child would be. I was told to turn onto all fours. Someone taped my earrings up. I didn't have

time to be scared. I was in shock I suppose. Dr. Ronnie had jumped on the hospital bed with me, and had settled her hand back inside me, pushing my sons head so he didn't kill himself. A sheet was draped over Dr. Ronnie and I (I was later told that it looked like I was giving birth to an adult, as all you could see was me on all fours and adult feet sticking out the other end).

As my bed was wheeled out of the room, I managed to get a peek at the faces of three people who love me dearly. Poor Jarryd was white as a sheet, my mum was crying and trying to hide it, and my best friend was trying to comfort mum. Then I was in a room full of people, terrified and alone.

On the trip to the operating room, I made jokes, because that's what I do. No better way to start your day being whisked off to surgery, arse up! The anaesthetist told me they would do a general when we entered the elevator. I liked her. We exited the elevator, and she told me they would do an epidural. She was off the Christmas card list.

In the operating room, I asked everyone there if they wanted me to move myself to the table because I would be too heavy to lift. They

laughed at me and told me to "relax" – yeah, right. Dr. Ronnie jumped off the bed, and was ready to move to the table – her hand still inside me.

I was shitting myself. I didn't want a C-section. I was sure I was going to end up paralysed from the epidural, and I sure as hell didn't want to listen to them talk as they cut me open – what if something went wrong, and I could hear it?

The second anaesthetist was nice. His name was Chris. He made me relaxed, complemented me on my flexibility while being the size of a whale, and didn't paralyse me. He will get a Christmas card.

Then it was on. I felt some pressure, then relief as the epidural kicked in. Jarryd materialised out of nowhere, and was looking ravishing in his hospital scrubs. He didn't let go of my hand the whole time, and rolled his eyes when I kept making inappropriate jokes about the situation. I also yelled at him when he tried to sneak a peek at my insides. Just, no.

Then Connor was here.

The reality that I was pregnant: feeling the kicks, the hiccups, the somersaults. The being that had lived inside me for many months –





he was here. He was safe. He was perfect.

Jarryd went to Connor, to our son.

He put his first beanie on his tiny head. He cut the umbilical cord that had provided all the nutrients needed to grow into this flawless person. I was crying because I could hear him crying. He was real. Not just an idea any more. Not just a weird thing inside me. He was actually here.

I always wanted Jarryd to have the first hold. I had already held our son for nine months – it was his turn. He carefully carried our precious boy over to me so I could meet him. Aside from having my nose – the poor kid! – he was divine. I couldn't stop staring. He was here. We made him. He was perfect. He was ours. I was dying to get a better look at him, one that wasn't upside down. But that would need to wait until I was in the recovery ward.

Connor Riley Carmody was born at 8:23am, only half an hour after having my waters broken, and weighing in nice and healthy at just under 4.1kg.

We had a rough start – we were kept in hospital for six days due to Connor having an infection, then we were back in hospital two weeks later due to another infection. But now Connor is happy and healthy, already on the move, commando crawling everywhere, and brings so much happiness, laughter, and love into our lives on a daily basis.

We didn't plan to get pregnant. Jarryd and I had barely started our relationship. But I am so thankful for the most precious gift we have and wouldn't change anything for the world.

Connor may have been well and truly unplanned, but he is certainly not unwanted.

“

I always wanted Jarryd to have the first hold. I had already held our son for nine months – it was his turn.



THREE
TRUTHS
about
C-section
Mamas

by Monet Moutrie



In 2013, Monet Moutrie and Kelsey Gossett launched Cord - a safe space to share Colorado pregnancy, birth, and motherhood journeys. Cord aims to encourage, inform, and connect women as they travel down the road of pregnancy, parenthood, and life.

Monet is also the birth photographer behind [Monet Nicole - Birthing Stories](#) [Facebook].

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As a birth photographer, I'm asked to capture some of the most important stories of a family's life. I step into their birthing space and document the small and big moments that unfold. I tell the story of their son or daughter's entrance into the world. The struggles, the fears, the pain, the joy.

These stories are beautiful stories.

But in the birth world, I see a certain type of birth held up as ideal, and in my work I capture many that would fit the standard. The fictional "first place trophy of childbirth" always seems to go to the un-medicated vaginal births where

mom and partner are active and unhindered by doctors or nurses. Just last night, I read an amazing birth story where mom, unintentionally, gave birth at home in her bathtub. Her husband caught the baby because no one else was there. They sat at home on their couch and soaked in all the newborn goodness. It was a great birth story...and I'm sure it will get passed around again and again.

I had the honor of photographing this gorgeous cesarean birth - not the plan, [she was hoping for a VBAC] but beautiful, powerful - and redemptive, in its own right.

Many of you probably read about the amazing footling breech

birth I photographed in February. Mom was being prepped for an emergency c-section when she felt such a strong urge to push that her daughter came out, feet first, while she was on the operating table. Again, another amazing birth story that inspired countless women to hold onto their birthing goals.

But lately, I've been thinking about the unsung birth heroes. I've been thinking about the birth stories that don't necessarily receive all the thumbs up and high fives and Facebook shares. I'm thinking about the cesarean section stories and the brave women who birth their children with such strength and beauty.

And so, I encourage us to take a step back and celebrate these three truths about c-section mamas:

1. C-Section mamas are brave.

Being prepped for a c-section is not a walk through the park. Many times, a mother's partner is not allowed in the O.R. until after the epidural has been administered and everyone has "taken their place." This means that while doctors and nurses move about, readying the operating room for delivery [maybe talking about their lunch or what movie they saw over the weekend] a strong pregnant

mama sits on a cold operating table considering what lies before her - often scared and often feeling very alone.

And in these moments, a c-section mama must hold onto the strong and fierce love she has for her baby. She lets fear wash over her...and then she lets it drift away. She knows that in this moment, this is what is best for her child, even though "what's best" means a major surgery with real wounds and scars. Even though "what's best" means letting go of a dream or a vision of birth that she's been building up for the last nine months.

If you haven't had a c-section before, I encourage you to let the stark reality of this moment settle in your mind - put yourself in her place, on that table, waiting, possibly fearful. When you do, I think you'll quickly realize how brave c-section mamas are.

2. C-Section mamas are strong.

There aren't many mothers who will say that a c-section was what they had first envisioned when they thought about giving birth. A c-section is a medical necessity in the best of situations; in the worst cases, it can be due to the outdated

practices of a doctor or his/her desire for convenience.

Some c-section mamas have weeks to mentally prepare for a change in their plans, but many only have days, hours, or minutes. Suddenly, everything she envisioned about meeting her child has changed. Her birth plan has been thrown out the window. Surgery lies before her. She doesn't know how long she'll have to wait after birth before she holds her baby in her arms.

We humans don't tend to do well in situations of sudden change. And yet c-section mamas find a way to let go of their pride and connect with an inner-strength that allows them to enter the O.R. and give birth to their child.

And then the actual surgery happens. The actual cutting and suturing. Full recovery often takes months. And while most of us would like to curl up with a bowl of ice cream and a stack of movies after a major surgery, c-section mamas do just the opposite. They nurture and love and bond with their needy, beautiful babies.

Emotionally and physically, these women are SO strong. And

this strength isn't just necessary on delivery day; this strength must endure in the weeks and months and years ahead - as their bodies and souls heal, crafting new dreams with their little ones in their arms.

3. C-Section mamas are beautiful.

Becoming a mother leaves all of us with scars. Some of them are emotional, some of them are physical. C-section mamas often have both. And yet their scars are powerful reminders of the strength and bravery they possessed when bringing their children into the world. These scars were the door their children passed through as they left one world for the next.

I'm captivated by how different each scar is - the texture, the length, the placement. Just as each scar is unique, so is each c-section birth story. I'm captivated by how these scars change over time - how they fade, how they grow, how they heal. These scars are beautiful and something worth celebrating. Instead of covering our c-section mamas with shame, we need to encourage them to show their scars of strength and bravery to the world.

“
These scars are
beautiful
and something
worth celebrating.”



From
Homebirth
to
Caesarean

6 Things that Made a
Difficult Situation Better

by Shannon



Shannon Schultz is a Melbourne based mother, wife, doula and therapist specialising in relationships and sexuality. She loves to let all the different parts of each person speak, and be integrated into the whole.

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I'm a big believer in a woman's natural ability to birth, and have had many passionate conversations advocating 'normal physiological childbirth.' So it took a lot to come to terms with the situation that I found myself in – needing a Caesarean after planning a home birth.

My baby was breech and not descending, so after four days in prelabour, we accepted what others probably knew for a long time – we were going into theatre.

So this is for any parents out there looking at a similar circumstance – the factors that helped me cope with such a drastic shift away from my birth hopes, plans and beliefs.

No really, now it's necessary:

Knowing that the Caesarean was the safest and only option for us made it easier to agree to. Our breechy baby only had half of her bottom in contact with my cervix, so I was unable to open my body for birth. I'd been having irregular contractions for four days and three nights and had spent that time trying to induce labour naturally, but to no avail.

Private Midwife, there all the way:

Having our independent midwife there the whole time was really helpful. She was able to talk me through what would happen several times before we went into theatre. This helped me become emotionally prepared for surgery, which felt so foreign to me. And it is pretty strange – going into surgery, being awake for it, having twenty people buzzing around in order to birth a baby – not

at all what I imagined. My midwife was able to hold me during the administration of the anaesthetic and attended to my husband and I in theatre. This was rare; I have heard that most hospitals won't readily allow it. Overall her presence smoothed the whole process for us phenomenally, she was our champion and translator of hospitalness in a loving, jovial way.

Talking to my body:

I was aware that I did, on some level, fear surgery – it certainly wasn't what I wanted. But I didn't want to subliminally create a situation where my body rejected the surgery or became sick from it. So I took a leaf out of my therapy experience and provided my body with some energetic preparation of what was about to happen.

I took a long moment to 'tune in' to my body before going into theatre. I gently explained to it that the surgery was not a punishment, or failing. I expressed huge amounts of gratitude to my body for doing everything perfectly, making the baby and starting to prepare for birth, it just needed help to complete the process because the baby wasn't in an optimal position to come out on its own.

For what it's worth, I had no negative reaction to the operation.

Bacteria seeding:

We did what I'd call a 'backyard swab', and it was one of the most powerful things that we could do to make the C-section a healthy entry to the world for our daughter.

The idea came from the film MicroBirth, where researchers experiment with giving Caesarean-delivered babies a swab of the mother's vaginal bacteria to seed the baby's gut flora at birth, as would happen naturally in vaginal birth.

We did it like this: The theatre staff gave me the gown to change into. When they came to collect me, my husband and I went into the bathroom for a moment. He used one hand to collect the 'swab' of bacteria on his hand, protecting it by keeping his hand closed in a fist until the baby was out and on my chest in theatre. As soon as we had her, he wiped his hand gently all over the baby's face, mouth and eyes. No wiping it off. Job done! She had meconium smears on her face for a day, a little symbol of her parents' trust in Mother Nature and the importance of the natural process.

Out of all the things, I'm most glad we did this because I feel like it was powerful affirmative action for her long-term health.

The power of 'No' in the face of protocol:

My husband fetched our daughter off the resuscitation table before the theatre staff could wrap her. Everyone was stunned as this was against theatre protocol. He held her on my chest. My midwife had already loosened the strings on my gown so the baby could rest on my skin.

We managed to keep skin-to-skin contact unbroken for days because we were lucky enough to have a room where my husband could sleep next to me, so while I slept, our baby slept on him, skin-to-skin.

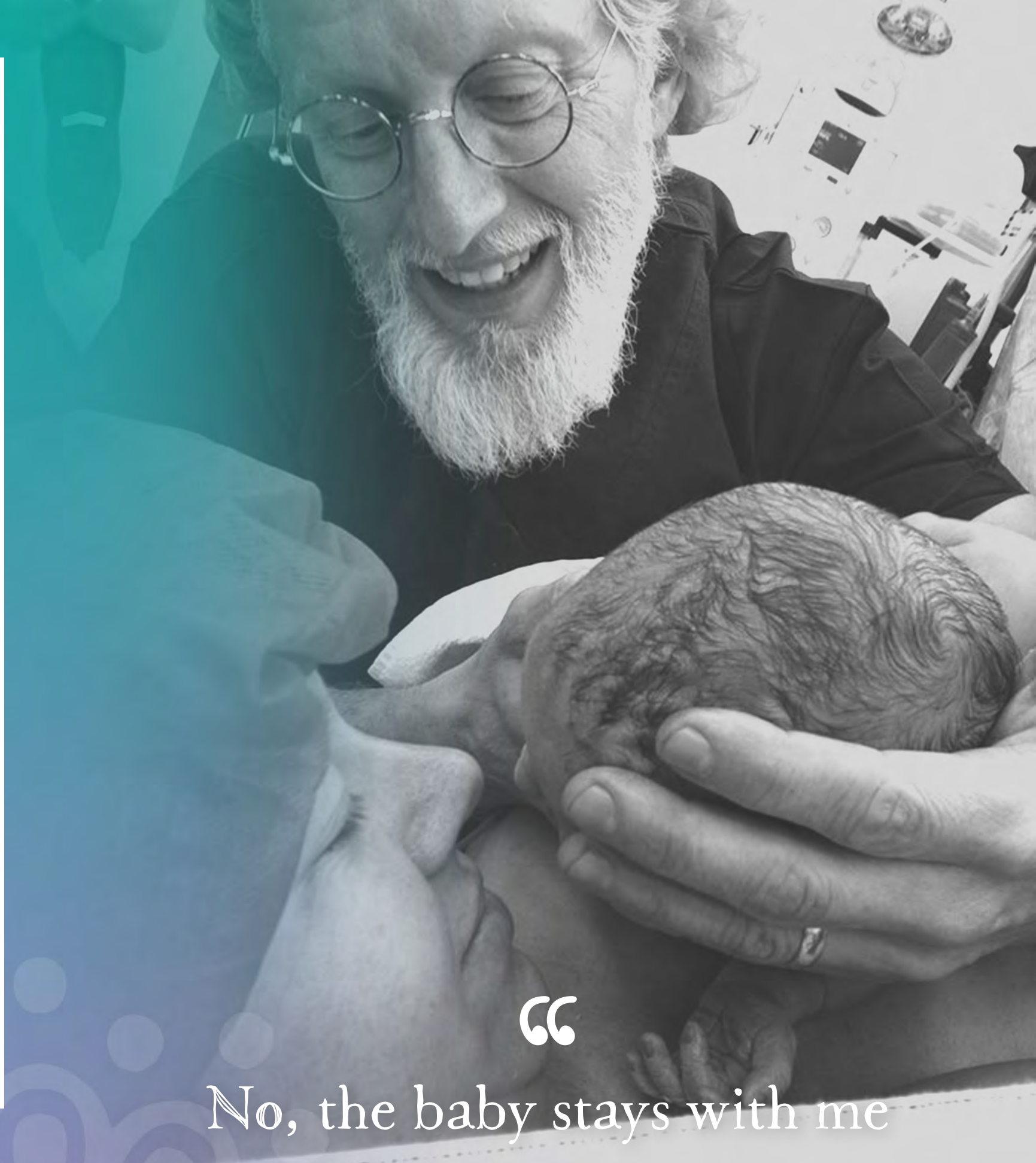
There was a pivotal moment after birth when the theatre staff needed to transfer me off the operating table onto the rolling bed. They all said that the baby had to be taken off me at that point, because they were scared the baby would fall on the floor. Even though the midwife had prepared me many times for this moment, I still needed to be cued that it was my job to say:

"No, the baby stays with me." I had to say it four times before the staff obliged me, against their training.

We are Family:

So, it really is a six week recovery period. Six weeks of minimal [MINIMAL] energy, minimal movement, minimal capacity...luckily I had a family support team of super stars: my ever-loving hubby and my super generous mother cooking, cleaning, baby jiggling, changing, feeding me, empathising, doing everything. Plus a meal tree, which was like a gift from Bounty itself.

Ten months on and our little baby is happy, healthy, and thriving, and we couldn't be happier. It was true for us what people told us: 'Once the baby arrives, the means of birth becomes much less important,' and getting on with loving her was so easy to do! Over the months I've grieved for the birth I didn't have. But overall I've come away feeling much more positive about, and appreciative of, the wonders of modern western medicine. And the fact that the Caesarean was safe, available and funded made me feel very lucky to live here in Australia, where we do still have a few options for birth.



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No, the baby stays with me



Your Pathway to a Successful VBAC

by Tanya Strusberg



[WEBSITE](#)
[FACEBOOK](#)

Tanya Strusberg is a Lamaze Certified Childbirth Educator and founder of birthwell birthright, an independent childbirth education practice based in Melbourne. In 2015, Tanya was inducted as an FACCE [Fellow of the Academy of Certified Childbirth Educators] in recognition of her significant contribution to childbirth education. Through her internationally accredited Lamaze Educator Training program, she is very excited to be training a new generation of Australian Lamaze educators.

Last, but absolutely not least, she is also the mum of two beautiful children, her son Liev and daughter Amalia.

Wanting to rock your VBAC? Know the facts, do your homework and check out our Top Tips to give you the best possible chance of achieving a successful VBAC.

GATHER YOUR SUPPORT TEAM AND CHOOSE THE RIGHT MODEL OF CARE.

One of the most important things [if not THE most important thing] you can do to work towards VBAC success is to surround yourself with a team of people who support you. That includes your professional care providers, partner and family.

Your partner and family need to be on board. If they are not on your side, it's going to be very tough for you emotionally to get through the pregnancy, let alone the labour, without their support. Often, any lack of partner-support is really their fear exposing itself. They also need to know the facts, so ensure that you pass on current, evidence-based research to them too.

The next person you are going to need is a **doula** or **birth attendant**. When the going gets tough, you're going to want more than ice chips. You're going to want a damn good doula.

You need to decide what kind of model of maternity care suits you best. Generally speaking, you will increase your chances of VBAC success by being cared for by a private, independent midwife or an obstetrician known for supporting VBACs.

CHOOSE WHERE YOU ARE GOING TO GIVE BIRTH VERY, VERY CAREFULLY.

In terms of priority, right after **who** you birth with, **where** you birth is going to be the next most important thing that you need to consider. If you are planning a hospital birth, are you going public or private? Have you investigated their VBAC and Caesarean rates? If you are going to a private hospital, then you need to research the VBAC and Caesarean rates of your doctor, not so much the hospital itself.

ARM YOURSELF WITH THE LATEST EVIDENCE-BASED RESEARCH SO YOU CAN SEPARATE MYTH FROM FACT.

Women planning a VBAC may face opposition: from their care provider, from their hospital, their partner, family and friends. They will likely be told horror stories and scary statistics about uterine rupture and told that their decision to VBAC is risky and selfish. It's important to

know that there is a lot of excellent, highly scientific, evidence-based information out there that you can freely access. Do your homework.

Be proactive and work out how to separate fear-mongering from facts. At the end of this article is a list of great resources for you.

MAKE SURE YOU'VE DEALT WITH YOUR LAST BIRTH.

There is no easy or polite way to say this – you need to sort out the shit in your head that has lingered since your last birth, especially if it was traumatic. I guarantee that you will carry that baggage forward into your next pregnancy and it WILL impact on your ability to labour and birth naturally. Seek out a perinatal psychologist or counsellor who specialises in birth trauma.

ATTEND A CHILDBIRTH CLASS OR REFRESHER COURSE, IDEALLY ONE THAT FOCUSES ON VBAC.

Even if you went along to a childbirth class the first time, you can never be too prepared or learn too much about birth. Remember too, that each pregnancy is unique [as is every baby] and you and your partner will definitely benefit from attending a good course, especially if it has a VBAC focus. Going to a class is also

a wonderful way for you to get back into the headspace of labour and birth – which can be particularly hard once you've had a baby and your whole world is revolving around caring for your other child/ren.

FIND YOUR TRIBE.

I am a big believer in surrounding yourself with like-minded people who will understand and support you. There are some fantastic online support groups and organisations, as well as face-to-face gatherings. Search online and seek out those people in your area. Their collective power and positive energy can be extremely healing and an incredible source of support.

WRITE A BIRTH PLAN FOR A VAGINAL BIRTH AND ONE FOR A REPEAT CAESAREAN.

Of course your focus is (and should be) on having a normal, physiological vaginal birth. Spend some time developing and writing your birth plan. Work on it with your doula as well as your primary medical care provider (midwife or obstetrician).

Don't spring it on people when you arrive at the hospital in labour. Ideally, your birth plan should be a part of your medical records so that the hospital staff (if you are having

a hospital birth), are well aware in advance of your wishes and preferences.

Keep it short and sweet and to the point. No more than one single-sided A4 sheet of paper. Make several copies so you can give one to each midwife who comes on shift during your labour. Stick a copy to the wall of the birthing suite as well [it's a good reminder for you too!].

You may not like this – but make a Plan B – a repeat Caesarean birth plan too. Chances are pretty high that you didn't have much say in how your Caesarean section went the first time around. That's probably because you never thought you'd end up having one. So much of the trauma that women experience is precisely because they are unprepared – emotionally and psychologically – and many women have no idea what is even involved in a Caesarean surgery, let alone recovering from one.

If a repeat Caesarean is medically necessary, then you can take back your power and ensure that you have a hell of a lot more say the second time around. Google “family-centred Caesarean” or “woman-centred Caesarean” to find some excellent ideas and resources on

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You may not like this –
but make a Plan B –
a repeat Cæsarean
birth plan too.



how to ensure that your Caesarean birth is a positive and empowering experience. That might seem hard to believe – but it is possible. Scroll to the end of this article, as I have included some great links.

SURROUND YOURSELF WITH POSITIVE AND EMPOWERING MESSAGES AND IMAGES OF BIRTH.

It's pretty much impossible these days to avoid scary, anxiety-inducing messages and images about birth. Between Dr. Google, social media, reality television and our well intentioned, but often ill-informed family and friends, it is no wonder that most women hurtle towards childbirth in an advanced state of panic. The short answer is, if the information you are accessing is not contributing to your own philosophy of birth [i.e. it's a normal, physiological event], then stay the hell away from it! Instead, seek out empowering birth stories, watch amazing birth videos, immerse yourself in the birth wisdom of writers like Ina May Gaskin, Penny Simkin, Henci Goer, Sheila Kitzinger, Sarah Buckley, Janet Balaskas, Rhea Dempsey and Katrina Zaslavsky.

TAKE CARE OF YOU.

Yes **you**, mama. Remember her? I know how hard it is to look after

and pamper yourself when you are forever chasing after a little person, juggling work or home life (or all three!) But self-care is not optional; it is essential. Even if it is just once a week [hopefully it's more than that], but if you can only grab an hour, once a week which is exclusively YOU time, then you must do it. Go for a walk, go to the gym or a prenatal exercise class, treat yourself to a mani and pedi, get a massage, catch up with a friend for some girly time, go to the movies on your own! Whatever you choose to do, just make sure you do it. Your body and soul will thank you for it.

BELIEVE IN YOU.

It's normal to have those moments of utter negativity and self-doubt. This isn't helped if it seems that no one is on your side or supporting you. Learn to switch off that negative inner-voice. Surround yourself with positive, affirming messages and people who are barracking for you all the way. Read those beautiful VBAC birth stories, get a virtual hug from your online communities of women who understand what you're going through. Share your fears with your counsellor or therapist.

The support is out there. You just need to know where to find it.

VBAC Resources [many of the resources listed below are for Australia, but there are undoubtedly local equivalents in your area].

How to find a Doula

<http://findadoula.com.au/>
<http://www.birthattendants.info/>
<http://www.dialadoula.com.au/index.html>
<http://www.australiandoulacollege.com.au/>
<http://www.birthingwisdom.com.au/birthing-services/birth-support/birth-support-network/>

Evidence-based VBAC Information

The VBAC Education Project
<http://www.icea.org/index.php?q=content/vbac-education-project>
Childbirth Connection – VBAC or Repeat Caesarean?
<http://www.childbirthconnection.org/article.asp?ClickedLink=293&ck=10212&area=27>
Lamaze International – A Woman’s Guide to VBAC
<http://givingbirthwithconfidence.org/2-2/a-womans-guide-to-vbac/>
VBAC – Yes! It’s an Option [Lamaze infographic]
<http://www.lamaze.org/blog/vbac>
VBAC Facts
<http://vbacfacts.com>
ICAN – International Caesarean Awareness Network
<http://www.ican-online.org/>
What every woman needs to know about Caesarean Section [Childbirth Connection]
<https://www.childbirthconnection.org/pdfs/>

[cesareanbooklet.pdf](#)
So you want to have a VBAC? Here is where to start.

<http://www.momslive.com/2013/11/so-you-want-to-have-a-vbac-here-is-where-to-start/>

Royal College of Obstetricians and Gynaecologists [RCOG] – updated guidelines for birth after previous Caesarean [October 2015]

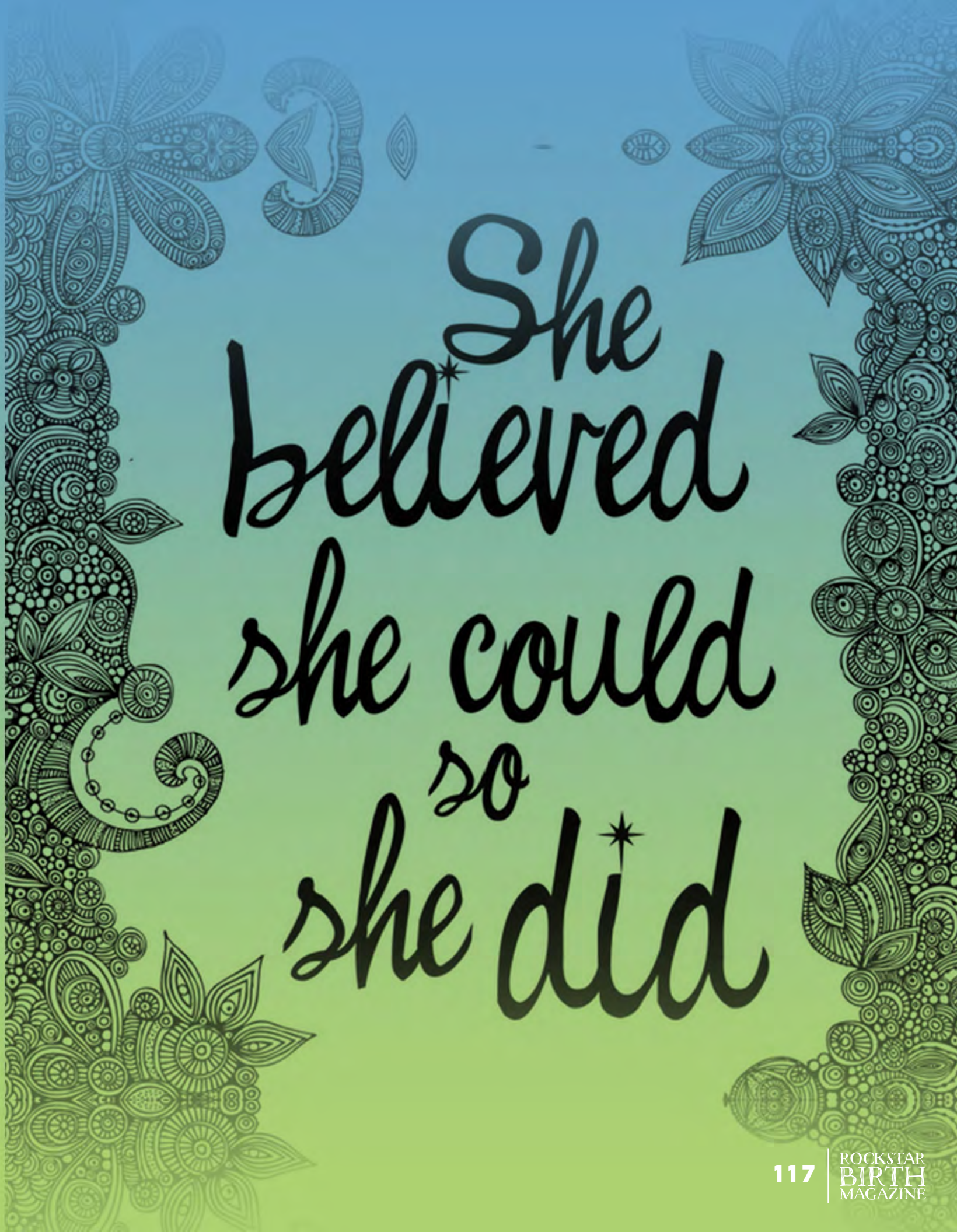
<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45/>

Australian Resources

CANA – Caesarean Awareness Network Australia
www.canaustralia.net
Birthrites – Healing After Caesarean
www.birthrites.org
Birth Goddess VBAC Support
<http://www.birthgoddess.com.au/category/birth-articles/vbac-support/>
Maternity Choices Australia fact sheet
http://www.maternitycoalition.org.au/uploads/1/5/1/4/15149676/infosheet_vbac.pdf

Family or Woman-Centred Caesarean Information

A Woman-Centred Caesarean [excellent YouTube video]
How to create a Caesarean birth plan
Caesarean Section Support Australia [Facebook group]
The Natural Caesarean [great article]
Information on Maternal Assisted Caesarean



She
believed
she could
so
she did

The birth of *Danica*

“
Birth matters.
It brings us
into being,
on many levels.”

ANANDA LOWE



Positive
Caesarean
Birth

Positive Caesarean Birth

Far too often I hear of mamas who feel guilty that they weren't able to birth naturally. As if their body failed them, and they, in turn, failed their baby.

I hear of mamas who felt disconnected from their birth. Terrified of the surgery. Very alone. And who listened in as it all unfolded but didn't feel part of the process.

Or of mamas who just catch a glimpse of their babe before being subjected to several lonely hours of stitching and recovery, whilst their man waits upstairs with their new babe.

No more. It is time to own your caesarean, mama. It is YOUR birth experience and can be just as awesome as any vaginal birth. Stand up and request the birth you want, mama. With the insights shared in the Positive Caesarean issue of the Rockstar Birth, you can immediately experience a precious connection with your new babe. An exquisite moment that will stay with you forever.

Big smiles, Shalome x

Interested in becoming an
AFFILIATE
of the



*For further details on our Affiliate program,
please connect at
affiliates@rockstarbirth.com*



If you know a
FABULOUS PREGNANT MAMA
in need of some beautiful birthing vibes
you can

GIFT

an annual subscription to the



Please connect at
shalome@rockstarbirth.com

