

# How Birthing Professionals Can Include Early Consciousness in Pregnancy and Birthing

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**Abstract:** The subject of prenatal consciousness should be considered outside of the very limiting arena of the American abortion debate. The recognition of prenatal consciousness as well as the reclamation of one's own early consciousness is important for us all, and in particular for birthing professionals. Birthing professionals would be well served, both personally and as professionals, if they inquired into their own prenatal and birth journey dynamics and imprints as these dynamics often affect their professional behavior. All training curriculums for birthing professionals should include a compulsory prenatal and perinatal psychology and health section. This would offer both intellectual content and experiential opportunities for birth professionals to learn about their own journey into life, as well as how to integrate this new information into their professional practice. Several concrete examples of prenatal consciousness in action are provided in this article.

**Keywords:** Prenatal Consciousness, Education, Birth Professionals

As a practitioner from England currently living in the United States, I have found that bringing up the very important subject of prenatal consciousness here in America immediately provokes a heated discussion, strong feelings, or comments about abortion politics and women's rights. In the U.S., it seems that if you believe that prenatals are conscious, you must automatically be

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pro-life which means you are against women having the choice of abortion. Then, you are on the slippery slope of this awful polarity and oppositional way of thinking that does not serve anyone.

We all need to reclaim prenatal consciousness from abortion and abortion politics! This is far too important and crucial a subject to be thought about in such a constricted way, or to be left moldering at the hands of politicians who use it as a ticket to get elected. We must liberate our early spirituality from political agendas. Our conception and time in the womb are crucial events in our early development when we are incarnating and growing our body. We must reclaim this profound aspect of ourselves, just as we need to claim birth back from the medical community, and place it firmly in the hands of people who will nurture and truly understand it. Those of us who are involved in the early journey into life professionally—midwives, doulas, doctors, etc.—are able to make a huge difference by holding the consciousness of the one coming in. A discussion on abortion and prenatal consciousness is very important, but is only a small part of what we must consider when we think about early consciousness. For those interested in prenatal consciousness and abortion, you may find the audio recording of a panel on which I presented at the APPPAH conference in 2009 entitled, “Abortion: The Prenate and the Mother.”

In this short article, I present a broader and deeper way of thinking about prenatal consciousness, and what it could mean to you both personally and as birthing professionals, to your clients, and to your clients’ children. We are all conscious, sentient beings when we come in to life, and this is *the* core principle of prenatal and perinatal psychology and health, my field of work. Following are some ideas and examples about how the inclusion of prenatal consciousness could positively influence both your personal and professional lives, and the lives of those with whom you work.

### **Conception and Consciousness**

When I think about the conscious little one coming in, I want to bring my consciousness, and the consciousness of the parents, to the conception of their child. The understanding and inclusion of consciousness is what creates the possibility and likelihood of a conscious conception. Imagine how it would positively affect our sense of welcome, arrival, spaciousness, and first experience of embodiment if we were held and understood at our conception. So

much is going on at conception for this is our first experience of how it feels to be a spirit coming into a physical body—a very big moment to be sure. When we know that the little one coming in is conscious and sentient and that she is having her own experience, we naturally want to include her and think about her, and this inspires us to think about preparation. We now have to consider what conception and coming in is like from the child's perspective, and because we are now aware, we want to make sure that they have a healthy conception, free of trauma and full of love and welcome.

Imagine a world in which parents actually prepared for conception, parents who were ready on all levels to receive us and make a conscious, caring home for us in which to grow. Currently, more than half of all babies are unplanned, so we are a long way from conscious conception as a cultural norm. Many of these unplanned conceptions turn into unwanted children and ambivalent parents, or abortions. A loving, conscious conception profoundly affects our earliest imprints about what being in a body is going to be like for us, and how much we can safely and comfortably become embodied. Our ability to be truly present in our lives is commensurate with our level of embodiment. When we incarnate, we also come into the ancestral lines of our parents, and receive both our first imprint of sexuality as well as our first sense of relationship from the quality and tone of our parents' relationship and lovemaking at conception.

In acknowledging the consciousness of the little one coming in, we have to accept that we ourselves were conscious when we came in as well. We each have our own story, which is affecting us today, both personally and professionally. When we understand the deep imprints that we all have from that crucial time, it helps us to understand what is going on in our clients. Knowing our own conception dynamics and imprints, and understanding how they have affected us, enables us to facilitate some consciousness and healing for the families that we sit with through their pregnancy and birthing time. We can certainly hold the little one coming in more effectively, and support the parents to do the same. We can understand that when we meet a pregnant family, the incoming child has already experienced momentous and profound events. The incoming child will benefit from being held in your field of consciousness about her journey.

Conscious conception can also make a difference in birthing outcomes. This is partly because the parents have bonded with their child long before their birth, so there is a greater likelihood

that secure attachment is in place well before birthing. The parents' awareness of their child's consciousness opens the door to a level of communication and relationship that profoundly changes what is possible between the unborn little one and her parents during pregnancy and birthing.

### **Everyone Remembers the Journey into Life**

This knowledge of early consciousness often fosters curiosity in pre-pregnant/pregnant parents about their own early time when they were coming into life. Parents-to-be will often naturally recall their own journey into life when they contemplate getting pregnant, conceive, and throughout pregnancy and birth. At each point in the journey from pre-conception through early infancy, we as parents are reliving our own journey. It is *natural and normal* for us all, largely unconsciously, to remember our own early journey as we are entering into parenthood, or when we are sitting with people as professionals. These memories are not cognitive, and must not be underestimated in their power to influence our experiences during early parenthood. The early memories, or the little one inside of us who holds all the memories from that time, stir into life and are stimulated and activated.

As professionals, our own journey is stimulated and remembered as we work with pregnancy and birth. Our own consciousness needs to be raised through education and our own personal work, so that we can make this important information more readily available to parents. If a mom had a very difficult time coming in at her own conception, she may have issues and complications conceiving. If something happened to the mom herself at two months *in utero* and she remains unconscious of the impact of that, it is highly likely that something will happen during her pregnancy at two months of similar tone, and so these traumas are passed on. We are in a position to support consciousness and create more healthy choices for our clients, so that they do not have to unconsciously repeat their own journey.

### **Pregnancy and Consciousness**

When I work with pregnant families, I educate them about their baby's consciousness. By bringing my consciousness and knowledge to them, I support the raising of their own consciousness as the parents, so that they understand that this little one who is growing inside is learning so much about life from

her experiences and her environment. I help them see that their little one is having her own experience and can be very vulnerable and affected by everything that happens. I support prenatal bonding, and teach parents how they can communicate with, and include, their unborn baby. Parents can learn ways to support their unborn child when things get stressful, or when they are having a fight with their partner, or when something has happened directly to their baby. Although we cannot prevent all trauma that may happen during a pregnancy, we can certainly lessen the affects of trauma when we are bonded with, and in communication with, our unborn child. From early on, they can be held in the well-established relationship with parents who are sensitive to their consciousness and who are including them. Babies do not arrive when they are born, and peace does not begin at birth as the slogan says; it begins at the beginning! By the time you are meeting a pregnant family, a lot has happened to them and to their unborn baby, and much of it will affect birth outcomes. Birth is not separate from the rest of the journey.

When we arrive at our birth, we have already had many experiences of our own as a pre-nate. This accumulation of experiences affects our perception of our birth experience. Here is an example of what is possible when early consciousness has been held and prenatal bonding is established. A mom who had group B strep (GBS) and was concerned about her waters breaking because of the risk of infection, told her baby when she went into labor, "Don't let the bag break." When the midwife said she wanted to break the bag of waters, mom connected with her baby and said, "You can let it go now"—within a minute the bag broke "by itself." This is a beautiful example of prenatal bonding and of a well-established relationship between mom and baby during pregnancy, in action at birth.

Another pregnant couple I worked with had a difficult start to their parenthood as dad did not want their baby son and wanted mom to have an abortion. The mom refused and gave him an ultimatum. He then got on board about the pregnancy, and they came to see me. During the period of time when one or both parents are considering abortion (we call this "abortion ideation" in prenatal and perinatal psychology), the baby's life is under threat. Babies can sense this, and often will go into a survival state and remain there because no one has told them that it is now safe and that they are wanted. In this case, healing was required. When dad understood with his heart that his baby is conscious and had been affected, he had his feelings about what

had happened. Then, he was able to connect with his son in the womb with a soft heart and apologize. He told baby that it was not about him, and that he was sorry, and that he is safe now and very much wanted by his dad. He went on to be a very loving and hands-on dad.

This kind of work is very moving and vulnerable. It allows baby to know he is safe now, that he can relax and does not have to spend the rest of his gestation in a survival mode; he can spend it in “thrival” instead. A human cannot be in survival mode and thrive simultaneously, so you can see how important it is to do this work as early as possible. Optimal development happens when humans are not just surviving, but rather thriving.

I learned from Dr. Ray Castellino to teach pregnant clients to let their baby know what is going on, that it is not about them, and that there is nothing they have to do about it. Little ones in the womb will take on family problems in the same way as born children, thinking that something is their fault, or is about them, when it is not. Making these kind of differentiation statements in our early parenting is good, solid, early parenting practice.

A traumatic event will impact how an unborn child experiences everything that happens to her after the traumatizing event, including her birth. For this reason we want to bring consciousness and healing to the little one as soon as possible, and we want parents to understand this so that they can practice prevention of trauma. I am not suggesting that you as a birthing professional be the therapist and do this work with your clients, but rather that you hold enough awareness to educate parents and recognize when a referral is necessary.

### **Birth and Consciousness**

In the nine months prior to our birth, we have formed perceptions of life, made many choices and decisions, and have beliefs in place that are often mistaken, but are nonetheless exerting their powerful influence over us. Everything that has happened to us, and the nature of our womb environment, has informed us about life, relationships, and our family of origin. These are deep, core, somatic, and energetic imprints. What we bring to our birth is going to strongly influence how we experience it. For example, if we have felt unsafe in the womb and have felt a need to hide as a survival behavior (a common prenatal strategy), birth can feel like a very frightening prospect because we have to move (come out of freeze or possum mode) and be seen

(stop hiding to stay safe) in a big way as we move towards life on the outside. To the observer, this person's birth could look "normal" and "good," but to baby it has been terrifying and traumatic and far from a "good birth." Mom and baby each have their own experience of the same event. This explains why a mom can say she had a great birth and her baby can be traumatized by the same birth. The trauma is not always about what happens in the birth, but rather the perception of what happens.

A doula asked my advice regarding what to do with a client who had gone into premature labor at 31 weeks, and I told her to ask her client, "What was your birth like?" She did this and discovered that the mom was born prematurely! Mom was immediately able, with the support of her doula, to connect her present-time premature labor with her own premature birth. She was then able to have some tears and take time to talk about what it was like for her to be born that way. Her premature labor stopped and she went to full-term and had a good birth. This is a very simple example of how beneficial it can be to combine prenatal and perinatal psychology with midwifery and doula work.

Birth is a relationship, not something that is happening to the mom alone. Baby is working very hard to get born and have her own birth, and mom and baby are in a relationship dance throughout the labor. This dance will go much better, as will birth, if prenatal bonding has been established and practiced throughout pregnancy, or even for just part of the gestation. Mom and baby will have a way to stay connected and communicate both during pregnancy and birthing, which can make an enormous difference for both of them.

If you can explain to your baby what is happening during birthing, and if you can tune in to her and see what is going on with her and what she needs, or how she is feeling, you are going to have a much better birthing experience, and so is your baby. We can give birthing babies directions, ask them to move, and tell them what is going on so that the experience is less stressful. When I teach pregnant parents this way of communicating with their unborn child, it is especially helpful when things do not go as planned, such as an unexpected emergency C-section or a difficult labor. Babies are participants in their own birth, and they are having their own experience.

A birthing mom's own inner little one, who holds the memories of her birth experience, will often come up during the birthing of her own baby and influence what is happening. We

can help a client to stay differentiated from her inner little one during birthing. To achieve this, it helps if we have done our personal work with our own inner little one as a practitioner, and that we have some knowledge of our client's prenatal and birth journey. Basic information about a client's early history can be initially collected in an intake form.

### **How Our Own Inner Little Ones Can Be In Charge**

There is a little one who lives inside of me who holds all the felt-sense, feelings, memories, and imprints of my journey into life. I know how much my little one has affected my life—quite profoundly! She has brought me into this incredible field of work that I practice in as a prenatal and birth therapist, as I sought my own deep need for healing for that young part of my self. Anyone who is attracted to, or actually, working with babies is unconsciously expressing his or her own journey into life in that choice of career. It is important to understand this, that we have a little one inside of us who is probably the driving force behind our attraction to babies and birthing! This can be a good thing because it inspires us, and it can have a negative influence on our work when we are totally unconscious of our own little one and how she may be involved. I am able to keep my little one out of my work because I am aware of her; otherwise she would be involved in a way that would not be beneficial to anyone. What is appropriate is for us to be aware enough to manage our little one consciously and stay in our adult professional place as we do it. In doing this, we can also be good role models for our clients on the unspoken, experiential, and relational level. Often what we are teaching people is more about how we are being, rather than what we are saying to them.

All midwifery, doula, and other birthing professionals' training programs need to incorporate prenatal and perinatal psychology and health into their curriculum. Anyone who is sitting in the prenatal and birth field learning to be a practitioner needs to fully understand what is really going on, and needs to do their own personal healing work, ideally as a part of their training. This means that they get to know their own story and the little one who holds those memories, so that they are not unwittingly recapitulating unconscious imprints and trauma in their professional life. The clearer we become about our own story, the clearer we can be in the way we sit with others.

For example, a trainee midwife who was born Cesarean



section herself was activated into her own birth imprints. When her client's labor reached the point at which the midwife's birth had been taken out of her hands by her own surgical delivery, she stopped taking full responsibility as a professional for what was happening in the birthing room. This is because her little one's birth imprint took over, and that imprint said "when we get this far into the labor someone will come and help us or take over here." This is a Cesarean section imprint. Unconsciously, the midwife was expecting someone to come in and take over at that point in her client's labor, just like someone had taken over at that point in her own birth. This was very scary for the midwife who had no idea what was going on, or why she was having this experience. This example illustrates why it is so important that we know these early places inside of ourselves so we can be clear and grounded, and understand how early imprints work. They are preverbal, subconscious, and can take over without us knowing what is happening. The earlier they are, the more pervasive they are.

You may look with your physical eyes at the birthing room, and see only a midwife and the birthing mom. Once you have done your own work with your inner little one, you understand that there is a birthing mom there with her little one inside too, a baby trying to get born, and a midwife with her little one inside. If there is also a doula, then her little one is there too! That's a lot of little ones, and they influence what is going on in the room, how each person experiences the birth, and they can affect the outcomes.

This short article provides only a glimpse into the richness available to us when we understand and incorporate early consciousness into how we hold the babies coming in, how we sit with ourselves and with our clients, and how we support the early parenting that is so important.