

The Power of Joy: Pre- and Peri-Natal Psychology as Applied by a Mountain Midwife

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Full Text: Headnote ABSTRACT: Knowledge of the consciousness of the unborn child provides the unprecedented opportunity and responsibility to change the practice of obstetrics. Pregnancy and birth are primal experiences, but caregivers often forget this as they are caught up in the technological current of our contemporary obstetrical world. Fear has often replaced joyful expectation for mother, baby, and provider. Instinctual maternal behavior of comfort and care for the unborn child can be fostered. Maternal appreciation of and communication with the intelligent fetus can be encouraged from the first prenatal visit. The pregnant woman and her unborn child rise to unimagined strength and competence in birth when they are prepared for joy and have confidence on the deepest cellular level that they know instinctively what to do. Techniques of birth preparation will be demonstrated that prevent subsequent obstetrical and emotional problems. With our growing knowledge of the consciousness of the unborn child we have an unprecedented opportunity and responsibility to change and improve the way we deliver prenatal care and support women and their families at birth. Improved medical care alone does not improve outcome. To enhance the physical, emotional, and spiritual well-being of birth, we need to expand our attitudes and the art of our care, as well as fine tune our technical and intuitive skills. It is important to reevaluate what we think is prenatal care. It is, very minimally, tummy checks. More importantly it is a time to encourage and nurture the deep strengths and potential of every woman to grow a healthy baby and give birth instinctually. It is a time to introduce the vocabulary of birth-"surrendering," "letting go," and "opening"-into minds that have usually only known the language and behaviors of "control," "restraint," and "holding back." Women do not need to be taught how to give birth. The ancient wisdom to deliver their young rests securely within them. Prenatal care is all about convincing women of this simple truth. And prenatal care should be fun, full of laughter, praise, and "clucking." Pregnant women long to be around people who are happy and who believe in birth. To translate these concepts into practical techniques requires unwavering devotion to the principle that positive, loving care can make a measurable difference. Here are some ideas that we incorporated into our practice over the course of many years. Our women's health care center provided an environment that felt like an extended home to the women and their entourage. One half of the exam room was given over to the children, friends, and family who inevitably piled in for visits. It was a cozy, inviting place, being comfortably cluttered with toys, chairs, pictures, and mementos from prior customers. It made a simple statement that normal, happy business took place within these four walls. Women took responsibility for routine procedures each visit. They weighed themselves, checked their own urine, and entered the results on their charts. This simple assignment was embraced willingly by the mothers. It reinforced the belief that they were partners in all aspects of their care. Women representing every divergent lifestyle walked through our front door, and we wanted each of them to feel completely accepted and appreciated. A relationship is like a dance and we always let her have the lead; we just followed right along, adapting to her individual style. The resulting bond often permitted us an intimate glimpse into her world beyond the exam room. As a woman lives her life, so will she live her birth, and as we got to know each woman better we enjoyed the challenge of adjusting to her individual needs and complexities. The routine physical exam is a perfect opportunity to teach the woman about her body; to have her see the normal changes that occur as part of her body's perfect, if not always comfortable, plan as it adjusts to grow a new life. This makes it easier for her to take measures to achieve a balance, rather than try to eradicate the symptoms as if they were without purpose. Anyone who has ever caught a baby knows that the size of a woman's pelvis has little to do with her ability to deliver a baby from her

vagina. Every woman is "built to have a baby"-but the woman does not always know that. She is waiting to be pronounced adequate. It is important to seize this moment and pronounce her perfect. That is the only reason to do clinical pelvimetry, to turn an exam into an opportunity to plant the seed of trust and self-confidence. Let her entertain no doubts that she can do it. We developed the habit of resting a plastic model of a pelvis on the woman's abdomen. We used one hand within the model to demonstrate simultaneously what the other hand was feeling within the birth canal. You could always sense her waiting for the verdict, and we never failed to give her a glowing report. "Great!" You could deliver a truck through those bones. Perfect-You're a midwife's dream. There is no question that your body will work hard and well." To suggest otherwise is to set a woman up for a C-section, secondary to the "I'm inadequate, the doctor told me so" syndrome. We discovered that women could more easily make desired changes in their lives if they could grasp early in their pregnancy the existence of a conscious fetus. Until the first perceived movement the concept of a baby is often just an intellectual one. We developed the habit of drawing funny little cartoon kids on their bellies depicting the actual size of their babies at that stage of gestation. These drawings came complete with tennis shoes and sometime hair ribbons. The women loved them. I remember one mom who lived tucked away in the hills and who had suffered a life of terrible abuse. Basic amenities like adequate food, kindness, and friendship did not readily come her way. Her first child was born with neurological impairment after a difficult pregnancy. I drew a picture of a twelve-week fetus on her tummy one day. She looked and looked at it, saying not a word. Then big tears flooded her cheeks. She took her finger and gently began to stroke this little caricature, saying, "Oh, you sweet little baby, my sweet little child. What ever do you do inside of that big house all day alone?" And then she began to laugh with delight. Her pinched face softened as she continued to talk to the baby, seemingly oblivious to my presence. From that day on that little unborn child became her friend. She nourished and cared for him with diligence, and went on to deliver a perfectly healthy baby boy who continues to thrive. Giving women a visual sense of their babies early in the pregnancy is good for many reasons. We found that women made dietary adjustments more readily, and stopped or curbed unhealthy habits when they could somehow envision a real person who was indeed bearing the consequences of compromising decisions. Siblings and other family members equally enjoyed these belly drawings. It assisted them in connecting to this unseen child. We explained about the research that has been done documenting the cleverness, uniqueness and consciousness of the unborn child. We encouraged them to sing, talk, read, and play with their baby; to try and begin anticipating their needs before birth, learning ways to provide comfort now. There was a couple who gave birth a few years ago. They were part of a close knit motorcycle gang that lived in the southern woods of the county. The men were tattooed from head to toe and wore similar uniforms of leather vests, stiff blue jeans, and always the familiar floppy brown hats festooned with various bird feathers. The women wore clothes from the 60's and were adorned with jewels dangling from every ear and finger, and sometimes from the nose. Each family had gaggles of children who were deeply loved and well cared for. Every birth in this subculture of our county was like a tribal event, and it was no different for this couple. Many people were in attendance. The women gathered for the "women's work" of giving primary support to the laboring mother, and the men gathered to drink beer and support the father-to-be with reassurance derived from their myriad past experiences. Throughout the woman's pregnancy the father spent hours singing childhood songs from the Ozarks to the baby. After the birth he was overcome with emotion, and through a veil of tears began singing a song to his new son. The baby immediately stopped nursing and began craning his neck to focus on the music that was obviously very familiar to him. So long as the father kept singing, the baby was attentive only to him. Wrapped up in his very own Hudson Bay blanket, the baby and his parents departed for home a few hours later. The obvious strength of this prenatal bonding is example enough of the importance of encouraging its development throughout pregnancy. One of the most important things we did prenatally that affected the outcome of the delivery was to have a formal "cob-web cleaning session" at 36-week's gestation with the woman and her mate or with the person who would be providing primary support to her at the birth. This came about as the result of an auspicious occurrence in my

exam room one day. A very loving couple were nearing their deliver date. They had been married many years before deciding to have a child and were excited about being parents. However the husband was acting in a peculiar manner that day and through the course of the conversation I jokingly asked him "Is there anything Joan might do in labor that would bother you?" He didn't answer for a minute and then in a soft but serious voice said, "Yes. ... If she was a wimp." His wife looked dumbstruck. "Go on," I said, "What does the word, wimp mean to you." Slowly but steadily, he replied, "I don't think that I have ever really told my wife how much I depend on her. She is the pillar in our family, and over the years I have come to rely on her constant strength. I have been talking to my male friends and they have told me how women change in labor; how vulnerable they are and how heavily they lean on the man." He paused.... "I am afraid that I will not measure up when the clutch is on, that I will fail my wife when she needs me most." His wife's eyes never left his face as he painfully confessed his concerns. She smiled and gently replied, "I had no idea you valued those traits in me to such an extent. How wonderful to hear that. I like being strong and dependable. But, I have been talking to my friends. They have said, 'Joan, don't waste your birth. This is not the time to try and keep it together. Labor is a primal experience. It's powerful, intense, and it is best to just surrender to the forces and go where it takes you.'" The idea of that is right somehow, and it excites me. Let's make a deal. I am not afraid and I want to fully experience this. The only thing I will need from you is your presence, your love, and just don't freak out." They laughed and shook on it. Her birth was incredible. For a woman who was normally always in charge, she just let go. Her labor was earthy, noisy, wild, sensual, and short. Her husband watched her in frank adoration and kept his end of the deal. In addition to receiving a beautiful daughter, this birth dramatically changed each of their lives and their relationship forever. Had these concerns not come up and been worked through, this birth could have gone quite differently. A probable scenario. ... She would have started carrying on, moaning and wailing and throwing herself all over the room (which she in fact did). He would have freaked out... "Somebody do something. There's something clearly wrong. She never acts this way." She would have noticed that he was freaking out, and in her inimitable style would have "pulled it together." Her cervix would have shut down at 6 cm, and she would have eventually had a caesarean. To explain this we call it failure to progress, when in actuality it is often just failure to take out the garbage. When we began formally having these sessions we were astounded at the hidden agendas, the unspoken expectations, and the fears that came up. Surprisingly this session, with few exceptions, was welcomed by the women and their mates. It provided a safe and supportive forum for them to express ideas that were sometimes difficult to do at home. With great curiosity we watched the outcome of births to see what difference these sessions might have on the course of labor. In the next two years there was only one woman who had a C-section because her labor did not progress. She was a 16-year-old girl from a family of Hatfields and McCoys and had every reason to not let her baby out. We discovered that in order for a woman to open freely and joyfully to birth, it helps considerably if the hidden baggage can be released. If this cannot or is not done prenatally, the problems will surface in labor, but frequently in disguise, making the task of letting go of the baby more complicated. Attending a woman in labor is a subtle and gentle art. Our most vital job at birth is to watch over the safety of the mother and child, and to do so in a way that does not disrupt "what a woman's got to do to get her baby born." As many of the women so aptly put it, "Be there, trust me, support me, but keep out of my face." One of the most amazing and joyful births I ever had the honor of attending was with a couple who were quite happily having their third child. Their other two births had been in a very medically conservative environment. The mother told me that after each delivery she felt a sadness and longing that she could not understand. Her babies were healthy and there were no problems. Yet, with each birth the "orchestration" of the event had come from strangers, and always she experienced a sense of estrangement and incompleteness. She wanted to write her own libretto this time. I assured her she had come to the right place. John called late one night to tell me that Julie was in active labor and at the hospital. I should come. Twenty minutes later I quietly entered the birth room. The soft glow from the lamp by the bedside contributed to the peacefulness I felt. John and Julie were dancing cheek to cheek around the room to the accompaniment of her moaning and heavy

breathing. The OB nurse was curled off quietly on the rug in a corner of the room. She smiled to tell that the journey was going well, but spoke not a word. I joined her and it was a few moments before John opened his eyes. They sparkled when he saw me and he whispered, "This is the prom we've never had." I was touched deeply by this couple as I watched them. They had no need to speak, but moved together with assurance. We watched Julie surrender herself to the wisdom and life force that she had always known was there. She paced and undulated, squatted, and at times stretched out fully on the floor, submitting to her husband's tender caresses. It was a ballet of lovers, and we were mesmerized. Suddenly, she looked startled. Her eyes flew open, and she cried aloud. "Damn ... Oh damn..I'm pushing already. I was having such a wonderful time." . . . Prepared by joy, and with confidence that on the deepest cellular level they instinctively know what to do, women can rise to unimagined strength and competence in giving birth. We must support them in this crucial rite of passage. It is our charge. AuthorAffiliation Candace Fields Whitridge, C.N.M. AuthorAffiliation Candace Fields Whitridge graduated as a Certified Nurse Midwife from the University of California, San Francisco in 1978 and was cofounder of the Mountain Clinic, an innovative women's health center in the rural mountains of Trinity County from 1979-1986. She has lectured widely on her experiences and unique approach to prenatal care and birth.

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