

The IN's and OUT's of
Utilizing a Pre and Perinatal
Psychology History (PPPH)
In your clinical Practice

APPPAH

16th International Congress

November 19, 2011

San Francisco, California

INTRODUCTION

I attended my first APPPAH conference here at the Kabuki hotel in 1987.

CNM since 1991 and Birth Intuitive since 1996.

As a Birth Intuitive I provide information, support and tools to assist my clients to connect with their unborn children.

To learn more about the different types of consultations I provide, please visit: www.livingintuitive.com



The Pre and Perinatal Psychology History (PPPH)

This is a tool which was organically “self designed”
from my clinical practice and APPPAH influence
since 1987

This talk expands a section on PPPH from an
APPPAH Asiolmar Congress presentation from 2009:
Integrating Pre and Perinatal Tenets into Clinical
Practice

The Link to today’s talk, can be found at
www.livingintuitve.com

PPPH

Today we will examine the tool and significance of a Perinatal Psychology History (PPPH) from different clinical perspectives;

ex: an adult, mom, infant/child

Psychological, clinical mind/body

This history will be referenced by literature and some of my anecdotal experiences from using this “self designed” tool myself over the past 15 years

WHY Obtain a PPPH?

**“FOR MANY CENTURIES people have believed that there is a continuity between the individual in utero and
i=the individual in the world;**

Now there is solid evidence that this ancient belief is correct, albeit in a far more complex and nuanced way than our ancestors ever imagined”

Annie Murphy Paul Origins

WHY?

- ❖ If all behavior is meaningful, then the PPPH is an essential first place to start looking for meaning.
- ❖ To paraphrase Bruce Lipton
The perinatal period is where biology and beliefs first meet-
- ❖ Our Stories around our births are Powerful imprints that create our personal mythology.
As our birth stories are repeated time after time they create and reinforce powerful beliefs. I see time and again our beliefs will do anything to keep us safe.

WHY?

- ❖ Understanding someone's Perinatal history gives you an inside lane to understanding their Core Beliefs.
- ❖ You are provided with a treasure trove of clinical clues and information, as the history reveals a story. This can authentically assist you in getting to the heart of the matter - what is calling for healing.

WHY?

- ❖ To paraphrase Lewis Mehl, Bruce Lipton and Candace Pert
Our beliefs create our physiology and repetition in order to create healing
- ❖ I Learn something every time I don't think something is there
- ❖ The answers are so rich with insight and information for intervention risk assessment and prevention.

WHY?

- ❖ Once you understand where and when the issue happened you get a better idea of the best modality for healing process.

Ex: cranio, psychotherapy, phyto nutrient therapy?

Ex: Un explained fertility clients who both had death inprint around birth- in which they almost died or their mother did. Their shared belief was that pregnancy and birth were unsafe. This needed to be updated, and resourced for them to go onto to conceive and give birth.

WHO?

First of all You!

Know Your Own History

- ❖ **The** First and *most important* piece is to be aware of your own pre and perinatal story, attend to it and heal it.
- ❖ As you understand the story you are creating and working on and healing- notice how you will attract matches to your story

WHO?

Once you are conscious of your own birth and have healed any trauma-

You are then energetically able to be neutrally clear and available to witness and to support your clients (and her baby's) true needs and desire because your fear and trauma won't be directing the birth field that you are there to support.

WHO?

For Every Client

- ❖ I feel that every practitioner in ALL settings, should be asking these questions. It doesn't take much time. What you yield saves time.
- ❖ I ask every client I work with, even if they are seeing me for non childbearing related issues.
- ❖ Especially ask those clients in transition or trauma states- the birth perinatal/birth stories that come to the surface are extremely revealing.

When One “Who” Includes Multiple Histories

EX: with a secondary fertility couple:

- ❖ I obtain PPPH for both partners (I often find a dovetail with or history ex CON)
- ❖ PPPH about a previous pregnancy
PPPH for previous pregnancy losses including TAB's
- ❖ Then on to this current pregnancy if they are pregnant

HOW?

- ❖ Our Attitude needs to be free of looking for causation in order to blame or change, but in order to *UNDERSTAND*
- ❖ Understanding enables us to support the person in front of us in obtaining and integrating their optimal physical, emotional and spiritual well being.
- ❖ Remember that *HOW* the story is told shares as much as the content.
Observing non verbal communication combines to unraveling the mystery of an issue or behavior.

WHAT is Included in a PPPH?

We will first review the components and then break them down into significance with research included

1. Was the pregnancy planned?
2. Did your mom have trouble conceiving?
where there any Assisted REPRODUCTIVE technologies used?
3. Were you the right gender (big with fertility)

WHAT?

4. Where are you in the birth order?
Were there any lost pregnancies before you (TAB and SAB)?
5. Did your mom have any health issues during the pregnancy
ex bed rest, bleeding, diabetes, high blood pressure?

WHAT-STRESSORS?

6. Did your Mom experience anything upsetting or traumatic while she was pregnant with you?

Ex: Did someone die?

Did they move?

How were your parents get along?

Was there a traumatic event ex 9/11 an evacuation, hurricane?

WHAT? Environmental

7. ANY Environmental exposures ex living near a plant, farming community, old building?

Did your mom take medications, smoke or drink while pregnant with you?

Where and when were you born?

8. Weight How much did you weigh at birth?

How much weight did your mom gain?

WHAT? BIRTH STORY

9. How were you born?

SVD, instruments, C-section?

There is usually a lyrical story about the birth- that the child hear over and over usually with birthdays.

ex it was snowing that night

When in the pregnancy were you born?

Was the labor induced?

Did your mom have any labor pain medication? If so, what kind?

WHAT? BONDING/ ATTACHMENT

10. Postpartum: was there any separation at the birth or during Postpartum period?

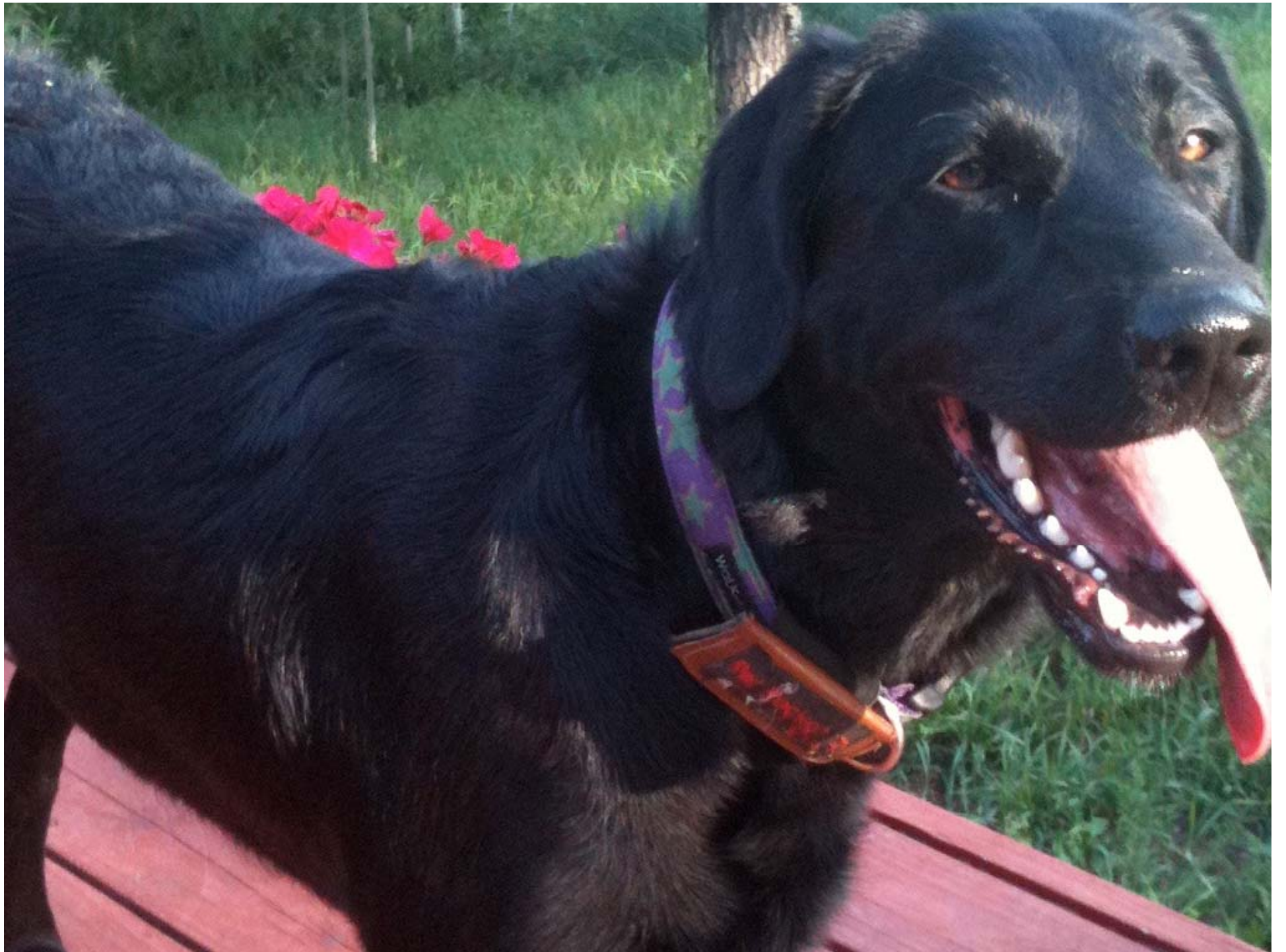
Ex: Did your mom need a D&C, were you left and she was discharged?

11. Did your mom nurse you?

It is Also Important to Explore

What was/is you're (parents) perception of the experience and how do they feel about it now?

ex C-section mom stated right off that her 2 previous births were vaginal and terribly traumatic and her C Section was so beautiful and empowering
Her baby was in her body, alert, well bonded, not a peep out of her for 3 hours- held loved and connected



SIGNIFICANCE OF THE ANSWERS

- ❖ **OKAY** Now we have the basic melody what do all of the answers to these questions mean
What is the significance of all of this?
- ❖ **This is just an overview**
I focused on some of the last few years so f
APPPAH journal
There is enough content here for a full course
Some of the “answers” are significant for
psychological treatment others for physiological
body awareness.
- ❖ **By NO means is this inclusive-** I encourage you
keep exploring and filling in your pieces here.

1. Was your pregnancy planned? Or Is this pregnancy planned?

- ❖ 49% of all pregnancies in the US are unplanned
- ❖ Due to its nature an Unplanned Pregnancy is stressful, whether accepted or not.
- ❖ As we are learning many key imprints and triggers are laid down in the first 20 weeks of pregnancy, are affected by stress

Ex: client who worked with at risk toddlers who knew anxiety affected her baby which made her more anxious
Sharing with her high energy baby and how to integrate the baby/pregnancy helped mitigate the anxiety

TAB/UNWANTED PREGNANCY

- ❖ A child born from an Unwanted Pregnancy due to abortion restrictions are 50% less likely to survive to old age

Elizabeth Oltmans Ananant and Joanna Lahey.

“The Marginal Child throughout the Life Cycle Evidence from Early Law Variation,”

Paper presented at the American Economics Society Meeting, January 3, 2010

TAB/UNWANTED PREGNANCY

“This was thoroughly documented by the landmark study that followed several cohorts of unwanted babies in Finland, Sweden, and the former Czechoslovakia over a period of thirty years (David et al, 1988). The mothers, repeatedly denied abortions, were forced to bear and raise children they did not want. As their children's lives unfolded (in comparison with matched control subjects) they proved to be at greater risk for social and psychiatric problems, and were more often delinquent. In the Prague cohort, unwanted children had almost three times the risk of showing up in the Criminal Register. This finding underscores the data of Raine, Brennan, and Mednick (1994) that rejection and post-partum separation paves the road to criminal violence.”

UNWANTED PREGNANCY

“Some clinical data indicate how early the vulnerability to rejection can be felt, though not necessarily on a conscious level. Psychologist Andrew Feldmar (1974) encountered four adolescents who were repeatedly attempting suicide at the same time each year. When he had put all the facts together, he learned from their mothers that their suicidal compulsion was occurring each year around the time their mothers had tried to abort them--something the adolescent children had never consciously known.”

David Chamberlain

<http://birthpsychology.com/free-article/what-babies-are-teaching-us-about-violence>

UNPLANNED PREGNANCY

Fertility and “Shotgun “ marriages.

I have seen many times with women who were shotgun babies- meaning parents have to get married.

I have observed they seem to have issues with fertility, that their siblings don't have due to their internal beliefs about fertility and pregnancy as being disruptive or a “catastrophe.”

Did Your Mom Have Conceiving? Where Reproductive Technologies Used?

- ❖ Can impact beliefs about fertility
- ❖ Just landing into this realm
- ❖ ? Environmental impact due increased hormonal exposure
- ❖ Pre 1973 DES causing 2nd ? 3rd generation cancer risk
- ❖ IVF pregnancies have increased risk of birth defects
? We do not know how these drugs will impact next generation physical fertility

3. *Were you the right gender?*

A girl that was supposed to have a boy-

In my fertility practice with “unexplained fertility” I have seen the power of this internalized belief of holding a boy role- boys do not get pregnant and give birth. I have witnessed that shifting that belief enables a woman conceive.

4. Where are you in the Birth order?

- ❖ Birth order information is really interesting

Again with fertility the oldest girl with 6 siblings may have done a lot of mothering as a child and internalized that she was not going to be like her mother when she grew up and here she is wanting to be a mother, unable to conceive.

- ❖ **Were there any lost pregnancies before you
?TAB ?SAB?**

3. BIRTH ORDER?

Sibling Grief after Perinatal Loss

Joanne Oleary

APPPAH 25 (2) Winter 20101

Born after Loss: The Invisible Child in Adulthood

Joanne Oleary, Cecilie Gaziano, Clare Thorwick

21 (1) Fall 2006, 3-22

Subsequent child of next pregnancy absorbs the fear, loss and diminished lack of connection. Knowing this you can help to validate this person's experience of carrying grief

3. BIRTH ORDER?

Survivor guilt

“I don’t feel I deserve to be alive”

- ❖ Post-Abortion Survivor Syndrome: Signs and Symptoms

Philip Ney, Claudia Sheils and Marek Gajowy
Journal of Prenatal and Perinatal Psychology and Health 25 (2) Winter 2010

- ❖ Healing Through Prenatal and Perinatal Memory Recall: A Phenomenological Investigation
Anne Marquez Journal of Prenatal and Perinatal Psychology and Health 15(2) Winter 2000

? BIRTH ORDER

Too Much to Carry?

Women pregnant with multiple fetuses face one of the toughest choices imaginable: Risk the health of all, or take the lives of some.

By Liza Mundy

Sunday, May 20, 2007; Page W14

4. Did your mom have any health issues during the pregnancy (or you while you were pregnant)

- ❖ Spotting- absorbed twin syndrome- or a lost twin, pregnancy reduction
- ❖ Bed rest increased anxiety/fear of loss of pregnancy
- ❖ Pre Term Labor
Rupert Linder, David Cheek, hypnosis, connecting with your body and baby

PTL- PTB PREVENTION

- ❖ How Women Can Carry Their Unborn Babies to Term - The Prevention of Premature Birth Through Psychosomatic Methods, Rupert Linder
Journal Of PreNatal and Perinatal Psychology and Health, Volume 20, Issue 4
- ❖ Use of the Telephone and Hypnosis in Reversing True Preterm Labor at 26 Weeks: The Value of Ideomotor Questioning in a Crisis, David Cheek,
Journal Of Prenatal and Perinatal Psychology and Health, Volume 10, Issue 4

5. STRESSORS IN PREGNANCY

THIS IS NOT THE PART OF THE LECTURE TO BLAME THE MOTHER BUT TO GAIN AWARENESS, COMPASSION IN ORDER TO SHIFT OUTCOMES!

Midwifery tenet to mother the mother comes in here. Our education efforts need to validate the mom knowing she is doing the best that she can. Exploring ways to provide nurturing decreases stress.

STRESS AWARENESS

“Babies are marinated in a soup of mother’s emotions. In the case Lipton (2005) describes, they are learning how to deal with the world even before they have made eye-contact with an overstressed mother who can’t give them what they need....So when we say that the baby is sitting in a chemical soup of mother’s thoughts, it becomes the case that if you frighten her, you frighten the baby, changing the way the baby actually develops” Judith Simon Prager

Journal of Prenatal and Perinatal Psychology and Health, Vol 21 Number 4 Summer 2007 page328

STRESS AND PTB RISK

“Women who had experienced the death or serious illness of a relative during or just before pregnancy were 16% more likely to deliver prematurely; when it was one of their own children who had died or become ill the incidence increased by 23%

[Origins page 50](#)

Women who are on the fertility merry go round often have extreme stories of pregnancy loss that never gets addressed.- this women have increased risk PTB.

PREGNANCY STRESS AND SCHIZOPHRENIA

Schizophrenia:

- ❖ Increased with loss of father before birth pg 51
- ❖ Second month pregnancy extreme stress increase skizo phrenia pf 52
- ❖ Question if due to Severe malnutrition and lower folate pg 162
- ❖ Born in late winter spring increase 10% pg 232

Origins by Annie Murphy Paul

INCREASED RISK BREECH- Which comes first?

- ❖ Breech Risks- LBW, fetal congenital issues, T shaped uterus, multiples, fibroids.

- ❖ Now add heightened maternal stress
Maternal Personality less flexible, idealistic, overextended and fearful.

Is Maternal Personality and Coping Style Related to Breech Presentation?

Caroline Peterson, DC, PhD, MPH, CPM

Journal Of Prenatal and Perinatal Psychology and Health 25(3) Spring 2011 pg 133

7. ENVIRONMENTAL EXPOSURES

- ❖ Living near a plant, farming community, old building?
- ❖ I focus on this with fertility and clients who have had miscarriages.

- ❖ Tons of data and information about environmental exposures and health effects-

Origins, by Annie Murphy Paul

Having Faith and Raising Elijah by Sandra Steingraber

Ex. client manhattan project

ENVIRONMENTAL

- ❖ **Did your mom take medications, smoke or drink while pregnant with you?**
- ❖ **Smoker- aspen world comes crashing not being able to trust, anxiety trauma at birth**
- ❖ **smoking increase in PTB, PIH,**
P.A., Gerkin, E.R., & Mednick, S.A. (1999). Maternal smoking during pregnancy and adult male criminal outcomes. Arch. Gen. Psych. ... T. (1999). SIDS linked to fetal exposure to maternal smoking. Am. J. Epidem. 149: 593-602. Excite Health (1999).

ENVIRONMENT

Exposure of Taste and Alcohol

A major new study shows that a pregnant mother's diet not only sensitizes the fetus to those smells and flavors, but physically changes the brain directly impacting what the infant eats and drinks in the future. 12/1/2010

“This highlights the importance of eating a healthy diet and refraining from drinking alcohol during pregnancy and nursing,” said [Josephine Todrank, PhD](#), who conducted the two-year study while a visiting scientist at the [University of Colorado School of Medicine](#). “If the mother drinks alcohol, her child may be more attracted to alcohol because the developing fetus ‘expects’ that whatever comes from the mother must be safe. If she eats healthy food, the child will prefer healthy food.”

8. How much did you Weigh at birth?

- ❖ **How much weight did your mom gain?**
This is another way of getting to the question did you get enough in utero?
- ❖ **LBW increased risk for heart disease , diabetes, obesity**
page 28 [Origins](#) by Annie Murphy Paul
- ❖ **Terri Hernandez PhD, RN at University of Colorado is conducting studies on fat distribution on babies of mom with GDM look for risk for obesity.**
Not weight but fat proportion at birth that is important.

BIRTH INFORMATION

Where were you born and what year

Your awareness of environmental or global issues/ imprinting ex 911, Hurricane, Evacuation?

Toxic area- ex I have seen clustering of PCO'S in long island and Phil which makes think toxic exposure

Per Origins book

Disasters increase anxiety, and in some there is less food available

LBW- physiological risk for DM heart disease

9. BIRTH?

- ❖ When in your pregnancy were you born?
- ❖ Did you have any surgery as an infant?
- ❖ Anecdotal Premi info
patient with hoarding making her home like an incubator and cutting self in places where there were iv sites for a premi
- ❖ I worked with teens and observed premis *Extreme* fear of needles

BIRTH?

Living Out the Past: Infant Surgery Prior to 1987

May 2011

Journal Pre and Perinatal Psychology and Health

Issue Volume 25, Issue 3

Terry Monell

“Changes in cognitive neural pathways, dysregulated autonomic and central nervous systems, affective limbic system maladaptation and decreased hippocampal capacity, hormonal and neurotransmitter imbalance and physical disease are only some of the reasons why medical trauma can no longer be dismissed”

TRAUMATIC BIRTH

Our beliefs about life formed at our birth- Emerson Castellano-
ex struggle to breath, near death experience – drama to stay or
be alive imprints

Traumatic birth related to suicide risk

Obstetric Care and Proneness of Offspring to Suicide as Adults: A
Case Control Study

Bertil Jacobson, Md and Marc Bygdeman MD

Journal of Prenatal and Perinatal Psychology and Health

15 (1) Fall 2000 63-80

Suicide and Pre and Perinatal Psychotherapy

Shirley Ward Med. DlpED

Journal of Prenatal and Perinatal Psychology and Health

19(2) Winter 2004 89-105

19(30) Spring 2005,251-266

BIRTH/SUICIDE

**Birth Trauma and Suicide: A Study of the
Relationship Between Near-Death Experiences at
Birth and Later Suicidal Behavior**

Jude Roedding

**Journal of Prenatal and Perinatal Psychology and
Health**

December 1991

Issue: Volume 6, Issue 2

MEDICATION/BIRTH

Medication in labor related to drug abuse of a drug in that classification ex opiate- heroin, caine- stimulant

What do we do with this when we offer pain medication?

Perinatal Origin of Eventual Self-Destructive Behavior

Bertil Jacobson MD

Journal of Prenatal and Perinatal Psychology and Health Vol 2(4), 1988

BIRTH TRAUMA

**Birth Trauma: The Psychological Effects of
Obstetrical Interventions**

William Emerson:

**Journal of Prenatal and Perinatal Psychology and
Health October 1998 Volume 13, Issue 1**

**Treating Cesarean Birth Trauma During Infancy and
Childhood**

William R Emerson

**Journal of Prenatal and Perinatal Psychology
and Health March 2001
Volume 15, Issue 3**

EMERSON ABSTRACT:

Twenty years of clinical and behavioral observation indicate that cesarean births cause considerable trauma to babies. The physical and psychological effects are subtle and powerful, occurring at the unconscious level of the infant psyche.

Negative impact includes:

- ❖ excessive crying,
- ❖ feeding difficulties,
- ❖ sleeping difficulties,
- ❖ colic, and
- ❖ tactile defensiveness.

EMERSON

There also may be long-term psychological effects such as

- ❖ rescue complexes,
- ❖ inferiority complexes,
- ❖ poor self-esteem,
- ❖ and other dysfunctional behaviors and feelings.

BIRTH/INDUCTION

Look at Emerson/Castellanao regarding personality patterns-
don't tell me what to do- I will do it at my own speed.

Also interesting the debatable new article about Pitocin and autism
risk

The Perinatal Application of Synthetic Oxytocin and
Its Possible influence on the Human Psyche and the etilog
of Autism

Christof Plother

Journal of Prenatal and Perinatal Psychology and Health 25(2)

Winter 20101

10. ATTACHMENT

- ❖ ?? separation at birth or during Postpartum
- ❖ Did your mom nurse you?
- ❖ What was your parents perception of your birth-
- ❖ These questions get at the bonding and attachment

ATTACHMENT

1. Children with disorganized attachment have parents with a history of unresolved trauma and loss-
2. Disorganized attachment is preventable- when you obtain a good history
3. Disorganized attachment essential creates brain damage in the infant- smaller brain, damaged corpus callosum as the result of increased circulating cortisol
4. "We are not destined to repeat the traumas of our past. IF we make sense of their impact on our lives".

ATTACHMENT

INTERVENTION our job is in educating and supporting parents in understanding

“ Memory is the way past event affect future action”

Attachment and Self –Understanding: parenting with the Brain in Mind

Daniel Siegel MD

Journal of Prenatal and Perinatal Psychology and Health

18(4) Summer 2004, 273—286

ATTACHMENT

Prenatal Attachment and Postnatal Infant Sleep
Petra Spletzer,, maeve O'Beirne, Allen Bishop
Journal Pre and Perinatal Psychology and Health
23(1), Fall 2008

APPLICATIONS

BREECH PRESENTATION in addition to considering physical issues;

LBW,

Congenital anomalies

CP,

T shaped uterus

Consider mom having anxiety and depression

Now is a great time to screen her and provide support before post partum depression

Consider Reading for Many Insights and Applications

Life Before Birth: How Experiences in the Womb
Can affect our lives Forever

Arthur Janov

Journal of Prenatal and Perinatal Psychology and
Health 23 (3) 2009

TREATMENT MODALITIES

- ❖ **LABOR- Awareness is most critical key modality-
use of self**
- ❖ **CHILDREN**
 - Regression treatment
 - EMDR
 - Cranio sacral
 - Homeopathy
 - Flower essence
 - “in order to heal birth traumas, babies need to undergo corrective experiences that allow them to use their bodies in confident ways” creating empowerment ex legs pushing off- Emerson

TREATMENT ADULTS

Women's Perceptions of the Birthing Experience: An Ever- Changing Phenomenon

Teresa Lear BA, IBCLC

Journal of Prenatal and Perinatal Psychology and Health

21(2) winter 2006, 203-210

She talks about the need for debriefing after a traumatic birth-
sometimes the need is more than once.

AWARENESS of pattern- huge- ex friend with
smoking/FORCEPS said Brainspotting was too much

Regression treatment

Cranioscaral

Brain spotting

SET

Flower essence/homeopathy

HEALING C-SECTION

Treating Cesarean Birth Trauma During Infancy and Childhood

William Emerson PhD

Journal of Prenatal and Perinatal Psychology and Health

15(3) spring 2001 177-192

Implications of Perceived Control for Recovery from Childbirth
for Unplanned Cesarean, Planned Cesarean and Vaginal
Deliveries

Jennifer Gray MA

Journal of Prenatal and Perinatal Psychology and Health 15(3)

spring 2001 177-192

19(30) Spring 2005,251-266

PREVENTION

IDENTIFICATION OF THESE babies early on with intervention programs;
poor attachment, traumatic birth, PTB, LBW

Prediction From Low Birth Weight to Female Adolescent Depression

A Test of Competing Hypotheses

Elizabeth Jane Costello, PhD; Carol Worthman, PhD; Alaattin Erkanli, PhD; Adrian Angold, MRCPsych
Arch Gen Psychiatry. 2007;64(3):338-344.

Conclusions Low birth weight predicts depression in adolescent girls but not boys. Data support fetal programming over the biopsychosocial hypothesis, suggesting vulnerability to adversities in girls with LBW after puberty

PREVENTION PTB/LBW

- ❖ Encourage stop smoking and addiction programs
- ❖ Conduct Depression and Stress assessments during every pregnancy
TREAT IT ex NFP, CU's program-Assessment
- ❖ Treat women in disasters first, trauma (Origins)

CREATE TRAUMA FREE C-SECTIONS

- ❖ CREATE a Conscious CSections experience in order to prevent postpartum post traumatic stress for mom and baby
- ❖ I been hearing this request from women
- ❖ Parenting a Cesarean Child
Joanna Steel with Jane English
Journal of Prenatal and Perinatal Psychology and Health
14-(3-4), Spring/Summer 2000, 317-329
- ❖ The Ideal Cesarean Birth
Robert Oliver MD
Journal of Prenatal and Perinatal Psychology and Health
14(3-4) Spring/Summer 2000, 331-343

MITIGATION OF PTB

- ❖ **CONSIDER these risk factors**

 - Higher pollution increases 10-25 %

 - Origins pg 102

- ❖ Depression, prenatal depression creates a higher postpartum depression risk for mom and for the baby. Severe depression increases PTB by 50%

 - Origins pg 154

- ❖ Postnatal depression decreases attachment, bonding and children are harder to soothe baby.

- ❖ Sexual abuse History

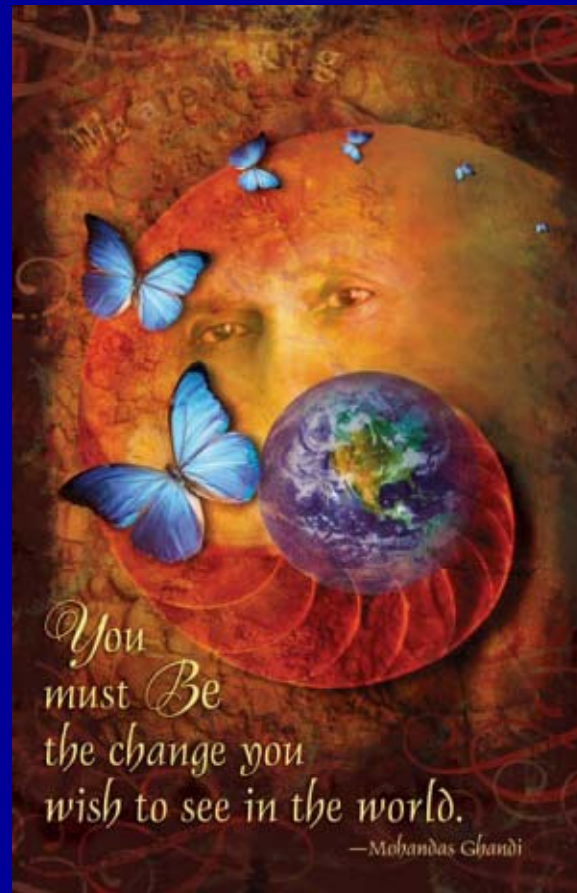
PTB

- ❖ Psychosocial Variables Predict Complicated Birth
LewisMehl- Madronna, MD, PhD
Journal of Prenatal and Perinatal Psychology and Health
17 (1), Fall 2002, 3-28
- ❖ PreTerm Labor/Birth
Psychosocial Prenatal Intervention to reduce alcohol, Smoking
and Stress and Improve Birth Outcome among Minority Women
Lewis Mehl Madrona MD, PhD
Journal of Prenatal and Perinatal Psychology and Health
14 (3-4) Spring/Summer 2000 257-278

PTB

- ❖ The importance of Psychosocial Variables in Predicting Low Birth Weight
Lewis Mehl Madronna MD, PhD
Journal of Prenatal and Perinatal Psychology and Health
18(3) spring 2004 255-264
- ❖ The Impact of Childhood Sexual Abuse on Pregnancy, Labor and Birth
Ann Diamond Weinstein MS, and Thomas Verny MD, d.Psych, FRCPC
Journal of Prenatal and Perinatal Psychology and Health 18(4)
Summer 2004, 313-323
- ❖ When Survivors Give Birth by Phylss Klaus and Penny Simpkin

In closing
There are lots of questions and
Need for further exploration, inquiry and integration of this
information. Our key through will be our awareness.



*You
must Be
the change you
wish to see in the world.*

—Mahandas Gandhi