

Integrating Pre- and Perinatal  
Principles into Everyday  
Practice

Colorado Midwives  
Association

5/22/10

# INTRODUCTION

I joined APPPAH in 1986 and attended my first conference in San Francisco in 1987 and have presented there many times

This was initially presented during their April 2009 International Conference

Ina May received APPPAH's president award in 2005

Many of you have heard me before, this talk will be more left brain than what you usually hear from me

# Introduction...

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 type of consultations I provide please visit [www.livingintuitive.com](http://www.livingintuitive.com)

Link to today's talk, handouts and bibliography can be found at:

<http://livingintuitive.com/resources/may222010.html>

# VIDEO

- <http://www.youtube.com/watch?v=Vq6b9bMBXpg>

QuickTime™ and a  
decompressor  
are needed to see this picture.

# How This Video Relates to This Talk and Those of us involved in Birth

- The song in the background- singing the abc's of music "do re mi" reflect what our structural language and tenets
- Use of space- avoidance of the space and then engagement once some people broke the ice
- Some people are interacting in the square space, but most people are scurrying around the outside- some looking in

# Video....

- When some dancers come out and interact into the main square and show others how much fun it is the space is used—that is the baseline of what we are doing here in this conference
- We are the dancers in the center square urging others to join us

# Video...

- The combination of the original song and the new re mix engages many different people of different ages and experiences and tastes.
- THAT also needs to be our approach. Adapting the delivery of our message to a younger age demographic

# My Hope for Today's Talk Will be to:

- Share some components of the APPPAH scale
- Review and create some new dance steps for ourselves and share some beginning easy steps that we can share with and joyfully engage with newcomers

# Theoretical framework

↳ Putting the patient in the best position for nature to act on them- Florence Nightengale

↳ Pat Benner From Novice to Expert

↳ All Behavior is meaningful-  
Undergrad Psych Professor

# Why Bother Doing This?

- Essentially the APPPAH precepts and tenets reflects the wisdom of nature.
- Our conscious use of  
Presence-base beat  
Contact- physical touch, voice  
Empathic reflection and validation

HAS THE POWER TO shift a very interventive event into a healing experience.

# Why?....

- Likewise a “Ideal birth” of no intervention will be off key if the providers are not present and attuned.

EX. Baby whose CNM cut the cord in terror- got transferred to the baby-  
ECMO

- So it is how we do what we do that is essential. Presence and connection while we act are pivotal ingredients

# Why?...

EU stress produces endorphins in response to a situation,

Catecholamines store an experience as trauma imprint or memory

The Stress Matrix: Implications for prenatal and Birth Therapy

Raymond Castellano DC, RPP

15 (1) Fall 2000 31-62

Why?.....

Our motivation is really prevention-  
because babies grow up into  
adolescents and adults

# My Goals

So really this talk is about getting back to basics and promoting prevention

1. To prevent trauma-in all birth situations
2. A baby born with no or the least amount of trauma will be better able to remember he/her life purpose
3. To empower this new family- so parents are happy and rewarded for their chose of becoming parents

# Why?....

4. Prevention of PTB and PPD, by early detection of risk and timely support and intervention. We can save the costs they incur financially, physically and emotionally.,
5. For society -prevention of attachment disorders makes for a healthier society by preventing mental health issues

# Why?...

6. When intervention has occurred assisting baby and the parents to learn the lesson in that birth— not an accident and they are not victims- there is something there for them to learn

Ex csection- undx breech discovered during pushing shared with the mom-client

“well it looks like your baby got to experience both ways of labor and birth”

The mom was empowered by that thought- well I never thought of it that way, yes it means I didn't fail my baby

Why?....

7. Move us onto the dance floor –  
Our tenets are very self evident  
to us, yet they are not mainstream

# Heal the Provider

## 8. Give us tools in order to Heal the Providers

This is the only way I believe this is the only we are going to get change of birth practices

I don't agree that more research is needed I believe this is the pivotal change point

- We have 20 + years of solid data, yet practices continues to be more interventive
- For a provider to admit that what they were doing before is wrong takes accountability and deep forgiveness. In this high malpractice world- that is asking for a huge leap.

# Next Step- Healing Provider

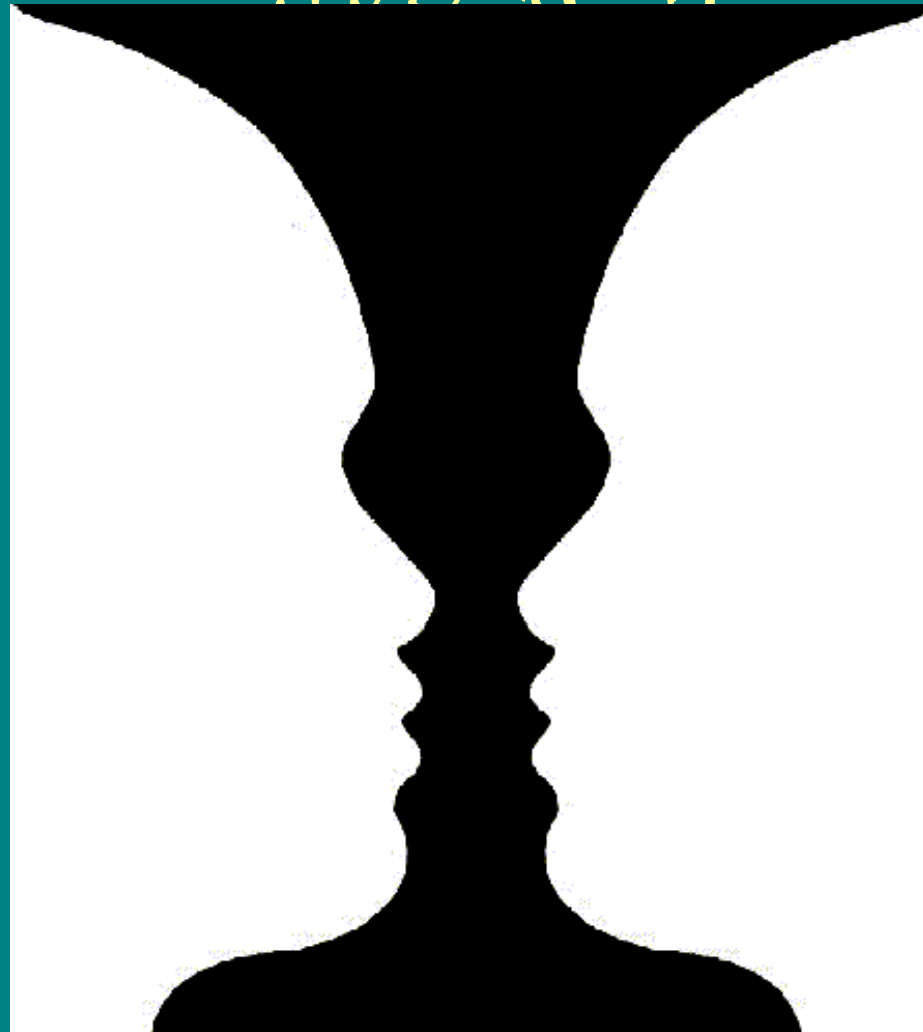
Marcy Axness quoted a pediatrician from 1998 NOCIRC annual report saying "if pre and perinatal sentience is true, I would have to take a gun and shoot myself"

Malattachement and Self Struggle

Marcy Axness PhD

19(20), Winter, 2004,

# CLASSIC GESTALT IMAGE



# Studies In Point

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

Bertil Jacobson, Md and Marc Bygdeman MD

15 (1) Fall 2000 63-80

Suicide and Pre and Perinatal Psychotherapy

Shirley Ward Med. DlpED

19(2) Winter 2004 89-105

19(30) Spring 2005, 251-266

Traumatic birth related to suicide risk

Perinatal Origin of Eventual Self-Destructive Behaviour

Bertil Jacobson MD

Vol 2(4), 1988

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?

# GENERAL TENETS

HISTORY,  
PRESENCE,  
BELIEFS,  
LANGUAGE

Each of these components gets translated to our clients

“Knowing that all babies are sentient beings  
Changes how we do everything”

William Emerson 4/24/09

# Know Your Own History

First and most important piece be aware of your birth story, attend to it and heal it

-so you understand the story you are creating and working on and healing- notice how you will attract matches to your story

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 baby's true needs and desire- your fear and trauma won't be directing the birth field you are there to support

# BELIEFS

Take an inventory of your beliefs about birth

- Beliefs as Bruce Lipton shows us becomes our biology
- In order to bridge our beliefs requires understanding the current belief and not making it wrong in order to embrace it, then are free to create a new belief

ex | have a strong anti circ belief and  
| explain it before | present any info

# Beliefs?....

I believe and I have seen it time and time again that our bodies will listen and will follow our beliefs in order to keep us safe-  
Despite the will or decision of the left brain.

I love doing belief work because it allow us to connect with the part of us that is really driving the bus

# Beliefs....

Primiparas' Expectations of childbirth: The Impact of Consciousness

Susan Highsmith PhD

21(2), winter, 2006, 141-178

Found that women experienced in birth what they unconsciously expected

# Presence

It is Not what you do but the energy state you are in while you do it.- babies are sensitive to that and will imprint to the energy not the action

As mentioned earlier with ecmo case

Fear translates and babies imprint- again knowing your beliefs is essential in order to be responsible for your fear

IMPORTANCE OF FIRST CONTACT TO CROWN

# EXERCISE

General beliefs for *you* and *your clients* to explore

- What are my beliefs about?
- Where do they live in me?
- Where do they come from?

☹ BIRTH

☹ FERTILITY

☹ MIDWIFE

☹ PREGNANCY

☹ MOM/DAD

☹ DOCTOR

# Belief Exercise....

What are my/ our?

- ☹️ HOPES/FEAR
- ☹️ STRENGTHEN S/WEAKNESS
- ☹️ EXPECTATIONS
- ☹️ NEEDS
- ☹️ RESOURCES
- ☹️ OPPORTUNITIES

# Language

Be aware of your language

Birth language is very patriarchal and disempowering

Create new language

Dispelling the Disempowering Birth Vocabulary

Michel Odent MD

23(1) Fall 2008 5-12

Barbara Katzman Roth:

The Tentative Pregnancy



# General Tools

A Short review of some general tools followed by reviewing the childbearing cycle and applicable articles and tenets along with suggested games & applications

Obtain a perinatal  
history on everyone

# Why?

- Knowing someone's Perinatal history gives you an inside lane to understanding their core beliefs.
- Our Stories around our births are Powerful imprints mythology-
- As our birth stories are repeated time after time they create and reinforce powerful beliefs
- Our beliefs create our physiology and repetition in order to create healing- Lewis Mehl, Bruce Lipton, Candace Pert

# Perinatal History cont...

- How the story is told helps story- unravels the mystery of an issue or behavior
- I mentioned before our beliefs will do anything to keep us safe
- It is not uncommon when I am working with a fertility client and nothing is physically wrong excepts someone had a strong death at birth imprint- mom died- big fear of pregnancy- so it was not safe for them to conceive

# Perinatal History Why....

- Understanding their history is the first step in really co-creating any systemic change in healing the client's birth trauma, because that is where their beliefs are rooted- so they have to feel safe around birth
- | Learn something every time | don't think something is there
- Ex con neck clients wanting a home birth

They both had con with an emergency danger story | enc them to connect with their midwife about his

# Why a history?...

- Once you have a history you will know how to assist their healing process and better understand who is a best co-referral  
**EXAMPLE** cranio? Psychotherapy? and better understand how to really assist them in their healing

- You will start hearing birth language

**EXAMPLE:** other day a 40ish male client was saying | feel stuck, no exit- in regard to counseling around a desired life change

# Why Perinatal History?

- I feel that every practitioner should be asking these question~ even L&D nurses
- The answers are so rich with insight and information for intervention risk assessment and prevention
- Gets to the heart of the healing~ saves time~ behavior becomes meaningful

# Why?...

Born after Loss: The Invisible Child in Adulthood

Joanne O'leary, Cecilie Gaziano, Clare Thorwick

21 (1) Fall 2006, 3-22

Subsequent child of next pregnancy absorbs the fear, loss and diminished lack of connection

EX Knowing this you can help to validate this person's experience of carrying grief

# What is Included in a Perinatal History?

For both the clients birth and if they have given birth

1. Was your pregnancy planned?
2. Were you the right gender-big with fertility-
3. Where are you in the birth order?
4. Did your Mom experience anything upsetting or traumatic while she was pregnant with you? Ex did someone die?

# Perinatal History

5. How were you born?
  - a. were you induced
  - b. did your mom have any labor pain medication?
6. ?? separation at birth or during Postpartum
6. Did your mom nurse you?.
8. What was your parents perception of your birth

# It is Also Important to Explore

The client's perception of what is their story and how they feel about it, ex Csection 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

This is an example of the presence not the action

# Other General Interventions To Get Us all on the Dance Floor

## ARTICLES

Have articles and resources readily available to share with community, clients

I am including some on your resource list

I have scanned that I share with anyone who is pregnant- Sarah Buckley, Bruce Lipton

For Csections Jane English, and Bob Oliver

# General Resources

## MOVIES

What Babies Want, Orgasmic Birth,  
Biz of being Born

## PLAYING GAMES

Birth games, work better than lecturing

## MODELING AND REINFORCING BEHAVIOR

Talking to interacting, encourage holding  
and sleeping with baby

# Additionally

CONNECT WITH YOUR COMMUNITY so they know about your specialty and use you as a resource- ex therapist at party who picked my brain for who to refer his person to

Take home points if you do not remember any thing else

- Know and explore your birth history
- Get a perinatal history on all clients



FreeNaturePictures  
www.freenaturepictures.com

# Literature Review Through Perinatal Stages

- Overwhelming amount of info and literature- this is really a weekend seminar or a semester class
- I focused on the last 10 years
- I tried to pick highlight so f what is most practical clinically- After each section lets add your ideas

# Literature Overview

- GENERAL GUIDANCE
- ABORTION
- PRECONCEPTION
- PRENATAL
  - PRE-TERM LABOR AND BIRTH
- BIRTH
- POSTPARTUM
- HEALING TRAUMA
- HEALING C-SECTION
  - PPD
- ATTACHMENT
- BABIES

# General Guidance DAVID CHAMBERLAIN

The Gift of his articles is that he cites not only his work but synthesizes numerous relevant sources and research

1999 double issue great resource  
also online articles

Communicating with the Mind of a Prenate:  
Guidelines for Parents and Birth Professionals  
David Chamberlain PhD

18(2) Winter 2003, 95-108

# Wisdom from David...

1. Babies love it when you sing to them in utero

Music Therapy and Pregnancy

Gabriel Federico Mt and Giselle Whitwell  
RMT

15(4) Summer 2001 299-311

2. An unplanned pregnancy increases infant mortality and decrease cognition function at 3 months of age

- MY NOTE (49% of pregnancy in US are unplanned)

- So when doing a initial PN history – great for intervention

# Wisdom from David...

3. It is time to learn and to embrace the new neurobiology
  - a. Babies feels pain
  - b. Babies perceive in womb and prenatal
  - c. Babies are superbly equipped for sensory experiences
  - d. Babies want you to connect with them

# Wisdom from David...

4. Life threatening experiences seem to make high voltage imprints that tend to endure over time

Circumcision advocacy that babies feels pain so attend to their pain if circ chosen- again not what but how

5. Listen for the baby's message

6. Teaching parents in utero to make connection with baby and to interact with all of the senses EX meditation series

# Wisdom from David..

## 7. Maternal Depression in Pregnancy-

increases newborn inconsolable and crying-  
affects bonding, attachment risk for abuse

(Zuckerman 1990)

- Preventive intervention- assess all moms for depression during pregnancy-initiate counseling and support\*

\*Edinburgh Depression assessment tool  
attached in Handouts-

**USE THIS PRENATALLY !!!**



# Abortion

Universal Responses to Abortion? Attachment, Trauma, and Grief Responses in Women following Abortion

Anne Speckhard PhD and Natalia Mufel

18(1) Fall 3-37

It is my experience, It is not the abortion that causes future blocks but the imprinting secrecy, shame and guilt

# Pre/Post Abortion Tools

Connecting with spirit, pre and post, often comes up in fertility promotion work

Post-Shrine work Yvonne Rand- Bay area  
[goatintheroad.org/Jizo.html](http://goatintheroad.org/Jizo.html)

Stop the secret shame and guilt -  
support and counseling

- [CATHOLICSFORFREECHOICE.ORG](http://CATHOLICSFORFREECHOICE.ORG)
- Religious coalition for choice

<http://www.rcrc.org/>

# Abortion Resources

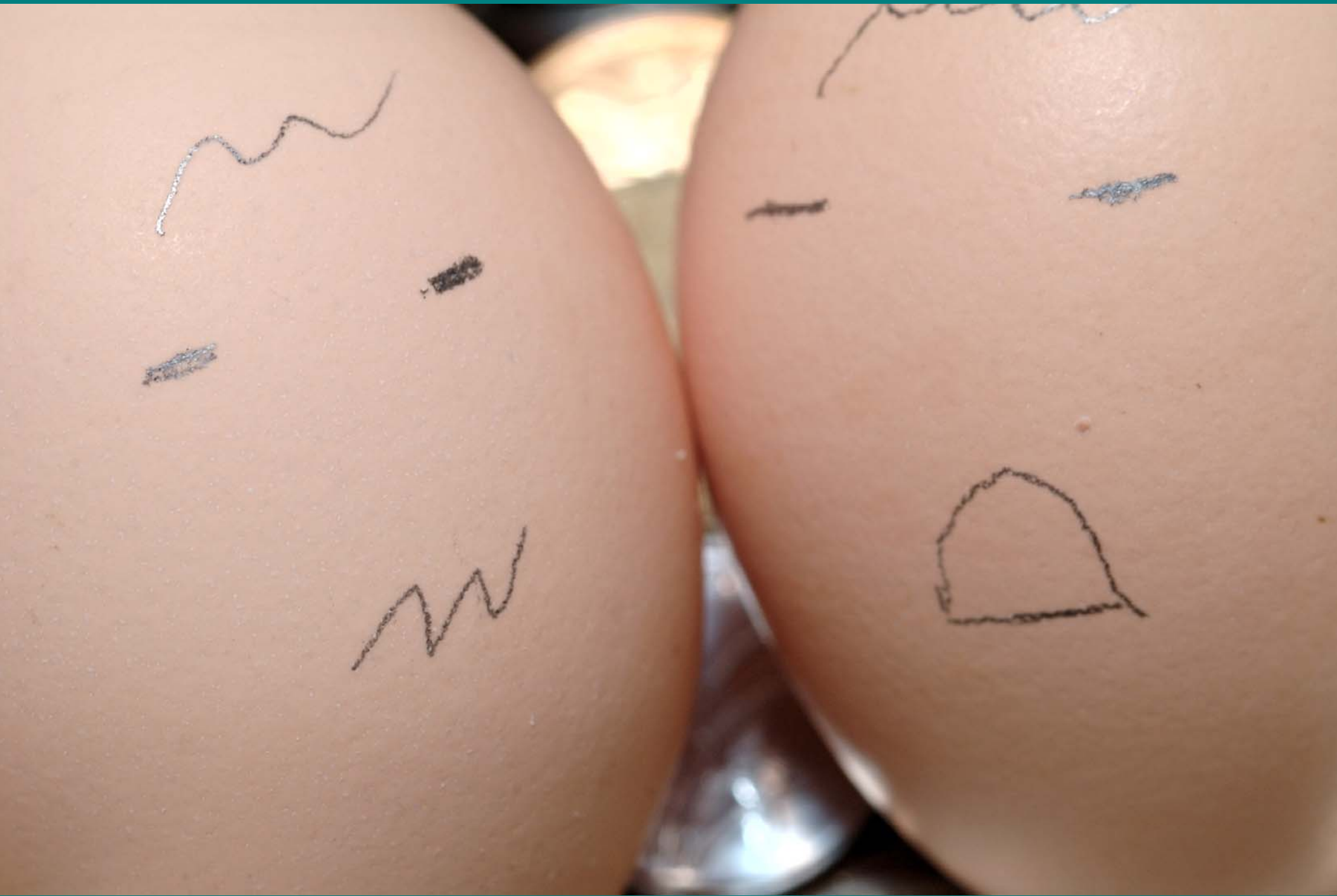
- Exhale- free after abortion counseling talkline

English and Spanish

1-866-4EXHALE

[info@4exhale.org](mailto:info@4exhale.org)

- Peace After Abortion  
By Ava Torre-Bueno LCSW



# Preconception

Womb Ecology: New Reasons and New Ways to Prepare the Prenatal Environment

Michel Odent MD

20(4) Spring 2006, 281-289

- Nutrition needs to be attended to earlier – a good 6 months
- Using fasting and cleansing- heat to remove and decrease fat soluble chemicals
- Great time for belief work
- Simon House - heavy metal toxicity- sperm

# Preconception Exercise

Pre Conception WAVE EXERCISE-  
Connecting with unborn spirit heart to  
heart in order to acclimate energy systems  
Teresa's exercise



# Prenatal

In my work I see that we hold information about our births in our 1st and 3rd chakras, Safety, power and how I will put my energy out there in the world

- Same issue pre-natally
- APPPAH 2005 Peggy O'Mara talked about getting clients to the people who trust in birth is essential ex birth survey, orgasmic birth, what babies want biz of being born- prevention of the trauma to begin with- essential
- So know who the people are and refer them

# Prenatal

Nature, Nurture and Human Development

Bruce Lipton PhD

16 (2) Winter 2001, 167-180

(COPY AVAILABLE IN Handout resources)

## Epigenetics

Reflecting to mom that hormonally she is communicating to her baby- the baby makes DNA to prepare for what she is transmitting  
Like old wives tale

# Prenatal

The Potential Risks of Ultrasound Examinations  
on Fetal Development,

Holly Goldberg, BA and Thomas VErny  
MD, DPsych, DHL, FRCPC

21 (3) Spring 2007, 261-280

- Newhan (2004) found a delay in speech & language development from USN
- MICE STUDIES REPORT
- Behavior delay
- USN described as Neuro Toxin

# Prenatal USN

- 2005 APPPAH a group of us pushed back at the Children's Health Study researcher who was assuming that a level 3 ultrasound was not a study variable?
- I am personally interested and curious about early 1st trimester USN and it's effect on SAB. I have observed many clients going in at 8 or 9 weeks- every thing is "fine" and then a missed SAB shows the baby stopped growing 3-4 days after that "fine" USN

# Prenatal USN

- USN is a great tool when a pregnancy is out of the range of normal
- However, its use has been substituted for touching a belly and connecting with the mom
- 9-10 usns not uncommon during the course of a pregnancy. it is our job to share with parents that the safety of usn is not a slam dunk
- That research is being done on USN as a neuro toxin and ? Connection with ADHD autism spectrum disorders.

# Prenatal USN....

- Less is more
- Teach them how to connect with their baby- to allay their anxiety and to increase bonding
- I do an exercise of connecting with and giving the baby a sponge bath internally where they can check on the babies anatomy
- Where parents tune into the FHT
- Also when parents have an exam I teach them to tune into where the baby's heart is and say or I think you can find it here

# Pre Term Labor/Birth

PTL grounding strip and newsletter story

How Women Can Carry their Unborn Babies  
to Term- The Prevention of Premature Birth  
Through Psychosomatic Methods

Rupert Linder MD

20(4) Summer 2006, 293-314

Psychosocial Variables Predict Complicated  
Birth

Lewis Mehl- Madronna, MD, PhD

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

14 (3-4) spring/Summer 2000 257-278

The importance of Psychosocial Variables in Predicting Low Birth Weight

Lewis Mehl Madronna MD, PhD

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

18(4) Summer 2004, 313-323

# PTL/PTB Points

Pre Term Birth RISK From March of Dimes:

- The rate of preterm births (less than 37 weeks gestation) dropped to 12.7 percent from 12.8 percent in 2006, a small but statistically significant decrease, according to preliminary birth data for 2007 released by the National Center for Health Statistics.
- **That is one out of 7.87!!!**
- In our go go go society cortisol rules
- Women consider being pregnant just carrying the bump along- and many do not know how to stop pushing through their lives.
- Many do not get that doing so is harmful to them and their baby.

# Mehl-Madronna's PTB Risk Factors

1. Negative feelings upon becoming pregnant
2. Low hope for future
3. Young age
4. High medical risk
5. Lack of health insurance

Anectodally- I would add history of a non-consensual sexual contact, especially if there has never been counseling

Risk for at least PTL when the uterus is really apparent and others start coming up and touching it- 28-20weeks  
Also I would add poor dental care

# Mehl-Madronna...

## FACTORS THAT MITIGATE THE RISK INCLUDE

1. Intimacy -What Rupert Linder shared APPPAH 2009
2. Good prenatal care
3. Non African American
4. High level of comfort

# Mehl-Madronna...

## FACTORS FOR LOW BIRTHWEIGHT

1. Medical risk
2. Lack of social support
3. Low level of comfort
4. Substance abuse
5. African American
6. Exploitive prenatal care- many procedures in a low level setting

# Linder's PTB Prevention

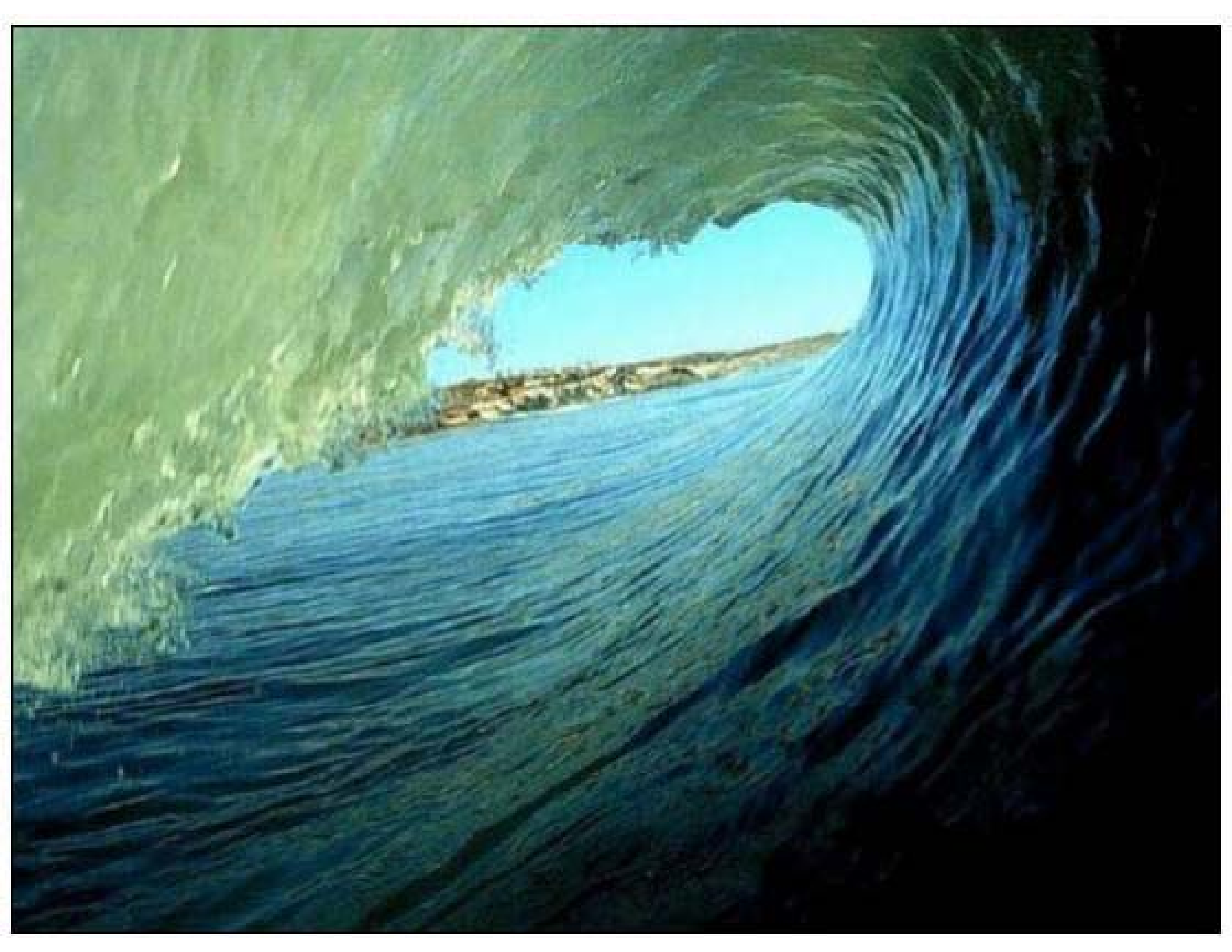
1. Provide psychosocial support to help her to slow down to rest and listen to her body
2. Decrease stress- relief from internal and external dread
3. Overcome/decrease fear
4. Assessing internal and external tension and reorient

# Exercises

1. Nourishment Exercise
2. Baby Altar- handout
3. Talking to smoking moms to warn baby of decreased circulation
4. Asking baby where are you to get fhts
5. Reference: When Survivors give Birth
6. Assess social support and share with moms concrete ways they can slow down and do less- accept help and to receive

# Interventions cont..

7. USN – explain that it is not a slam dunk of safety? we are having about it being a neuro toxin
8. Hypnosis has helped with decreasing PTL/PTB Cheek and Linder
9. Teaching mind body spirit connection tools
10. Stress reduction and connecting with baby simply and concretely



# Birth

Undisturbed Birth: Nature's Blueprint for ease and Ecstasy

Sarah Buckley, MB, ChB, Dip OBT

17(4) Summer 2003, 261-288

- Families need to know that their body is supporting them with pain relief during labor-  
Orgasmic Birth great audio visual to this article
- I share this article – Mothering magazine version- with every pregnant client
- Copy in your handouts

# Birth Tool

Joseph Chilton Pearce

3 things things need to happen at birth between the mother and baby to stop the flow of cortisol and stress hormones and begin the flow of oxytocin and prolactin- bonding hormones

- smell each other
- touch nipple
- eye contact

This can be accomplished in the majority of births- including C-Sections

# Birth cont...

A Holistic Approach to NeoNatal  
Resuscitation

Kathryn Landon-Malone MSN

20(1) Fall 2005, 77-87

- Karen Strange
- Thelma story

# Neonatal Resuscitation

1. Good references about birth memory from Chamberlain
2. She questions does resuscitation create a pattern of needing to be rescued scenarios in the future?
3. Suggestions
  - a. communication with the baby
  - b. practitioner to be calm and present and grounded  
(this is where knowing your birth story is important- important to heal the healers here)
  - c. holding, validating experience with baby, talking the baby through
  - d. Supporting mom to breathe and to connect with her baby- mom as continued resource- telling her baby that he/she is loved and safe



# Attachment

“We will be better at understanding the children and adults who come to us when we learn to see the world with the eyes of the baby, toddler, preschooler and pre-nate”

“What New Biology is telling us is that patient's patterns is the effect of the organism to make sense of this world and adapt to

Adaptation and Resilience in Early life  
Implications of the New Developmental  
Neurobiology for Clinical Practice

Michael Trout

18(40; summer 2004, 287-300

(Great cross referencing of the Daniel Siegel article )

# Postpartum

Womens's Perceptions of the Birthing Experience: An Ever-Changing Phenomenon  
Teresa Lear BA, IBCLC

21 (2) winter 2006, 203-210

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

In our CNM practice we did this both immediately postpartum and at the 2 and 6 week postpartum visits.

# Healing C-section Birth

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

Jennifer Gray MA

19(30) Spring 2005, 251-266

Parenting a Cesarean Child

Joanna Steel with Jane English

14-(3-4), Spring/Summer 2000, 317-329

(article copy in handouts)

The Ideal Cesarean Birth

Robert Oliver MD

14(3-4) Spring/Summer 2000, 331-343

(article copy in handouts)

# C-Section Trauma

Treating Cesarean Birth Trauma During  
Infancy and Childhood

William Emerson PhD

15(3) spring 2001 177-192

1. C section babies need tunnel experiences  
ex canoe experience

2. "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 cont...

Common symptoms of trauma

Again we are back to perinatal history

- Stuck and unable to move-
- Giving up
- Intruded on and misunderstood
- Rescue fantasies

# Trauma Tools

- Play groups ex parenting center where the parents can have support and modeling behavior, and understand how and what their baby is trying to communicate with them
- Priscilla Dunstan, a mom from Australia who teaches the four cries of babies and what they mean  
The Dunstan Baby Language DVD is currently available. Visit [DunstanBaby.com](http://DunstanBaby.com)
- CIP, NFP, Genesis, Parenting Place  
Post partum home visits

# Trauma Tools cont...

- Crawling up belly- Ray Castellano Mary Jackson described in 3yrs ago in San Diego
- Cranio sacral work- every baby needs it and benefits from it- helps sleep
- Tunnel games- acknowledging them when they are happening and supporting them as healthy- peek a boo in and out of mom's shirt

Many times when mom is pregnant again you will see this games- acknowledge and support mom

# Trauma- Ray Castellano

RAY CASTELLANO

The Stress Matrix: Implications for prenatal and Birth Therapy

Raymond Castellino DC, RPP

15 (1) Fall 2000 31-62

1. Establish resources before working with trauma based material the major goal in prenatal and birth therapy is to reestablish connection with our resources

# Castellano cont...

2. Determine resource dominance . Is it kinesthetic, auditory or vision based ,so you know how best to present information to client
3. He stresses the importance of tracking states during therapy. Supporting the quiet states as time of inner resourcing. AGAIN the baby is pacing the encounter
4. Overall helping to reground, to reorient and to resource



# Babies/Bonding

Marcy Axness “ neuroscience has joined forces with the attachment theorist in the past decade to find that the most critical environment variable is not mobiles decorated with extra high contrast black and white nonsense, or data on the screen of a lapware computer designed for baby , rather , it is the attachment relationship between the infant and the mother- or other consistently available caregiver”

# Babies/Bonding cont...

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

Daniel Siegel MD

18(4) Summer 2004, 273—286

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

# Siegel cont...

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".
5. INTV our job is in educating and supporting parent sin understanding  
"Memory is the way past event affect future action"

# Wendy McCarty

The Power of Beliefs: What Babies are Teaching Us

Wendy Anne McCarty, PhD

16(4) Summer 2002 341-360

Supporting Babies' wholeness in the 21<sup>st</sup> Century: An Integrated Model of Early Development

Wendy Anne McCarty, PhD

20(3) spring 2006, 187-220

# How to be Present

## Wendy Mc Carty's 7 principles of Re Patterning

1. Right pace for the baby
2. Follow baby cues and respond to them
3. Attend to the baby communication, attempt to recognize, acknowledge and reflect for the appropriate experience
4. Assist baby to orient with aspects of their experience

## 7 Principles cont...

5. We are attempting to bring awareness and support healing not treat
6. Hold vision of them as primary consciousness and that they are communicating with us on many levels
7. Loving compassion

# Babies Teaching Us

The Neurobiology of Attachment and Early  
Personality Organization

Allan Schore PhD

16(3) Spring 2002 249-263

Babies are Right brain dominant for the first 3  
years of life

This is important to share with families as they  
consider what kind of activities to share with  
their baby/child

Years of Magic, building beliefs

# Holding and Sleeping with Babies

Hold Me! The importance of physical Contact with Infants

Aletha Solter PhD

15(3) spring 2001

An Anthropological Perspective on the Sudden Infant Death Syndrome: a Testable Hypothesis on the Possible Role of Parental Breathing Cues in Promoting Infant Breathing Stability

James Joseph McKenna

Part I, Vol 2(2), 1987, 93-135

Part II, Vol 2(3), 1988, 149-178

# Holding and Sleeping with Babies

1. Encourage parents to sleep in the same room as their babies for the first 6 months
  - side sleepers, cribs in the room
2. Have a sling, bjorn, Ergo baby carrying gathering for moms to try on and use new slings
3. Allay roll over fear- babies are strong

# Talk Resources

<http://livingintuitive.com/resources/may222010.html>

APPPAH- join all articles in archives  
[www.BirthPsychology.com](http://www.BirthPsychology.com)

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