Mindful Childbearing:

Redefining Childbirth

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If having babies was really that hard,

why would there be so many people walking around?

Dedication

For my babies

My greatest pleasures

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Preface

You're having a baby! How wonderful – meaning it will be an experience full of wonder and awe. Are you going to have it naturally or do you want major drugs so you feel no pain? This is where we're going to start our conversation. The experience of pain and pleasure are culture bound and learned through intimate interactions with others. There have been times in history when childbearing wasn't thought to be a big deal, but today many women feel they cannot endure having a baby without drugs or medical interventions. The use of pain killers is now the norm and the number of C-section deliveries has skyrocketed. The numbing of bodies may prohibit the sensation of pain, but it also prevents the pleasurable sensations as well. It is possible to have what some women refer to as "the ultimate orgasm" when they deliver their child. But this can't happen if you're drugged up.

Contemporary childbearing practices alienate the woman from a developing an intimate relationship with herself during this critical time of personal and role transformation. The medical model also alienates the father, who has virtually no role in the pregnancy, laboring or delivery process. This lack of mindfully integrating both parents in their birthing experience may result in a lack of bonding which has implications in how they feel about themselves, their partner, and their child. As a former National Institute of Mental Health Post-Doctoral Research Fellow in the area of

child abuse and family violence, I am keenly aware of the need to help promote better parent-child relationships from the very beginning. People who are well-bonded and have emotional attachments with others tend to cherish them more and abuse them less.

During each of my three pregnancies I was excited to be expecting – I was expecting easy labors and deliveries, I was expecting healthy, beautiful babies, and I was expecting to enjoy my role as a new mom. All those expectations were achieved! I was not expecting to have orgasmic deliveries. I didn't even know about them. But the rush that went through me when the baby slipped out of my body was like no sensation I had ever heard about. It was the most thrilling physical sensation I have ever had. Months and years later I can put myself back there and tingle with the muscle-memory of the moment I delivered my babies. It was the ultimate orgasm in every way, physically, spiritually, and emotionally. I bonded with my babies at that moment and that bond can never be broken. They are indeed the greatest loves of my life.

I am shocked at how young women today are so fearful of their bodies during labor and delivery that they are willing to be drugged and cut open, whether for episiotomies, epidurals or Caesarian sections. Totally healthy young women enter the hospital fine and suddenly become "at risk" and have C-section deliveries. What's this about? Cross-cultural data logically leads one to question whether these high-tech deliveries are always really necessary.

It is my hope that women will redefine childbirth to be more pleasurable and work more with their bodies to embrace nature taking its course. I would like to see

fathers more involved in the process because *they are having a baby too* – good parenting is not a spectator sport. It is also my hope that the social network that surrounds new parents will be more mindful of the messages they transmit. When given a choice, give joy and hope, and set them up for parenting success.

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Mindful Childbearing

Jennifer excitedly announced, “I’m pregnant!” She looked radiant. But as she talked about her expectations for her pregnancy, it didn’t take long for her to become pensive and nervous. She confided, “I’m so scared. I hear it’s the worst pain a woman will ever have, and I don’t handle pain well.” Her whole expression changed as she confessed her fear. The muscles in her face tightened and her body visibly crunched up with tension. Her eyes clouded, her smile disappeared, and the effect of being frightened was already apparent. She talked about how she was going to try to “get through the ordeal” of labor and delivery through the use of techniques like Lamaze, but that she had an escape valve because “I can always get the drugs,” she nodded as she anticipated pain that could be greater than she could endure. Drugging herself through the process seemed to offer her a more normal option than having her child naturally.

How did Jen learn to be so afraid of engaging in the most normal and natural of all exclusively female activities – having a baby? She learned it, just as countless other

women learn it. We learn to be afraid of our bodies during childbirth from a variety of cultural and interpersonal messages.

There have been times and places when fear of painful childbearing wasn't normative. Go back in time or travel across the world and it is clearly the case. Birth, like dying, used to be something that happened at home. Family members went through the process together. Only three generations ago in the United States women, especially those in rural areas, were having their babies at home. Both of my grandmothers labored and delivered over a dozen babies between them in the quiet support of their own rooms, in the beds where their babies were conceived. Today we don't see babies born, unless by chance we have a farm or our cat has kittens. Women go into the hospital pregnant and come out with a baby. We are devoid from knowing about the experience in between. Television portrays of laboring women screaming in pain don't help us to learn that there's another alternative. It's no wonder that girls learn to be afraid of having babies. Childbearing is likely to be seen as a medical procedure instead of a natural part of womanhood. Women in less-developed societies still have babies at home naturally and without the medical hoopla. They have a different cultural context that leads to a less painful view of having babies.

During the 1970s, natural childbirth re-emerged as an outgrowth of the women's movement. Having children naturally, without drugs, often at home with midwives, became vogue as if it was a new discovery. Childbearing was part reclaiming of a woman's power. It was a cool thing to do and a generation of earth-mothers was born. But now it's a different day. Television, movies and popular magazines often portray laboring women

in excruciating agony. They publicize celebrity women's experiences about how horrible labor and delivery was, and how it got better once the doctors gave them good drugs to knock them out. It is common to see women in films screaming as they deliver their babies. We know that films sensationalize normal experiences in order to make money. We know that not every woman has a hard time during labor and deliver. But a "fix me" mentality to having a baby gets reinforced every time pregnant women are told they can be given drugs to knock them out so they will feel no discomfort. It's reinforced when media makes medicalized childbirth the standard. If celebrity women get epidurals and drugs, why shouldn't they? Women have largely given up control over their childbearing experience both physically and emotionally. The message that going through labor and delivery is agony that cannot be endured without drugs is now the norm. After all, why should they be in pain when it's not necessary?

We seldom see portrayals ecstatic childbirth. There are few media depictions of the many women for whom labor and delivery is easy as they pop the child out effortlessly. It may be an act of love but most media focuses on the pain and suffering instead of women's intense concentration and focus as they turn their attention inward to deliver their babies. Most portrayals don't focus on how women positively direct their energy on what their body is doing, how well they manage their emotions, and how they are much too busy having the baby to bother with expending precious energy in the act of yelling. Many of us are calm. We are mindful. We don't scream and cry. We are focused on what's going on inside of us. We relish being at the center of the making a miracle.

Pregnancy has become an illness, a medical condition to be managed. Modern medicine plays an absolutely critical part in helping women to have a healthy child. Doctors can diagnose, prevent, treat, and create better options for the baby's future. They may give drugs, use machinery and technology, do surgery, or engage in activities that regularly save babies lives. When you have a high-risk pregnancy or need this level of intervention, modern medicine can be miraculous. No doubt, it saves precious lives.

Medicalizing the childbearing experience has a down-side. Western societies tend to regard hospitals as places where sickness and pain are treated. Pregnant women may have never met the doctors, nurses, or technicians who come to assist them in having their baby until they arrive at the hospital. Total strangers show up in the room with the sole assignment to help get the baby out. At the time of labor and delivery, women may have only one person they know with them to coach them through the experience, usually their partner, or a close friend or family member. Women and their babies have become objects to be manipulated through procedures within a medicalized context. An elastic belt may routinely be strapped around the laboring woman's abdomen to measure contractions and the baby's heart rate. But is the use of cardiotocography really necessary in low-risk deliveries? The entire social context in which woman have their babies has changed, for better or worse.

Perhaps the biggest culprit in creating an expectation of pain during labor and delivery is not what the doctors or the media does to us, but what women do to each other. It is the intimate, personal, interactions that women have with other women that may have the biggest influence on how they anticipate their pregnancies, labors and

deliveries. Women pass on messages of fear because they have been taught that is exactly what they are to expect. As a result, this is the reality they create for themselves and pass on to others. This in turn socializes other women to expect discomfort and burdens when they join the club of motherhood.

When Jennifer told a select group of friends at work about her pregnancy, other women chimed in with unsolicited advice. Women of all ages flocked around her, recanting their own birth stories or the stories of people they knew. Jess hadn't asked them for their opinion. She had not asked to hear their birth stories. It didn't matter. At such moments, women have an agenda of their own. They need to talk about what it was like to have a baby, because it helps them to remember their own experience. In telling their own stories, they were trying to establish a bond with her, in a rite of passage where Jessica was becoming a real woman, a mother, just like them. They wanted to help Jessica by telling her what childbirth would be like. Bearing a baby is a big deal, and for first-time moms it is perhaps the most intense emotional and physical experience of their lives. Women talk with one another with an unspoken assumption that their experience will be similar to their own.

Within minutes, Jen was inundated and overwhelmed with too much advice – information that on the surface seemed directed at helping her to have a good pregnancy, but with the underlying message that childbirth was awful. A hard or difficult labor and delivery was portrayed as inevitable, and these supposedly well-intended women were trying to protect her by preparing her for it. They had unknowingly scared the daylights out of this beautiful new mama-to-be. Jess could have dismissed the negative view of

childbearing if the message only came from a few isolated people. But when it is coming at you from many different people and directions all at the same time, the cumulative impact is impossible to ignore. In their attempt to help, women collectively confirmed to each other that childbirth is a painful experience. No wonder Jen thought that getting drugged was a reasonable option!

First time moms-to-be cannot know what to expect when they go through labor and delivery. Their bodies are being asked to do something that they have never done before. While they can read lots about what to expect when you have a baby, it's normal to want to hear stories of women who have "been there, done that." It is especially hard to ignore the experiences and advice of family members, good friends, and people whose opinions or authority matter to us. Wide-eyed gonna-be-mamas innocently look for nuggets of wisdom from women who have had children, since they know every woman has her own story to tell. Since women of all stripes of life have babies, just being female puts a pregnant woman at the center for influence by all women. It is impossible for pregnant women to know ahead of time which women to listen to and which to avoid, since they can't know what the women's stories will teach until afterwards. Women who look like they'll have great stories may not, and women who look like they have little to offer may actually have the brightest gems to impart. So expectant women learn to politely listen to whatever everyone has to tell them. Unfortunately, this usually means that they get to hear many childbirth horror stories.

Pregnant women are like canvases that get painted with the stories and expectations of others. By the time their delivery date arrives, they have developed an

almost complete picture about how the labor-and-delivery-thing works. Their intuition about what they know to be true about their own childbirth experience gets over-laid with depictions of childbirth from not just women they've talked with, but the childbearing legacies of hundreds of women that occur across generations. Women may find that the experiences of their mother and grandmothers get entwined with their own. Women who have a negative attitude about childbirth end up recreating their own unpleasant birthing experiences by imposing them upon the experiences of new mothers.

When I tell expectant moms about how wonderful going through labor and delivery is, at first they blink and look at me like I am daft. When they learn that they can have an orgasmic delivery, they start to pay attention to this alternative. I've had many young women come back to me with reports about how wonderful their deliveries were, and how grateful they were to have learned that they could tap into their own mindfulness and create an awesome childbearing experience.

It is my position that telling expectant mothers horror stories about labor and delivery is a gross disservice that serves no good purpose at all. In fact, it is not only counterproductive to women feeling good about their pregnancy and their babies, but it is **just plain mean** to tell them scary labor-and-delivery stories. From my own birth experiences and from research that I have now conducted with dozens of women and hundreds of readings, I will tell you that these doomsayers are dead wrong. My experience was totally different from the pain and suffering model. I did not have horrible deliveries. Actually, in an odd sort of way, labor and delivery were the most wonderful experiences of my life. I have since found that it is that way for many other women as

well. These stories of peace, courage, calm, personal control, and joy are the ones that I think pregnant women should be exposed.

The drugging of women encourages them to escape their full engagement in what could be the most intense and meaningful experience of their lives. The view of the painful childbirth that women can't survive on their own without help is outdated. It is counter-productive. It is self-defeating. There are other, better ways to view childbirth. There are empowering, exciting, self-expansive, and spiritual ways to have babies.

It is time for a change.

Women should not be at war with their bodies, especially during the time period when they will create new life. This approach makes them fight themselves and the children they carry inside them. It sets up a conflictual relationship dynamic that could continue once the baby exits the womb. It is my position that women, their babies, and their relationships, all benefit when women are engaged and at peace within themselves during pregnancy, labor, and delivery. The bodies of women know what to do when it comes time to have the baby. There's nothing that can keep the baby in when the baby decides that it's time to come out. It is the minds of women and how they view their childbearing experiences that cause of the battle.

Having a baby is a relational and community experience. Other people's attitudes shape our expectations and emotions about what this unknown adventure is really going to be like. It is time that the media and medical communities provided women with options that empower them and allow them to have a marvelous childbearing experience. The systematic scaring of women about pregnancy and delivery must stop.

Benefits of Mindful Childbearing

This book seeks to redefine childbearing so that it becomes the wonderful, miraculous, joyful process that it was meant to be. Childbearing is not just the entry of a new life into the world – it can be also become a major spiritual journey for the mother. The emotions and physical changes a pregnant woman experiences can become a vehicle for enlightenment, if one is mindful. **Mindful Childbearing** approaches having a baby as the ultimate female process that gets crafted over many months by a series of choices that lead toward the culminating life giving experience of labor and delivery. If a woman is mindful, she can find that the entire process of having a child, and especially labor and delivery, is the most wonderful moment of her life. If she has an honest, intimate relationship with herself, then she will be better able to get the support she needs from her partner, family and friends. This will set her up for a positive mothering experience, instead of one with prenatal and post-partum depression. If she starts her mothering loving her body and the experience of having her baby, she will feel better about herself, be more protective and attentive to the child, less likely to abuse it, and more willing to meet its needs. Motherhood is a transition of body, mind and spirit. It is also a transition of the way one identifies oneself, one's roles, and ones social relationships. When women have an intimate, mindful experience during pregnancy and delivery, it greatly enhances the possibility that positive outcomes will result. It will help them to love themselves and their babies more. It will set the stage for them to be better mothers for their own children, and for other people's children as well. Good mothers will require that other people treat their children in kindly, productive ways. They will demand greater support

from social institutions, which can help transform communities to be more attentive and caring for their youngest citizens. When children get their needs met better, entire generations of individuals will be born who can transform the world into a better place. In this model, having a positive and healthy childbearing experience is essential to building a healthier, stronger, better society. It's as simple as that. How we have our children can be of monumental importance.

Mindfulness is the attentive awareness of the reality of what is going on in the present. It is considered an antidote to delusion where we look clearly at what is and not what we want or expect things to be. Mindfulness is a state of active, open attention on the present and enables people to observe their thoughts and feelings from a distance. Mindfulness engages people to actively experience each moment of life. When one is mindful, life is not a spectator sport! This is especially important during pregnancy when a woman's body and emotions are going through so many changes. Mindfulness can help remind us of what we are supposed to be doing, which is particularly important during labor and delivery. Understanding mindfulness helps us to see things as they really are – such as pregnancy is a normal and natural event and that labor and delivery could not possibly be so bad or there wouldn't be so many people populating the world. Mindfulness can help an expectant mother to see the miracle of birth, the vulnerability of the infant, and the interdependence between mother and child that must occur for each to succeed in their own development (Gunaratana 2011).

Sometimes mindfulness is referred to as having right mind, where people look upon reality in the correct way, or the way things are without an emotional overlay upon

them. One can be mindful by allowing one's mind to be active and watchful mind in a nonjudgmental manner (Davids 1881). The concept of mindfulness is actually nothing new. Like many inventions of the new era, it is merely the repackaging of truths that countless others have known and practiced for decade. For instance, the Buddhists have been practicing it for decades. So have other traditions and practitioners. The use of mindfulness has moved out of its traditional Buddhist history into contemporary practice for alleviating a variety of mental and physical conditions. Scientific research on mindfulness indicates that there are a variety of positive effects associated with it, including less stress, greater health, greater personal insight and control. In Western society, Kabat-Zinn (1990) is credited with the development of mindfulness stress reduction (MBSR), an eight session course that was found to be beneficial for the management of both physical and psychological pain. Nurse-midwife Nancy Bardacke developed an approach she calls Mindfulness Based Childbirth and Parenting (MBCP), and others have created mindfulness based cognitive therapy (MBCT) (Nice 2004). A British parenting approach using mindfulness (Hughes et al 2009) encourages the use of mindfulness to manage pain during pregnancy, reduce depression and increase emotional availability to the infant once it is born. Mindfulness during pregnancy is cultivated through training the mind and body (Williams et al 2007). Mindfulness does not come naturally, at least now in western society. We cannot just will ourselves to be mindful – it takes a lot of practice and discipline. It is challenging; it is the road less traveled because it does require effort. Sometimes meditative techniques, such as focusing on one's breath, can help a person to maintain attention and refocus the mind when it starts to wander.

Birthing techniques teach women to focus on their breath during labor and delivery – but they are usually taught without discussing the spiritual context of why they are important. When one becomes mindful, it can be tremendously empowering.

A drug-induced labor and delivery is not empowering. Drugs require little to no effort on the part of the woman to manage her pain. Drugs may be the easy way out, but they are by no means the better way to journey through childbearing. While the use of drugs dulls sensations and makes pain inaccessible pain, mindfulness seeks to alter a woman's relationship with physical sensations so that they do not trigger an avalanche of unmanageable emotions. Mindfulness does not aim to remove, reduce, or wall off pain (Hughes et al 2009). Instead, it seeks to alter the woman's relationship to the pain. Pregnant women who have taken mindfulness training report that they have become able to redefine sensations and relate differently to them, so that they do not overlay unnecessary negativity on them. As a result, they are better able to cope with the intense physical sensations that accompany labor and delivery and work with them instead of against them. As a result, they are less emotionally overwhelmed by trying to hand the pain and less fearful of losing control because they don't have to control something that is natural and will take its own course anyway (Duncan and Bardacke, 2009). Midwife Cathy Nietupski compared an oncoming train to labor and delivery. She observed that you can stand in front of the fast moving oncoming train and scream at it to stop and go away – which it will not do. You will only get hurt if you try. The other approach, one of mindfulness, is to hop on the train and ride it through to the destination, moving with the highs and lows and the fast and slows. When you give up trying to control the train,

you can enjoy the ride. In other words, when one uncouples the physical sensations from thoughts about them and gets in 'the zone', there is the potential for freedom and seeing the place and value of the pain (Vastag 2003;Walsh 2007, 2008; Walsh and Byron 2009; Leap 2008).

Drugs don't just numb the pain – they also make the pleasurable sensations associated with labor and delivery impossible to access. As will be shown later in this book, when women use a mindful approach to pregnancy, they may be able to become on such good terms with their bodies that they may increase the chances of having deliveries that are orgasmic. Orgasmic childbirths are absolutely possible to have, and some women describe them as so pleasurable that they are actually the ultimate orgasm. Drugs to numb the pain make orgasmic deliveries inaccessible – and that is an unnecessary shame.

It is important to note that mindfulness is not necessarily going to assure a problem-free pregnancy or birth complications. But it can reduce those possibilities. If women aren't excited about being pregnant, they may experience depression. Depression is one of the most common complications of childbirth, with an estimated 13 - 25% of mothers becoming depressed before and after the birth of their babies (Hughes et al 2009, O'Hara 1996; 1997; Cooper and Hurry 1998; Murray et al 1996; Stein et al 2008, Bennett et al 2004; Holmes 2006; American Congress of Obstetricians and Gynecologists 2011). Depression can be bad for pregnant women and bad for their babies. When women are depressed, their babies are inevitably impacted by the hormones they swim in and by the choices their mothers make. Alcohol, smoking, and drug use (Briggs 2005; SAMSHA 2007), nutritional choices, and their exercise or sedentary decisions during pregnancy all

influence the baby. Government reports estimate that significant numbers of women use marijuana, cocaine, heroin, and other drugs during pregnancy (SAMSHA 2007) and that 1 in 8 women drink alcohol, which we know is bad for fetuses, while pregnant (CDC 2007; Baily and Sokol 2008). Stress can be a debilitating condition that leads to a host of negative physical and mental outcomes for both baby and mom (Sharma 2011). According to the American Pregnancy Association and virtually all experts in the childbearing fields, the mental condition of the mother and her subsequent choices can put a baby at risk for a variety of problems, including being born too small or too soon, having birth defects, physical problems, cognitive problems, developmental or behavioral problems. Babies born to mothers who are depressed may be less active, show less attention and are more irritable and agitated than babies born to women who are happy during their pregnancies (Barbar, Axinn and Thornton 1999).

If one is taking antidepressants during pregnancy, it may have some benefits for the mother but what is it doing to the baby? Sertraline, a commonly used antidepressant of choice for pregnant and nursing women, has been found in breast milk and there is little known about its long term impact on the baby. Tricyclic antidepressants such as amitriptyline and related drugs such as mianserin and trazodone contain doses regarded as too small to be harmful for adults but most manufacturers advise that pregnant women avoid them. An accumulation of doxepin metabolite may cause sedation and respiratory depression, which may have harmful effects on a fetus (Hughes et al 2009). Mindfulness training has been found to cut in half the risk of future relapse for women who have had major bouts of depression in the past (Teasdale et al, 2000; Ma and Teasdale, 2004).

Mindfulness may also improve the way women look at their pregnancies. Most women experience some ambivalence concerning having a baby. Will we be good enough mothers? Will they be born healthy or will they have physical, cognitive, or emotional problems? Will we have enough money to care for them? How will the daddy do? We may want a baby to love but we aren't sure love will be enough to ensure that the baby will be happy, healthy and safe in the long run. It is normal for expectant moms to be concerned about losing their waist, their independence, and how having the baby will influence their jobs and their relationships. Pregnant women may desire to have a child but dread sleepless nights, dirty diapers, balancing a thousand responsibilities at the same time and wonder if they will have any time for themselves. Everyone wonders if they will be a good enough parent. Ambivalence is normal and understanding that fact is healthy because it allows us to look at the issues instead of ignoring them.

Now think about what happens for both mother and child when the pregnancy is wanted, happy, and mindful. What a difference! When a woman is glad to be pregnant, she exudes optimism and joy, which are directly associated with the excretion of different hormones than when a woman is sad or mad. Happy people seem to be like magnets that attract other happy people, who seem willing to share parts of themselves that make our lives better. Simply put, joy begets joy. When people are satisfied and content, they are more likely to live in peace. There is a direct correlation between one's internal and external harmony. When one lives with gratitude, respect for everyone and everything occurs. Doors of opportunity and optimism seem to swing open. People who are not at conflict don't attract conflict. If one wants to have a positive pregnancy, it is not merely

the result of good biological development or health care. The seeds for how the pregnancy will evolve and how the baby will develop are heavily influenced by a mother's state of mind. There is a naturalistic cause and effect relationship in all things. Pregnancy is certainly a prime example of this fact.

What happens during pregnancy has long term effects for both parent and child. Research clearly indicates that good pregnancies are more likely to result in happy, healthy children and parents who are more likely to meet the baby's needs. Learning to live in a mindful, joyful way is one of the most empowering gifts that a parent can bestow on their children. A good life starts in the womb. Conversely, data on child abuse indicates that often unwanted children are not cared for as well in the womb, or after their births, and throughout their childhood. There is convincing evidence to indicate that unwanted children are more likely to be born with a series of developmental, cognitive, physical, emotional, and behavioral problems that wanted children do not experience (Child Trends 2007; Brown and Eisenbert 1995; DeAngelo et al 2002; Joyce, Kaestner and Korenman 2000; Mohllajee et al 2007; David 2006; Zuravin 1991). Pregnant women who are upset or who don't really want their baby may not take as good care of themselves or what they are consume, which effects how the baby develops. After the baby is born, unless they have had a significant emotional experience that enables them to bond with the child and put its needs first, abuse becomes more likely. Of course, there may be many other factors that contribute to the maltreatment of a child, but the focus here is on the intimate relationship that is created between parent and child and the subsequent protective factors that result.

Summary

Childbearing can be a vehicle for creating intimate relationships – with your body, with your partner, with your family and friends, with your community, with your spirit, and ultimately with the totality of yourself. Childbirth is a personal expression of intimacy that reflects how a woman relates with her body and her new baby. It is an experience that codifies her relationship with her partner forevermore. It links her with her family, her partner's family, and their network of friends. When one has a baby, the social and cultural context all influence one's experience, and what will happen throughout the life of this infant as it matures into childhood, adolescence, and then adulthood – to continue the cycle or somehow alter it for different outcomes.

Having a baby is perhaps the most spiritual act in which a woman can engage – the creation of new life. How a woman defines herself in her most challenging physical and emotional moment of her existence shapes her ongoing relationship with herself, with her baby, and with others around her. The way that children are born creates a lifelong bond about how a mother feels about her child. It is a defining moment in which a woman finds cosmic unity as she connects with herself and her baby.

When we are connected with the creation of a baby we are connected with its well-being in every sense of the word. Having a child is a mother's opportunity to create not just life in a set of cells, but also in the heart, mind, and spirit of an infant – and within herself. Once a woman has a baby, she will never be the same. She changes in the way she views herself and others. It also changes others; having a child provides a father or partner with the opportunity to become a courageous and loving caregiver and protector.

A baby provides parents with an opportunity to make decisions on how they will live and what they will do. They provide families with an opportunity to overcome personal agendas for the support of the larger family. Babies enable families to bond together and heal. They also give communities an opportunity to make decisions about what is important to them, and where children fall into their list of priorities. What communities decide to provide for children, or fail to do, influence the future. Children provide individuals and communities with the opportunity to show the nature of their civility, altruism, and social spirituality.

It is my conviction that having a baby is the most miraculous thing imaginable. I view having a baby as the most intimate, loving, act possible. In order to create a wonderful world for children, we need both a top down and a bottom up approach. By top-down, I am referring to how a social system can work together to provide comprehensive services so that children will have every opportunity to have their needs met and grow well. By bottom-up, I am talking about what individuals can do to create better ways to make sure that children arrive loved and get treated well at home, and then within the community. This book focuses on what women can do throughout their pregnancies to help increase the possibilities for intimacy with themselves, their babies, their families, their spirits, and their social networks. Mindfulness is a good place to start in helping to change the world.

Pregnancy, Pain and Mindfulness

Let's face it – it's hard to think that having a baby is going to be fun when you watch laboring women on hospital television shows screaming in excruciating pain. You seldom see movies about women who have easy deliveries; medical crises and agony are far more sensational when capturing the movie-going market. Who in their right mind could imagine that childbirth could be a good time when all you hear are horror stories after horror stories about how "awful" it is to go be going through labor and delivery? When women go to birthing classes, they find classes are often designed with the underlying premise to help pregnant women to "manage" pain and distress. Doctors routinely advise women of their childbearing "options" which always include drugs and methods to relieve discomfort. Pain in childbearing has become what people expect. If

you talk of childbirth being pleasant, people think that you're just plain weird or off your rocker.

Look at the information available to women who try to find information about pain-free childbirth and it doesn't take long to realize that even the search engines are designed with a pain bias. In a Google search of "pain in childbirth", there were over 7,460,000 hits. In a similar Google search of "pleasure in childbirth, there were only 852,000 hits. Only about ten percent of the articles focused on pleasurable childbirth, while 90 percent of them focus on pain. It is true that in some of the "pain" articles there are also descriptions of how it is possible to reduce pain to make childbirth more pleasurable, but the focus of the article still focuses on the existence of pain as the norm. In most of the "pleasure" articles, the focus often isn't really on pleasurable childbirth at all; a quick scan of the article loadings reveal statements like, "the price of sexual pleasure is childbirth", or "how to get sexual pleasure after childbirth". When the keywords of "orgasm + childbirth" are entered as search terms, only 240,000 terms resulted – and most of them have little to do with orgasmic childbirth, as used in this book. And when "euphoria + childbirth" were searched, only 68,000 hits emerged. While some of the euphoric articles discussed how high women can get through childbearing, some were quite opposite, such as articles with statements such as "I felt no euphoria, no joy from childbirth". In short, if women want to find information on positive, orgasmic childbearing online it is there, but it is not easy to find because it is jumbled up with so many negative articles. The keyword command fails to capture the wonderfulness of childbirth.

Pain and Pleasure in a Socio-cultural Context

Despite historical and anthropological facts documenting that women need not experience agony during childbirth (Schott and Henley 1996), pain in childbirth has become regarded as a universal phenomenon. Childbirth pain is often traced back to the origins of humans themselves in the Adam and Eve story. In Christianity, pain in childbearing has been regarded as the curse of Eve, whose sinful behavior of eating the forbidden apple resulted in women being forever punished for her sinful behavior by having suffering during childbirth. In the book of Genesis 3:16 it states: "To the woman He (God) said, 'I will greatly multiply Your pain in childbirth, In pain you shall bring forth children; Yet your desire shall be for your husband, And he shall rule over you.'" While that Biblical passage is commonly used to explain why women have pain, other Biblical scholars (Wessell 1993) argue that translators have interpreted the passage incorrectly and imposed the false assumption of pain or anguish in birth, even though the Bible describes the bearing of children as one of the most rewarding and joyous experiences of a woman's life. In some Jewish traditions, childbirth pain is correlated with failure to observe religious duties, compared with righteous matriarchs such as Jochebed who had painless births. The dictate “in pain shall you bear children” has been broadly interpreted to refer to the suffering associated with the whole process of producing and raising children (Klein 1998). Muslim women generally do not prescribe to this view, seeing Adam was equally responsible for the sinful behavior, that they both asked God for forgiveness and he bestowed it (http://www.islamreligion.com/articles/286/). In some Iranian customs, there is now a more western approach to childbearing with most women

having babies in the hospital; it is common to gift the new mother; the greater the childbearing pain a woman experienced, the greater and grander the gift should be (TorkZahrani 2008). Crying out in pain during labor is deemed expectable in most Latin American countries, Most Southeast Asian countries regard pregnancy as a natural process that occurs “when a woman has happiness in her body.” In Japanese culture, crying out during labor could attract evil spirits to the new child, so silence in the room, and especially by the mother, is recommended in order to protect the baby. Celebrities such as Tom Cruise encouraged quiet as necessary for a healthy birth according to his view as a Scientologist, and Brad Pitt and Angelina Jolie traveled to Namibia because they thought it was a better environment in which to deliver their child. The efforts that people have gone to avoid problematic births have been extensive, invasive, and costly. A proverb often used by Chinese women is, "If you wish to be the best person, you must suffer the bitterest of the bitter." Some religious and cultural traditions consider acceptance of one's own pain and suffering as a means of spiritual purification and growth (Dy-Lim and Felicilda 2005).

Native American women are thought to have often had their babies by themselves in the calm privacy of the woods, and they walk to the stream and bathe their newborn and then introduce the child to the community. Pregnant Madoc Indians women were reported to suffer but an hour or even less in childbirth, with two hours being the average time for North American Indians, according to physician George Englemann (1883). There are other stories about Native American women going off alone to have their children on ‘birthing stones’ which were curved and comfortable to their backs as they labored. There

are childbearing stories about Guyanese women of South America, the Alor women of Java, and Tlingit women of Alaska that all convey the same theme – that having a baby is not that hard or painful when women accept it as a natural phenomenon. Gaskin (1977) reviews the birthing experience of women across the planet and finds that until the advent of modern medicine, childbearing pain has been a rare experience.

If having a baby was so hard, would you really expect to see so many people walking around? This seems to be proof-positive that having a baby couldn't be that bad. Every day, hundreds of thousands more women become pregnant, which wouldn't happen if having a baby was such a universally awful experience. Alice Stockhom's 1890 book, Tokology, stated that "I know of no country, no tribe, no class, where childbirth is attended to with so much pain and trouble as in North America (p. 11)." She attributed this, in part, to a lifestyle difference, since indigenous women were more likely to have more exercise and healthier diets. Stockholm felt that most women could have easy childbirths if they wanted to. In the nineteenth century before pain killers were used during labor and delivery, it was assumed that deliveries were quite do-able without distress. George Englemann, in his 1883 book on Labor in Indigenous Peoples, alleged that more primitive women had easier labors and deliveries than 'civilized' women. He noted that indigenous women tended to be more physically active, even during labor, they wore more comfortable clothing than their corseted sisters, and that their attitude was more casual toward the naturalness of childbearing.

The medical industrial complex emerged partially out of the need to help victims of war through their pain and suffering, and partially out of the creation of technological

innovations. People who used to live and die in misery no longer needed to do so, thanks to medical interventions – and drugs. The field of obstetrics emerged to help babies be born safely, but it also usurped the traditional midwife role of bringing children into the world. Throughout most of the world until the advent of modern medicine, children were delivered by women themselves, or by midwives. Obstetrics enabled physicians to take control of childbearing and to provide drugs to the laboring mothers to "ease their pain", which became accepted as the sensation women experienced during childbirth. Women were not well educated then, and they were easily swayed by medical professionals who deemed that analgesics were necessary to curb the suffering they would naturally experience during childbearing. It didn't take long before this model to replace the old one embraced by indigenous peoples, of childbearing being painless and normal. The late nineteenth century interest in pathogens soon swept over into viewing pregnancy as a pathological condition that therefore merited medical interventions. By the 1920s anesthesia and forceps deliveries had become commonplace in obstetrical practice.

The medical community's social class bias led to the conclusion that poor women were more tolerant of pain than were middle-class and wealthy women. This helped them to justify the view that perhaps primitive women may have children with little or no distress, but that upper bred women were different and may need, and deserve, pain killers. By putting laboring women on their backs to delivery their babies, it served as an advantage to medical practitioners but a disadvantage to women, who traditionally found laying on their backs to be a challenging way to deliver a child. Sexism during this time reigned, and while the more natural, holistic view of childbearing empowered women by

arguing that motherhood was a sacred calling, it also appealed to the middle classes' sense of social responsibility and need to have more children.

Sexuality and women's rights have always been intertwined. Ida May Gaskin points out that one of the original women's liberation activists, Elizabeth Cady Stanton, was a mother who was opposed to the medicalization of childbearing. As the medical model gained success, there was a trend to transform normal events such as childbearing into 'illnesses' that had to be treated and controlled by medical professionals. Stanton had many children and felt that if women dressed comfortably and took control of their own childbearing, then they could avoid pain and transform it into a pleasurable experience. She is quoted as saying "I never felt such sacredness in carrying a child as I have with this one (her fifth). She was the largest and most vigorous baby I have ever had, weighing 12 pounds. And yet my labor was short and easy. … Dear me, how much cruel bondage of mind and pain of body (a) woman will escape when she takes the liberty of being her own physician of both body and the mind?" (Gaskin 1977: 4).

When pregnant women collectively decided to have their babies in hospitals instead of in their homes, as had customarily been the place women delivered their babies, this created a huge change in not just the physical delivering of the child, but also to the social-psychological context in which children were born. Physician pressure and women's desire to be good mothers influenced their belief in medical technology available at hospitals, where they felt giving birth would be safer and more comfortable.. While sometimes this was the case, childbearing women were exposed to more germs in hospitals that increased the exposure of their infants to infection. Use of devices like

forceps and anesthesia resulted in women having less control over the way they delivered their babies. Historically, childbirth was not just a biological event, but it was a social occurrence. Family members, friends, and the community as a whole were invested in the healthy delivery of each child; celebrations were held when the babies were born, and the community mourned together when the infants died. Mothers had social support and a caring system who could help her handle her emotions. But this informal birthing system in which midwifery and home births prevailed was essentially pushed aside as hospitals became the normative place in which women had their children. Women had more power in determining labor and delivery events as long as childbirth remained in the home, but the move to bearing children in hospitals during the twentieth century gave the medical profession control. As women gave professionals the right to help them deliver their children, they lost the social support network that naturally developed when delivering their children at home.

English general practitioner Grantly Dick-Read (1890–1959) took offense at the medicalization of obstetric care, and wrote a book on labor pain, Childbirth Without Fear, which was based on his observation in 1913 of a poor woman in London who gave birth to her child without the use of chloroform (which was the birthing custom of the day) and without pain. He describes how she lived in such impoverished conditions that rain poured in through a broken window as she labored, yet the atmosphere of "quiet kindliness" permeated the room. When he later asked why she refused the chloroform, the answer was simple: "It didn't hurt. It wasn't meant to, was it, doctor?" He came to the conclusion that there was "no law in nature and no design that could justify pain of

childbirth." (1953: 39). He alleged that education, not intervention, was the key to improvements in maternity care.

To what did this physician conclude caused painless childbirth? It was "the peacefulness of the relatively painless labor that distinguished it most clearly from the others. There was a calm, almost faith, in the normal and natural outcome of childbirth." (1953:34). He alleged that the pain of "cultural childbirth" was caused by fear and muscle tension caused by ignorance of the birth process, isolation during labor, and uncompassionate care by those caring for the woman. He argued for a more holistic approach to childbearing that included a diet of fruit, salads, nuts and vegetables as the best possible protection against abnormality during pregnancy and birth, exercise, and being of "right mind". For him, the psychological make-up of modern woman was far more significant than diet or exercise: "for motherhood is of the mind, and the body is usually subjected to the mental processes, unless any gross abnormality exists". Dick-Read understood that labor pain had become a major problem in the delivery of obstetrical care, and his psychosomatic approach sought to give women relief from it in a natural way, leading him to be regarded as the spiritual father of natural childbirth.

This analysis leads us to the conclusion that pain is both a sensory and a perceptual state. Prior experiences influence whether women perceive childbirth as painful or pleasurable. Nature, Dick-Read argued, had never intended childbirth to be painful. He alleged that there were "irresistible and pleasurable demands" that the body would make during childbirth so that "the stimulus of procreation may over-rule all other demands, so that the species may survive" Moscussi (2003). Whether women experienced

pain or not depended on cultural attitudes to childbirth rather than on some property inherent to parturition. Dick-Read relied upon his comparisons of birth in "primitive" and "cultured" societies. Drawing on the anthropological literature of the late 19th century, he claimed that indigenous women experienced easy, painless labors because in primitive societies the survival value of childbirth was fully appreciated and labor was regarded as nothing more than another type of "hard work" they were used to in their struggle for existence. In civilized societies, a number of cultural factors “conspired to distort woman’s natural capacity for painless birth” which made women afraid to go through childbirth. As a result, when labor began in modernized women, fear triggered a flight-or-fight response that caused tension in the cervix. The resulting struggle between contracting uterine muscles and resisting cervix was the reason why women experienced pain in childbirth.

To eliminate pain, Dick-Read, Gaskin, and others felt the fear-tension-pain cycle must be broken. They recognized that mindfulness was important, without using that term. They encouraged women take an active role in learning about their bodies, about what it was doing during pregnancy and delivery. They realized that women needed to be relaxed, centered, and use self-discipline during the delivery process. Having a good relationship with one’s physician also helped, since trust, confidence, cooperation, and open communication is essential in comfortable working relationships of any sort (Vaughan 1937).

The Biological and Psychological Experience of Pain

If historical and cross-cultural experiences accurately reflect that childbearing need not be painful, why is childbirth so keenly associated with pain in Western society?

Most women expect and can tolerate a little discomfort; the problem with childbearing, especially for first-time mothers, is that women have no way of knowing for sure how long the intense sensations will last or how intense the sensations may become. The fear of the unknown usually makes the physical sensations worse than they are. When their informal networks of friends and family tout pain as what should be expected, and when total strangers tell them the same thing through the media, and when doctors encourage the use of drugs to numb their pain, then it is only logical that pain is what they should expect.

Physically, when it's time to deliver there is about a seven pound being inside that wants to come out. This is going to require that the baby asks that the mother's body stretch and move with it so it can enter the world. The mother's body is perfectly designed to allow this to happen. To expect that the mother's body will do so without experiencing any sensation is ludicrous. There must be sensation for all that to occur. But is that sensation necessarily pain? That is the big question. Can women define the sensation as something other than pain? That is the other big question.

Let's look at what your body will be doing so you can anticipate normal physiological reactions and not be afraid of them. Most discomfort that women experience during delivery is related to the stretching of the birth canal, cervix, vagina, and surrounding tissues as baby passes through them. Pain during labor is caused primarily by uterine muscle contractions and pressure on the cervix. This pain manifests itself as cramping in the abdomen, groin, and back, as well as a tired, achy feeling all over.

Some women experience discomfort in their sides or thighs as well. Other women complain of pain during labor from pressure on their coccyx, lower back, bladder and bowels by the baby's head, especially during the time the baby makes its transition toward delivery.

The physical sensations experienced during labor are caused primarily by uterine muscle contractions and pressure on the cervix and back. The uterus contracts in a rhythmic way to essentially squeeze the baby out. The contractions become closer together and stronger in magnitude as the arrival of the baby becomes imminent. The contractions essentially push the baby out. In order to accomplish this goal, the muscles around your abdomen must forcefully engage in order to push the baby out. Face it – massaging the baby lightly isn't going to motivate the baby to come out and mingle in the sunlight. As a parent, you'll find that there will be many times when you have to give your kids a good solid push in order to get them to do what they're supposed to. Childbirth is the first action of that type. So know that you are going to have intense contractions that will encourage the baby to leave your body. It has to be this way. If women can ride the waves of the contractions like they are on a boat, resting during the lull and allowing them to crest along with the contraction's peak, it is possible to get lost in a meditative rhythm that puts the woman into the experience, rather than feeling manipulated by sensations that are beyond her control.

The opening of the cervix, which is small in order to protect a women's most private and vulnerable areas, is now required to do something entirely different – to open so wide that the baby can slide through it and enter the world. But the female body has

spent its entire existence, up until the point of labor and delivery, trying to protect that area of the body. The cervix cannot be ordered to immediately open wide, like pushing the remote for the garage door to open. It needs to be sweet-talked into believing that it's now OK to stop protecting the baby and that spreading open to allow the baby to slide out is a good and necessary action. If the baby tries to come faster than the cervix is ready to let it, or if the mother decides to push the baby out hard before the cervix is open enough, the inevitable will happen –it's going to hurt, and it won't be as easy an experience.

Some tearing when the baby passes through is normal and inevitable in childbirth. If the rips are not major, then the woman's body will heal the tears up by itself. But if the tears are significant, stitches may be needed. Stitches aren't a big deal and are easily absorbed by the woman's body. Some doctors have encouraged women to have episiotomies, which are surgical cuts they make to open the wider. Physicians argue this procedure is useful because women will tear anyway and a clean cut makes it easier to sew after the baby is born. But some women's advocates argue that the real purpose of the episiotomy is one of convenience for physicians, who have an easier time getting in there and getting the baby out.

Many women, like me, never have an episiotomy and do just fine. If they massage their vaginal opening with oil to keep it lubricated and flexible, this reduces the likelihood of tearing. If the labor is not forced and comes slowly in its own natural rhythm, the body opens easily. If one is going to need stitches with an episiotomy, then one can logically decide to wait and see if they will tear and need them afterwards. Many

women don't need stitches at all. An episiotomy may interfere with having an orgasmic delivery, because during the procedure, women may have their cervix injected with a Novocain-like substance, which makes it harder for them to experience physical sensations. Being cut will cause some discomfort, while having the skin stretched will keep the nerve endings on the surface of the skin and may actually help the creation of the orgasm. I do not know of women who had episiotomies who had childbirth orgasms; the only ones I am familiar with had natural, vaginal births. This is not to say that women couldn't have the other orgasms with other methods; I am only saying that I am not familiar with those who have.

Contractions, cervical dilation and back discomfort are the most commonly reported sensations. Many women don't anticipate back discomfort, but it too is logical once women are familiar with what is going on in their bodies. The baby has been floating in a sac of amniotic fluid for the past nine months, which breaks when labor gets underway. The baby has got to move from the uterus to the outside world. It gets pretty crowded in there as the baby attempts to make its great escape. The baby has to twist and turn in order to get out. When looking at the women's anatomy, the birth channel is not a straight shot; it bends along the contours of her body. What this means for the birthing experience is that the baby will wiggle its way toward the exit, hopefully head first. As it makes this journey, the head of the baby rubs against the woman's lower back. Once the head of the baby gets past the area of the mother's back, it is almost home-free; it will then be able to slide out of the body through the newly expanded vaginal opening.

Many women report the most challenging moment of delivery is when the baby's head is pushing against their lower back. A little mind control is needed to get through this moment. It is intense. But think of it this way – just about the time that the sensations become overwhelming, the baby is past that area and sliding to home base. Cathy, my midwife, likened the experience of labor to that of being on a train ride. The train has picked up speed and is thundering toward its destination. You have two choices. You can decide you don't like how the train is traveling and you can hop off and try to stop it. But what will happen if you stand in front of the oncoming train with your hands out and demand for it to "stop!" ? Is the train going to stop? No. The only thing that is going to happen is that you're going to get run over, and it's not going to feel good. So what is your other choice? You can stay on the train and you can decide to enjoy the ride. You can take a breath, sit back, relax, and let nature take its course. If you make this choice, the time will fly by, the experience will be much more pleasant, and you will have a lot to of good things to remember and enjoy when the trip is over.

Types of Pain

Let's look at the issue of pain head on. What are the most likely types that women complain about? There are several main causes of discomfort and pain during childbirth. Pain may be physical but it can also be caused by psychological factors. Emotional sources of pain can include fear, sadness, distress, loneliness, anger, grief, etc. These negative emotions can actually cause and intensify pain. Without these negative emotions, physical sensations would likely be perceived to be something other than pain.

There are perceptual sources of pain, since all women will have their own experience of the sensations. Reaction to the physical sensations that occur during labor and delivery vary widely, with some women being in excruciating pain, while others have cramps. Some women view having a baby as the worst pain women will ever experience, while others see it as similar to having a big bowel movement and others have barely any discomfort at all. Some women will regard discomfort as unmanageable and horrible, while other women will regard the physical sensations as thrilling precursors for a euphoric, orgasmic delivery. Process types of "pain" are associated with the natural progression of the delivery in which a woman's cervix must dilate, her uterus must contract in order to push the baby out, and the baby has to wiggle its way out. This means that the baby will have to take different positions, which will logically result in sensitizing different nerve endings en route. When women try to fight these normal sensations by tensing their muscles or holding their breath, the lack of oxygen to the cells and muscle rigidity makes delivery more uncomfortable.

There are also physiological types of pain that are warning signs of a possible pregnancy problem. For instance, breech babies, or babies that face the wrong way, have a harder time escaping from the womb, and their body positions may aggravate unsuspecting nerve endings and hurt. This pain is good - a helpful and important sign that things are not in order and that help is needed. Babies may need to be turned while they are still inside the mother, and expert midwives and physicians can accomplish this task. Sometimes, though, there are fears that the umbilical cord could accidentally get twisted around the baby's neck, so Cesarean deliveries may be necessary. It is thought

that up to a quarter of babies may be posterior at some point during the final stages of pregnancy, and most arrive just fine.

Pain Management

In some communities women have not been expected to experience much pain during childbirth and consequently they did not. But time and culture have changed this experience. Pain is not natural or to be endured, but to be managed or eliminated. European doctors sometimes prescribe inhaled nitrous oxide gas for pain control. Other drugs that may be used are Pethidine, promethazine, opiate type compositions, epidural blocks or spinal anaesthesia, and in some cases general anesthesia. Some doctors give pained women a one time injection into the spinal column, others will give IV or "intravenous" placement of the drug into a vein on the back of the hand or arm. A needle is inserted into a vein with a plastic tube connected to a bag holding fluid that slowly drips into your body. Often an IV is typically placed to help women stay hydrated throughout labor and assures access for the administration of medications if they are needed. There is also something called a Patient Controlled Analgesia (PCA) pump which enables the mother to control when she receives pain mediation during labor by pushing a button. This gives her a sense of control over her pain management and the convenience of not having to wait for the delivery of medications. A pudenial block is a local anesthetic used to numb the vaginal area for childbirth and surgical incisions or episiotomies. They increase the size of the vaginal opening during delivery and make it easier for doctors to pull the baby out; some physicians allege that a clean cut is easier to

repair than a natural tear that may occur during delivery. If women are given drugs, physicians and nurses must monitor the use of painkillers to ensure they don't result in respiratory distress in the mother or baby. Some doctors prefer epidural blocks because their medication does not enter the mother's circulatory system or cross the placenta and enter the bloodstream of the fetus. But epidurals can lengthen the labor. Knowing exactly when to give them is an art; an epidural block given too early in labor can stop or slow contractions but one given too late can interfere with the mother's ability to push out the baby.

Once in the hospital, other procedures can be recommended. Fetal monitors, which are strapped around the belly of the laboring woman, can provide information on the baby's heart rate, but they are thought to be uncomfortable by many women. Use of stethoscopes can usually provide the same kind of information. Pitocin is a synthetic form of oxytocin that can be given to mothers via IV drop to induce labor or to hurry it along. Use of forceps may still be used to pull out babies, as are vacuum extractors. Both have significant risks but continue to be used, sometimes as methods of protocol, depending upon the hospital.

Pain can be predicted and managed, as can the due date and manner in which the baby will be born. Some parents pick a time and date for the delivery of their child, which can occur through inducing labor or taking the child via C-section. Sometimes pre-organized birth arrangements are made to convenience parental schedules or to accommodate those of physicians or the scheduling of hospital birthing rooms. Today one in five expectant mothers will have her labor induced in the United States. According

to the National Center for Health Statistics, half of the 4.1 million women delivering babies in 2004 opted for Caesarean sections, drugs, or induced labors. They report that the use of drugs for pain management in childbirth is now global, with over 80% of Queensland, Australia women using at least one drugs in labor.

Pain. Fear, and Death

Pain and suffering may be associated with women's fear of dying during childbirth. Women get scared that something will go wrong during their pregnancy or delivery, and that their babies will be hurt, or die. This is not something that women feel comfortable saying, but it is always in the back of the mind of pregnant women. It is that "what if?" question that haunts them; it is only when they're holding their beautiful healthy babies that they can breathe a sigh of relief. What is the actual information on something bad happening to a baby during the final stages of pregnancy? Actually, they are not that great. Yes, problems do happen, but most problems occur much earlier in the pregnancy. The American Pregnancy Association found that 10-25% of pregnancies end in miscarriage, usually within the first 13 weeks.

Estimates are that around a half million women die from maternal health problems globally (Panos 2011). Most of these deaths - 99% - occur in the southern hemisphere compared to women living in the north. Risk of maternal death is about 1 in 4000 for European women while it is 1 in 12 for women living in East and West Africa. In Southeast Asia the maternal death risk is 1 in 55, while it is 1 in 140 for women in South America. These death rates are directly related to the health of the woman and the quality

and quantity of prenatal care she receives. Women in the United States and Europe get substantially better health care than women in Africa or South America; over half the women in Africa are anemic compared to 17 percent of women in Europe and the US. Young mothers are twice as likely to die as mothers in their twenties or older, yet fifty countries in the world allow girls as young as twelve to marry and have children. While the risks of dying in childbirth, or losing a child late in the pregnancy can happen anywhere, the data indicate that middle class women in the United States and Europe are at substantially less risk. This fact should alleviate most women's concerns that something could go wrong.

Painful Deliveries

For women who have experienced challenging or painful labors and deliveries, experience has proven to them that childbearing hurts and it can be awful. Their experience has logically led them to that conclusion. Even if they didn't expect childbearing to be bad, sometimes it is. This is a fact – one can never know with complete certainty what will happen during any stage of a pregnancy. Sometimes complications arise that are organic and physical, and beyond the control of the mother. Sometimes pain is physical, and sometimes it is emotional.

Below are several cases of women who had difficult pregnancies. Lisa was a tiny woman who felt quite uncomfortable during much of the pregnancy. She didn't feel she could endure labor and delivery without drugs. The doctors willingly complied with her requests as soon as she became uncomfortable. She was numb physically "and only sorta

there" emotionally during the birth. In hindsight, she has felt "a little detached" from her daughter, but methodically does all the right things to be a good parent. She is doing fine, and has a clear boundary that children need to have their place. There is nothing wrong with her experience; in fact, it is quite normal. The issue is she did not have an intense emotional connection with either her child or her husband during the labor and delivery. She continues to have a workable and loving relationship with both of them, but while she seems to have escaped getting emotionally caught by them, she also seems to not be totally engaged either. That type of situation appears to be satisfactory for her. Molly had experienced a challenging third trimester and was afraid she might lose her baby. She developed significant problems that had to be closely monitored by the physicians, and she spent a good deal of time in the hospital in the weeks preceding her daughter's birth. A woman she trusted, who had coached her through the pregnancy asked her, "Why don' you want this baby? What are you doing to self-sabotage?" Molly became even more upset by this comment – she felt she had done everything possible to have a healthy baby, and to be blamed for it was devastating. Through the last weeks, she wondered if this woman might be right at some subconscious level. She had an emotionally difficult end of the pregnancy. She was in psychic pain. When the baby was born, the doctors discovered a problem with the placenta and womb that caused her problems – not emotional rejection of the child. While Molly experienced a sense of vindication and relief, the distress that she experienced was other-imposed, self-accepted, and totally unnecessary. It is very important to understand that pain and problems are important messages that must be listened to, and actively addressed, in order for babies to arrive

healthy. Lauren didn't expect that her son would come three months early, and she was hurried to the hospital where extraordinary measures were needed in order to save mother and child. The baby was so small when he was born – barely three pounds – and he had to stay in the hospital for a month until his weight was up and his vitals were stable. Lauren could not nurse her baby because he was too little to suck. She didn't get to take the baby home right away, the way other new moms do. Instead, she got "visitation". Anticipating that she had three more months before the baby was due, Lauren was not emotionally prepared for the baby to be delivered so soon. She didn't have the baby's room ready, she hadn't bought the clothes and items she'd planned, and she wasn't emotionally ready yet to be a mother. The last few weeks of pregnancy are critical ones for expectant women to make the transition into motherhood. By the time babies come in full-term pregnancies, their mothers are more-than-ready for the baby to be "out". Moreover, Lauren's body was out of whack; she was induced with hormones to start labor, she ended up with a Cesarean delivery because the baby's heart rate became erratic, and ended up recovering from surgery as well as childbirth. She quit her job because the baby's fragile condition required so much attention. This allowed her to be available 24-7 for the child, but it also meant that she lost her main social outlet. Add in one more complication – Lauren's husband had to travel from work, and he had to leave shortly after the delivery for several weeks, a pattern that continues. A good dad and devoted husband, his job required that he be gone regularly for extended periods of time, which left Lauren alone. The first one in her peer group to have babies, Lauren found that her friends could not relate to her experiences. Lauren found herself alone,

depressed, with a high-maintenance baby as her body was trying to recover from the baby's traumatic arrival. While Lauren loves her son, she had a much harder than normal introduction into motherhood. Post-partum depression seems here to stay; the tension with her husband has increased, and her feelings of parental competence are low. She seems to have not-so-secret hostility towards the child, which has led to her swinging between rejecting the child and over-parenting him. She and her husband had no opportunity to experience a slow, loving transition into parenthood. She is now in the midst of a divorce, and the grandparents have assumed regular care of the child since neither parent seems able to emotionally give him the attention a child requires.

The pain in deliveries can range from mild or normal to extreme. The a) cause of the pain, b) the experience of the pain, c) the way the pain is addressed by others, and d) the long term implications of the pain are all points of social construction. They all impact the way the mother will feel about herself, her significant others, and the baby that she has just delivered into the world.

Definition and Re-Definition of Pain

First time moms are often afraid of labor and delivery simply because they don't know what to expect. Expect that there will be major physical sensations – definitely. These sensations will be intense, because they are designed to expel the baby from your body. The baby grows to a point that it can't survive being inside the mother; it has to be liberated in order to exist. This is a good and necessary thing for the baby, and it's a relief for the mother, who is usually quite ready to be just herself in her body. The physical

sensations designed to accomplish this task cannot, by their very nature, be meek and mild. They have to be strong enough to liberate the unity of mother and child.

Are these sensations painful, or could they possibly be redefined to be something other than pain? Psychologists acknowledge that the line between pain and pleasure may be quite thin indeed. There are some people who can tolerate a great deal of sensation without labeling it as pain, while others have the most minor scratch or ache and crumble into distress. Moreover, what is painful to one person may actually be pleasurable to another. So are the sensations that are biologically necessary during childbirth painful – or could they be defined as something else? Could these sensations be defined as just that – sensations, without inherently having any particular emotional correlate? Or, could these sensations be redefined to be pleasurable? This is a radical idea in childbirthing.

Think of a physical fitness activity, such as running. Observe people who do not like to run. They have inevitably been socialized to believe that running is hard, unpleasant, and uncomfortable, even painful, and it's easy to see why they try to avoid running at all cost. They have excuses galore of why they can't to it well, or why there is no convenient time to take a run. Their reality says that running will leave them out of breath, red faced, gasping for air, with muscles that ache and hurt. If pain and suffering are associated with running, who in their right mind would want to run? On the other hand, consider the runner who can't wait to suit up and hit the road, who has found her own rhythm and pace, and are loose as she enjoys a jog down the street. Many dedicated runners pound the pavement every chance they get in search of the runner's high. Once

you've run and experienced that sensation, you know it is possible to get it again and again – and you realize that other people could get the runner's high too, if they implemented a plan. But some people who run will never be able to get the ecstatic feeling because they have too many obstacles to overcome. In a word, they can't get out of their own way to have fun. Thus, some athletes have redefined running to be intensely pleasurable; they don't just like it; they love it and may become addicted to running. But there are plenty of other runners out there who hate this form of exercise; most will quit running altogether because they don't find it to be a satisfying experience.

Whether one finds running painful or pleasurable, the act of running requires the use of the same muscle groups and requires the same physiological requirements. Yet the experiences of these two groups of people couldn't be more different. The definition of the situation likes not in the muscles and biology, but in the attitudes and realities created by the runner.

The definition of childbirth is no different. Some women have a horrible time during labor and delivery, some have mixed feelings about it, while others thoroughly enjoy the experience. Women become mothers irrespective of how they felt about their childbirth. But all women bring into the delivery room a mind-set of how they anticipate their birthing experience will go. Some anticipate it will go well, and it does. Some anticipate it will be easy but unexpected medical complications arise that make it more challenging. Some women anticipate labor and delivery will be horrible, and it is, while others dread it and find that having a baby isn't really all that bad.

Pain Expectations

What is your normal relationship with pain? What kind of delivery do you expect? How do you think you will act during childbirth? Play out this pre-determined script in your head and honestly assess what you believe is going to happen when you have your baby. Now, evaluate that script. Is this the way you want your childbirth experience to be? If its not, what do you plan to do about it? Decide what kind of birth experience you want. Decide for YOU. Don't decide for your husband, don't decide for the physicians, don't make decisions just to please your parents or make life easier for other people. This childbirth experience is YOUR moment. It is your time to allow your body to make a miracle. This is no small thing, and you should create exactly the kind of event that will see you happily through the rest of your life. If you don't, you may end up with an experience that is much different than what you wanted. Now, if you want to be the kind of woman who has a painful delivery, then you will probably get exactly what you expect. If this isn't what you want, then do what you need to do to change to picture. If, on the other hand, you expect childbirth will be easy and pleasurable, chances are much greater that's the kind of experienced that you'll get. There are few guarantees in life about anything, so I cannot promise you with 100% certainty that if you follow my recommendations that you will never have pain or that you'll definitely have an orgasm during delivery. But what is true is that your chances are greatly enhanced if you keep an open mind and expect the best.

A woman's body is doing exactly what it is supposed to do to get that baby out. It's got to come out, there is a canal for it to travel through, and of course there will be

physical sensation while this happens. Of course! There will be a lot going on in the women's body during labor and delivery, and the expectant mother should expect to be receiving information from a zillion different parts of her body simultaneously. She will have a choice on which pieces of information to focus upon, and which she will ignore. Is there something that can be called pain going on? Yes. But are there other things going on too that women can focus on that will be more satisfying? Absolutely. You will want to have yourself in a mental and physical place so that you can focus on the things that will nurture your body and soul.

It is impossible to know exactly what will happen during labor and delivery, or how long the labor will last before the baby is born. Some women complain that the labor lasts too long, and there may be medical complications for this. Other women make their own misery by fighting the inevitable. Still other women find their labors to be too short, since they would like a little more time to prepare themselves to no longer be a unity with their child, and to know that in just a little while they will be separate entities forever.

Pain is survivable. It is necessary. It is part of the Big Plan. Change your attitude and make friends with it. Look at delivery as a metaphor of the rest of your parenting experience. The intense emotions surrounding letting the baby go easily and gracefully is the first of many such events. For instance, in the future your child may "hurt you" when he prefers to spend his birthday with his friends than with you, or you may feel pained when your children miss Thanksgiving at home because they prefer to spend it with their sweetheart. You may feel like you don't have a close connection anymore when your kids

don't need you to tie their shoes, or when they seem to have told everyone else about getting an award – except you. You will be told that you are irrelevant, that you don't do things right, and that they even hate you, all which they emotionally have to feel at some stage in their development in order for them to grow up and be independent in their own lives. Labor and delivery is but the first time a woman has the feeling in of being hurt in order for their children to have lives of their own. Being mindful of the meaning and place of pain in our lives helps us to keep it under control. It also opens the door for intense pleasure.

Emotional Mindfulness:

Developing An Intimate Relationship With Yourself

Soon after a woman learns she is pregnant it is natural for her to develop a script about the way it is going to be. She sets a mental stage for how the pregnancy is going to run, about whether she will feel good or sick and whether labor will be quick and easy or long and hard. Women develop a set of expectation of how the pregnancy will evolve. She also develops a movie in her mind about how she will look, how the baby will act, and how her loved ones will treat her. In this mental movie, women craft a creative script about what is going to happen (Goffman 1959). This script may, or may not, be grounded in reality. What happens may or may not turn out the way it was predicted in her mental movie. The set of expectations and how women feel about their pregnancy will inevitably influence their experience.

Expectations

What are your scripts about what is going to happen during pregnancy? What are your scripts about what happens after you bring the baby home and you begin your new life as a family with this child? Usually, there are two kinds of scripts that get created – one about how good life is going to be in this new family, and the other about how challenging life will end up being. Let's look at these scripts in a little more detail.

Most women have fantasies about how wonderful being a new mom is going to be, how perfect her child is, how her husband will adore her anew and step up and be the kind of man that she always dreamed he would be. In this "life will be perfect" script, we lose our baby weight quickly, we are beautiful, our babies are good and coo contentedly in our arms. People flock around us and compliment the loveliness and brilliance of our child, tell us how good we look, and envy our sweet life. Our husbands dote on us, bring us flowers, change diapers, and take the night shift when the baby awakes so we can sleep. They know that when we are making a canned soup dinner in a dirty kitchen it is because we are exhausted from caring for his baby, that it is a way of our loving them. So they don't get upset, and instead, they clean up the kitchen for us and draw us a bubble bath while they make us fettuccini. Dreams are good; they keep us alive, optimistic, and focused on the future.

There is a flip side to the above fantasy, a different script with different expectations. In this alternative universe, we get used to wearing clothes two sizes bigger than before we were pregnant, we are routinely tired, our honey gets to go out with his friends and lead his normal fun-filled life while we are stuck at home caring for a

screaming, colicky baby who doesn't care a fig about what it costs us. Our minds turn to mush as the big stimulation of the day is watching Sesame Street and Ellen on television while we try to keep the kid quiet. It's hard to find a good baby sitter, we can't go out to eat because we can't afford the sitter AND dinner, and other people at work seem to be getting promoted while we struggle to get into work on time with clean clothes on. In this negative script about parenting, while we love our baby, our life seems ruined because of it and we don't know what to do.

It is unlikely that either script will manifest. Reality is somewhere in between. However, most of us want to former and not the latter life. That is a sign of good mental health! So how can we achieve it?

Developing Emotional Mindfulness During Pregnancy

The first place to start when creating mindfulness is to have an honest conversation with yourself. This sounds easy on the surface, but is actually quite difficult to do. Many times, we don't actually know what we really think, we may have a lack of clarity, or say we believe something we don't because other people seem to want us to. To help you decipher your emotional positions, it is useful to explore a variety of questions.

Was This Pregnancy Planned? Sometimes babies are planned and sometimes they aren't. Conception back-stories may influence how women feel about the pregnancies, and subsequently their children. Women who want to be pregnant may have different emotional responses to the news that they are expecting from women who were surprised

by the fact, or from those who never wanted to get pregnant. About half of pregnancies in the United States are unintended (Finer 2006).

Pregnancies can be planned and a great deal of effort can go into creating the chances of conception. Jane and Dave actively worked in a labor of love to become pregnant; she calculated when she was ovulating and put pillows under her rump after sex in hopes the semen would have a better opportunity to swim up and saturate her eggs. Joyce and Tim wanted to have children and had trouble getting pregnant, so their physician encouraged Tim to wear boxer shorts and take vitamins C and E and not to have sex so frequently so his sperm could increase. Mary and John went to a medical specialist and used a variety of infertility treatments to help them get pregnant. In all of these cases, their dreams came true – they became pregnant and had healthy babies. Some of the people in this category have reported that they even knew the exact moment of conception.

At least half of all pregnancies are unintended (Finer 2006). According to the Centers for Disease Control, an unintended pregnancy is a pregnancy that is either mistimed or unwanted at the time of conception. Unintended pregnancies have been correlated with more child problems and abuse (Gazmararian et al 1995; Goodwin et al 2000). They also pose challenges for the prospective parents that they will somehow have to reconcile. Some unintended pregnancies end up being happily received! "It was the best thing that ever happened to us," Melanie beamed. But unlike the planned pregnancy parents described above, many are ambivalent. For instance, like so many couples, Eve and Max talked about having children "one day", but they didn't plan the day when conception

occurred. "We didn't take active measures to get pregnant, but we didn't take active measures not to," Eve recalled. Brenda and Doug recalled "how hot she got when she was ovulating, and sex was so good then that we just didn't care about being safe," according to Doug. People who are ambivalent before conception have more feelings to work through in order to arrive at a happy place regarding the pregnancy. Being unsure beforehand, they have to resolve their ambivalence. Sometimes this results in working it through to have a wanted pregnancy; sometimes it means having the child still having mixed feelings about it. Ambivalence could also result in termination of the pregnancy, or putting the child up for adoption.

Sometimes people don't want to get pregnant and when they find themselves in this condition, they are quite upset by it. Melissa and Paul already had two children and were experiencing both financial and relationship problems; they simply didn't need another child, especially at the moment when Melissa found out she was pregnant. She was upset by it, angry at Paul for not being more sensitive about the use of contraception and frustrated over thought of how they would have the time or money to provide for another mouth to feed. They did have the baby, and they are still together. This is unlike Lauren and Rob, who didn't want to get pregnant at all; they weren't married, they weren't in an exclusive, committed relationship, and while they cared about each other, a baby would mess up their career and life plans. Julie and Chuck were in high school when Julie found out she was "knocked up," and she didn't want the baby, but Chuck did. Emily and Aaron were unhappy about getting pregnant because of the likelihood of a complicated inherited disease that could get passed on to a baby. Cindy loved Derek but she thought

he had the potential to be abusive to a child since he was regularly aggressive, especially when drinking or angry, and she didn't know if she wanted him to be the father of her children. Tina found herself pregnant after a one night stand with a guy she didn't even know his last name. Rose was raped and became pregnant. There are many reasons why people find themselves having conceived an unwanted child. Unwanted conceptions create crises that have to be resolved in one form or another. While sometimes unwanted pregnancies are terminated or those children put up for adoption, most women in this situation go ahead and have the baby, hoping that things will work out. This creates a very different starting point than for woman who are deliriously happy to be pregnant.

What Does This Pregnancy Mean To You? If you are pregnant, why do you want to have this baby? Really think about your answer. Being totally honest with yourself is an important thing to do as you begin the journey of having a wonderful delivery. Here are some common reasons why women say they want to have babies.

Love. Love is the most typical reason for which people say they want to have a baby. But what is love to you? If it is that you want to give your love to an infant, exactly what type of love is it that you want to give? Did you want to create a love-child with your partner so that your genetics could mix in a miraculous combination to create a wonderful human being that was the best of both of you? Are you hoping that if you have a baby with that special someone, that he will love you more? Is your desire to have a baby motivated more by your partner's desire to have a child than your own, and that you are having a baby to please him because you love him? Are you having a baby because

you love your family and they expect you to have a child for them? Could it be that you want to have a baby who will be yours, who will never leave you, someone who will love YOU unconditionally? On the surface, saying that we want a baby to love sounds simple, but scratch beneath the surface, and it can actually be pretty complicated.

Biological inevitability. If a woman has intercourse enough times, the statistical probabilities are high that she will become pregnant. This is especially the case if she isn't using contraception or is active during periods of ovulation. In the physical act of intercourse, eggs and sperms have the opportunity to meet up. When they do and the conditions are right, they will inevitably result in conception. It doesn't matter if the owners of the egg and sperm know each other or not. It doesn't matter if they have a relationship or if they have the potential to be good parents. Conception may have nothing to do with divine intent, but can be a logical cause-and-effect outcome to a biological act. This is why people who have no commitment to each other may find themselves creating a biological unit, or baby, together.

Convenience. People may wish to have children to help them. A few generations ago it was not unusual to find agricultural families in America having 11 children and it was expected they would help run the farm. Family businesses may be passed on from one generation to the next and younger members of the family are given the skills and attitudes on how to carry on the family business, whether it is a store, a funeral parlor, or a farm. Even today it is not unusual to hear people talking about having kids in order to take care of them when they get older. Children are expected to be there to help

financially, medically, and to do chores for others in the family. They choose to have children with the expectation that they are somehow going to make the lives of their parents better.

Family legacy. Carrying on the family name has been important to families around the world across time. When Prince Charles of England married Diana, it is rumored that she first had to undergo medical examinations to prove if she was fertile and would be able to bear heirs to the throne. When her son, William, married Kate Middleton, one of the first questions asked was when she would get pregnant and bear an heir to the Windsor family. While most families do not have the reputation of a monarchy, they have their own sense of family pride that they would like to extend over time. There is an expectation that children will acquire attitudes and values that will carry on the family name and allow the goodness of a family to exist long after their ancestors die. There is also an expectation that children will inherit property and material objects of value as well as emotional and social ones. Aaron's dad was a doctor so it was expected that he would be too. Matthew's father had an extensive camera collection that he hoped to pass on to his child one day. Chelsea Clinton was not necessarily born to go into politics, but she might, and if she does her parents would obviously be proud. Parents often can't wait to become grandparents and wish to invest in them in many ways and their grandchildren become a source of pride. The field of genealogy has become big business because people want to connect with their past.

Social status. Having a child can be a form of social prestige. Historically, if people were looking for signs that they were blessed by God, then people who had many children were deemed "rich" while people who were unable to have children were termed "barren" and to be pitied (Vissing 2002). Today, we can see the signs of prestige in having a child on bumper sticker read "Proud parent of an honor student." People who can wax eloquently about their child's success as a soccer player, cellist, or trip as an exchange student to a foreign country, do so to have their positions of prestige heightened, compared with people whose children aren't as successful, or among people who have no children to talk about at all. Adult peer networks, such as Brownie troops or Little League, form around these and provide them with access to more cards to play in social circles. Without children, "I'm able to connect with other people my age going through the same things I am," said Mary Ann.

Emotional connectedness. Having a child provides parents with someone to care for, who they can cuddle and have physical closeness with, and with whom they can establish emotional bonds. Having a child may be a bridge between parents and among family members. Toni and Randy had both been married before and had children from those unions; they felt that if they had a baby together, this new child could bring their families into a sense of oneness. Children can create social bonds with others in the community. There are school and recreational events that people may only know about if they have a child. Children can be a social ticket that provides entry into the development of bonds with other parents and people with similar interests. Phil gets to bond with other dads at T-ball; Martha bonds with other moms at Pony Club. Sometimes

people feel alone in communities where extended families are not available, where work places are alienating, and where relationships are isolating. Having a child to think about and plan for can be a source of emotional insulation in an otherwise lonely world.

Moral obligation. Some people have religious or moral convictions that encourage the welcoming of babies, irrespective of the baby's health or condition, or the parent's ability to care for them. People may not really want a baby but feel they should have it because of their sense of morality. Expanding one's family may also be seen as expanding one's faith; I have attended weddings from a variety of different religious traditions and find that the official leading the service has encouraged the newlyweds to go be productive having a large family to also increase the numbers of people in the respective religion. When children are regarded as divine blessings, people may feel they are supposed to have them whether they really want children or not; they may think of themselves as sinful or bad if they choose not to have the baby. On the other hand, there are people may think that bringing an innocent new life into a troubled world to be immoral. With so many children on the planet who need homes it would be more moral to adopt than bringing in yet another child. The issue of morality and childbearing has many different vantage points.

There are certainly countless other reasons why people may choose to have a child. If you are clear about why you are choosing to have this baby, it will help you to understand your emotional relationship with it. Being mindful of one's emotions is important. It could be that a woman doesn't really want the baby and she understands

why, but she has made the commitment to go forth with the pregnancy anyway. She may desire to be as good a mother as she can be, even though she is uncertain about her ability to do so. This mindfulness will help her to understand her emotions and the need to care for the child, even when it is inconvenient to do so.

How Do You Feel About the Pregnancy? We can intellectually understand why we want a child, or don't, but that is different from our emotional state of how we feel about being pregnant. Intellectual and emotional responses are quite different. Common emotions about pregnancy include:

Excitement. The idea of creating new life is thrilling. It is an example of the miraculous world in which we all exist trying to maintain and sustain itself. To be a part of that can be wonderful for the parents and for their extended network of loved ones.

Pride. Not everyone can have a child. Many people have physical limitations that make such an act impossible. Being able to impregnate a woman is a big deal for a guy, proof that he's a "real man" and that he's "not shooting blanks." Being able to get pregnant and feel life grow inside is totally womanly. Ask any infertile people what it's like to want a child and not to get pregnant or be able to carry a child successfully, and there is often a sense of loss around the inability to get pregnant. Having a baby may seem normal and natural for some, but for many others, it's a real challenge.

Gratitude. Being able to have a child is a miracle no matter what way you look at it. Especially for women who want a child, having a baby can be a dream come true that is extraordinarily satisfying.

Ambivalence. There are many reasons why a woman could feel ambivalent or confused about whether or not to have a child. They can be relational, physical, social, spiritual, or emotional. One simply never knows the journey where the childbearing journey will take. It could be good, or it could be bad. When you start on this path, you just don't know what will happen.

Guilt. Some women feel guilty about getting pregnant. Common situations include when they had no problem getting pregnant yet are close with friends or family members for whom infertility is a major issue, guilt over bringing an innocent baby into a world troubled with political and environmental strife, or guilt about not being able to provide a child with all the resources it may need in order to live a good life. Lots of women feel guilty about everything.

Anxiety. Anxiety can stem from a variety of issues, from the hormonal changes to worrying about how the pregnancy will go, whether the delivery will be easy, whether their partner will stick and rise to the occasion to be a good parent, to worrying about how they will pay for its needs, if they will be patient enough, and how they will manage their work life, family, and social obligations.

Sadness. Sometimes getting pregnant may remind women of babies they have lost, or those that friends or family members have died. On occasions, a baby is seen as a replacement for someone who has passed away. If a woman finds herself alone, widowed, or otherwise abandoned, they may feel sad that what should be a joyous time isn't.

Dread. Images of what it's like to be pregnant, to go through labor and delivery, or raise a child are often portrayed as difficult, self-sacrificing and unpleasant. Feelings of "oh no, I can't do this," may overwhelm a woman and make her dread having a baby instead of being excited for it.

Fear. Fear is not an unreasonable emotion for pregnant woman to experience. They may be afraid that their baby won't be born healthy; they may be afraid they will lose the baby before it is born; they may worry that their relationship and home life isn't strong enough to sustain raising a child well; they may be afraid that their children will be hurt or that it won't grow up. Some of the fears are of things they can control, but many of them aren't – and perhaps those are the most terrifying of all.

Anger. If women find themselves unexpectedly pregnant when they don't want to be, they may be mad at themselves or mad at their partner. Sometimes, they may be mad at the baby for daring to exist. They can become angry when people they love don't support them. They may feel disappointed and this disappointment turns into anger.

Depression. Depression is sometimes defined as anger turned inward. It occurs when things aren't going the way one anticipated and emotions of helplessness, hopelessness, or worthlessness come into play. Depression includes persistent sadness, sleeping too much or too little, loss of interest in usually enjoyable activities, anxiety, difficulty concentrating, changes in eating or exercise habits, to name a few.

Your body that will be going through many the changes. It's probably YOU who will be doing most of the physical child care, like feeding, rocking, bathing, dressing, and

holding the baby while you do most everything. You are the one who will learn to do most chores with one hand while you're carrying the baby with the other. You are likely going to be the one who does the emotional work of baby care, like when you worry about why the baby is crying, You are the one likely to be the baby's social secretary as you make and take the baby to doctor's appointments, schedule play dates, and negotiate time with the respective grandparents. And of course, your regular roles of wife, lover, employee, friend, family member, house-cleaner, shopper, hiker, dancer, and countless more will still be there for you too. Your relationships and responsibilities don't end because you have a baby; they will only become more complicated for you while you learn the art of juggling.

Children as Investments

When someone decides to have a child a cost-benefit analysis gets made, one that sometimes isn't in the forefront of the mind. Most women simply suck up the costs because they perceive the benefits of having a baby are so huge. This is what happens – most the time. There will be times when the costs are square in front of them, and they may be pretty challenging for the woman to accept. Let's look at all the costs of having a child.

Emotional investment. Once you have a child, you will never be the same. You will love like you've never loved before. You will find a mother lion inside that you never knew existed, and when someone remotely threatens to harm your child in any way, you may find your arm outstretched with claws extended as you prepare to protect your child.

This is not necessarily rational or logical. It is totally an emotional response. You will become preoccupied at work and in relationships that previously would have absorbed your attention. In the list of priorities, you may find that your child is the thing that matters most to you. This may be a surprise to you, and a surprise to others who thought they were your priority.

Financial investment. There is no way around it, kids cost a lot of money. Middle-class families pay at least a quarter million dollars to raise a child until age 18, and potentially much more (CBS 2011), and this is without buying them a computer, car, or sending them to expensive summer camps. Childrearing cost calculators are available online, such as the one at babycenter.com (http://www.babycenter.com/cost-of-raising-child-calculator) and the calculator created by the USDA. (http://www.cnpp.usda.gov/calculatorintro.htm) to help parents anticipate the costs of having a child. Babies need a crib, stroller, car seat, diapers, special foods, toys, and baby sitter. As they get older they will need clothes and shoes that they outgrow before they have been worn out, and there will be school costs, medical costs, social, sports, music, and recreational costs, and the things they need will become increasingly big and expensive. Even when children don't actually need something, if their friends all seem to have access to it and "everyone has it besides me," parents often cave in and reluctantly purchase them. This economic sacrifice may weigh heavily upon parental shoulders, especially for moms who can't bear to see their children do without. Mothers tend to forego purchasing things for themselves because they would prefer to give children what they feel they need.

Relationship investment. While it took two people to create the child, often it seems that the work caring for the child isn't equally distributed. Usually one parent (often the mom) assumes responsibility for the day to day, moment to moment care of the child. This includes physical care, medical care, emotional care, and social care. Tension may result between parents when they think the other isn't doing their fair share. Parents may go out with friends alone rather than as couples, they may find themselves not doing the things they used to enjoy together, and the notion of going on a date seems to be history. It may be difficult for them to even have an uninterrupted conversation, or find time to have a romantic evening. Instead of the baby bringing a couple together, it may actually increase stress significantly. Divorce is unexpectedly high for people with a new baby because of the stress (Hochschild 2003).

Social investment. When one has children, there will be part of one's social life that parents must kiss goodbye, or at least scale back. There may be work or social engagements that parents want to attend that they can't because the child is sick or because their baby sitter fell through. When they do get to go out, parents may find that they have a curfew about how long they can stay out, because their sitter needs to be home at a particular hour. Children may have a softball game so parents don't go to the gym so they can be there to root for their kids.

Career investment. When people become parents, their work life is impacted. Women, as the typical primary caregivers, find that it is harder for them to work as many hours in an unpreoccupied manner as before. They may wish to cut back to part time

during the early years of child rearing, or take an extended leave of absence from work until their children become older. This only works if they have a partner who can absorb the financial costs – which many can't. About 26% of all children are raised by a single parent, and most of the time that parent is the mother (Census Bureau 2001), so the burden of responsibility both at work and at home falls upon their shoulders (Mixon 2011). Since it is hard to be a superwoman who can do all things and be everything to everyone, cutbacks have to be made. Sometimes those are at home, but they could be at work. Children have been found to be a benefit for men, who are perceived to be the breadwinners and are a drawback for women, who employers expect to be more preoccupied with kids than work. For instance, when Donna (a bank executive) became pregnant and cut back from 80 to 60 hours a week, she was perceived as being a slacker as a result and failed to get the promotion she was due. Her male colleagues, who were also parents, were seen to be working overboard at 60 hours, and encouraged to take more time to be with their kids.

Lifestyle investment. When you have a child, sleeping in until noon is unlikely; sleeping in may now be redefined to be 6 am. Eight pm gourmet dinners with wine may be replaced with 5 o'clock Kraft macaroni and cheese with chocolate milk dinners. Gone are the weekends skiing for awhile, welcome are birthday parties at the amusement park. White blouses are hung in the closet as t-shirts become more reasonable daily attire. What you talk about, what you spend money on, and how you spend your days will be markedly different than before children. This doesn't mean they will be bad, but they certainly will be different.

Family investment. Becoming a parent puts one into the investment of building a family. Families aren't just biological entities, they are social and structural. Parents may find it necessary to purchase a bigger, safer car. They may want to move out of the rental apartment into a bigger place, maybe a house that the buy where they can live for a long time. Getting a puppy may be seen as a good thing for a child, and maybe having another child would be good so the children could play together and have each other forever. Spending holidays bouncing from the homes of grandparents and extended family members become normative. Parents may find themselves active in religious or social organizations because they are role-modeling appropriate behavior for their children. Having a child isn't just a personal investment, it is a huge social and structural one as well.

The Journey Begins

No matter what emotional state you are in, or what you expect from having a baby, when it's time to have the baby, there is no postponing the changes. That baby is coming whether you're ready or not. So, get ready! You have nine months to prepare yourself for this moment. You have nine months to get yourself under control, and to make peace with what is happening to you. You have nine wonderful months to be in a cocoon where you quietly grow into yourself and then emerge as this wonderful new being – a mother, and hopefully a mindful one. Having a child is the most transformative event of a woman's life. You will fly to unknown and unforeseen places. You will discover parts of yourself that you never knew were there. You will love with an intensity and depth that you never knew existed. For any love that you ever felt for a man, that love pales in

comparison for what you will feel toward your child. This is the ultimate love that you will ever experience as well. Sorry fellas, but it's true.

There is no way you're going to stop childbirth, or your own transformation, once the process begins. It is amazing how many women don't accept this inevitable fate. Being mindful of all these changes will help a woman to grow personally into a person who is better equipped to be a good parent. Mindfulness will empower a woman to create a pregnancy, labor, and delivery that is wonderful. It will set them up to be a good parent who can raise a better child.

Remember, ultimately, you are in charge of your emotional childbearing environment. Do everything possible to encourage a positive mood for bringing this baby into the world. Do everything possible to encourage this as the most wonderful experience of your life. Using a sexual analogy, it's not just what happens to your body that helps you to have an earth-shattering experience. It's also what's going on in your mind that determines how satisfying the experience will be. Like all forms of foreplay, how you feel and what you do before the climax determines how good it's going to be. Learning mindfulness will help to increase the possibility of a totally satisfying birth experience.

Mindful Relationships

Women's experiences with others influence how they feel about themselves and their pregnancies. When they are surrounded by others who express love, support, and joy, it dramatically increases the odds that a pregnant woman will have a happy, successful delivery. Conversely, when they experience tension and conflict in their relationships, it increases the chance that they won't feel as good about themselves or their baby. Dis-ease also increases the chance that labor and delivery will be unnecessarily difficult. Therefore, there is every reason to work toward the creation of a positive support network, and every reason to avoid those that are not designed for our highest good. Let's explore some of the most important relationships in our lives and how we can make them more mindful and supportive.

Mindful Partners

When a woman becomes pregnant, most would like their partner to show them in countless ways that they are excited by the prospect of having a baby together. Most women look for signs that the father of their child will stick close by, protect and defend her and the baby, and work hard to make sure that everything will be alright. Even in relationships that aren't strong or committed, most mothers-to-be secretly hope that men will demonstrate loving kindness to them and their child.

If a partner isn't excited about the pregnancy, this is inevitably going to influence how the woman feels about having his baby. When men are angry it can make the pregnant woman feel vulnerable and scared. When men are ambivalent she may feel confused. If he blames her, accuses her, or says the baby isn't his, this puts the mother in a difficult situation. If he's happy and excited, it helps to make her feel that way. If he feels love for her and the baby, she will feel more loving towards the child and towards him. These are simple facts of life.

What do the prospective fathers need? This is an important question. People may ask the woman what she wants, but they often fail to ask that same thing of men. For all kinds of reasons, fathers frequently get marginalized in the childbearing process. Yet in order for them to be fully committed and involved, there needs to be created opportunities for them to engage. Let's look at the world of prospective fathers for a moment.

Most of them experience a sense of pride that they were man-enough to father a child. Even if they didn't want to get pregnant, there is a sense of satisfaction that they were biological capable of fathering a child. This is empowering for any man, and especially for those whose sense of masculinity is tightly linked with their biology.

Many men want to become fathers just as much as some women want to become mothers. Despite gender stereotypes, men have nurturing qualities that they want to express to living beings besides their girl friends, mothers, and dogs. Many are excellent caregivers, cooks and housekeepers inside the home as well as successful employees outside the home. To fail to recognize this fact is to continue age old, antiquated models of relationships.

Fathers-to-be usually want to be involved in the pregnancy process. All too often, they are left out. Many are treated like they don't really matter, that they were merely a sperm donor, and as a result some fathers find themselves emotionally checked out long before the baby is born. Fathers-to-be may feel awkward and not know exactly how to get involved. They don't carry the baby inside them so doctors don't talk much to them, except perhaps to get a medical history or to involve them in fertility treatments. Showers are typically given for the mother by other women and it is rare that guys give the prospective father a "shower" to help him prepare for the arrival of his offspring. The attention is drawn, like a magnet, to the mothers. While this is natural, father's still long for attention and benefit by it.

His family is probably the place where he gets the most support. Likewise, his friends may be supportive – or not, depending upon their circumstances. Fathers, like mothers, are influenced by their social networks. What these significant others impart about their expectations and scripts for him and the pregnancy has an impact upon how he feels towards himself, the mother, and his unborn child. It would be helpful if the father's network, like the mother's, was mindful of what they said and how they acted regarding the pregnancy. The more supported he is about his impending fatherhood and the more excited his network is for him to become a dad, the more he will become engaged in the process. Conversely, the more negative the feedback from others about the pregnancy, the more he will become discouraged and uninvolved.

A relationship is dynamic and is an entity that exists in and of itself. It is alive, just as we as individuals are alive. Think of the relationship as a being. It has needs. It has vested interests. It isn't directed at "him" or "her", it is focused the maintenance of "us." It seeks to be happy and survive, but may give up when there are too many obstacles. I learned that most fathers-to-be are invested at first, but their social networks over time wheedle down their commitment. For instance, Jerome initially wanted to be a good dad, but when Becky's mom and aunts disparaged him, refused to let the baby take his name, and limit his opportunities to care for the baby, he bailed. It is unfortunate, but understandable.

The baby and the family unit will benefit from the father's care and involvement. The baby will profit from the couple's increased emotional, spiritual, physical and sexual

intimacy. Everyone in the relationship benefits when they feel loved. There are many different types of love, to be sure. Love is much more than sex. Women have been found to have sex more for emotional reasons than for physical ones. When women are in a loving relationship they usually feel better about their pregnancies than women who are not in committed partnerships. There is a correlation between how a woman feels about her partner and how she feels about her pregnancy, therefore, when women feel their partners love them their babies are at an advantage.

There are many different theories about what love is. Sternberg (1988), for instance, states that real love must have three components – commitment, intimacy, and passion. When women feel their partner is committed to them and they have a true love relationship, they are much more likely to want to be physically and emotionally intimate. This is called consummate love. Ira Reiss (1972) alleges that love is like a wheel, with four stages that include rapport building, which builds upon self-revelation, which allows for mutual dependency to occur, where couples share pleasures, ideas, humor, and, of course, sexual desires. These lead toward intimacy and fulfillment. John Alan Lee (1977) feels that there are six basic styles of loving that include forms that he calls eros, mania, ludus, storage, agape, and pragma. There are all different kinds of love. Sometimes we have love in our lives, but it's not the type that we expect. Expectations matter. But most of these theorists have not related the concepts of mindfulness or orgasmic, sexual love to the relationship that women have with their partners and babies during childbearing.

When women feel loved and valued, it is easier for them to feel passionate. But when women are having sex with partners who they feel aren't really committed to them, it's harder for them to feel the intimacy that will allow passion to flow freely. It is the difference between making love and having sex. Of course we can have sex, good sex, with people with whom we are not committed. Of course we can have babies with men with whom we are not in love. Across the world and over time, women have routinely engaged in marriages and childbearing situations in which there was no love, no real intimacy, and no mindfulness in the relationship. But the fact is, the sexual act, of which the baby is the product, is more enjoyable for women when they feel they are cherished and in a safe and mindful relationship.

True love, in the relationship sense, is analogous to the concept of having a 'soul mate', a life-long lover and friend with whom you share a bond so intense that you could never violate each other. This relationship is a mindful, caring one. This glorious ideal is often hard to obtain unless people put in real efforts to make it so. Relationship problems interfere with women's delight in bringing a child into the world. Some partners are giving, attentive, and supportive, while others seem to turn away just when the mothers-to-be need them the most. The fact is that not every baby is born welcome. Some women don't want to get pregnant, or at least not at this particular time or with this particular guy. Many women are afraid of what will happen when the baby arrives; they have concerns for the health and well-being of the child that are often well-founded. It is not unusual for women to worry if they will be "good enough" mothers; it is not unusual that they will worry if their husbands will be "good enough" fathers – especially if they haven't

been very good husbands or partners to date. Women worry about whether their babies will be born perfect, and if they will be able to have the money, support, and lifestyle that will keep them healthy and happy. When women are worried about having their babies, or have relationship problems that they fear will impact their baby-to-be's life, these negative emotions are draining and have real physical implications. There's a lot going on inside the mind of mothers that can impact how she and the baby will fare through the pregnancy.

Liking and trusting the person you're having a baby with is a good thing. If the person loves you then you will feel more secure that their affection is real. If you feel that they're just using you it's hard to trust them. If you are embarrassed or frightened by your partner then it will be very hard to feel comfortable being able to lose yourself enough to enjoy the full spiritual, emotional, and physical aspects of the pregnancy. People in early stages of relationships may not be as secure or safe as partners who have been together a long time. This is why usually couples wait awhile before they have a baby, and why many sexologists feel that sex is better when partners have been together for awhile. They not only learn to trust each other, they learn how to interact with each other in ways that are pleasing.

In an ideal world, women love the men who impregnate them, and the men adore the women who are carrying their children. Sometimes this happens but sometimes it doesn't. Most relationships get complicated, especially during pregnancy when women's hormone fluctuations may make them react differently than they might normally. Relationships naturally go through a transition during pregnancy, as the couple begins to

relate to each other as parents. Moving from an individual, to a couple, to being parents requires a lot of mental calisthenics.

While women become large as their babies grow, their self-identities change. While women are allegedly at their most beautiful when they are pregnant, tell that to a woman who has gained fifty pounds, who can't see her feet, and who find that her thighs look like tree-trunks. Women who are green with morning sickness one month and the next month ravenously consume a pint of Ben and Jerry's ice cream without blinking may not feel very sexy. They need their partners to remind them that they are lovely and beloved.

There's also a lot going on in the mind and lives of the father-to-be that we often fail to recognize. He has expectations of what life is going to be like with his child. He has dreams about how good this new life could be. He has fears that things aren't going to work out well. Like the pregnant woman, he likely feels confused and ambivalent sometimes about having a child; he's not sure what is going to happen either. But make no mistake about it – he has expectations of how he thinks things are going to evolve. He has a script for himself, his child, and his new family unit that may, or may not, be realized. All too often, he's not even asked what it is.

Reframing Partner Involvement

If a mother really wants the baby's father to be actively engaged, and if the father is committed to successfully fulfilling his role as a father, then the typical parenting relationship has to be reframed. This has to start at the beginning of the pregnancy. If parents can establish a parenting partnership at the very start of the pregnancy and work

together through it, when the baby actually arrives it could be a joyful experience for both parents. It could set them up for a better start to fulfill their new roles and mothers and fathers, and as a unified family.

In order to establish a true parenting partnership where both parents support each other, and support their baby, the first place to start is with honest communication. This communication has to occur internally as each parent explores their innermost feelings, needs, fears, and expectations. Then it needs to occur collectively as each parent shares with each other these intimate parts of themselves. This means that they talk with each other their excitement about the pregnancy. It means they discuss their fears – about whether the baby will be OK, and whether they want to stick together, and if they do, whether they will be good parents and have a satisfying relationship that will sustain them over the years. These are huge issues to discuss. We may not always like the answers that we receive from honest communication, but it's better to know the truth than to live in fantasy and denial. Wanting something that the other person cannot deliver sets one up for a course of frustration, anger, and sadness. This, in a mindful relationship, can often be avoided as people come to appreciate each other's position and accept them for what they can offer, and for what they cannot. If people can't do this, then perhaps they are not meant to be together, or they should not become parents together. If they are not on the same page and decide to go forward and keep the child and be parents anyway, it probably means that they are going to be confronted with a series of challenges. It doesn't take a crystal ball to predict that.

The old model of intimacy and parenting presumed that people would first develop an emotionally intimate relationship and then they would have a physically intimate one that may result in their having a child. But times have changed. Therefore so must the way that we look at parenting and intimacy. People may be physically intimate with each other before there is any emotional intimacy. If the physical act has resulted in conception, and if the parents decide to go forward with the pregnancy, this affords them the opportunity to actually build a real and true emotional relationship. Even rocky starts can develop into supportive relationships, if the parents are committed to developing it in a mindful manner.

Once conception occurs, this is HIS pregnancy just as much as HER pregnancy. Therefore, the model of paternal involvement also needs to reflect that. The entire childbearing system must become more receptive to the needs of the prospective father and involve him much more actively if fathers are to be meaningfully engaged in the parenting process. The parenting process starts at conception, not at delivery. Fathers cannot be expected to automatically know what to do with a baby if he has no experience or training. He cannot bond with his child if he is emotionally removed from it from the beginning.

A cultural model has occurred over time that put child rearing primarily in the hands of the mothers. Fathers have been expected to be financially responsible to the family and they may be called upon to do the heavy lifting on discipline. Dads may be expected to teach children sports or how to build or fix things. But this instrumental role

has generally been devoid of the expressive one, where dads are the one to whom children run when they are scared, hurt, or in need of nurturing and advice. Women historically have had little control in the external world, but they have wielded extreme power inside the home. Women tend to choose what to eat, they cook and serve it, they bathe the children, drive them around, and attend to their appearance, medical care, and social relationships. Mothers have generally had the inside track to the emotional lives of children. Children, especially young ones, become very attached to their mothers, at first for physical reasons (like nursing). But most developmental psychologists have found that it is important for a child to have a sense of attachment with both parents in order to grow in a strong and healthy way (Bowlby, 1969; 1990; Ainsworth et al 1978).

Women usually talk about wanting father involvement, but many have engaged in subtle behaviors that keep fathers at a physical and emotional distance from the child. It is almost as though they want to be the one to which children have their primary affection. Deep down inside, one can wonder whether some women don't want fathers to be too much a part of their children's lives. If fathers were of equal, or potentially more important emotionally to children, then the role of the mother as the queen bee within the household could get compromised. Mothers may do this by criticizing fathers for not holding the baby right, not diapering it well, not feeding it correctly, or playing too rough. It should be no surprise that after awhile, the criticisms may become too much for some fathers to bear (Shellenbarger 2008; Gardner 2001, Talan 2003). This can be directly associated with the lack of parental involvement and feelings of alienation.

Studies indicate that encouragement from others, especially mothers, has a powerful impact on the degree to which men engage in their fatherly role (Schoppe-Sullivan et al 2008). Being mindful to compliment him on his parenting, setting aside time for him to be alone with the baby, asking his opinion on caregiving issues, letting him actively make decisions over the baby, and supporting his nurturing tendencies have all been found to be correlated with more engaged fathering. When people praise the caregiving of both fathers and mothers, parents are more likely to feel positive about their role as parents and with their relationship to the baby.

Even dads who were determined to be involved and who believed mothers and fathers should be equal co-parents hit the sidelines when faced with critical judgments from others – particularly the birth mother. When mothers take on the role of maternal gatekeeping, they may send forth messages that the father is incompetent, which does nothing to encourage his ongoing involvement with the pregnancy or baby. When moms look exasperated at the father's attempts to tend the baby, roll their eyes, re-do tasks he already did, take the baby away from him when he's not doing something "right", or "talking through the baby" by saying things like, "Daddy made your bath too hot, didn't he?", or "She doesn't like when you hold her that way," these actions may not be perceived by the mother to be toxic or a form of sabotage, but they may be counterproductive to the father wanting to stay involved (Schoppe-Sullivan et al 2008). Many moms probably aren't even conscious they're sending negative signals any more than many fathers don't realize how they give off message of being disengaged in parenting.

Mindful Involvement of Partners

How can husbands, boyfriends, and partners become more meaningfully involved in their pregnancies? There are countless ways. Conversation between the partners is where it all begins. What is said, how it is said, and how one looks when it is said, are all important (Goffman 1959). When individuals become parents, they both go through an emotional roller coaster and transitions in their role identification. When people are honest and supportive in their conversation, with love leading the way, it's a lot easier for both of them. Defensiveness, criticism, and withholding limit open communication.

When men go out of their way to do loving things for the women who are carrying their children, it should help their relationship grow considerably. Men who aren't sensitive types may need a little coaching from others. Maybe the couple has the type of relationship in which the woman can tell the man what she needs, and he will listen and do it. But maybe women have trouble expressing what they want, or men have problems hearing it from them. Guys can have problems picking up on cues about what their women, or the babies, need. It's possible that they never learned these skills. If they were helped, they could be gems, good partners and excellent parents. Mothers, sisters, friends, or "coaches" may be recruited to bridge the gap between what the woman needs and what she gets. Counselors can be called upon if the informal network isn't useful.

If the woman is going to all the effort to grow a healthy baby, the least a guy can do is to figure out how to thank her for it. Show her that you care, in as many ways as possible. Every woman is different, every relationship is unique, so couples will have to

be creative in this endeavor. If guys can show her that he loves her and is there for her, unconditionally, his contributions will be amply rewarded, both now and in the future.

It may be helpful to think of pregnancy as an extended period for making love. Foreplay during pregnancy can be a nine month process leading up to a good labor and climactic delivery. That gives a guy plenty of time to be creative and thoughtful.

Things that **husbands** or partners can do to improve their relationship during pregnancy include:

Make her breakfast.

Bring her flowers.

Take her shopping for maternity clothes.

Organize a brunch for your parents and hers to announce the pregnancy, even if you've already told them privately. Women are usually the ones organizing social events for families, so surprise her by creating a sweet family event of celebration. YOU do the work and let her be the center of attention.

Call her unexpectedly during the day just to see how she's feeling.

Send her mushy I Love You cards.

Give regular texts and emails to let her know you're thinking of her.

Go to the doctor appointments with her and listen to the baby's heartbeat.

Pack lunch for her. Deliver it when possible.

Clean the house. You'd be amazed at how romantic she'll think that is.

Take her out to dinner after a long day at work.

Make dinner for her – and clean up the kitchen afterwards.

Dance in the living room to candlelight.

Draw a bubble bath for her.

Massage her feet and back.

Go to the store (or shop online) and buy something for the baby. She'll melt if you do.

Give up a night with the guys to go shopping with her for baby things.

Make the baby something; a piece of furniture, paint a dresser - something that the baby can keep that shows you've been planning for its arrival. Your obvious investment is regarded as caring; after all, love me, love my baby.

These things matter to her in tangible and intangible ways. Nine months is a good period of time to practice the caring skills that will be essential to sustaining the relationship later on.

This is also a nine month period where women can enjoy just being a couple, where she gets to really know the man who will become her child's father, and a time when she can pleasure, and be pleasured, with amazing intimacy. Some things that **women** can do for themselves during pregnancy and delivery to help solidify relationships are:

:

Let other people know what you're feeling. They're not in your skin to understand what's going on inside you.

Tell other people what you need and want. They don't know unless you tell them.

Let other people be involved. They care, they're excited for you, and they want to share the experience. If they can be invested early, they'll be more invested later on. This is particularly true for the baby's daddy and his family.

Remember that you are in the midst of making a miracle. Don't let grumpiness, chubbiness, weariness and worry get in the way of keeping your eyes on the prize – your precious healthy new baby.

When it's time to have the baby, a woman needs to be comfortable in their social and physical environment. Most women, especially first-time moms, want their delivery to be private. They don't want to be the entertainment for voyeurs. Having a baby is the most adult thing a woman will have done until this point in her life and she doesn't necessarily want others standing there telling her how to do it. This especially includes her mom and mother-in-law. But the going-to-be-grandmothers are very happy about the birth of their grandchild and they may excitedly push their way into the event. They may not wish to intrude; they simply want to be there, as it helps them to relive their own birth experience again. The new father, who doesn't want to anger his parents or in-laws, may be reluctant to put his foot down and say, "this birth is ours and we will let you see the baby as soon as it's born." But this may be exactly what the new mama needs. She's going to be very busy and very vulnerable during the delivery. She will need for her

husband to take care of her, especially socially, since the doctors and nurses will have the physical care covered.

Have someone with you who can keep you focused on the good aspects of labor and delivery helps the delivering mother immensely. If someone is carping, "How bad does it hurt?" a women's mind will automatically be sent to the brain center where she has to assess degree of pain in order to even answer that question. If the labor coach says instead, "You are doing such a great job. The baby will be here soon. Can you take a moment to relax and appreciate how magnificent this moment is, and how wonderful it is that your body is creating this miracle?" This request sends the mother's mind to an entirely different place, and she comes back in a different mental space. Do not invite anyone to be with you who will not nurture you the way you need to be nurtured at this critically important moment. If people you think should be OK end up being distracting and annoying, ask them to leave, and have someone with you who will act as your advocate and do exactly what you ask.

From my experience, and according to women who have also had wonderful childbirth experiences, it helps when the women are in a quiet environment without a lot of people present. Having a single attentive nurse is helpful, while having a room full of medical students observing is not. Having people nearby who care, but who are not right there in the face of the delivering mother, is comforting but not intrusive. Medical facilities that insist that many different people pop in and out to work with the delivering mother can be disruptive to her feeling that her childbirth is a private event. Few mothers feel happy being a public spectacle.

Women can control the social situation by picking a hospital they like, with a doctor they feel comfortable with. Mothers-to-be should talk with the physician ahead of time to explain what they want and to learn about what is possible. Using the Holiday Inn analogy, the best surprise for delivering women is not to have any surprises. If women have seen the birthing and delivery rooms during pregnancy, they will be more assured when the time comes for them to have their babies. If they have gone through birthing classes, read books, and talked with doctors and midwives about what they can expect, women will be ready for childbirth when it happens.

Childbirth classes can be helpful for several reasons. They teach the father and mother-to-be the same information at the same time, and they give "homework" for the couple, which helps to unite them into preparing for their new baby. Childbirth classes provide a great deal of important information, especially for people who have never had a child before. Classes also create a social network of other pregnant people with whom the parents can relate. They become friends, and they may end up seeing each other in the hospital, or later in the community when their children play together. Parenting classes can vary in instructional focus, but some common techniques taught are the Lamaze and Bradley methods. The Lamaze technique teaches that childbirth is a normal and natural thing so women should approach it with confidence. They give ways for women to decrease their perception of the situation as painful, usually through the use of relaxation and breathing techniques. The Bradley method focuses on the use of the baby's father as a birth coach. It discourages the use of medications unless necessary, and also encourages the use of relaxation and breathing techniques to assist women through labor.

The Bradley method has the extra benefit of actively involving the father as an important part of the birthing process.

Mindful things partners may do to prepare for a positive laboring experience include:

> Be prepared to manage the family and friends who want to be involved.
> Be prepared to advocate for the delivering mom with medical staff, who may be more focused on doing their job than the mother's experience.
> Avoid all conversation of anything that will annoy her.
> Buy her an attractive, comfortable birthing shirt to wear at the delivery.
> Have a pretty nighty ready for her to wear after the birth. People will be coming to see the new baby, and she will feel better about herself if she looks nice. Those hospital gowns aren't that attractive.
> Have her favorite music available if she wants it.
> Keep bright lights out of her face. Sunshine is nice, low lights can be comforting, but even when the doctors need light around the birth area, keep them there.

Things women can do to manage the social environment during labor and delivery to increase the chances they'll be comfortable include:

Think about what you want to happen when you deliver. Then make that happen.

Think about what you don't want to happen when you deliver. Then put in place safeguards ahead of time to ensure these bothersome things don't occur.

Develop a "guest list" for the delivery. Decide ahead of time who gets to come into the birthing room with you, who gets to come to the hospital but stay in another room, and who you prefer to wait at home to hear the news. Then let them know.

Go to the hospital ahead of time and check out the birthing room in detail so you are familiar with where you'll be.

Mindful Relationships Take Time

When parents are prepared to take the time and make the effort for relationships with significant others positive, it's amazing how people will open up and rise to the occasion. A new form of intimacy can be developed with family and friends. Having a baby is a bonding experience like no other. It's like joining an exclusive club that one can only belong to by doing it. Certainly, adoptive parents are parents true and through, but they also bond with other parents who have adopted, the same way people who biologically bear a child share a common experience with them that cuts to the chase and puts people on the same foundation for discussion.

Relationships with mothers change when a daughter becomes a mother. Relationships change between sons and their fathers as the older men become

grandfathers. There is a new sense of understanding that was never there before. Issues of sacrifice, responsibility, maturity, caring, and what it means to love all become front and center. Because of this new sense of understanding that parents gain, new avenues of communication may open with their parents. As time goes on and the child/grandchild develops, other streets of conversation emerge as well. It may sometimes be challenging for grandparents not to get bossy because they want to automatically transfer to their children information that took them years to learn. This, of course, cannot happen without usually some resentment on the part of the new parents, who have to discover these things themselves in their own way, in their own time.

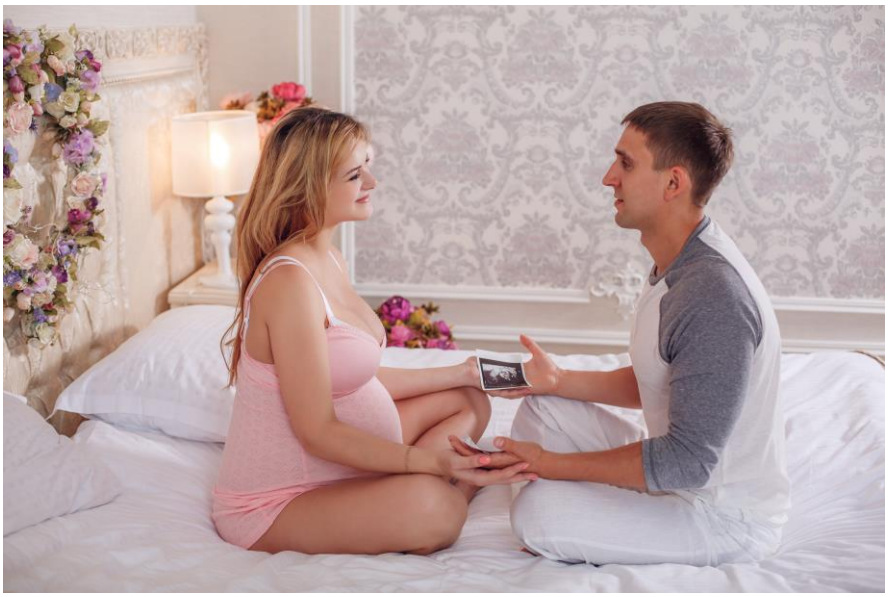
Because a baby is the manifestation of two families, or genetic tracks, merging into one, people with whom the parent is not biologically related will feel they have a claim to the child. And they do. A part of them will get to live on in this new little being. They will naturally feel connected, protective, and defensive towards it. The baby has a right to a relationship with them that the other parent cannot claim. This may be emotionally taxing, as boundaries get pushed, pulled, and created. And it is normal, which is important to remember. The baby is neither the mother nor the father, but will be its own person with its own network and right to relationships. As the baby becomes a teenager, this fact will become amazingly clear, but note it is true from the very beginning.

Relationships with extended family members changes too, as siblings become aunts or uncles, and as cousins expand their network of similar aged relatives. Holidays

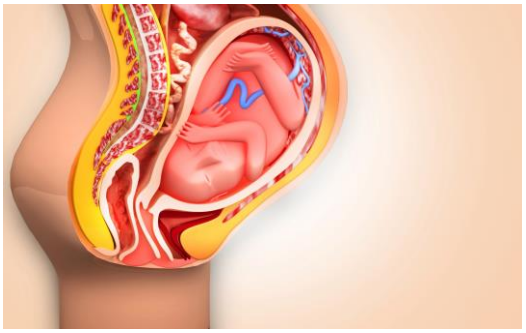
may include expanded numbers of family members and experiences change as a result. Estrangements may have the possibility of healing, although new conflicts can be created if mindfulness is not evoked in even the most mundane interactions. Bonds can be created and reaffirmed. New family stories can be created that get passed down through the years, with both humor and tenderness. New levels of communication and understanding occur with the arrival of each new family member.

Parents will find their relationships with their friends change once they have a child. Friends who have children will naturally shape the expectations of the expecting parents. Once the baby arrives, friends continue to shape the perceptions of the new parents. Sometimes this is by telling horror stories, responding critically to the child's or parents behavior, which is not helpful. Friends can be of greater support when they are mindful. A family sociologist colleague once told me to say something nice to new parents. She said, "I always tell new parents how beautiful their baby is. If the baby isn't beautiful, I tell them how cute it is. If it's not cute, I make a comment about how nicely the baby is dressed, how smart it looks, how pretty its eyes are, or I try to find some way to indicate that the parent is doing a good job with their child. You can watch them perk up and beam. They like their baby better when you say something nice. Now compare the parents response if you say, "what's wrong with your baby?" or "does he always act like that?" or "I don't think you should do that," as it pertains to their parenting. You can watch them turn against their child, just like that. So don't choose to give trouble when you can give them pride."

Having a child can be challenging. Mindful friendships can be a source of ongoing support for parents. Friends can exchange ideas and share information. They can engage in informal education and provide link to formal organizations and resources of assistance. Moreover, friends can share experiences that are just plain fun. And fun, for both parents and children, is very good indeed.



Mindfulness in Health Care



Having a baby is a normal event. People have been doing it across time, everywhere around the world, irrespective of education, social class, or preparedness. Stories of women who historically went alone into the woods to bear their babies by themselves exist, but today most women want others to help them through the process. Having a baby is a collaborative experience in every way – you can't get pregnant by yourself, you usually can't have a baby by yourself (or at least most of us don't want to), and according to the African proverb "it takes a village", you can't raise a baby by yourself.

A variety of health care providers exist, and women will pick their childbearing "team" in accordance with who is available, who they can afford, and who they believe will be useful to them in the healthy bearing of their babies. Western medicine is typically directed by MDs, or allopathic physicians. The doctors usually in charge of the pregnancy and delivery experience are OBGYNs, although some family practitioners or general practitioners may also deliver babies as a routine part of their practices. But there

are complementary or alternative health care providers who also can provide useful services, perspectives and approaches. These include midwives, osteopathic physicians, naturopaths, homeopaths, chiropractic, nurse practitioners, physician assistants, herbalists, hypnotists, nutritionists, fitness specialists of a variety of types, acupuncturists, massage specialists, meditation, reiki, yoga, and other forms of energetic healing. Each of these practitioners can provide unique services to the pregnant woman. What they provide does not necessarily need to be in conflict with one another, but they probably work most effectively when they are coordinated. Keeping secrets from a provider is not in the best interests of the baby.

It is possible to increase the likelihood of achieving a peaceful, pain-free and even orgasmic delivery by improving overall health and being mindful. After all, when you're sick, out of shape, poorly nourished, and stressed, it will be harder to have a wonderful delivery than when you are healthy, fit, and happy. Healthy eggs and sperms are essential to creating healthy babies!

Here are some things that women can incorporate into their lifestyle before they get pregnant, and during pregnancy, to help increase the possibility that they will have an easy labor and delivery.

Eat right. The key to a healthy body is to eat a balanced diet of protein, fruits and vegetables, dairy products, grains, and fats. And a little chocolate each day, if it sounds good to you, since it is known to raise those feel-good endorphins. Processed and fast-foods tend to have way too high caloric, salt, fat, and additives for what they give back in healthy attributes. A good old-fashioned normal diet is a healthy thing for women of

childbearing age. Forget the fancy and complicated diets, and go back to the basics during this time.

Vitamins. Take a multi-vitamin with minerals. It is pretty hard to get all of the vitamins a body needs through regular meals. Vitamin A and zinc help egg production, the B vitamins help prevent birth defects, vitamin C boots immunological systems and helps the body naturally detoxify while amino acids and minerals like magnesium, selenium and chromium particularly assist reproductive health.

Weight. Maintain a reasonable weight before and during the pregnancy. Especially for first time moms, how much weight one will gain during pregnancy is an unknown. Some women seem to put on hardly anything, some women gain upwards of 70 pounds. The National Academy of Sciences' Institute of Medicine released new guidelines today for how much weight women should gain during pregnancy. Healthy women at a normal weight for their height, which is defined as having a body mass index (BMI) of 18.5 to 24.9, should gain 25 to 35 pounds; underweight women (a BMI less than 18.5) should gain 28 to 40 pounds; overweight women (a BMI of 25 to 29.9), should gain just 15 to 25 pounds while obese women (a BMI greater than 30) should limit their weight gain to 11 to 20 pounds (Stein 2009).

Women who have eating disorders before becoming pregnant often have difficulties putting on the necessary weight to beat a healthy baby. Obesity and anorexia are both associated with a variety of preventable health problems, so get control of your weight before it gets control of you! There are special programs around to help women who are anorexic or bulimic to get through the pregnancy successfully. For women who

weight too much, it is much easier to get pregnant when you're not too big, and it's certainly easier to lose five pounds than twenty-five. Women who are too thin may not be able to get pregnant; many runners and excessively thin women have problems with their menstrual cycles. It is always better for women to have a healthy weight. When women get pregnant, they must change their attitude about weight. Every pregnant woman feels she is "fat"; after all, waistlines disappear during those months! Women with skinny legs will find they gain weight in their thighs since legs usually get bigger to support the new weight they must carry. It is essential to gain weight during pregnancy, since to do otherwise would put the baby's development at risk. Pregnancy is not the time to diet! There's a lifetime to do that after the baby is born.

Don't drink, do street drugs or smoke during pregnancy. The research is quite clear; women who drink alcohol during pregnancy have a higher chance of having babies with Fetal Alcohol Syndrome. While a little alcohol consumption, such as red wine, has been associated with some health benefits, this is not the case for women who are pregnant. Women may drink when they are in the early weeks of pregnancy, before they even know they are with child. During this time, cells are dividing like crazy, and inundating them with toxic substances, including drugs or alcohol, is simply not recommended if you want a healthy baby. Smokers tend to have underweight babies with more health problems. Smoking is never healthy for one's body, and it is certainly unhealthy for babies. Drug use in general, whether illegal drugs such as cocaine, heroin, ecstasy, or marijuana, or legal drugs that are not taken under the close supervision of a physician, may be connected with a wide range of problems for the baby. For more

information on the effects of particular drugs, visit the US government's web site on women's health at http://www.womenshealth.gov/faq/pregnancy-medicines.cfm.

Exercise. It is important to be fit and to have one's muscles and cardiovascular systems in good working order. A sedentary lifestyle is no good for anyone. Exercise can take a variety of forms, and so find one that you like, whether it is dance, walking, tennis, weights, or landscaping. One does not have to run the Boston Marathon in order to be in good shape. Being in good shape helps to reduce complications of pregnancy and delivery. It helps a woman to rebound after delivery. For detailed information on fitness during pregnancy, visit the following website: http://kidshealth.org/parent/pregnancy_center/your_pregnancy/exercising_pregnancy.html

Keep Stress Down. Stress is sneaky and it can have a variety of unwelcome and hidden impacts. It can increase blood pressure, reduce immunological systems, disrupt good mental health, and simply make it hard to get pregnant. Do a lifestyle evaluation, identify where the stress points are, and do what you can to reduce them. Also, remember that some stresses are negative (distress, like having a fight or filing for bankruptcy), while other forms of stress can actually be good for us (eustress, like getting the job you wanted or winning the lottery). The events that happen to us are much less important than how we handle them. So figure out what works for you, whether it is exercise, meditation, or a regular good old fashioned rant to a good friend or therapist. For more information on stress in pregnancy, visit Baby Center at http://www.babycenter.com/pregnancy-fitness.

Changes To Expect During The Trimesters

Women can expect to experience different physical and emotional sensations during the three major trimesters of pregnancy. The usual pregnancy lasts 40 weeks, although a normal pregnancy can range from 37 to 42 weeks.

Creating a Healthy First Trimester

Most women know they are pregnant by the end of the first month. Some allege that they know the exact moment of conception, but most women rely on signs such as missing a period, having sore breasts, getting nausea, or feeling "different". Between the time of conception and a woman's realization that she is pregnant, she may accidentally expose the baby to unhealthy substances or environments. So the best advice is – if you think you're pregnant, then go out of your way to avoid ingesting anything that could inadvertently harm a baby.

A trimester consists of around 12 – 13 weeks. During the first trimester, most women do feel nauseous, but this can be regarded as a good sign because it means that HCG, or human chorionic gonadotropin hormone, is being adequately produced by the placenta. This hormonal change is associated with morning sickness as well as emotional highs and lows. As Mary, a pregnant friend who had previously miscarried two babies told me, "when I got morning sick, I was thrilled because it meant the pregnancy was going along normally." So, instead of viewing morning sickness as a bad thing, consider greeting it enthusiastically since it is a sign that "all is well".

During this time, the sperm and ovum merge to form a zygote, and a week or so later turns into a blastocyst. While growing fast, by the end of the fourth week it is only

about 1/16 of an inch long and weighs less than a gram, or 3/100 of an ounce. It isn't called an embryo until the end of the sixth week, and at week 8 it turns into a fetus that is about an inch long. By the end of the first trimester, it resembles a baby in that it has identifiable tissue that will become a brain, spine, eyes, hands and feet, lungs, kidney, liver, nervous systems, and teeth buds.

Relationships between the parents can be especially loving during this period. Tension over contraception is gone because they don't have to worry about getting pregnant since they ARE pregnant! Couples find new liberation in the free and unencumbered expression of physical affection. A folk culture tale exists that says the more a couple makes love during pregnancy, the more loved the baby will feel and the healthier it will be. While this cannot be substantiated, affectionate love making can be very rewarding for both the pregnant mother and father. Women report that climaxes can be wonderful during this time period. This aspect of pregnancy that can have benefits throughout the pregnancy, and culminates in a delivery experience that can be defined as orgasmic.

Creating a Healthy Second Trimester

Most women enjoy the second trimester (weeks 14 – 27) of their pregnancy the most, because they are past the time period in which miscarriages tend to occur. Morning sickness has passed, women tend to feel more energized and prettier, and they start to get excited about having a baby because they look pregnant. Maternity clothes tend to feel more comfortable than regular clothes as women's bellies expand, and there are some really cute preggy clothes that expectant moms can buy. Women enjoy feeling

the first signs of movement from the baby. The old term for this is "quickening." My grandma called the early sensations when the baby starts moving like having "butterflies fluttering inside", while my mother referred to it as having "angels dancing".

There are physical changes beside the blooming belly that some women notice, such as bigger breasts, larger legs and hips, and a faster heart beat. Indigestion and constipation are not unusual, and women find increased pressure on their bladder makes them frequent the restroom frequently. But these changes are all related to carrying the baby. After all, the hips and legs need to be sturdier to carry the extra weight. Internally, there is less room for the mother's organs as the baby develops. Hooray - these are more good signs that the baby is growing normally!

During this second trimester, the fetus grows from about two inches to almost twelve inches, so there's a lot going on inside! The baby is aware of noise, light, touch, and seems to have wake and sleep cycles. Its limbs are well developed and you may be able to feel its feet, hands, or bum when you pat your belly. During this period, the baby is growing longer, picking up weight, and its organs are developing to help the baby be equipped to deal with the challenges it will face when it exits your body and enters the external world.

Physical intimacy during the second trimester can be quite satisfying. While the mother can feel the baby move from the inside, now the father can see and feel the baby move from the outside. This can allow him to feel more a part of the pregnancy than he could during the first trimester. As a result, the couple can find new ways to bond together as they experience being parents in this new way. They can dream together of

what the baby will look like, what they baby should be named, and what they hope for it and their lives together. This can be quite satisfying.

Sex can become more creative as the couple figures out how to pleasure each other without creating discomfort that may accompany the traditional missionary position. They may try positions that they never tried before. Women tend to be sexually receptive and enjoy the contact, especially now that morning sickness is likely past. Women tend to appreciate having sexual contact during this time because they are feeling better physically and as their bellies blossom, they appreciate feeling pretty and desirable. Partners who are mindful can make women feel quite special during this time.

Creating a Healthy Third Trimester

This is the last twelve weeks of pregnancy, when the baby is getting longer, weighing more, and its internal organs are growing in size and function. This is also the time when expectant mothers get physically tired. They are carrying more weight around, may find it harder to breathe deeply because the lungs and diaphragm are pushed together to make room for the baby. Women find that they are urinating more as the pressure on their kidneys increases. They may have backaches, their legs may swell, it may be harder to sleep, and their sex life becomes less robust. Women's bodies are gearing up for delivery; their pelvic joints and ligaments are expanding, their breasts are getting ready for colostrum and milk production, and the uterus is practicing by creating mini contractions called Braxton Hicks. One can never know for sure when babies will arrive, since they do seem to have a mind of their own from the very beginning, so women have to be on guard for signs of early labor weeks before their due date. At some

point the water sac in which the baby floats will break and labor will officially be underway. The baby, during this last trimester, will usually be around 20 inches long and around 8 pounds when it decides life in the womb is too crowded and it's time to escape. If the baby should be born during the third trimester, before the usual 38-40 weeks, the baby has a good chance of surviving. The longer it stays in utero, the greater chances of delivering a healthy, well-developed baby!

Especially during the third trimester, sex will take on new dimensions. At the beginning of this trimester, the woman will not be worried about going into labor. By the end of the 40 weeks, she knows that labor could start at any time. Many women become protective of their bodies as a result, and their added bulk may make it more challenging for them to position themselves for sex in the ways they could during the previous two trimesters. This may be frustrating to a nonmindful partner who is focused on fulfilling his sexual needs. Most women will be happy to find ways to arouse their partners. The questions are, how will men a) show the mothers of their babies that they love them and b) how will they satisfy them sexually?

Women at this stage will weigh more than they have likely ever weighed, and they are sometimes physically uncomfortable managing routine tasks, such as getting up out of a chair. Mindful partners can help them feel beautiful and sexual if they take time to be tender. Massages are especially welcome during this time. A commonly recommended strategy to help women prepare for delivery, and feel sexual, is for partners to use virgin olive oil to massage the pregnant woman's vaginal area on a regular basis in the weeks preceding delivery. The oil can help the labia to be pliable and flexible, and

stretch more easily during labor. While some physicians routinely give women episiotomies (or small cuts to give the baby more room to come out) during delivery, they may be unnecessary, especially for women whose bodies can naturally stretch during labor. The olive oil massages can be extremely sensual for both the man and woman. She can orgasm freely during this time. Some women find it harder to have orgasms via intercourse during this time, partially because of the difficulties of the angle, and partially because they have less control over the strength of the intercourse. When she is manually stimulated, the pregnant woman may be able to give more verbal directives of what feels good and what is too much sensation. There is no reason why most women have to give up orgasms during the last trimester if they have mindful, attentive partners.

Attitudinal Shifts During Pregnancy

Attitude shifts within the mother naturally occur during pregnancy. Hormones will be changing in type and amount, and these natural fluctuations may result in unnatural fluctuations of emotion. Some women find that this is especially common in week 9 of the pregnancy, when the placenta is creating new hormones for the baby's important growth and development. Many pregnant women report experiencing the full range of emotions, from joy and satisfaction and pride to ambivalence to fear to anger, sometimes all within a very short period of time. Mindfulness can help women to smooth the highs and lows of this emotional roller coaster. Knowing that there is a hormonal shift that naturally occurs during pregnancy can help women, and those around them, to realize that intense emotions are not necessarily an accurate reflection of reality. Ride the waves, try not to get too caught up in the emotions of either extreme, and people will fare

better. Of course, it is much more pleasant to relish the joyful emotions than the rough and tough ones, but all of them are impermanent. They will all pass as new experiences and emotions sweep into our lives. The benefit of mindfulness is that it will help us to stay focused on what is stable and true in an ongoing sense.

Sex During Pregnancy

Research indicates that orgasms are fine and even desirable during the early stages of pregnancy. In a review of 59 studies of pregnant women's sexuality, Kristen Von Sydow (19xx) found that while most women believed it was important to be sexually active during pregnancy, it was common for women to decrease their sexual involvement, especially during the last trimester of pregnancy. Studies indicate that during the first trimester some women become tired, have tender breasts, or are nauseous, which makes lovemaking less pleasurable. During the last trimester, women may feel very large and be concerned about doing things that may accidentally trigger labor. Second trimester sexual involvement tends to be the highest, but there was great variability in women's practices and perceptions of the sexual experience. She found that women's sexual responsiveness varied significantly, as did their activities, enjoyment of sex, and their ability to orgasm. During pregnancy most women preferred tenderness and more gentle types of lovemaking, as opposed to the wham-slam type of intercourse. Von Sydow found that physical and mental health was directly related to women's perceptions of their sexual experience and their desire for sexual contact. When women feel loved, they are more likely to want to be sexually active. When their partners are sensitive and caring, women are more likely to have a positive sexual experience.

The big debate comes late in the third trimester when there is more of a concern of infection of the woman's amniotic fluid has broken, or if an earth-shattering climax might trigger contractions that could unexpectedly thrown the woman into labor. During an orgasm, the hormone oxytocin is released; this hormone is responsible for triggering contractions. While going into labor unexpectedly after sex is not common, it can happen, especially in the latter weeks of pregnancy. Women may be concerned that they will hurt the baby during sex, and they may refuse sexual contact because their maternal protectiveness has already kicked in. However, Von Sydow found that there is no indication that sexual intercourse or orgasmic experiences harm the baby in normal pregnancies. If women have a problem pregnancy, they should follow their doctor's instructions and avoid intercourse if that is recommended. After all, having a healthy baby is the most important thing!

But other studies indicate that these anti-orgasm views were old-school and antithetical to more current understandings of the phenomenon. For instance, studies now indicate that orgasms during pregnancy are normal and will not lead to preterm labor or cause a cervix to dilate or efface. A study of pregnant women in North Carolina found that sexual activity did not increase a women's risk of delivering preterm babies, and that continued sexual activity during late pregnancy could be a protective factors, since it was a strong predictor that the pregnancy would go full term. So women need to use good judgment when they are pregnant to take good care of themselves and their babies.

Sexual contact and ability to orgasm does not seem to have any demographic or predictive factors about who will and who won't enjoy sex. It does not matter what age you are, what race, religion, ethnicity or nationality; it doesn't seem to matter what financial status you have or how much or how little education you have acquired. What does seem to matter is the ability to relax, to be calm, to be introspective, and willing to trust that labor and delivery are normal and natural, and will be painless (if not pleasurable!). When women are depressed, anxious, and feel fat or unattractive, they are less likely to enjoy sex than women who are happy and feel positively about themselves and their relationships with others. And, after the baby is born, women who trust their contraception have been found to enjoy sex more than women who don't!

If you're expecting the doctor to talk to you about what your sexual activities should be like during pregnancy, think again. Von Syndow (1999) found that most doctors do not talk to women about sexual positions or orgasms. It is ironic that during a woman's most sexual time of her life that so few medical officials talk to her about her sex life. She found that 68% of women got no sexual advice from their doctors, and another 27% got a little advice, but it was so limited as to not be very helpful. Usually this restrictive advice focused on abstinence or on what time period they should resume sexual contact. None of the studies found that doctors talked to women about how their sexuality could improve during pregnancy. And certainly none of them talked about having an orgasm during delivery.

All through the pregnancy, remember to exercise, eat right, rest, and be in a good mental, as well as physical, state. Women who view their pregnancies are positive are

more likely to enter the labor and delivery phase with a greater chance of having the good labor and perhaps an orgasmic delivery.

Mindful Delivery

Giving birth is the sexiest thing you'll ever do. Getting pregnant was an intimate, sexual act. Carrying the baby for nine months put a woman into an intimate relationship with her body. When it is time for the baby to arrive, a woman must be totally physically and emotionally engaged. It is the moment in which everything inside of her comes together. If a woman is mindful, delivering a child can be the most wonderful, amazing moment of her life. It can be the most intensely intimate physical experience that she has ever had. The delivering of a child can be climatic. Labor is the foreplay of delivery. Childbirth can result in a climactic experience that is thoroughly satisfying.

But women don't usually think of labor and delivery that way. They seldom hear about how wonderful and sensual childbirth is. They almost never hear about orgasmic childbirths; talking about orgasms in general seems like a taboo subject for most women. The idea of having an orgasm during childbirth is virtually unheard of – not because it doesn't happen, because it does, but because women have been socialized to do so. They act embarrassed and reticent to talk about their orgasms, even with other women who

have the same anatomy, experiences and urges. It is uncomfortable for many women to talk freely about foreplay, sexual positions they prefer, and what it is like when they climax. Few women confess about masturbation and the joyous use of sex toys, either alone or with their partners. For all the sex talk that occurs in our society, very little of it deals with true intimacy and honest pleasure. Talking about women's sexual pleasure is off-limits, even though the Oprahs and Dr. Phil's of our time are quick to point out the naturalness of women's climaxes.

Bodies are hardwired for sexual pleasure. "Biologically, you are designed to receive great pleasure from your body not only during lovemaking and intercourse, but in birth and breastfeeding, too….Birth offers sexual pleasure on a continuum from pleasant sensations (felt while your uterus rhythmically contracts in early labor if you're relaxed and feeling secure) to an intense birth climax (yes, just like an orgasm) as your baby slithers into the world of your waiting arms." (Korte and Scaer 1992). While women will experience intense physical sensations, they can be defined as something other than pain. "Giving birth is a highly creative act full of orgasmic feelings, and can be a moment of ecstatic pleasure for the mother" (Merloo 1966). Sometimes, when women moan or make noises during childbirth and they are intense but pleasurable, witnesses misinterpret the noises as pain, not pleasure, because that's what others expect to hear. Jen Bradley (2011) reports screaming and crying during labor and delivery, not with pain but with joy and lust. It is easy for others to not interpret these actions accurately when they have been socialized to anticipate pain and suffering in childbirth, and for pleasurable childbirth to be a foreign concept. Ina May Gaskin (1977) conducted interviews with 150 pregnant

women and found that 21% (N=32) of them had experienced orgasms during childbirth. This means that almost a quarter of all women naturally had childbirth orgasms. If women were aware of the fact that they could have orgasmic childbirths, many would be willing to create the physical, emotional, and social environments that are conducive to having them.

What Are Orgasms?

What are orgasms? Simply, orgasms can be defined as the peak of sexual excitement. They are involuntary muscle spasms that occur during the release of sexual tension. Orgasms can range in intensity from a light sensation of pleasure around sexual areas of the body such as vagina, anus or nipples, but the sensations can become highly arousing and consume a woman's entire being. During orgasms, a woman's heart rate increases, there is increased muscle tightness that facilitates the climax, which is promoted through more blood flow, especially to genital areas. There are around 8000 nerve endings in the clitoris, which makes it the primary source of sexual pleasure for women. Orgasms can range significantly in duration, from seconds to minutes to multiple times during the sexual act.

There are usually two types of orgasms which result from the stimulation of the two major parts of the genitals. One is a clitoral orgasm; the clitoris is part of the vulva and during a clitoral orgasm, the vagina becomes longer and a pocket is formed beneath the uterus. There are also vaginal orgasms, during which the uterus drops lower and shortens the vagina. An inch or two inside the vagina there is a small bunch of nerves that can become extremely sensitive and may swell during sex play. This is known as the

Grafenberg, or G, spot. Sometimes during stimulation of the G-spot, a clear fluid will spurt out of the urethra that is similar to the fluid produced by the prostate gland in men that makes up the liquid portion of semen, which enable about ten percent of women to ejaculate. A woman can have an orgasm through stimulation of just her clitoris, just her vagina, or both, but most women report clitoral orgasms.

Women may also report experiencing emotional orgasms, which some women feel provide great satisfaction because she feels loved and cherished. The emotional catharsis of coming together is so rewarding that women feel a sense of completeness, unity, and reaching into the soul in a sense of spiritual awakening. Women who can be totally engaged in their birthing experience, who are happy and excited to be a part of the miracle of creating life, may find the bearing of their baby to be the most wonderful thing they have ever done. They are so overwhelmed and proud of what they have made, as they first look at this ravishing wiggling body that was moments before inside of them. They may be filled with a spiritual unity with this baby, who was made and nurtured out of nothing more than love and DNA. The awesome moment of first seeing your child can make a woman's heart soar like no other.

Breast orgasms are created through the stimulation of the women's nipples, usually through oral contact. Some women have very sensitive breasts and can orgasm easily when they are stimulated, other women find more difficulty experiencing breast orgasms. Breasts may be sore at various stages of pregnancy, which may then inhibit this type of orgasm for awhile. When their breasts are aroused and the woman has an attentive partner, breast orgasms can be very rewarding. While it may be possible for

women who breast feed to have orgasms when they nurse their babies, these kinds of climaxes come later, once the baby has been born and the mother's milk has fully come in. Many new mothers put their baby to breast and feel frustrated because the babies don't know yet how to suck the milk out, and their breast milk isn't well enough in yet to flow easily. Nipples may get sore at first. But later, when the baby knows how to nurse, the mother's nipples have toughened up a bit, and the milk is fully available, it is possible to get a breast orgasm. There is nothing like taking a crying, upset baby and putting it to breast. Its little lips seize the nipple and a woman can feel herself let down and feed her baby with the milk out of her own body. Babies may pat their mother's breast with affection as they nurse, and mothers may feel extraordinary satisfaction when the babe's eyelashes flutter and they melt into their mother's arms, asleep, as drops of milk slip out the corners of their mouth. The babies, and the mothers, are in ecstasy at that cherished moment that no money could buy. Some men find sex with nursing women to be extremely erotic when the milk flows.

It is possible to have vaginal orgasms at the time of delivery. This can happen more easily in women who are experienced having orgasms. During intercourse, some women may experience multiple climaxes. Clitoral stimulation can create wonderful climaxes for women due to the sensitivity of densely packed nerves. There are a variety of ways for the clitoris to be stimulated. The G-spot orgasms are created at a spot deep within the vagina where usually only an erect penis or sex toy can reach. During the early months of pregnancy, vaginal orgasms are fine and even recommended. The major caveats are not to do anything that could harem the baby, and not to expose the baby to body fluids from

people who are HIV positive or infected with some other potentially life-threatening organism.

There are, of course, many different types of orgasms, and some women prefer one type over another, while lucky women enjoy them all. Similarly, there can be many different types of orgasms that are possible during child birth, the same way there are many different types of orgasms during sex. In any highly charged sexual encounter, there may come a time in which the woman is on the edge, hovering between the world of here and now, and that marvelous place where she can achieve the orgasm. With a little more affection and attention, she can make it to the top of the mountain and climax into utter bliss. During the frenetic climb, she has moments of acceleration, and moments when she may not quite sure she's going to make it. This makes her work harder in order to get there; she will usually climax unless fear or unforeseen circumstances result that subverts her journey. It is possible for women to have pleasurable childbirths.

The role of the female orgasm has been controversial, even within the scientific community. Orgasms are normal and natural occurrences. Yet physicians and well-meaning family members have told pregnant women not to have orgasms because it could "hurt the baby" or cause them to go into accidental labor. This is seldom the case, especially during the early months of pregnancy or when sexual contact is exchanged in a caring and concerned way. But the reality is that the female orgasm has long been controversial. Scientist Stephen Jay Gould published an article in Natural History (1987) that promoted the idea that the main reason for females to have orgasms was to lubricate their vagina so that semen could more easily glide nearer to the cervix and promote

fertilization. Orgasms, according to this biological perspective exist, essentially to help the human race to reproduce. Scientist John Alcock (2005) has argued that the female orgasm is a nonessential recreational activity. Elisabeth Lloyd argues (2005) that there is no need for the female orgasm in contemporary society because it serves no biological purpose. She alleges that women's orgasms may be obsolete and unnecessary. Her work, no surprise, has come under hot rebuff from women who perceive her to be out of touch with feminine feminist views.

Others would disagree, and many women view orgasms as quite essential to the preservation of their marriages and relationships. Climaxes, while enjoyable, are far more than recreational activities. This biological view totally negates the spiritual, emotional and relational components of the biological phenomenon of the orgasm. Sex is relational. It is an act of generosity, an act of freedom, an expression of willingness to become, and a willingness to forgo the past and future for a blissful appreciation of the present. They can be an expression of spirituality.

Childbirth As A Sexy, Sensual Experience

There are striking parallels between lovemaking and labor when women are mindful and there no drugs or medical procedures are used (Jones 2011; Newton 1983). Consider the similarities. The woman's uterus rhythmically contracts during both intercourse and labor, though the intensity of contractions is far greater in labor. Her vagina naturally lubricates and opens during both processes. Women are usually intensely emotional, vulnerable, and sensitive during both lovemaking and labor. When

a woman gets closer to climaxing, she may show signs of physical exertion on her face and make groans or noise; the same is true during childbirth. She may be sweaty and thrash around, looking for a comfortable physical position in both sexual intercourse and in childbearing. She is focused on what is happening to her internally during both processes and her awareness of and concern with the external environment diminishes as she becomes more engaged in both sex and childbirth. Both lovemaking and labor can be adversely impaired when there are disturbances. Disturbances can be from the physical environment, they may be emotional, they may be social, or psychic. Lovemaking and labor are both primal reactions that function best when instincts naturally take charge and the judgmental, analytical, logical mind is put aside. Labor and lovemaking are most satisfying and smooth when women are able to surrender their mind and body to the process. Surrender is a major response that can lead to the orgasm. Social inhibitions decease near sexual climax and toward the end of labor, the same hormone, oxytocin, is released during both lovemaking and labor, and when the acts are over, both engulf a woman in a sense of well-being if done well. As Barbara Katz Rothman (1991) described in her essay In Labor, "Birth has much in common with orgasm; the hormone oxytocin is released, there are uterine contractions, nipple erection, and under the best circumstances for birth, an orgasmic feeling."

Gaskin (1977) interviewed a variety of women who had pleasurable childbirths. She describes Paula, who regarded labor and delivery as “one big orgasm. The contractions were like waves of pleasure rippling through my body.... I can’t say it was like the orgasm experienced during sexual intercourse, where I find myself being engulfed

and lost in the wave of orgasm. The type I experienced during labor and birth was more of an all-consuming feeling that required more of my attention than that experienced during sex. However, it is an orgasm. The birth itself is very orgasmic as the baby comes through the birth canal – extremely pleasurable and rewarding."

Lelia McCracken (2000) argues that women should reconceptualize childbirth to capture its sexual nature. She finds that "Birth is a dark, private, and secret opening up of our ancient sexual selves. Birth sensations, when we allow them to be, are actually highly sensual - much like the intense, luscious, squeezing contracting that happens during orgasms.... the sensations of giving birth are not fierce and violent; they are rapturous - we feel an ever-increasing pressure on our cervix as our body prepares for the sweetest, most intense of orgasms, the lovely culmination of our labors of love: birth. During birth, we pant, scream, and throw our head back - this is sensuality with a purpose: we are taking in extra oxygen, releasing adrenaline into our bloodstream, and widening our pelvic outlet. And when the baby comes out all slick and new, we are in ecstasy, enraptured by the most heightened hormonal load we will ever know."

The experience of childbirth as sexy and orgasmic is ironically common yet not well acknowledged. As Kitzinger (1985) said, "...in a strange way the energy flowing through the body in childbirth, the pressure of contracting muscles, the downward movement of the baby and the fanning open of soft tissues, can be powerfully erotic....[Childbirth] can be the most intensely sexual feeling a woman ever experiences, as strong as orgasm, even more compelling than orgasm." Harper (1994), a nurse, found

that labor and delivery can result in sexual experiences that are very similar to those during intercourse. She recalled a woman laboring "at home in a portable birth tub and feeling very sexy and loving with her partner. Each time she had a contraction she would cry out, 'Oh, baby, I love it. More...more!' Her windows were open because it was July, and soon a crowd gathered outside her home. When the baby was born amidst shouts of 'Yes!!! Yes!!! Oh, my God, yes!!!' her neighbors gave her a great round of applause. They only realized that it was a birth after they heard the cries of a baby."

Certainly, the sensations that occur during labor and delivery are more intense than with regular lovemaking. If the sensations are greater in labor, doesn't it stand to reason that a woman's climax could be greater as well? But if the sensations are defined as intense and painful, this gets in the way of the sensations being regarded as intense and pleasurable.

"Birth is fundamentally a creative act, as is the act of sexual union....Indeed many women have described giving birth as intensely pleasurable and have discussed it in orgasmic terms....more and more women are enjoying labor and birth with their husbands just as they have enjoyed the sexual experience....Making love, orgasm and giving birth are all inter-connected." (Baldwin 1995). Kate Capshaw Spielberg (her husband is Steven Spielberg) was quoted in McCalls magazine (May 1999) as saying "I happen to think that having babies is very sexy. The actual birth is so sensuous, very erotic. The feelings we've both had at the birth of each of our babies were so primal." Viewing childbirth as a sexual, and sexy, erotic experience must first begin in one's mind before it can occur in one's body.

After-glow after a satisfying sexual experience is common. Women report feeling closer to their partners after they have experienced a climax. They may curl into their partners arms and sleep contentedly, and feel emotions of greater love and affection towards them. Similarly, after an orgasmic delivery of a child, mothers report feeling overwhelmed with sensations of love and tenderness toward their babies. There is a natural feeling of love, affection, protection, and care that they feel towards their infants. Do women who don't experience orgasmic childbirths share such emotions? Probably – but it is proposed here that those sensations are even greater among women who have experienced orgasmic feelings toward their child.

Factors Encouraging Childbirth Climaxes

When people are upset or preoccupied, it is difficult to surrender one's mind so that one's body can experience an orgasm. The emotional component of having an orgasm is undeniable. This is why it is so important to be mindful.

Here is a short quiz that will allow women to review their likelihood of achieving an orgasmic delivery. When you usually have sex, do you orgasm easily? Is it a struggle, or do your climaxes come easily? If it is a struggle, what's holding you back? What mind set do you need to increase the chances that you'll have a smashing orgasm? What physical activities to you need to experience pleasure? What do you need emotionally from your partner is in to increase the chances for you to have a great orgasm?

Now, let's turn to the pregnancy. How do you feel about being pregnant? Do you want to be? If you do, it increases the chances of orgasmic childbirth, compared with woman who don't. If women have felt physically and emotionally good during the

pregnancy, this increases the chance for orgasmic childbirth. If women have had sexual intimacy that has been satisfying and rewarding during the pregnancy, and if they have had orgasms throughout their pregnancy, their body is already in practice. If women can focus on how they want their labor and delivery to be, what they are most afraid of, and how they can fix the issues to prevent the negative and increase the positive, then the stage can be better set for the arrival of an orgasmic delivery. It is important to consider what is needed from yourself and your partner to increase the chances that you'll have a wonderful birthing experience. You may wish to decide whether, and to what degree, you wish to let the baby's father be an active partner in this process.

There is a stereotype that there are no frigid women, only inattentive men. This is only partially true. Many men could be more attentive to the woman's sexual needs, but sometimes women have to be in a mindful mental and emotional place in order to allow their bodies to experience sexual pleasure. If they are upset or preoccupied, it may be difficult for them to climax, no matter what physical steps their lover makes. According to a study by Chilman (1974) almost a third of women are unable to have a climax during love-making at least some of the time, and eight percent say they've never had one. A loving and attentive partner can help a woman to reach the lights fantastic. Because having an orgasm is thought to be so important in relationships, many women engage in a variety of impression management techniques to fake a climax. This may make the guys feel manly, but it doesn't do a thing for the women who are left hungering for more appreciation and affection. Women may arouse themselves, thereby relieving frustration but not embarrassing their partners for being failed lovers. Other women, weary of

pretending, simply shut-down, and don't even try to fake orgasms anymore. They take a 'get it over with' approach as they detach. They don't even try to climax anymore.

Given the right relationship and the right situation, most women orgasm and enjoy pleasure. Having a smashing climax helps women to fall in love with their sexual partners. It creates a bond, a wonderful link born out of coming together. When a woman can lose herself in the moment of pleasure, she becomes one with her partner, one with the universe, and certainly one with herself. Orgasms allow women to enter a sacred place that culminate in joyful effort, safety, and trust.

Women can't experience a climax when they're scared, when they feel like their partner is using them, or when they're tired, hurt, angry, or annoyed. If women aren't in the right mental space, it doesn't matter what physical techniques are used – she just can't achieve an orgasm. If she, or her partner, is determined that this form of sexual release must occur when she is not in the right emotional place, it can take a long time, be frustrating, and the end result won't necessarily be satisfying.

Now apply this logic to labor and delivery – are expectant mothers in a mental, physical, and relationship space that will enable them to achieve childbirth pleasure? Or are they constrained and frustrated in such a way that it will be virtually impossible for them to transform childbearing into a pleasurable experience? If women are determined that labor and delivery is going to be bad, painful, and negative, then you can be pretty sure that they're not going to get an orgasm from labor and delivery. It COULD happen, if they were ready to enjoy the experience. But lots of women are either set-up, or set themselves up, for a tough time during childbirth.

Documentation of Orgasmic Childbirths

The most common reports for physically pleasurable childbirths seem to come from those women who have experienced natural childbirths. Perhaps that is one reason why we don't hear as much about them today, when 80% of women use some sort of pain medication to get through labor and delivery, and increasing numbers of women are electing to have C-section births (Schafer 2010). For instance, Ina May Gaskin (1977; 2003), founder of the Farm Midwifery Center in Tennessee has delivered over a thousand babies and alleges that labor and delivery do not need to be painful and can be pleasurable when women are physically and emotionally prepared. She calls such births ecstatic experiences. These, what I call orgasmic childbirths. They are not possible when women take drugs that numb their bodies and emotions, making them unable to experience the heightened ecstasy of childbearing.

Pleasurable childbirth is not a make-believe scenario. It is not a fantasy. It has been a reality for countless women. Quantitative data is not available about how many women experience pain or pleasure during childbirth. The best that we can provide at this time is qualitative data, ethnographic data, case studies, personal experiences that prove that it is possible to have pleasurable childbirths. Laura Shanley provides graphic details about how erotic labor and delivery can be at http://www.unassistedchildbirth.com/sensual/orgasmic.html. In the information that follows, examples from both lay and professional literature are provided, as well as interviews that I have collected from women who had pleasurable or orgasmic childbirths.

Some of the data looks at how surprised women were that they found pleasure during childbirth. "I had been told to expect a 'dogging pain,' but was unprepared for the sensation of sexual ecstasy, the voluptuous feeling of penetration....Crouched on my knees on the little afghan, I caught the infant who rushed from my vagina into the small world between my legs, in the midst of an extraordinary orgasm from the inside out" (Claire 1989 in Shanley nd). Another woman was surprised at how the "birth was not only painless, but very pleasurable." She and her partner had never read about this aspect, and "it took us by surprise. As the baby crowned, I knew from (the look on the mother's face) and sounds (she was making) that she was having an explosive orgasm, which rolled on and on. What a long way from the pain and agony of conventional myth! Years later we asked a sympathetic doctor about this. 'Yes,' he said, 'I've seen it a few times. It may even be that many women have orgasms during birth, but interpret them as pain because the sensations are more intense than anything previously experienced and because women are conditioned to expect pain" (Reed 2011). In another account, a woman's son "...was posterior, so it was all back labor and he wouldn't turn. There was a great deal of pain, but in the last few minutes, as much pain as there was, it suddenly swung the other way to huge waves of pleasure as his body came out - an incredible RUSH like nothing I had ever felt before or since. I said to my midwife, 'Wow! What was that thing in the end!?' She said, 'That was The Gift. A lot of my ladies get that.' I held that baby and instantly loved him with my whole being. Maybe this is the way that nature had intended it to be for us. Now, looking back, the only thing I can think is that he went ramrod over my G-spot...all 9 pounds of him." (Susan in Shanley nd).

Context in which women labor was found to be important to whether or not women experienced it as sensual and pleasurable. The context is mental, situational, and ultimately physical. What is peaceful or comforting for one woman may not be for another, so the context must be unique for each individual. However, it appears that there are certain shared factors, such as who is in the room helping the mother and their relationship, music, water or ice chips for refreshment, use of lights or candles, the tone and way people speak, and how women are touched. Some women find it helpful to move about or dance while in labor, especially in dance that moves the pelvis back and forth. While some women find listening to calm or meditative music good to help them focus, others alleged that listening to music with a drum beat may be helpful too, since it helps the body to move in rhythmic fashion. Alders (1994) "…discovered that all the pelvic thrusting I had been doing in my life - dancing to get a date, making love, and now, giving birth - was integrally connected. All that thrusting had gotten me pregnant, and all this thrusting would help bring a new life into the world. While the drums banged in my head, I was serene knowing that I had found the secret to life: the glorious pelvic thrust." Walker (1997) described how her midwife had a view that childbirth should feel sexy and during labor she listed to songs like "It's a high way to heaven… nothing can walk up there but the pure in heart" that helped to calm and center her. Her "vulva oiled and massaged to keep my hips open and vagina fluid, I was orgasmic at the end. (Her son) practically slid into the world at the height of my amazement, smiling serenely even before he opened his eyes." Women have found clitoral massage during labor to be a non-invasive and gentle analgesic (Field 1985). Being in touch with one's sexuality is part

of the preparation women can take to create the possibility of an orgasmic childbirth. According to Grace Grazyna Karubin (in Shanley 1994), "In order to use our inborn knowledge of birth, or let it work, some special conditions are needed: intimacy, safety, closeness, feelings of being loved and admired, commitment, concentration and undivided attention, undisturbed peace and deep relaxation of mind and body. I personally could find those conditions only at home and with my husband. I've experienced five times that only with him - without any witnesses - and I was able to surrender and attune intuitively to my female energy - the same one that was uniting me with my husband during the conception of our children. Both processes had the same nature: opening, releasing, giving and forgiving...all we had to do was just simply relax and play, allowing Divine Action to take place in its own Order which is beyond our human comprehension. All attempts to control only complicate and disturb. So it wasn't by accident that five times the tears of ecstasy were rolling down my face when in the quietness of Spirit my baby had come out of me - out of us - out of love...". Binnie Dansby (1989) felt that one reason she gave an "ecstatic" birth to her son was because she "was prepared, conscious, and in charge. After 4 hours from the onset of labor, I experienced an orgasm when my baby emerged from my body." Labors of women who have pleasurable births seem much shorter than those of women who have challenges, but the cause-and-effect relationship between them is unclear of what caused what.

The sensuality that can occur during labor may be an experience that heightens a couple's relationship long after the birth of the child. It appears that when the father and mother are emotionally connected and intimately sharing the birth of the baby, it has

long term benefits for them, and for their relationship with their child. Partners who are detached from the emotionality of the birth experience seem to have less emotionally involved relationships with their partners and children, although this would be a worthy topic for more in depth investigation. Women are reported to find their sensuality heightened during labor: "I asked my husband to make love to me as I was in a very romantic mood and wanted to feel him inside me urgently. It was a wonderful experience. I had a few orgasms during contractions - an absolutely delightful sensation. There was no pain at all....(since then) our lovemaking has gone from great to extraordinary" (Moran 1993). Anthropologist Davis-Floyd (2004) argued that "...the issue of clitoral stimulation in labor needs to be openly discussed. I can't believe that I had to try to hide from the midwives and everyone else present what I was asking (my husband) to do - I mean, there I was totally naked, legs wide open, getting ready to push a baby out - but somehow for (him) to rub my clitoris was shameful. He was very embarrassed, but I loved it - it felt wonderful to have a little bit of pleasure right smack in the middle of all that pain. Maybe it's not that it's so shameful, but that it's simply a very intensely private thing. And maybe the solution is not to have so many people around, or to have the strength to ask them to leave for private times." Davis-Floyd describes how for some women, labor can be a total turn-on: "Yes, there was pain...and the most effective relief for it was stimulation of my clitoris. Larry rubbed my breasts and my clitoris and kissed me deeply and passionately for hours until the baby came. And when he had to go out of the room, I masturbated myself until he came back. I had lots of orgasms. They seemed to flow with the contractions. Even when I was pushing I wanted clitoral stimulation. It was the sexiest

birth ever! And I loved every minute of it. I was completely alive and alove - turned on in every cell of my body. I felt that the totality of Larry and me - the fullness of everything we were individually and together - was giving birth to our child." (Gaskin 1997). Gaskin reports many such experiences with women: "I began having beautiful, rushing contractions that started low, built up to a peak, and then left me floating about two feet off the bed. Michael was lying beside me and going through the rushes too. I saw that I could breathe very deep and fast and rush higher with the contraction. The contraction would carry me and I would breathe harder and harder and then we would peak - it would slip off and leave us floating. It felt wonderful, and we were having a beautiful time. As the contractions got stronger, it felt like I was making love to the rushes and I could wiggle my body and push into them and it was really fine." Laura Joy Francis, in her “Having A Baby On The Way”(in Shanley) writes: "The swells were now coming so close together that it felt almost like one continuous contraction. My entire focus was within me - on the ring of fire that was slowly but surely expanding. I moaned loudly and clawed in an almost desperate manner at John's shoulder, but inside I did not feel desperate at all - the incredibly powerful energy surging through my body was coming to a head; I was at the apex of a Tsunami. I gasped, calling out, 'Oh God, oh my God!' I felt like I was about to have an incredible orgasm. And then suddenly, the waters stilled. My heart stilled. My body stilled. I was completely open, in heart and in body. All pain stopped completely....and slowly, out of the stillness, came an urge - a pushing, a grunting, an unstoppable force.... Suddenly, 'uh-G!' - a feeling of clearing the heights of

orgasm exploded. My body took over completely and suddenly my son's head was resting in my hand: large, wet, round and soft. It was amazing."

During mindful labors and deliveries, the father and mother have an opportunity to bond together in a way that unifies them as a couple, but that also links them more closely with their child. Marilyn Moran (1986) recalled how "I started pushing while Michael (her husband) supported me as I squatted. Immediately, after one vigorous push I felt Damian (her son) coming down. A tremendous excitement filled the (room) and Michael and I seemed to merge as our eyes met. It was as if we had become one again as we did in a genital embrace. Yes, we were one. It was not just I who was having the baby. Michael was as well. The moment had become ecstatic. Sensations of every kind and color coursed through me. I was one, one with everything....And with that I shouted in sheer delight as I felt Damian coming....out he shot, into the safety of Michael's confident hands." Newton (1993) alleges that "pleasure in birth may be the starting point for optimal family relationships. Our knowledge of reproduction suggests there may be a biological reason for connecting pleasure in birth with the best outcome for the baby." A father reported that "Birth is always intimate and sexual, although the intimacy and the sexuality can be masked. My own personal experience of the births of my children confirms this. My feelings throughout my wife's labors I can describe only as those of a very close, physical-emotional, sexual union with her and what I felt to be the transcendent force flowing through her. The sensation was warm and soft, like making love, but was also strong, forceful and awesome. Each time the experience changed my life and allowed me a glimpse of the transcendental." (Mehl nd). Some women report

that labor is not work but sexuality in process that bonds husband and wife together in a way that few other things can. "When Johnny got home around 12:30, we relaxed together on the couch. He breathed with me through contractions and was verbally encouraging. His loving presence was an important part of my opening up. By now we were both aware of the sensuality surrounding birth. Creating this child was an intimate act of love between the two of us, and birthing in a loving way simply and naturally completed that act. As a result of healing, I was much more able to 'open up' during this labor. I had finally become able to make my vagina wet and loose by fantasizing about making love to my husband, so while I labored, I graphically visualized having sex. John and I both welcomed the idea of actually having sex during labor..., but I just happened to be focused elsewhere at the time. In the days preceding I had masturbated frequently. I found this to be an intensely pleasurable, loving, and appropriate preparation for our baby's birth. Laboring in the environment of my own home was crucial to accepting these feelings....The spreading apart of my muscles and bones and the joy of voluntarily allowing my body to do its work was both arousing and exhilarating" (Angelica's Birth Story by Laurie Annis Morgan, in Shanley).

Women also describe how the sexual nature of labor brought them to greater spiritual enlightenment. Childbirth "was the most profound spiritual connection I have ever made. It was reaching into the deepest part of my being and finding my soul power, it was choosing faith over fear, it was truly listening to an inner voice that said, "Follow the light!" I followed and I found a miracle" (Woods in Shanley). Jeannie Parvati Baker (1974) stated that when she felt the baby come down, "the sensation is ecstatic. I had

prepared somewhat for this being as painful as my last delivery had been. Yet this time the pulse of birth feels wonderful! I am building up to the birth climax after nine months of pleasurable foreplay. With one push the babe is in the canal. The next push brings him down, down into that space just before orgasm when we women know how God must have felt creating this planet... He comes, as do I." Alicia preferred to term her experience "euphoric" instead of "orgasmic" because "to say it was orgasmic would describe the experience in almost a base way. Rather, it was spiritual" (Gaskin 1977). Carolyn (in Shanley) reported that "Pushing was absolutely incredible. It felt SO good. I loved the sensation of my daughter's head popping out; and her body coming out was incredible. I made roaring sounds. (I was asked) if I was in a lot of pain and I said I felt no pain at all. I was reaching down into the depths of my being - I felt like I was reaching back through time eternal, into the Great Mother herself - and using my power to push her out. The sounds were sounds of power. And I felt awesomely empowered. It was I could say the best feeling I have ever had. Primal force of life coursing through me. Power of Woman, Power of Birth, Power of (me)! If I can do that, I can do anything I set my mind to. The sensation of my daughter's body sliding out of my vagina was orgasmic. I still shudder when I think of how pleasurable that was." In yet another story of the relationship between sex and spirituality, Pat Goltz wrote that "At about 3 AM, I got a real feeling that the baby needed to be born, and also a great surge of energy, the first I had felt. Then I made a very astounding discovery. I was able, through prayer, to get knowledge directly from God, that birth is a sexual event, and involves the same mechanisms that the beginnings involve. I was able to get my labor started again and I was in hard labor within

15 minutes. As long as I was alone and able to yield to the sexual joy of the birthing, I was able to experience wonderful orgasmic feelings and no pain at all" (Moran newsletter, ***The New Nativity).*** Giving birth is such a spiritual experience, so miraculous, you are very in tune with God and seeing the divinity in everyone that the sexual part is not that important. You are totally immersed in selfless love and so the blissful and sexual feelings are a byproduct, a gift of allowing your body to do what it knows how to do while your consciousness is very expanded" (Janelle experience in Gaskin, 1977).

The climax experienced by women during childbirth was not something short lived, but an experience that they remembered for the rest of their lives. "It was the ultimate climax. I felt open, loose and free. Words cannot explain the feeling as my baby's body slithered out. To this day I can still sense that wonderful feeling inside. It makes me tingle." (Scimeca 1998). Wessel (1993) found that childbirth "...was ecstatic, wonderful, thrilling. I heard myself moaning - in triumph, not in pain! There was no pain whatsoever, only a primitive and sexual elation....With the most spiraling, fascinating thrill of all, I felt my baby slither out. I wanted to shout with joy."

It is hypothesized that women who have orgasmic childbirths may be less likely to experience post-partum depression. Marilyn reported that "My last birth was very orgasmic in a sustained sort of way, like I was riding on the waves of orgasmic bliss. I knew more of what to expect, I was less afraid, and I tried to meet and flow with the energy rather than avoid or resist it.... I felt great for months afterwards, which helped me to feel positive about myself in general. This, in turn, affected how I felt about myself

sexually. I also think that, for me, that learning how to let go and let my body take over in labor helped me tap into a part of me that I never knew before and helped me to be more willing to let go while making love" (Gaskin 1977).

These quotes and stories come from a variety of women and sources. Some come from physicians, some from nurses, some from midwives, some from anthropologists, and many come from women who just wanted others to know about their experience having pleasurable childbirths.

New Interviews

In order to determine whether the stories of orgasmic childbirths were real, women volunteered about two dozen birth stories with me about their pleasurable childbirths. A few of them are described below. They reaffirm the findings described in the literature cited previously.

Corrine's Birth Story: "Corrine was a planned pregnancy and everyone was excited for the birth of our first baby. Midwife Cathy met with me weekly and helped me prepare for a home delivery, but with the understanding that if I had any physical problems that could put me or the baby at risk, then we were going straight to the hospital, lickety-split. During first pregnancies, no one really knows how it will go. A woman has no track record. Her body, and her emotions, have never been tested in this way before. While her sisters or mother may have had problem or easy births, every woman and every pregnancy is unique. I had a normal pregnancy until the last six weeks. At that point, my blood pressure went sky high, 190 over 110 and higher. I gained a lot of weight – almost

seventy pounds, from 110 to 180. I began losing protein in my urine. My legs started to swell with fluid. Together, these symptoms were signs that I had come down with toxemia, or pre-eclampsia. The causes for toxemia are unknown, and explanations vary from things like exposure to ammonia from kitty litter urine, to too much vitamin C, to genetic predisposition, to a variety of other causes. I didn't even know those factors would be problematic, so I never realized that when I changed the kitty litter I was putting my baby at risk. I thought I was doing the right thing to take mega doses of vitamin C. I didn't realize that my mother had been slightly toxemic with my brother. I had been at risk for become toxemic, and never knew it until after the fact. I became very upset when the perfect pregnancy that I had worked hard to create wasn't going as planned. I started blaming myself for my health problems. While this was of no use to anyone, I felt guilty like I must have done something wrong. I felt panicked that my baby might be damaged because of things that I had done. Getting a condition that compromised our health was simply not in my plan. Cathy refused to let me have a home birth because it wasn't safe. I was monitored carefully by the doctor, who ended up putting me in the hospital. I sat in that white bed in that antiseptic room for two weeks feeling very sorry for myself. What went wrong? I had done everything possible to have a healthy home birth, and here I was, in the hospital, worried that I could lose my baby or that I could stroke and die. I was not in a good mental space a month before the delivery. It took me some time to accept my condition. I just wanted the pregnancy to be over. I just wanted to be holding my baby in my arms. One morning during rounds, I asked my doctor if there was anything I could do to hurry things along. He said that he could induce labor, but if he

did I would lose the ability to control my own contractions. He explained that the hormones that are used to trigger labor are challenging to regulate, and some women may find themselves having hard contractions fast when they're not ready for them. A woman's body builds up to the delivery slowly during natural childbirth, and she is able to anticipate and control herself more easily. The doctor warned me that if I was induced, that the labor would likely be harder. I knew right away that I didn't want to be induced. I don't like anyone controlling me. The doctor then made a side comment that caught my ear: "I think that women have more control than they think they do over when the babies come. I say this because when I go on vacation, they never have their babies; they always come either the week before I go, or they wait until the week I come back. Perhaps women have some mind control over these things that they don't realize. Maybe this is true for you too." His words fascinated me. I decided that I would go into labor the next time I sneezed. Why sneeze? I don't know. It was just the first thing that popped into my mind. Late that night, while watching TV alone in my hospital bed, I sneezed. I realized soon afterwards that I was probably in early labor. I had done it! I said nothing to anyone about being in labor, as I laid quietly in the dark during the wee hours of the morning. I reviewed my life as an individual, and as a couple, and contemplated what my life would be like as a mother in a family that I created. I knew that finally, in a few hours, my baby would be here and I would never be the same again. I did good spiritual work during those early morning hours before dawn. I meditated and contemplated. I breathed a sigh of relief that pregnancy was over and the baby was actually arriving. I talked with my midwife and husband by phone and we anticipated when they should

come to the hospital. I tried to doze, but honestly, I wasn't interested in losing a minute of the experiences I was going through. As the hours went by and I was in undeniable labor, I felt balanced. I was in control. I was at peace. And I was ready for this baby to be born. When the physician came in on morning rounds I announced, to his surprise, that I was having regular contractions. He was very annoyed that the nurses hadn't recognized this fact, but it wasn't their fault. I never let them know. I didn't want them to know. I knew enough from my reading and prenatal care to understand that everything was proceeding normally. I was having my child as naturally as I could, even though I was in the hospital. This was my labor, this was my experience, this was my time, and I didn't want anyone determining how it was going to be except me. Even though I was in the hospital, I was in control of my labor. Just about the time the doctor had shown up, I was getting ready to ask for some help. At that point, I wanted to have someone take care of me while I absorbed myself in the act of having the baby. I had packed favorite music that I thought I would want played during labor, and found that I didn't want any music at all. My head was too full of thoughts, feelings and emotions to have them cluttered up with any external stimuli. I remember thinking that I would use breathing exercises I'd learned in my birthing classes, only I didn't. Instead, I remembered Cathy's instructions – "just do whatever your body tells you to do at the time. If you listen to your body, you'll never go wrong." So that's exactly what I did. All the big plans of the things that I would do or the way I thought I would behave when the baby was born went out the window. My husband was there, but he was a mere spectator; he couldn't experience what I was experiencing, no matter how hard he tried. Based on

the information I gave her, my midwife ended up miscalculating the baby's arrival time and didn't show up until after the delivery. The on-call doctor who I had never seen before was delivering my baby, along with a nurse I'd never met. But it was all right. It was fine. They were quiet, respectful, and made sure that I was OK without being intrusive. They did not medicalize the birth of my baby. They did not use any drugs or monitors because the delivery was going along without complication. I mentally dissolved into myself, and listened intently to what my body and spirit were telling me. The contractions increased in frequency, intensity, and duration. They didn't feel comfortable. But did the contractions hurt? No. They were sensations. Big sensations. They got pretty intense as the baby moved past this one particularly tender spot in my back. But my body was doing absolutely what it was supposed to do during this moment. It was doing exactly what other women's bodies have been doing since humankind existed. I was part of an ongoing rhythm of life and experience that united all women everywhere across time. I was a spiritual unity with all life and I knew it. Everything was in order. Everything was how it should be. At one point the doctor said that it was going to be awhile before the baby was born and I remember telling him, "I don't think so. The baby is coming now." And my body was right. The baby was coming with the speed of a thundering train, and there was no stopping her. When she tried to push her head out of me, my cervix stretched wide. This was the first orgasm I had; there are thousands of nerve endings in that area of a woman's body and they were all firing at once. It was terribly exciting to have the baby crown, or have its head emerge. When her head popped out, it was a huge rush of adrenalin and physical sensation. I could relax for a

moment as I peeked down at her, and then the waves of sensation came thundering again. This time, I had to push out her shoulders. "If you can get her shoulders out, then she'll side right out," the doctor told me. While the baby's head was big, her shoulders were wider and my body was in an excited state of frenzy as it tried to simultaneously hold on to the baby and let her go free. The physical sensations were even more intense than when she crowned. I wasn't worried about the uncomfortability of the physical sensations because I was totally engaged in the delivering of this baby. Then, suddenly, I orgasmed as she popped one shoulder out. It was a totally intense sensation that had all my being focused on my cervix area. The other shoulder quickly followed along, and the length of the baby came slipping out of my body. The shouldering of the baby was the next big orgasm, and the fourth was when I felt her slide out of me. The baby sliding out of me was the ultimate orgasm! It was the most erotic, exciting, sensational, and orgasmic moment of my life. My vagina throbbed with delight. It throbbed while I delivered the placenta. It throbbed for a long time afterwards. To be honest, twenty years later when I think about that moment, my vagina still throbs with that marvelous memory."

Aidan's Birth Story. "When I became pregnant with my second child, it was probably the only really wonderful thing that was going on in my life at that point in time. Months before, his father had left me for "the other woman." I lived a long distance from my family and was raising his sister by myself, working hard to build a professional life, and managing the house I'd bought two years before. The situation for bringing a baby into the world was far from perfect. But I was determined to have a wonderful

pregnancy and to raise a beautiful baby despite it all. Aidan's father was so busy with his new life that he thankfully kept away from me during most of the pregnancy. This enabled me to get my own inner house in order. Knowing my body better this pregnancy, I knew how to manage my body in a healthier way. My midwife and I put into place the things we thought would be needed for a home birth. I had friends I could trust on call to help; I had the house clean and tidy; I bought my daughter toys so she wouldn't feel left out when the new baby came. But most importantly, I was in a good place about having this baby. I desperately wanted this baby. I needed this baby. He kept me looking toward the future with hope, a new life with the possibility of a bright tomorrow. Being pregnant kept me from drinking or doing drugs, which could have been easy to do for someone in the spot I was in. But I ate well, exercised as much as a mom with a busy two year old can, I went to church, socialized with friends, and looked forward to having my son. One day my stomach felt so tight that if someone dropped a quarter on it, I was sure it would pop open. Evidently I had been in labor all day without realizing it. As the evening drew to a close, it was clear that the baby was on his way. The midwife and friends came over to help, and we watched television to keep our minds off things. But while Billy Jack I and II played on, I went upstairs and laid down. I found the water bed that I thought would be so comfortable was instead totally annoying. I couldn't get the firm support I wanted for my back; I couldn't get a grip with my feet when I contracted. I got up, piled pillows on the floor and laid down on a sheet, which was much more comfortable. In the quiet darkness of a room lit only by candlelight, I had the chance to center myself. I said goodbye to the world that I had been in and got myself ready to

greet a world in which I was the mother of two children. The labor moved along quickly. I was in hard labor less than an hour. My midwife and friends were wonderful to me; I felt linked to women across the ages, women helping other women have babies quietly at home. There was no big production. It was the spiritual bringing in of a new life. But unexpectedly as the labor intensified, my mind wandered into a problem place. I began to feel upset that Aidan's father had abandoned me. I felt sad that I was bringing into the world his child, and he didn't even care enough to be around to share in this magical moment. I felt sorry for myself. I felt angry at him. And I lost my focus. The labor started to get uncomfortable. It was no longer 'sensation' - I was starting to feel pain. The midwife observed my mental shift. "What is the most important thing?" she asked me. "To have a healthy baby," I answered. "Is what you're thinking helping or hurting that?" she asked. I knew the answer. "You know I'll take good care of you and the baby. Go to where you are safe. Let the universe guide you." She gently reminded me what I needed to do. She didn't give me a medical answer. She asked me a spiritual question. In that moment, I took several deep breaths, I relaxed my shoulders, and shut my eyes. In my mind's eye, I saw a candle flame burning brightly. Then, in the center of the flame, I saw a comforting face of someone who seemed holy, who told me, "You will have no more pain than you can endure." I heard the voice remind me that "When you hit the spot when you think you can't go on, it will be over and the baby will be here." I shifted my perception in a split second. I quit fighting. I gave myself up to the universe. I allowed nature to take its course. I quit trying to control the situation. I changed my focus off the things that were upsetting me to celebrate the glory of the newborn baby. I decided to

have the kind of delivery I said I wanted to have. I decided that I was letting things that didn't matter get in the way. I decided that I had the power to give up myself. The pain stopped. The sensations became less angry, more natural and productive. I became one with the birth. When I shifted, I felt the baby's head thrust through my cervix with magnificent tingling that felt like fireworks exploding. Catching my breath for a few seconds, his shoulders came flying out of me, and I could feel his knees and toes tickle me on the way out of my body. When his body slid from mine, I experienced the most stupendous rush of endorphins. My whole being existed only in the area between my belly and thighs. With awe, I gazed at the miracle that I had created. He had already given and taught me so much, and he was just seconds old. I fell passionately in love with my son, and that passion has only continued to grow as he has. The orgasm I had with Aidan was intense and I shared the added dimension of a true spiritual conversation with myself. I knew that orgasms were not just physical, but didn't realize that they could be emotional and spiritual as well. To let yourself go at that moment, and to be uplifted while your body is experiencing delight, is marvelous beyond words."

Elliotte's Birth Story. "We were building a "yours, mine, and ours" family. Mine were nine and ten, his was sixteen, and all of them came to the hospital's birthing room to see their sister born. This, I had decided, was a good way to bond the family together and to turn two families into one. It is hard to blend two families into a cohesive, loving unit. I thought that if the children had some major emotional experience in common, such as helping their sister be born, that maybe we would all become closer. Labor had started in the late morning, as I worked at home alone. We drove past the schools, piled

the kids into the car, and headed to the hospital. The kids had never been in a hospital before and were far more intrigued with the equipment, smells, and activities than my being in labor. They were more interested in watching afternoon cartoons than watching me. This was initially annoying, then liberating to me, as I realized their being inattentive allowed me to go inside my head to prepare for the birth. I accepted my husband's presence, participation and support, but must confess to finding it distracting from my internal business of getting ready to bear my baby. He was trying too hard to control my experience. I didn't care for the doctor who was on call at the hospital; he kept trying to make me undergo medical procedures, use pain killers, and wear a heart monitor. None of this was necessary. In fact, I was getting annoyed and angry at the doctor's efforts to control my delivery. It was at this point that my husband was most useful; he called my regular physician, who called the attending doctor and told him that he should ease up and let me call the shots. The attending doctor backed off. People were better about not being so invasive into my physical or mental state. Once this happened, it became much better for me. When the doctor checked on me said that it would be "awhile" before the baby came and I announced that the baby was coming NOW, he gained new respect for my judgment. At the news of the baby's arrival, my two biological kids and a stepson jumped from their seats and everyone grabbed part of me. My daughter patted my food that was in the stirrup; my son held my hand, my stepson patted my head, and my husband took my other hand while the doctor escorted Elliotte out of my body. I felt the same rush when she exited my body that I felt when my other children were born. But it wasn't as big, as intense, or as orgasmic. But I did still orgasm, and it gave me the same

wonderful sensation as with the others. I could relive that moment over and over, even now, when in a quiet space. I had sacrificed the degree of my orgasm to give myself another gift; the gift of allowing everyone to observe and bond together. If I had never had an orgasmic childbirth before, I'm not sure I could have had one in this setting. There were lots of complicated interpersonal dynamics, and lots of people's needs to care for besides my own. But I did get what I needed, and I did end up being in charge of myself and the childbirth situation. This must be a universal truth – that every woman will have a different type of climax with each child. Like snowflakes, no two deliveries will be alike, just as children from the same parents will be different. Different is just that – no better, no worse, and all births are instructive. We can learn new things about ourselves, and our children, in the process of childbirth."

Diana's Delivery Story: "The experience of childbirth is unique for each mother. Mine began in the morning shortly after I woke. There were slight contractions that made me wonder if this was really it and I would get small rushes of excitement when I considered that today was going to be the big day. I started to keep track of the time between each contraction and at what intensity they felt like. My husband and I had taken child birth classes so I knew that what was happening was to be expected and I knew of positions to put your body in to give the maximum relaxation and comfort. I used these tools through the rest of the day while I was feeling slight increases in the contractions. This gave me plenty of time to call my physician, call family members and put my husband on notice that he may need to rush back at any time. My pregnancy had been picture-perfect, the way they're evidently supposed to be. While my husband and mother checked in by phone throughout the day, I was glad to have the quiet time

to myself. Having all this time alone was exactly what I needed to prepare myself mentally for what was about to come. If I could give advice to other women, I would tell them not to be afraid, and to have the time alone to enjoy the time in early labor preparing themselves for the delivery. I think that quiet time helped me so much to set me up for a great birthing experience. Around 5:00 pm, the contractions were becoming closer together and I knew that childbirth was inevitable. I was still in a very comfortable state. My doctor suggested that we to head over to the hospital but there was no urgency. My husband was home by then and we took our time going to the hospital. He was wonderful in the way he took care of me. He freed me up just to "be". He took care of all the admission details. By the time I was checked in, changed into my hospital gown, brought to our cozy birthing room and hooked up to monitors, I was finding that the contractions were becoming stronger. Now my husband was able to participate by coaching me with the breathing patterns. A few hours later my physician had checked in with me to see how far along I had dilated. He had commented that I was getting there but he did not expect to see me giving birth until sometime in the early morning hours. "Try to rest, save your energy and stay comfortable and I'll check on you later." I had a wonderful nurse who was constantly in and out of the room helping me with suggestions of how to keep comfortable. I went from the bed to the rocking chair to walking around, doing what I felt like doing at that moment. My husband was in charge of keeping plenty of crushed ice nearby for me to settle my craving for a drink. I started to get urges of wanting to push from the feelings of pressure deep within my hips. The nurse suggested squatting as if you were going to play leap frog and gently give in to the urge of pushing. When I pushed I felt a sensation of relief that was very satisfying. My nurse took a look and noticed that I had torn my perineum when I pushed, but assured me it was ok,

no damage done. I was dilating quickly at this point and was back in the bed with contractions that were coming around much quicker and with more force. I had a very comforting feeling that what was happening around me and in me was expected, according to our child birth classes and the books that I had read. My son's arrival was proceeding by the book. I was very much at peace with myself and knew that I could finish my childbirth experience without needing any medication. Our nurse was coaching me as to when it was okay to push, and it always felt so good to exert myself with a push. What an amazing feeling knowing that any minute nine months of pregnancy and hours of labor could be done and you've given birth to your child! In some ways, this was a great moment that I didn't want to end, just as much as I wanted it to. As the sensations intensified, the nurse called for the doctor, and just as he came toward me to see where I was at, my son's head was crowning. Shortly after 9:00 pm he was born. What a rush of emotions that hit me! There was excitement and happiness as I held my beautiful baby. I felt relief and exhaustion from my body, and so much love for my husband and child. All the preparation and knowledge from the past 9 months had paid off; I had given birth to my son. We were so fortunate to have had this wonderful experience to remember for the rest of our lives."

Catherine's Delivery Story: "I have learned so many lessons through my pregnancies; some of them were very hard, but in the end I can't imagine doing anything more wonderful. My first delivery was difficult. We were excited to be pregnant and my pregnancy went along normally – until we went to the hospital to have the baby. The situation at the hospital was not right for a variety of reasons. I ended up being induced, which made it hard for me to control the contractions. They came so hard it was uncomfortable. The doctors started pushing drugs at

me that I didn't want. It was a vicious cycle; they induced me, which made me physically unable to control how the baby was coming, and then when I hurt, they wanted to drug me, which would only make me feel emotionally vulnerable and even more out of control. If I had never been induced, I am sure I would have been OK. I'm not even sure that being induced was necessary, had they worked with me differently. But I still ended up having my son, which was the important thing. When I got pregnant with my second son, I was determined that things were going to be different. I was going to be in control. My husband was very supportive and we were in sync together. He played metal (music) for me that helped me grind into the event. I know some women want relaxing music, by it was metal that worked best for me! He knew where to rub my back and (reflexology) points to make me feel better. I didn't have to tell him; he knew what to do without asking, or without my having to tell him. I labored in the bath for awhile, and when I decided it was time, I got out and labored on the flat coolness of the floor. It felt so good to have my back supported as I relished watching the amazing miracle of my body doing what it was meant to do. I cannot imagine having a baby on my back with my legs up in stirrups. I preferred to use the birthing stool. It's like a toilet that you can sit on while the midwife catches the baby. But I didn't want to sit on it. Delivering a baby that way seemed awkward and unnatural. The baby's transition into the birth canal was intense, but I refused to have an epidural. After the discomfort of transition, which really didn't last all that long, a flood of adrenalin rushed through me as I knew the baby was coming. I held onto the birthing stool, balanced myself on it, and squatted that baby right out of me as my midwife escorted baby Cooper into the world. He practically flew out of my body! This exhilarated rush came over my body as I had him. It was sensation, but it was not pain. He was an angel with wings taking

flight into this new world. I experienced absolute joy. The fact that my body was open wide didn't phase me. I was open wide, one with the universe. The emotions were so strong, so wonderful. It was like a climax, but not like the ones you have during sex. It was better, actually, in many ways. It was totally fulfilling and long lasting. My husband made me feel so loved, and I felt total love for my husband. I felt love become real, tangible in the little life we created."

Beth's Story: "I was really excited when I got pregnant with the first grandbaby in the family. Our families were delighted and my father began writing letters to his yet unborn granddaughter in which he told her about what kind of grandfather he wanted to be to her, and what his hopes and dreams were for her. He was an interesting man who had been diagnosed with cancer and given six months to live, and twelve years later, he finally died. What kept him alive was his ability to imagine himself as well. I guess that positive visualization is a family legacy that I decided to try during pregnancy. I had decided that I would learn as much as I could about all my options, keep an open mind, and listen to my body and do whatever my body told me to do, whether it was breathing deeply or taking drugs for pain. I was really surprised when I went to my very first birthing class and found that most of the women had already decided what kind of delivery they would have, before even taking the class! I may have been in the first-mom bubble, but I couldn't believe how most of them had already decided that they would have epidurals because having a baby would be so painful. They had heard so many stories from their family and friends that they'd already decided it would be awful. They didn't have an open mind to other possibilities. I didn't want their experiences imposed on me; their experiences are, after all, their experiences. I wanted to have my own experience of having a baby that was just mine. So when people tried to tell me their birth stories, I thanked people

politely and basically told them I didn't want to hear their stories if they were going to focus on unpleasant aspects of having a baby. My entire pregnancy was uneventful, and I loved being pregnant. I didn't get morning sick, I took birthing and breastfeeding classes, and look back on that period as a happy, positive time. On the morning of my due date, I went into labor, although the hospital staff was sure that I was just dehydrated. They put me on an IV and thought I would be going home, but I knew this was the day my baby was coming. I guess I have a high pain tolerance, but I must say that while I was uncomfortable, I was never in pain. I found that I just wanted to be in the water, because it was warm and soothing, so I spent a lot of time in the shower or the Jacuzzi. Our midwife, which worked with a group of obstetricians, stayed with us the entire time and was calm, matter of fact, and supportive. I got out of the water when I felt the urge to push, and about 45 minutes later I was holding my daughter! When I was around 8 centimeters dilated, the contractions were intense and I was uncomfortable, but it was not excruciating pain. Not knowing what to expect, I asked my midwife if I should have anything, and she assured me that I was almost through the hardest part. Actually, I only went through a very short period in which I wondered, "can I do this?" Minutes later, the baby crowned and the midwife told me to reach down and help her slide out of my body. It was absolutely the most wonderful moment of my life. There are no words to describe it. I was in the biggest high of my life afterwards, and it stayed for days as I relished in the emotions of being proud that I had delivered my own child, amazed that I had actually done it without drugs and it not being that uncomfortable. I was incredulous that my body would make such a miracle. I loved the entire experience. It was the most powerful experience of my life as a woman, and the most powerful experience I've ever had as a mother. They are two

separate experiences, you know. I was confident that having gone through the labor and delivery without any help that I could now raise my baby by myself. Until that moment, I wasn't sure if I could raise a child. After I had her in that way, I knew I could. If I could give other women one piece of advice, I would tell them to have a positive attitude going into having a baby. If you don't, you'll miss out on the most amazing thing that will ever happen to you."

Interviews such as these confirmed my view that childbearing can be as wonderful as you make it. They acknowledge that they had sensations that could be identified as orgasms when they delivered their children. For all of them, childbirth became a life-altering occasion, not because they had children but because they had traversed into an internal world where they had found parts of themselves that they would never have known otherwise. Now having captured this marvelous essence, they will never be the same. For these women, having children was the best, most wonderful experience of their lives. The sensation that some people call pain simply wasn't identified as a negative feeling; rather, the challenge of getting to know one's body and making friends with it while they allowed their bodies to function naturally was awe-inspiring. All of them wouldn't have missed it for the world. All of them encourage other women to disregard negative, scary horror stories about having babies and replacing them with positive, happy, love stories about having the opportunity to transform oneself while making a miracle.

The stories told in these interviews and the literature leave us with clear images that:

- Childbirth does not have to be painful
- Childbirth can, in fact, be pleasant and even orgasmic.
- Childbirth can be a vehicle for personal transformation
- Childbirth can be a vehicle for relationship enhancement with one's partner

- The type of childbirth experience a woman (or couple) has may influence how they feel about their child – and one can assume how they will treat the child later
- Childbirth can be a vehicle for spiritual awakening
- Childbirth is much more than a medical procedure or physical occurrence
- Childbirth can give women opportunities for connection to the baby, her partner/husband, and her community of friends and relatives
- Childbirth allows women insight to realize that they can accomplish anything
- Childbirth can be a source of empowerment and pride. It is very difficult to feel bad about yourself after you have felt so wonderful, especially during an event that other women find so traumatic
- Childbirth can enhance women's feelings of being a fully sexual being
- Once you've gone to that special place that orgasmic childbirth delivers a woman, it is easier for them to go there again, increasing their total sense of well-being and connection
- Childbirth can be the single most wonderful, transformative event of a woman's life if she will allow herself that chance.
- Women who have had this euphoric, enlightened childbirth realize that every woman has the potential to also have this experience
- Women must take responsibility for their internal and external birth environments, since they will get what they create
- There are resources and information available to help women to achieve pleasurable childbirths

- There are interpersonal, relationship, and medical obstacles they may have to confront but most can be overcome
- If women choose this childbirth option, they will always be grateful for their wisdom and courage to make this decision

How To Increase The Odds for Pleasurable Childbirth

There is a keen relationship between one's biological state, one's mental state and one's social and physical environment. Context is important for a pleasurable childbirth to occur. When engaging in intimate acts, sex can be more enjoyable when you're not tired or sick. Having a baby is easier when a woman's body, and mind, is prepared for it. Like an athlete, if a woman has prepared and is in shape, she will probably have a more enjoyable, effective experience. Being rested, well-nourished, and unstressed helps lay a foundation for a good delivery. Being fit through regular exercise can increase a woman's endurance, which will make labor easier, especially if it is long. How you feel emotionally about the people around you matters. It is important to consider all the different facets that you need to help you have the most wonderful delivery as possible.

When women labor, they may find that certain body positions are more comfortable than others. Some like a hard backed chair with arms; some like walking, some like dancing, some find they like pillows under their back while others prefer the direct hardness of the bed or even the floor. While many doctors like for women to deliver on their backs with their legs in stirrups so they can see what's going on, cross-culturally many women prefer to squat and let gravity help the process. As my midwife,

recommended, “Just do what your body tells you to do. Your body is never wrong. Listen to it.” Being physically comfortable during labor and delivery is of utmost importance.

Use of medical equipment may be helpful, or annoying if unnecessary. In one of my labors a doctor wanted to strap on a heart monitor belt across my uterus to monitor the baby. I wasn’t keen on this, especially since I was having no symptoms that made this procedure necessary. My delivery was as normal as could be. Feeling vulnerable, I allowed the nurse to strap it around me. Within minutes, I found myself very unhappy; the strap was uncomfortable, annoying and distracting. I wanted to rip it off. Thankfully, the medical staff understood that they could take the baby’s heart beat with a traditional stethoscope and they took it off me. Immediately, I relaxed and the labor went more easily. When I controlled what I needed, it was better. I was better.

There are a variety of medical procedures that hospitals may attempt to implement that impact the physical reactions of mothers. For instance, if women do not want to be shaved or have enemas prior to their delivery, they ought not be forced to have them. These are very private acts and they make many women feel vulnerable, even traumatized.

Sometimes women are given drugs to induce labor. These are sometimes necessary for the health and well-being of the mother or baby, and when they are, women are advised to use them. After all, having a healthy baby is the bottom line. However, sometimes these drugs are offered and women have a choice; when women are induced, their labor changes. In natural childbirth, labor starts slowly and builds incrementally until the crescendo of the birth. In induced labor, a woman has an IV inserted that has

an amount of hormone that will trigger contractions. Every woman is different, so too much or too little of the hormone may make a woman feel very uncomfortable. It is challenging to get the hormone levels "just right", they way they would normally be in natural childbirth. Women need to understand that induced labor will give them a dramatically different type of labor. It is my recommendation that whenever possible, women should go natural, especially if they want to achieve a childbirth orgasm.

Women are often offered pain killing drugs during labor. These can be oral and work on the entire system, or they can be site-specific, such as shots inserted into particular areas of the body. While the drugs will numb pain, they will also numb every other physical sensation as well. Logically, they will make the experience of an orgasm impossible. If an orgasm is dependent upon the stimulation of nerve endings and the nerves are deadened, there is no way a woman can climax.

If a woman wants to have an orgasmic delivery, it helps if one has been having orgasms during pregnancy. The physical act of love making needs to be creative during these nine months and it will need to change in order to accommodate the woman's physical needs. Sexual positions influence whether a woman will have an orgasm, since some positions are more arousing than others, depending on the woman. The Missionary position, in which the man penetrates the woman by being on top of her, is uncomfortable for mother and child during the latter weeks of pregnancy. Many pregnant women have found that it is easier to have sex when they lie sideways, since it takes the pressure off the uterus. The side spooning position makes shallow penetration more likely, which some pregnant women prefer towards the end of pregnancy. Sexual

intercourse that occurs from a seated position puts less weight on a pregnant woman's belly. Pregnant women may also prefer to sit on top of their partner, get in a doggy position from which their partners enter them from behind, or use other creative positioning.

There are a variety of things that partners can do to physically facilitate the creation of a more pleasurable childbirth. These include:

Learn the biology of childbirth, and what the medical personnel will be doing. This will enable you be a useful and informed coach. It will also heighten your sensitivity towards what your sweetheart is experiencing.

Knowing the stages of labor and delivery and details about what will happen will help you to remind the delivering mother about what is happening and why. She may lose her sense of focus and benefit from your gentle reminders that what she is experiencing is normal, or that labor is proceeding as planned.

Learn how to give foot and back massages. These will make her feel better.

Talk with a low tone and calm voice. When the pressure of labor increases, the mother may get caught up emotionally and lose perspective. Help her to bring herself back to her heart center by saying reassuring words in a soothing, quiet manner.

Prepare stories to tell the laboring mother that will entertain and comfort her. Say nothing that you think may trigger upset during this critical time. Anything like that which you feel must be said can wait, and later be said with tact and sensitivity.

Give her seltzer in a pretty glass with ice chips floating in it as she labors. Most laboring women don't want sweet drinks. Stomachs can get rocky during this time. Ice melts slowly and is comforting.

The laboring mom may lose perspective at some point, and a savvy partner can help to bring her focus back to what is important.

Things women can do to enhance the chances of having pleasurable childbirths are:

Exercise throughout the pregnancy so that your body is in better shape to go through the delivery. Yoga and dance make women feel beautiful and centered. It doesn't really matter what it is so long as you enjoy the fitness experience. It does help when the fitness type has the added benefit of helping you to get 'in the zone' – it increases mindfulness.

Keep your breathing steady and calm. Bodies get excited and tense when one hyperventilates. While some labor techniques focus on a particular type of breathing, don't fret about whether you're doing it 'right' – what is right for you will be what your

body tells you to do at the time. But in general, slowing down the breathing, and taking deep breaths periodically, does seem to help one feel more in control.

Relax those shoulders. Women tend to carry tension in their upper shoulder and neck area. When this area is relaxed, your entire body will relax as well.

Let other people squeeze your hand during contractions. If you squeeze, it tenses you up. They can squeeze your hand and you can get support without making your muscles tighter.

Stay centered. Meditate. The more one practices centering and meditative techniques, the easier they are to use.

Go into the sensation. Don't fight it, but enter into it and be one with it. When you do, it won't be so scary and you may actually find it to be an altered state of consciousness that is illuminating and even enjoyable.

Have orgasms throughout the pregnancy so that your body remembers how to have them. If it's been nine months, your body may not click as quick.

Don't use drugs for pain, equipment or procedures that are unnecessary. Go natural

whenever possible. Medical intervention is always an option, but it shouldn't be your first option.

Get familiar with different birthing techniques. It doesn't mean that you have to use them. The benefit of knowing the different techniques is to increase one's repertoire to know that there ARE options available – many different types, and there is no one "right" style**.**

The Lamaze technique is the most widely used method in the United States. The Lamaze philosophy teaches that birth is a normal, natural, and healthy process and that women should be empowered to approach it with confidence. Lamaze classes educate women about the ways they can decrease their perception of pain, such as through relaxation techniques, breathing exercises, distraction, or massage by a supportive coach. Lamaze approach takes a neutral position toward pain medication, encouraging women to make an informed decision about whether it's right for them. The Bradley method (also called Husband-Coached Birth) emphasizes a natural approach to birth and the active participation of the baby's father as birth coach. A major goal of this method is the avoidance of medications unless absolutely necessary. The Bradley method also focuses on good nutrition and exercise during pregnancy and relaxation and deep-breathing techniques as a method of coping with labor. Although the Bradley method advocates a medication-free birth experience, the classes do prepare parents for unexpected complications or situations, like emergency cesarean sections. The LeBoyer technique

encourages laboring in water, or evening delivering the baby in a water bath. Babies are floating in water during the pregnancy, and some women find laboring in water to be quite comfortable. The Alexander technique teaches women to learn how to release muscular tension, increase breathing capacity and restore the body's original poise and proper posture. It is thought to help lower back pain, balance, digestive problems, and shortness of breath so that during delivery women can breathe better and calm themselves as they learn how to focus during the birth and help open the cervix during dilation and prepare for effective pushing as the baby comes. Some other ways you can handle pain during labor include the use of hypnosis or acupuncture. England (1998) developed the "birthing from within" approach to help mothers reclaim and celebrate the spiritual, emotional, and psychological aspects of birth as a rite of passage. She focuses on the mindset of the mother, the partnerships she creates with her caregivers, and suggests the obvious – for women to pick and choose what is best for them. The mindfulness based childbirth approach (MBCP) (Duncan and Bardacke 2009) has been found to decrease anxiety, negative effects, and stress while increasing a generalized positive impact on wellbeing (Vieten and Astin 2008). In this mindful approach to labor and delivery, being calm, having support, experiencing joy, and honoring the wondrous process is the goal.

Mindfulness and a joyful experience should result in an amazing and joyful arrival of the new little being that is already well-loved. There are a variety of ways to experience mindfulness. It is a learned skill that once developed may have sweeping positive influences on not just our lives, but the lives of others.

Conclusion

The model of painful childbearing isn't helpful to the woman or her child. It disempowers women. It alienates us from our bodies, it alienates us from our experience as women, and it alienates us from the bond that we have with our grandmothers, mothers, and sisters and it prevents us from having the initial love relationship with our new babies. We've been cheated from seizing childbirth for what it is – a moment of transformation for the child, for the mother, and potentially for the couple and new family.

The presence of pain and pleasure, especially when it pertains to sexuality, is culture bound. It is clear that some women have wonderful, pleasurable childbirths and some experience what they perceive to be the worst pain imaginable. It's probably not. Pain and pleasure are as intertwined with relationships, situations, and expectations as

they are biological synapses. It is a goal of this book to encourage women to redefine the pain-pleasure sensation in childbearing so that they have more positive childbearing experiences.

Another goal of this book has been to encourage greater positive participation from fathers, family and friends. They play a huge role in how women feel about themselves, their pregnancies, and their expectations about what is going to happen. Stop the scary talk! Women are encouraged to be more mindful and the use of increased mindfulness is also recommended for the mother's networks as well since their attitudes and actions influence what the mother experiences.

There are many benefits that will result from the use of more mindful childbirths. One is the possible experience of sexually pleasurable or even orgasmic childbirths that women can achieve when they are mindful and in control of their childbearing experience. While they are not necessary to the delivering of a healthy baby, physical and emotional pleasure during the labor and delivery can be a marvelous, wonderful experience for the mother.

Another benefit is relational. Having a climactic childbirth can help her feel better about herself, her partner, and her child. If women feel more loving, more loved, and more a part of a grandiose spiritual plan, perhaps they can cherish their babies more. If fathers are intimately involved in the bearing of their babies, then perhaps they will be more protective to the mothers and less likely to abuse them or their children. Once

there is an intense emotional connection made at this most primal level, I hypothesize that children will be cherished more and abused less. This could be a good thing.

Some researchers propose that the love women feel for children is not just social, but it has true biological foundations. The hormone oxytocin plays a critical role in creating tight social bonds. It is released during sexual orgasm. There is reason to believe that women who have an orgasmic childbirth will bond more closely with their child than women who do not have an explosion of oxytocin. Oxytocin is also released during lactation, which gives women yet another opportunity to develop strong physical and psychological bonds with their children. The role of neurotransmitters has yet to be firmly established with regard to mother-child bonding, but it is certainly seems to be an interesting, and logical, explanation for why some mothers bond more closely with their children than do others. A variety of studies indicate that a biochemical theory of love exists, and results from our biological, chemical, and hormonal levels. Phenylethylamine, or PEA, a natural stimulant is released into the bloodstream during passion, which explains the euphoria and exhilaration people feel during love-making. It is my belief that women who orgasm during childbirth fall in love with their children in ways that women who experience pain and suffering do not. Women who have hard labors and deliveries certainly love their babies. But I hypothesize that their initial birthing experiences may influence how women feel about their children, especially during those early, critically important days when the babies first arrive. When children are equated with pain and suffering, that it creates obstacles that will be difficult for mothers to overcome. If women regard babies as invaders of their bodies that make them feel fat, sick and in agony,

logically why would they feel excited and good about them? If women feel that having a child is a hurtful experience, they will likely want to avoid future pregnancies. If they had a bad time in childbirth, they will tell other new moms that is what they should expect when they have their babies. For today, we can't prove that women who have pleasurable childbirths are more likely to have more positive parenting outcomes than do women who don't. This is an uncharted area for future study.

Some women have gotten scared away from the use of natural childbirth, midwives or home births because they have heard of problems when other women used them. It is important to have a good doctor or OBGYN o the health care team. A midwife can be part of it, as they provide something quite different to the pregnant woman. Their focus on education and self-awareness can be very valuable. Each person in the team is there because they bring something special and important to the delivery of this baby. Teamwork and partnership among all parties, parents included, is essential.

Laura Shanley attests that that certain things get in the way from positive childbirths. These include poverty, lack of prenatal care, poor nutrition, outside interferences (like family members or friends who want to be present when the delivering mom doesn't want them there or controlling doctors that order unnecessary medical interventions), and internal interference (such as not being in a good mental space while delivering). These all get in the way with women having pleasurable childbirths. Certainly, these factors seem reasonable. But I've come to the following conclusions.

First, I think that women are not educated about the fact that childbirth doesn't have to hurt. This is such a foreign concept for many women that they automatically

assume that pain, suffering, and drugs are inevitable. Yes, one's body will naturally force the baby out, which has to happen. It's part of the plan! There must be physical sensations during this time. There must! They are normal. Hopefully, this book will help women to understand that having a pleasurable childbirth is within their realm of possibilities.

Second, I think that women are embarrassed about their bodies and so disassociated from them that they don't know how to relate to what is demanded of them during childbirth. Many girls don't have younger siblings, never baby-sat infants, and haven't been around pregnant women who can illustrate to them what it's like to go through labor and delivery in a natural way. If women don't know what to expect, it's easy for them to accept the status quo attitude, and they assume that having a baby can be agony. Learning to really listen to one's body is a challenging thing because we aren't really taught how to do it. When our experiences directly contradict what we've been told, it's easy to second-guess our own emotions. Women need to balance trusting themselves and considering the doctor's advice. Everyone wants a happy outcome!

Third, I think that women don't know how to talk about being sexual pleasured, which makes it hard for them to talk about childbirth as a sexual experience. Historically, women's sexuality has been a taboo topic. When women find pleasure in sexual acts, they have been labeled as whores, nymphomaniacs, sluts, skanks, or any number of equally distasteful terms. The double standard of sexual pleasure continues to reign, where males are expected to want, like, and need sexual orgasms, but women aren't. While there is plenty of contemporary rhetoric to indicate that view is not true, there is still enough

cultural residue to make women hesitant to talk about how much they enjoy sex. Talking about enjoying childbirth makes us seem daft. But having a baby is the sexiest thing that a woman will do.

Fourth, I think that family myths exist to make women scared about childbirth, especially if someone in their family had a difficult delivery in the past. One bad delivery seems to be remembered more than fifty good ones. Daughters learn from mothers and aunties, from grandma's and cousins, and from the men in the family as well, that having kids is a difficult thing to do. While most families are thrilled when they learn that a baby is coming, it is a rare family indeed that gives positive reinforcement for the labor and delivery process. If a woman becomes pregnant during a challenging time of life, or with a partner that the family doesn't like, these external pressures accumulate to make her feel guilty, embarrassed, and ashamed. Bad feelings about oneself or the pregnancy result in difficulties throughout the nine months, and certainly at the moment of the baby's arrival if the woman hasn't gotten her internal and relationship houses in order.

Fifth, the media tends to focus on the pain of childbirth, even when they talk about how to help it be less painful. When they are trying to educate women about the experience, they begin at a starting point assuming that childbirth is going to hurt and women better do something to prevent pain. The media is subsidized by advertising companies who want to sell products. When natural childbirth is used, there isn't nearly as much to sell as in the "pain and suffering" model – which could also be called the "pain and gain" model from a corporate point of view. Medicines, procedures, back supports, special pillows, herbs, and the host of supplies used to prevent potential (or actual)

problems make businesses a fortune. There isn't much incentive for them to talk about the private, positive orgasmic experiences of a natural childbirth approach.

Sixth, I think that women trying to bond with other women in an attempt to build relationships and they do so through telling horror birth stories. I do not think that most women tell frightening delivery stories in order to sabotage new moms. They are trying to find ways to connect. Expectant women let other women tell birth stories because they realize that when they let other women share in the excitement over their own birth experiences, experienced moms get to relive their own. Sharing information over this utmost intimate female experience creates a bond between women that is like no other. Labor and delivery are like the ultimate initiation into the mom club; once you've gone through it, you have a bond with other mothers that make all women sisters. We can relate to them on an entirely different dimension than might people in routine exchanges. Labor and delivery give women an experience that men and childless women simply can't understand in the same way.

Lastly, there is the integration of medical exploitation and the discrimination of women. The medical community has taken away the most essential message of successful childbearing – that women's bodies are designed to have babies painlessly. They have played on the disempowerment of women that they learn through cultural socialization in a zillion different ways. Women are afraid of their bodies. They may dislike the way they look and feel while pregnant. Some go to war with their bodies instead of making peace with the pregnancy process. As a result, they become out of control during childbirth and the physicians working with them find it easier to give them drugs to have

them stop their internal fight. Not usually being in charge of their own destinies, it is no surprise that predictable segments of women are afraid to go through their labors and deliveries as independent, responsible and effective child bearers. If women grow up learning that they need approval and assistance from others in the important moments of their lives, they certainly will need doctors, nurses, husbands, and drugs to keep them under control when they are in their most vulnerable experience of childbearing.

Women's bodies are designed to have babies. Their pelvis is structured to carry babies safely through the pregnancy and their entire anatomy can expand and contract during labor so that babies can enter into the world in a smooth transition. If we look at how far we have traveled from the painless pregnancies of indigenous women across the globe, we find that today in the 21st century, pain is considered the norm, while a pleasurable childbirth is now considered the exception. There has been a total switch in the definition of the birthing experience. Even though women in most countries still deliver children naturally without any anesthetics or drugs, the American experience of a painful childbirth is being exported to women around the world. The pharmaceutical and medical communities now often define the norms of who, how, when, and where's of childbearing.

When It Doesn't Turn Out The Way You Expect

Expectant mothers gear up for their pregnancies to end up in a particular way. Women have the power to frame their pre-delivery expectations to be either something that will be wonderful or something that will be painful. Likewise, women have the power to reframe their post-delivery experience.

Sometimes women who expected childbirth to be horrible are surprised that it wasn't nearly as bad as they anticipated. In fact, many find that it wasn't that bad at all! They may coyly admit that they had overblown their anxiety and scared themselves when fear wasn't necessary. One woman told me that her experiences had made her redefine fear as "False Expectations Appear Real (FEAR)". She had expected childbirth to be bad, but her negative expectations were illusions. Childbirth, for her, hadn't been easy-as-apple pie, but it had been a far cry from the awful experience she had expected.

While minimal medical interception is usually recommended, this flies out the window when there are medical complications. If they occur, by all means, at that point honor the miracles that modern medicine can provide. Do what the doctor says! It is of utmost importance to do anything and everything humanly possible to deliver a healthy baby. This is the goal of the pregnancy, the intent of the last nine months. Keep your eyes on the prize. Don't get so caught up in expectations of how you think it's all supposed to be that you don't take advantage of the miracles that modern medicine can provide. While some women think one birthing style is better than another, it ultimately doesn't matter how the babies get here, so long as they do.

People who have ego investments in delivering the babies themselves without help from doctors or use of medical technology sometimes make bad decisions. Susan wanted to have a natural, home water birth so badly that she hired the only midwife available who would help her do this. The woman had questionable credentials and during labor let her push so long that Susan and the baby became at risk. They ended up at the hospital anyway, where she delivered a healthy little boy. Susan had a dream about how

she wanted her pregnancy and delivery to go, and she refused to read the warning signs. Home births and use of informal child bearers may be fine with normal, uncomplicated, uneventful pregnancies. But when women get into trouble and have life-and-death crises during pregnancy, medical technology has been known to save countless infants. If women are frightened that they may have a difficult or challenging pregnancy, they use good judgment by not wanting to take any risks and being willing to head straight to the hospital where they do whatever the doctor says.

Incompetence in providers can occur within any group of providers, whether MD, DO, ND, midwives, or alternative health care providers. Data sometimes exists about how many babies a doctor has delivered; less likely to be found is how many of those babies were delivered with problems – or died. While these questions are uncomfortable to inquire about, they are important ones for expectant mothers to ask. Cathy believed in the medical model and used the hospital and medical staff that was covered by her husband's insurance. The hospital she used did not have a good reputation, but it was a licensed hospital and the only one in the immediate area. She wasn't crazy about her physicians during the pregnancy, but she stuck with them anyway, because, after all, they were trained physicians and delivered lots of babies. But her attitude changed. She had a horrible labor delivery. It was long and arduous. Despite her use of mindful techniques and all her good preparations for a fine experience, she was in such pain that she asked for drugs. Her son was born alive – and died shortly thereafter. She was devastated. It took her awhile to emotionally work through her experience. Eventually, she had another

child – but this time, she used different doctors, a different hospital, and she took active steps to do all she could to make sure this child would be born well.

The message here is a simple one – caveat emptor. Let the buyer beware, or in this case, let the pregnant woman do her homework to make sure that she gets as good a health care provider as possible. Let her work diligently to make sure she does all she can to have a healthy child. If it doesn't turn out that way, then at least she can be comforted by the knowledge that she did her best to make sure her baby would be born well.

The Spiritual Nature Of Childbearing

What does it mean to have a baby in the bigger context of life? Each child is born in the likeness of their parents (thanks to their DNA). They will carry within them all of their biological predetermined factors. They will also learn to carry their parents' emotional strengths and weaknesses. They will also develop their own gifts and challenges. Each child holds within it the capacity for changing the world. No child is any ultimately more, or any less, important than anyone else. A society has equal responsibility to all children, since every child will contribute something. But what will that something be? I believe that every time a child is born, an opportunity to create a better world is born with it. Within each of us is born the human potential for good, for kindness, and for the intelligence and diligence to do something to make contributions to leave the world a better place than it was before we arrived. Who knows which baby will grow up to be the hero? Who knows which person will be the inventor of a vaccine that will save millions of lives? Which child will grow up to make beautiful music, make us laugh, inspire us with words of wisdom, or make objects that are beloved by generations

of people? Michelangelo's mother did not know what her son would do; Joan of Arc's mother had no idea that her daughter would be so courageous; Neil Armstrong's mother likely never imagined he would be the first man to walk on the moon, and Bill Gate's mother probably never envisioned how he would become one of the richest men on the planet. We cannot know with any degree of certainty what our children will, or will not, become. But we can greet each and every one of them as if they were going to make the most magnificent difference in the world that any child ever made. We can create a physical environment inside of our bodies while we are carrying them that help keep them healthy and give them the biological head-start so they can do well when they arrive. We can love them before they come, and welcome them into the world with joy and delight, not fear and dread.

Creating an internal environment, an emotional environment that is healthy, generous, and welcoming to the baby is equally important as taking vitamins and eating right. Being happy releases hormones that help the baby to feel happy; being happy allows one's body to function effectively so that the baby gets what it needs to grow properly. Love for children starts not just when the baby's head pops out, but it begins long before that. The love parents feel for their children has been described as agape love, or love that is selfless. It is also known as familial love, in which parents feel attached and committed to the child, and willing to love them unconditionally. They put their children's needs before their own, and parents become selfless in their behavior. This means that women don't drink or smoke while they're pregnant, even when they are dying for a glass of wine or a cigarette, because they know it's bad for the baby. This

means that they avoid fights or being around people who will upset them, because they know it will trigger unpleasant emotions that aren't helpful to the child. In a totally altruistic way, parents become satisfied just by loving their children and doing what is right for them.

If you have read this book and have an open mind to the chance that childbearing might not be so bad, then you will have come a long way to rid yourself of the social mythology of childbirth as pain. You may find that you were your own worst enemy prior to the birth because you spent precious time and energy expecting that something would be bad that wasn't. Even when the pregnancy or delivery is not perfect, there are inevitably many wonderful things that occur. Focus on them instead of the things that don't go right. This mental gymnastic will be a useful technique throughout life.

Building Mindful Relationships With Our Children

The bond between parents and children grows over time, especially as a reciprocal relationship develops. We must invest in children and honor the gifts that they are. As our children grow, they will create "opportunities" for us to learn patience, conflict-resolution skills, anger-management, and understand intimately the relationship between joy and heart-break. We learn that love is a verb. Love isn't always easy to do. Each day, we are given a chance to show how we love. But if we rise to the occasion our children benefit – and so do we.

Parents will find that even their perfectly born babies end up not being so perfect later on. These precious little ones will evoke feelings not just of passion and adoration, but of frustration and anger merely because their parents are invested in them. It is

impossible to have the perfect pregnancy, the perfect delivery, the perfect child, the perfect parenting and childhood experience. It is perfectly normal not to be perfect!

So, what is a parent to do? Love your babies, who even when they fail, disappoint, and infuriate you. Love yourself for the moments when you are patient, calm, giving, and loving – and love yourself when you aren't. Embrace unexpectedly wonderful moments when you're high as a kite with delight over your kids, and experience climatic joy. Choose when to get angry at kids, and choose more often to reframe their annoyances as little, silly, laughable opportunities. Couples, support each other even when it's hard.

It takes a village to raise a child, the African legend states. How children grow and fare depends on the health and wellbeing of the entire community. Mindful childrearing means that there is a community-wide commitment to making sure the totality of the child is whole and healthy. This includes education, recreation, politics, the economy, the social services that are available and accessible, as well as the ability of adults to do their job as parents well. Ultimately, issues of poverty, disparity, violence impact the way children feel about themselves and others. Community or social mindfulness can occur when there is a critical mass of individuals who are mindful. How people behave is a reflection of those around them. Studies indicate that the early interaction between parents and babies lay a foundation for the child's later social, emotional, and cognitive abilities (Murray 1993, 2003; Stanley et al 2004). Similarly, the investment that a community makes in its children will facilitate, or limit, their opportunities. When children perceive that they are a priority, that others are invested in their well-being, and that they are given the skills to transform themselves in positive directions, the whole

community benefits. Similarity, when children live surrounded by impoverishment, criticism, and limitations, both the children and the community will suffer long-term (Hughes et al 2009).

Having a baby gives us the ultimate opportunity to reframe the way we view ourselves, others, and the world. Every day, at every juncture, we will be given the opportunity on how to act, how to define a situation. How mindfully a society chooses to impart information about pain, pleasure, and their relationship with children has sweeping implications. How mindfully a community decides to create resources, services, and opportunities for children will affect both the children and the community as a whole. Choose well. Choose the uplifting option. Everyone benefits when you do.

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