

PC Muscle 2 - teacher copy



- * Demo where the PC muscle lies in the pelvis
- * Show the difference between baby hitting a toned versus lax PC muscle and how that might affect speed of labor (new vs. stretched out rubber band example).
- * Teach how to do a simple Kegel exercise; mention to do often and in multiple settings (sitting, standing, sex, occasionally while urinating)
- * This is the first exercise to start doing ASAP post-partum

CERVIX 4 - teacher copy



- * Show pics/use play dough or lifesavers to demonstrate cervical changes.
- * Dilation tells how open the cervix is and is measured in centimeters. 10 cm equals full dilation.
- * Effacement tells how thin the cervix is and is measured in percentages. 50% is half as thick, 100% is completely thinned.
- * Angle of cervix changes from pointing back toward tailbone to anterior toward birth canal.
- * Loss of mucous plug indicates cervix is opening up, can't hold it in place anymore—a sign that your body has begun preparations for birth but doesn't tell you how long it will be until the birth of your baby.

PLACENTA/UMBILICAL CORD 6 - teacher copy



- * Show the different normal placements of the placenta throughout the pregnancy term (it can be normal to have a low-lying placenta or previa early in pregnancy)
- * The placenta can migrate up the uterine wall during pregnancy as it and the uterus grow larger from an apparent previa position to a normal position as the uterus grows.
- * Mention that there are alternative therapies some women have used to encourage a persistent previa to migrate.
- * Can pulse for quite some time after birth, especially in a water birth.
- * Thick and surprisingly hard to cut, similar to a garden hose.

PELVIS 1 - teacher copy



- * Briefly state and demo parts of the pelvis (can do 'Simon Says'): ilium (hands on hips), ischium (sit bones), and pubic bones (low and in front), sacrum (wide, flat bone), coccyx (tailbone, extends out of the way during birth, can break).
- * Show inlet, outlet, arch; mention there are normal variations in shape of pelvis; baby navigates through pelvis like a key fitting into a lock.
- * Joints: SI joint, pubic symphysis; increased mobility (relaxin and hyaluronidase) allows flexibility for birth but can misalign joints and cause discomfort. (Demo movement with pelvic model)
- * Discomforts and Painful syndromes: 'loose', unstable feel; SI joint pain, sciatica, pubic symphysis dysfunction, groin pain, low back and buttock muscle spasms, round ligament pain.
- * Adjunct care providers: physical therapist, chiropractor, massage/body work, acupuncturist.

UTERUS 3 - teacher copy



- * Size at term, immediately postpartum and at 6-weeks pp
- * 2 layers of muscle: the longitudinal layer acts to pull on the cervix for dilation, and the circumferential layer acts in the bearing down on baby during pushing
- * The broad ligament attaches the uterus to the spinal column and 2 round ligaments one on either side of the uterus keeps the uterus suspended in the pelvis.
- * Spasms of the round ligament can occur during pregnancy when one of the two ligaments becomes stretched. To relieve pain hands and knees position and pelvic rocks can alleviate the spasm. Referral to a care provider may help if the pain is severe or persists.

AMNIOTIC SAC & FLUID 5 - teacher copy



- * Grows most during the 8th-9th month and made primarily of protein, therefore sufficient and high quality protein in the pregnant woman's diet can help grow a strong sac and prevent PROM
- * Usually ruptures toward the end of dilation. Terms: PPRM, PROM, SRM, AROM
- * Forewaters vs. hindwaters

BIRTH CANAL/PERINEUM ⁸ - teacher copy



- * Some women and providers have found that perineal stretching prior to birth increases the elasticity, reducing the risk of tearing at birth.
- * Some women and providers practice or recommend perineal massage during the last month or so of pregnancy though research has not consistently confirmed this is beneficial.
- * Episiotomy is the incision made in the perineum and its underlying tissue. Hardly done anymore since most care providers agree that it is unnecessary. Some reasons a provider may ask to do an episiotomy is if you are tearing anterior toward your clitoris or if the baby needs to be born faster. Some care providers also find it necessary to do an episiotomy in the case of an assisted delivery.

BREASTS ¹⁰ - teacher copy



BABY ⁷ - teacher copy



- * Demonstrate possible orientations of baby in utero: vertex, breech, anterior, posterior
- * Mention there are positioning techniques and care providers that can encourage baby to get into a head-down position before labor begins.
- * As the baby moves down it pushes on the rectum and most women feel a reflexive 'urge to push'.

BLADDER/RECTUM ⁹ - teacher copy



- * As the baby moves down it pushes on the rectum and most women feel a reflexive 'urge to push'.