

OUR BIRTH STORIES

“The decision to have a child is to accept that your heart will forever walk about outside of your body.”

KATHERINE HADLEY

WELL ADJUSTED BABIES

Dr Jennifer Barham-Floreani

BACH. APP. CLINICAL SCI. AND BACH. CHIROPRACTIC

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*“Children are born exactly
the way they need to be born.”*

GURMUKH

OUR BIRTHS

Upon request I have now placed our birthing stories at the beginning of this book, allowing the opportunity for readers to identify with me as both a woman and a mother. Subsequent chapters will discuss crucial health principles.

I have found that when people speak of labour they often relay only part of the story. Their reasoning may be that they don't want to be too honest with an expectant mother, as if a truthful account might be unsettling. Or perhaps their memory has failed them. More frequently though, women feel resentful and hurt by their birth experience, and they may embellish the truth in an attempt to shield their true feelings. As women, we need to hear an array of birth stories and place them in context. Gaining this awareness will help to prepare mentally and emotionally for birth.

Acknowledging that birth stories are often brief, incomplete or fabricated, I have endeavoured to retell our births as honestly and as graphically as I can. I have detailed our progression of labour to help make these accounts as experiential as possible.

Obviously when I retell these birth stories I am speaking retrospectively. I use self-deprecating humour—particularly with our first birth—and terminology such as *Lesson #1* to highlight what we learned and how you could do things differently. Even though I have used this humour, I am completely aware that each of our births was perfect in its own individual way.

For me, nothing can replace the giddy anticipation that pregnancy brings, or the overwhelming sense of peace in the final stages of labour, as time literally stands still while your physical and spiritual bodies orchestrate the magical event of giving birth to a new life. Having now given birth five times, I feel inherently blessed to have been reminded of God's wisdom and his divine plan.

MY BIRTHING EXPERIENCES

Our first birth was very long and not without drama or an award-winning performance from 'yours truly'. Then, like many couples at some stage during their pregnant life, we sadly had a miscarriage. Interestingly, it was at this point that my journey with *Well Adjusted Babies* began.

As women, we need to hear an array of birth stories and place them in context.

Our second son was born in a relatively quick and easy manner at home. Twelve months later I was then very privileged to be asked to attend a home birth of one of my dearest friends.

Our third birth was possibly the hardest and most challenging experience of my life. I was six months pregnant when we discovered that our baby had a fatal heart condition. Within a few short weeks he had died and he was born still.

As always with grief comes the opportunity to assess one's life and move forward with greater clarity. There have been so many gifts from our journey with our deceased son Abe that I feel closer to spirit and purpose than ever before.

With time my husband and I moved beyond our pain and with a leap of faith welcomed another pregnancy. Together we weathered nine months of a fearful and emotional rollercoaster and were blessed with another son, also born at home.

A year later, I attended the birth of my delightful nephew, born by caesarean. Finally our fifth boy was born at home, complete with full adulation from his adoring big brothers.

Given my time again, I would not have changed any of our births. These events created a beautiful space for me as a mother and for us as a family to grow and mature. **Creating life is indeed a miracle and the experience of each birth is complete unto itself and needs only be cherished for all that it is.**

OUR FIRST BIRTH

PREPARATION

My husband Simon and I are chiropractors. Having been students for years and then running our own business, I look back at our first pregnancy and realise I was in a rather analytical stage of my life at that time. I was better known as 'slightly perfectionistic' or, as a friend joked, I was particularly 'anal-retentive about some things'.

Nothing that small children wouldn't beat out of me in the not so distant future.

I was well educated, well read and kept myself very busy. During our pregnancy it felt like I read and reread every pregnancy book available. Even though we studied obstetrics and gynaecology at university, I wanted to be prepared—very prepared. Mentally I was certainly ready and so, naively, I felt I was aware of what labour involved.

We had decided to use a private midwife and this is when we started to work closely with Jan Ireland. Jan used the pregnancy as time to get to know us as a birthing couple. Simon and I also attended Lina Clerke's birth preparation workshop, which helped us gain a practical understanding of what 'real labour' was about, as distinct from the dramatics of television and much of the birthing literature I had read.

Throughout the pregnancy both Simon and I also used a lot of different methods to connect and communicate with our baby. I finished working when I was almost six months pregnant, as adjusting and caring for patients can be very taxing physically. Furthermore, patients themselves become concerned that you'll do yourself some kind of grave bodily harm and that they'll be left holding the baby, literally.

So in between madly organising the final renovations of our cottage and preparing for our baby, I created time as often as I could to meditate, rest and read. I swallowed a multitude of homeopathics and drank numerous cervix softening teas, all of which were invaluable.

SETTING THE SCENE

At this point in our lives we lived between two dwellings; a two-bedroom apartment above our practice and a cottage we had in the country. Three days in the city, four days out of town and lots of driving in between. This is where our predicament lay. Where should we have our baby?

For me a home birth for our first baby in a remote area wasn't something I felt confident with. Eighteen months earlier, one of my older sisters had had a still born baby and instinctively I think I wanted the safety net of medicine to be available. Jan assured me that it was vitally important that I felt completely confident with my birthing environment after having had such a tragic birth reference. This is why a birth centre associated with a hospital seemed like the perfect solution.

There is an old saying...
"If you want to make God
laugh, tell him your plans!"

Having never been to hospital as a child nor in my youth, going to a traditional labour ward seemed like

such a foreign place to think of having our baby. We asked Jan to come to the birthing centre as our private midwife and member of our birth team. The staff were wonderful and happy to have her assisting us. Our birth team consisted of Simon, Jan, the birth centre's midwives, myself and our unborn baby. The philosophy of the centre complemented the vision we had for our birth perfectly. We wanted to keep our labour calm and natural, enabling the transition from womb to birth to be as gentle and as loving as possible.

During the last few weeks of our pregnancy, not wanting to stay by myself at our cottage (both of our families lived interstate), I travelled to and from work three days a week with my husband. In retrospect I did not crawl around on my hands and knees anywhere near enough to combat all the sitting from our driving. *Lesson #1: Crawl and focus on good positioning for your baby.*

We had decided to use our two-bedroom apartment above the practice for our early labouring and then when Jan thought we were ready we would move to the birthing centre. If we had initial labour signs at the cottage we would then drive to the practice and pre-labour there. Jan was concerned that I would not feel relaxed enough in our apartment to grunt and groan, acknowledging that we were residing over our place of work. We assured her we'd be fine and focused instead on our desired birth.

There is an old saying, "If you want to make God laugh, tell him your plans". We were about to embark on a journey of learning how to surrender.

Lesson #2: Listen to your midwife and her wealth of experience.

In our naivety we decided that business should go on as usual because you can't possibly know when you'll go into labour. We would keep the practice running as normal and when the need arose we would call one of the chiropractors who worked with us to relieve Simon's shift. This plan now sounds both hilarious and completely stupid. Perhaps we should have put up a sign, "Come on in, all of you. God knows we're only having a baby and we'd love an audience".

A week before our due dates, I decided that I should have some mild acupuncture to ensure that I would not become overdue and have to be induced. Every female in my family had gone well over their due dates and I wanted to prevent being in this same predicament. Little did I know that my gestation period is naturally 39 weeks (with a few births now under our belt this factor became blindingly apparent). *Lesson #3: Don't try to control when your labour starts unless you are a candidate for induction.* At this point there are a lot of things you can do to bring on labour naturally, including acupuncture.

LABOUR, LABOUR, LABOUR

Simon and I awoke Thursday morning at 'the farm', as we affectionately called our cottage (because we had a mere 12 chooks). It was the middle of winter and it was a freezing cold morning. Unable to get warm or comfortable and feeling particularly grumpy, I decided that I wanted to have a bath. Upon doing so, I realised that at some stage of the early hours of the morning I had had 'a show'. Yet because 'the show' didn't look quite how I thought it would and we still weren't due for another six days, I was in complete denial that this was in fact 'a show' at all. I rationalised that this was just an early pre-labour sign and that there would probably be more over the next few days.

The show had been clear with no blood and was only about the size of a ten cent piece. Surely this wasn't the real thing? Simon, however, was convinced this was the beginning. Secretly he had been hoping we would have a very quick and easy labour. Imagine if you will a labour so quick that we wouldn't have to move anywhere and we'd have a beautiful home birth, just the two of us, with our baby safely delivered by my beloved. Well, the quick and easy part I liked but I did not want (for our first birth) to be left solely in the hands of my excitable husband—and so far from Melbourne.

Later in the day, because we hadn't just remarkably dropped our bundle, we went for a walk. On the way back I started to experience a very uncomfortable pain in my lower abdomen and a pulling in the front of my hip. We then decided to pack up and drive to Melbourne. Not long into the journey I became so hungry and irritable that we had to stop at a bakery. 'Grumpy pants' couldn't possibly let her well-equipped husband go in and buy her something to eat. HELL NO, she was going in too—except that at this stage, I was so uncomfortable that I could not walk more than twenty paces and so proceeded to yell my order at the top of my voice down the street.

We continued the trip with me on my hands and knees in the back seat, eating and giggling at my outburst and still convinced that this was not the start of labour.

When we got to the practice Simon gave me an adjustment, which instantly helped me to feel more comfortable. We then headed out for the evening to a patient's film premiere, at which I wept so much that I couldn't even congratulate him afterwards. Talk about raging hormones.

Later that night at about 1 am, I awoke to the feeling of mild period cramping. After experiencing these cramps every ten minutes for almost two hours, I woke up 'Florence Nightingale' who was sleeping soundly beside me. In a flash, Simon was running around the room lighting candles, getting out the mediball, beanbag, buck-

ets and towels. He was so gorgeous; he was 'ready' to have this baby.

Try and get rest while you can—this applies to both of you.

Strangely, I was still in denial and it was only when Simon rang the birth centre (at 4 am) and forced me to speak with a midwife that I conceded. *Lesson #4: Try and get rest while you can.* Labour is very exciting but it can also be extremely arduous and long-winded. So get some rest while you can.

At 5 am we rang Jan. She talked us through a contraction on the phone and said she'd come round and check us. Jan arrived about half an hour later and pulled out her bag of tricks and sat talking with us on our bed. The whole event at this point felt completely surreal, as if we were all at a slumber party, except that we were waiting for the guest of honour to arrive. Jan checked my blood pressure, listened to the baby's heart rate and checked my cervix. She congratulated us for being in very early stages of labour and told us we were 2 cm dilated.

We were now having mild contractions every five minutes and Jan explained what would happen over the course of the next few hours. She planned to return late morning when hopefully we would be about 3 or 4 cm dilated. At 6 cm dilation, and if we were in established labour (which would probably be late in the afternoon), we would move to the birth centre together.

Jan left about 7:30 am and not long after she'd gone I started vomiting with every contraction. Surely this could mean only one thing, our labour had accelerated! Meanwhile, patients were streaming in downstairs, all asking, "Where's Simon? Is Jen in labour?" With every contraction over the next two hours I vomited. At this point I anxiously decided that we needed to go to the birth centre.

At 9:30 am Simon made a dash through the practice and brought the car around into the back alley, while I, in my pyjamas with hot water bottle and bucket in tow, crept down the stairs guided by our receptionist and made a direct exit through the rear of the building. We negotiated our way through the traffic and arrived at the birth centre just after 10 am.

Upon arrival at the birth centre, the midwives observed my vomiting and ushered us straight into a room. With the enormous amount of administration and paper work midwives have to do, it felt like a significant length of time before anyone really assessed us. Jan arrived at 11:30 am, rather shocked that we had moved to the birth centre so quickly, and she evaluated our current status.

Jan asked if I would like her to check my cervix to see how we were progressing. Let me be frank for a moment. I've never really liked having my cervix checked—someone you barely know shoving their gloved hand high into your cervix while you

look the other way is not a fun pastime. However, having your cervix checked periodically during labour, particularly your first labour, can be useful. Besides, as the birth progresses and you surrender to your primal urges, you quickly abandon any form of modesty.

Jan ascertained that we were still only 2 cm dilated and explained that even though I was consistently vomiting we should have stayed at the practice until conferring with her.

Lesson #5: Nausea does not always equal accelerated labour.

Lesson #6: Make sure you can relax in your pre-labouring home environment.

Unfortunately Simon, Jan and I had now entered the 'zone of time-frames'. Birth centres give you approximately 24 hours from the time you arrive to have your baby, so we decided to go for a walk to get things moving along. Picture if you will, three people walking through the park: a heavily pregnant woman in her pyjamas and overcoat throwing up behind trees while her husband supports her, with her midwife smiling at the passing joggers as she glances back at her watch to time contractions. The moments between our vomiting sessions were filled with tears of laughter.

At 4 pm our contractions were fairly mild at five minute intervals and still accompanied by vomiting. By 6 pm they had started to slow, lapsing to every ten minutes. Jan explained to us that our baby's head wasn't sitting correctly within my pelvis and he was therefore having some difficulty moving down. We kept mobile and crawled, staying calm and focused. Jan suggested that perhaps I should take something for the nausea, such as a Maxolon (reglan) injection. I'd never really had medication before and I wasn't sure if this might make me feel worse, so I declined.

At about 8 pm the birth centre midwife checked my cervix and suggested that rupturing my membranes might help our progress. Simon and I were pretty horrified at the thought and Jan suggested we ask for more time, which we did. About an hour later and with no further progress both Jan and the new midwife (there had been a change of staff shifts) suggested that rupturing my membranes might initiate strong contractions again. After much contemplation we agreed. The procedure itself was not painful and in fact actually gave me a little relief.

For the next few hours our contractions got closer and more intense, coming every three minutes and lasting close to a minute. The contractions required my concentration but were bearable as there was time to recover and recoup in between. We used hot towels and massage but found the shower offered the greatest relief.

I remember being amazed that at in one moment I could be experiencing significant pain, yet in the next moment I was filled with excitement and determination

to bring through our baby. Strangely, amidst the pain and chaos, Simon and I felt very connected and our birth environment felt extremely loving.

Then our contractions slowed down again. Determined to keep our labour progressing, we followed any suggestions Jan could offer. I squatted over the toilet during contractions, visualised our baby and utilised acupressure points and homeopathics. Meanwhile the vomiting or dry retching remained constant. Jan suggested again that I take something for the nausea but I refused, not wanting to possibly harm our baby. Simon helped with mouthfuls of water and gastrolyte (Pedialyte) and constant encouragement (he did not leave my side, even when Jan suggested he might like to have a rest).

Together Simon and I would work through one contraction at a time, one after the other. He would support or hold me, and breathe with me, consistently finding words of encouragement. Neither of us were sure what lay ahead but we tried to stay focused and connected. We were like two children caught in the current, not sure which way we were being swept. I can honestly say that even though I was in pain through those weary moments, I felt so in love with my husband.

Jan protected the intimate space between Simon and myself; she was like our anchor. She would read my state of mind and seemed to say exactly the right thing at the right time. She fed my analytical brain when I needed to know exactly what was happening and she breathed confidence through me just by her "earth mother" presence. Jan repeatedly checked the baby's heart rate and assured us that our baby was safe and calm.

We were devastated to find that at 3 am we were only 4 cm dilated and that by 5 am we still had not progressed any further. Upon examination our baby had now moved to a more posterior position and appeared to have his head extended (tipped backwards). Furthermore, our contractions had slowed right down, being now mild and inconsistent.

The birth centre midwives hinted that we would soon have to move to the labour ward and gain medical assistance to get our labour moving. Jan was more concerned about my hydration levels; I'd been vomiting for hours and was unable to hold any fluids down.

By this stage I had become very disheartened and emotional, unsure how much longer I could cope. I was completely exhausted and distressed. Jan suggested we move to the labour ward and that I go on a drip to replace my fluids. She said my uterus was fatigued and that I needed rest. If we moved they could also give me a mild epidural so I could sleep for a while. Then they would probably need to use syntocinon (Pitocin) to start my uterus contracting again. That way we would hopefully

be able to have a vaginal birth, avoiding high rotation forceps or a caesarean.

With this discussion I simply wanted to throw in the towel. After 28 hours of contractions and constant vomiting, I felt completely defeated. Then to be told we were only 4 cm dilated and that our baby's position was moving more posterior, I was totally disheartened and I just wanted the whole ordeal to be over. What I needed was some rest and fluids. *Lesson #7: Take something for nausea if vomiting becomes an issue, as this may prevent dehydration and further dramas.* Don't be too stubborn.

So they moved us to the labour ward and called for an anaesthetist. Soon he arrived and Jan and Simon spoke to him at length about giving me a minimum dosage and precautionary steps. An epidural is a chiropractor's nightmare, for we sometimes see women who have lower back pain or post-birth headaches caused from dural sheath (tissues around the spinal cord) damage. The anaesthetist, the poor fellow, inevitably felt extremely nervous having Simon peer over his shoulder through the whole procedure.

Meanwhile, I had to lie completely still on my side with my knees up, amidst contractions, which is no easy task. *Lesson #8: Be flexible with how you visualise your birth and don't be too idealistic.* Affirm an ideal scenario but allow yourself to contemplate how you would feel or cope with an array of birth outcomes. Even fit, healthy, courageous women can face the realities of unwanted epidurals and caesareans. None of us are able to control or force our births. None of us are immune to labour's unpredictability. In retrospect I realise that both Simon and I had such an inflated idea of what our birth would be like that God's wisdom reminded us about surrendering to life and relinquishing control.

I briefly remember lying in the hospital bed before I fell asleep. I had tubes everywhere, an epidural, catheter and drip, and I couldn't help but wonder how on earth we had ended up like this. We had prepared so well and worked so hard; what had happened? I turned to Simon who was sitting beside me; he looked pale and exhausted. He was holding my hand and I saw that he had started to cry. He whispered through his tears that he felt so helpless and all he wanted to do was to pick me up and take me home. As I fell asleep I contemplated how humbling life can be.

As I fell asleep I contemplated how humbling life can be.

After about an hour's sleep I woke to intense contractions that were much more painful than before (this is one reality of intervention). The epidural had worn off and the midwives soon ascertained that we had dilated to 9 cm. "Oh God", I said in horror as I woke, realising this nightmare was not over, "I'm still so tired, how can I do this? How much longer will this take, Jan?"

Perhaps the hardest part of labour is not the pain involved but the complete 'unknown' of just how long your labour will take. If you can, try to stay present rather than wanting to know exactly how many more hours you will need to endure. As I sat up I realised I couldn't move very much as I was strapped to a foetal monitor. I yelled at Jan as I lay down again, "I don't want to do this anymore!"

Jan used the opportunity of me lying flat on my back to have stern words with me. Holding my hand she bent over me, looked me straight in the eyes and said in her motherly tone, "I can understand that darling, but who else is going to have this baby? Hmm? Hmm? Now Jen, you've got to pull yourself together and birth your baby. I know you can do it, you're such a strong woman and your baby needs you to do this. Okay? Now, get up!" Well, that's all I needed to hear and I was on my feet squatting on the bed within seconds.

At some point not long after this, the foetal monitor slipped and moved down my abdomen. The monitor interpreted this as baby's heart rate plummeting. Realising what had happened, Jan said, "Right Jen, we've got limited time to have this baby or they'll come and prep us for a caesarean."

Just then two midwives sprinted towards me as the monitor was beeping away. Jan then told them, in her famous, don't-mess-with-me tone, "Calm down, the strap has come loose from her tummy, that's all. Now back up while I check the heart rate." Our baby was fine and with some serious coaxing would soon be here.

At this point, our baby's head was tilting back, creating the widest diameter possible. This meant that during delivery, bless his little heart, I dislocated my pubic symphysis (the joint at the front of my pelvis). Bringing our baby through unassisted was far from glamorous. I remember seeing the look of horror on the faces of the two observing midwives at the back of the room, who were motionless.

There I was sitting up on the bed with pillows behind me. Simon and Jan were on either side of the bed facing me and I had a foot up on each of their inner shoulders. While I pushed into them with the full strength of my legs, they pulled me forward by my hands which were between my legs. We did this during each contraction. Rather dramatic, but certainly effective.

When crowning began I experienced more frustration than pain as our baby's head would move down but then slip back. This is fairly common during a first labour. Jan reminded me of how close I was to the grand finale and I was able to reach down and feel our baby's head. From this point everything else seemed to happen very quickly and second stage was complete in just under two hours. Our son Wilem was born at 11 am, proudly delivered by Simon.

Jan lifted the umbilical cord which was loosely wrapped around his neck, and

brought our precious boy up to my chest. She wrapped warm blankets around us, kissed us and stepped back. After a quick check of our baby she then ushered the other midwives away so that we could have this time alone as a new family. From that moment our world changed for the better.

A little later, possibly twenty minutes, the hospital midwives performed some standard checks on Wilem. They announced that he had a temperature and that he would most likely need antibiotics if the temperature was not resolved when next checked. With this information Simon assessed Wilem's neck and found that he had a vertebral subluxation. At some stage, either while *in-utero* or during the delivery, this nerve irritation had arisen. After Simon had gently corrected it, Wilem's temperature dropped almost instantly.

It was then decided by a hospital obstetrician that my perineal graze (as distinct from a tear) needed stitches. Jan tried to rationalise with him that I would heal quicker without them but he insisted on suturing. Very few women will tell you just how extremely uncomfortable stitches are. My body reacted quite severely and was so irritated by their presence that Jan took them out after two days.

Through the course of our first birth Simon and I learnt many things. Amidst all of its chaos and the way in which events unfolded, it enabled me as a mother to feel like I gave our birth 150%. For all of its stress, we had moments of absolute hysterics with tears of laughter and we were able to keep our birth centred around our baby.

“Labour is life magnified.”

GURMUKH

OUR SECOND BIRTH

At the time of our second birth we were living full-time in the country. We planned a home birth and our birth team consisted of Jan Ireland again (private midwife), Lyn (second midwife), Kath (my sister), Simon, Wilem (who was two years old), baby and myself. We had a local hospital 15 minutes away and ambulance cover should there be an emergency.

During our pregnancy we used our homeopathic treatments again and had ample supplies ready should any nausea begin. I had also gotten a prescription for Maxolon (reglan), a medication that could be injected by Jan into my buttock should the vom-

iting become a serious issue again this time. I was open and prepared for this possibility and yet wasn't afraid.

I had been more focused on the spiritual aspects of my life and felt more intuitive and grounded than ever before. I desired for this birth to be a beautiful spiritual and physical experience, completely above and beyond my control. This time I longed to surrender to the unknown. It would seem I had indeed embraced a few life lessons from our first birth.

We began contractions at about 7:30 pm, six days before our due date. The contractions began at five minute intervals, and lasted about 40 seconds. At 10 pm, we rang Jan to prepare her and found out that she was at another birth. Rather than panicking, I trusted that if Jan was meant to be at our birth, she would be. Alternatively we could have an equally wonderful experience with our second midwife who was both competent and enthusiastic.

We rang my sister Kath to notify her, for one of her main roles would be to help care for Wilem. She arrived at about 11 pm. When she arrived, Kath and I climbed into bed and tried to get some rest while Simon made a birthday cake for the baby. Jan then rang at about midnight and said her other birth had finished and that she was on her way.

Jan arrived at 1 am and performed all the standard baby and mother checks. She asked if I wanted her to examine my cervix but I declined, happy to trust that my body knew what it was doing. She felt my abdomen and told us that the baby's head needed to turn around more. She then proceeded to tell Simon and myself that we should get ourselves busy making love, as this would help to get my uterus contracting more effectively and help the baby turn. "Make sure you give her some good orgasms, okay," she said to Simon. This sounds hilarious, I know, on a par with making love in your parents' house. Maybe worse, because parents don't usually want to know what might be happening, much less give you strict instructions as Jan did.

Anyway, the whole scenario was very funny. We followed Jan's instructions and by 4 am our contractions were very intense and we woke Jan who was sleeping in the spare bedroom. Warily she asked if we'd had a nice time and checked my abdomen again. Jan was now very pleased with our baby's position and the progress of our labour. Of course we were pretty pleased with ourselves, too.

We were now in established labour. Labour is considered to have started once you reach established contractions; before this it is simply pre-labour. We worked through each contraction, keeping mobile and breathing. Wilem woke at about 8 am and wandered around the house singing, "Happy birthday to you, baby". During the

labour we used both the shower and an inflatable wading pool. The pool was wonderful: Simon could lean into the bath and support me and I could be totally submerged with lots of room to move about.

The pain of contractions during our second birth seemed somewhat easier, perhaps because I was able to 'give in' fully to each contraction. **When one experiences a contraction there is a moment in time (when the intensity of the contraction is building) that you can then choose to try to separate yourself from the pain (perhaps for sanity's sake) or you can allow yourself to really anchor your conscious mind to that pain and therefore to your baby. When I relaxed my mind into a contraction, letting my body go and trusting in its innate wisdom, our 'progress' was much more notable.**

“It is safe for me to let go and trust.”

LINA CLERKE (CHILDBIRTH EDUCATOR)

After being in the bath for some time I started to get dizzy and was unable to focus on my breathing. Jan suggested we move to our bed which was where we thought we would most likely want to deliver. Using pillows and leaning into the end of the bed, our second stage was only 45 minutes. My body at this point completely took over and seemed to naturally twist and contort throughout a contraction. It was so amazing to just feel our baby move down and through my body.

I remember asking Jan if I could now push and she said to do exactly as I pleased. I can still remember feeling a huge amount of pressure in my groin and backside as the membranous sac (which was still intact) started to move through. For a few contractions the sac stayed complete, and then to my enormous relief it burst and there was a gush of fluid. Our baby's head crowned with the next contraction.

It was then apparent to Jan that our baby had his arm up with the umbilical cord around his neck. She asked me to give a really big push because she was concerned about his colour. As I pushed, my body opened up and brought our baby through. With this final effort, Nelson was born. He quickly regained full colour and vigorously moved about.

The beauty of a home birth is that as a family you can instantly climb into bed and don't have to go anywhere. We cuddled for some time and then we had a shower, while the others threw the soiled old sheets and towels straight into a rubbish bag and left anything else to soak. Together as a birth team we then ate our well deserved birthday cake and gave thanks for the beautiful and safe arrival of a divine little boy.

OUR THIRD BIRTH

A friend once said to me that, “As parents we have two fears: one, that our baby doesn't survive the pregnancy; and two, that our children, once born, pre-decease us”.

Having endured such an experience I am consistently reminded of the uncertainty of life. Such a journey reminds me as a mother to surrender many of my parental anxieties and place trust in the divine. In your weakest hour, that trust is what you cling to.

We were six months (24 weeks) pregnant with our third child when we found out that he had a fatal heart condition. During the pregnancy our midwife Jan had been unable to hear a clear heart beat despite all other signs that our baby was developing normally. Alarm bells were then raised when we had four weeks uterine growth in only two weeks. Jan asked us to have an ultrasound, for two clinical reasons; either we were having a multiple birth, or something was wrong with our baby.

As with our other pregnancies, we had chosen not to have a foetal ultrasound. Both Simon and I had read ample research on ultrasound imaging and we had our reservations about its use without clinical reason. We now certainly had cause and we booked at a specialist ultrasound clinic which guaranteed the use of accurate equipment and diagnosis.

Doctors later confirmed for us that even if we had undergone a 12 week scan it would not have indicated our baby's condition. An 18 week scan may have identified his heart problem but we would still have been left with the same decision process.

A few moments into our scan the radiographer paused and said, “I won't be able to speak with you for a little while as I try and ascertain what is happening, but what I can say is that things look very serious”. Well, those words were enough to send me (and probably any scared mother) into a flood of tears.

For fifteen minutes (though it seemed much longer) she scanned in silence. Then she turned to Simon and I and said, “Look, if we could just move to another room I'll be able to explain everything there. I'll ask a genetic counsellor to come in as well”. As she still had not made mention of what she had found we simply followed her down the hall. We moved in silence, lost in our own individual assumptions and shrouded with grief.

We were asked to wait in a report room for a few minutes and again we sat in

As parents we have two fears: one, that our baby doesn't survive the pregnancy; and two, that our children, once born, pre-decease us.

silence. Unable to speak or rise above our fear, we simply held hands and awaited their return. Our radiographer arrived with the counsellor. They sat down and she said "I really am very sorry to have to give you both this news, but it appears that your baby has had significant heart failure." She paused as the air thickened. "This heart failure has allowed for fluid accumulation, a condition known as 'hydrops'. As you know you are about 24 weeks pregnant. Your baby's head dimensions confirm this, yet due to the fluid, your baby's abdominal area has dimensions closer to 34 weeks." She paused again, "This explains your sudden growth in the last few weeks. What has caused the heart to fail is unclear. I'm not sure, but the possibilities include a chromosomal disorder, a developmental problem, a virus, many things really."

She stood and handed me some more tissues and then she continued, "What I can tell you though, is that this type of condition is generally fatal and it is very unlikely that your baby will survive. You will need to prepare yourselves for the worst. If your baby was to survive long enough to be born, it would be in a very critical condition. Again, the likelihood of survival would seem very slim. I am so sorry".

It is hard to remember exactly what was said after this point; I was simply battling with the conceivability of this nightmare. I tried to refocus and listen to her explain that we should have an amniocentesis to determine if there was in fact a chromosomal disorder. She warned there was an element of risk in performing an amniocentesis, as this test may in fact initiate labour.

With this statement I then asked, "Could you please explain the benefit of us having an amniocentesis?" As a mother I was unable to understand why I would place my seriously ill baby at risk of an early labour, only to be born with even slimmer chances of survival. The younger the baby, the greater the odds against it.

What I had misunderstood was that if an amniocentesis indicated that our baby had a chromosomal disorder we could make "an appeal" to a hospital board to terminate our pregnancy and then artificially initiate labour. If our baby survived the birth we might then have some time, be that a few hours, to hold him or her.

The other benefit of an amniocentesis would have been to ascertain if there was a chromosomal link and how that would influence our future decisions with additional children. Simon and I were aware of the false positive results that these tests carry; results that could determine our decision. When faced with such a hauntingly real situation as this, it was easy to be swept up in the urgency of the whole process. We found we needed to remind ourselves that we could take some time to reflect and seek our own personal guidance. At this point Simon and I asked if we could have some time to comprehend all that had been said. With this they left us and suggested we just page them when we needed them.

Simon and I had discussed many times through the course of our relationship that if we had a pregnancy that indicated we had a baby with a chromosomal disorder, we would not choose to terminate. This decision was not made on religious grounds but rather our own spiritual beliefs. Being plunged into this harsh reality, however, certainly tests your core ideology and I empathise with anyone who has had to make such a tormenting decision.

... he added, "I really am terribly sorry, but the most likely scenario is that your baby will indeed die, sooner rather than later, and most likely within the next few weeks".

We decided to meet Jan at the hospital, where she had arranged an appointment with a paediatrician. He explained that he would like to perform another ultrasound and run some blood tests to gather further information, which would enable him to clarify our prognosis. He explained again that an amniocentesis would confirm any chromosomal involvement and that it had its inherent risks and susceptibility to error. We were joined by two other doctors and a subsequent scan was performed.

As they performed the ultrasound they tried to ascertain a definitive diagnosis of the heart condition, but due to the fluid accumulation they were unable to do so. The paediatrician advised that we could choose to induce labour but the longer we left this decision, the more legalities would be involved. After 24 weeks gestation you are unable to choose to terminate a pregnancy unless you have the consent of a hospital review board. In our circumstance, however, he believed that they would be supportive of a termination.

Alternatively, we could also choose to wait and see how our baby's condition progressed. The paediatrician explained that there was a very, very slim chance of survival through to a birth. Even if this were to eventuate, our treatment options would be very limited and the chances of survival post-birth would be minimal. He added, "I really am terribly sorry, but the most likely scenario is that your baby will indeed die, sooner rather than later, and most likely within the next few weeks".

As all eyes waited for Simon and I to make a decision, we turned to Jan and she clarified with the paediatrician that there was no need to rush to make our choice. We were not jeopardising the baby by taking some time.

Neither Simon nor I wanted to have an amniocentesis, possibly prematurely inducing our baby and lessening his chances of survival. If our baby was going to die we felt he should do so in his own time. We asked if it would be safe for both baby and I to go home and arrange a follow up scan and possibly the amniocentesis in a week. They all agreed supportively that we should do whatever we felt most appropriate. They confirmed that there were no further risks for myself, but that at any stage our baby's condition could turn fatal. They confirmed that if our baby did

indeed die within the next week, I would possibly not realise, but that again, no immediate risks would be involved. They elaborated on the process involved once our baby died and how they would induce labour. Finally, after much discussion and a horrifically long day, we went home.

Up to that point, Simon and I had been mostly unaffected by personal grief. As humans, we all respond differently to emotional stress. For us, our most natural inclination was to stay hopeful. We believed it would not serve our baby, or our family, to give up prematurely.

Perhaps we experience personal crisis for the opportunity it gives us to grow closer to spirit, our family and our friends.

Initially we clung to the fantasy that somehow our baby could defy the odds. We chose to stay positive irrespective of what outcome may actually unfold, and we decided to do all that we could physically, emotionally and spiritually to 'parent' our baby at this time. Our baby deserved our love and focus more than ever and we tried to remind ourselves to surrender to God's plan.

For me, the following week slowly unfolded as a journey with spirit. With the help of my husband, my sister and some dear friends I was able to spend a significant number of hours in the day meditating. I would wake with the boys, have time with them and then one of our friends or family would come to the house during the day so that I could meditate and connect with our baby.

During the week I had numerous chiropractic adjustments, ingested Chinese herbs and had several healings and energy balances with different practitioners. We spoke to a variety of people who had shared similar experiences and we experienced so much love and support from an array of people; it was quite overwhelming.

This meditation time enabled me to replace feelings of anxiety with a sense of peace and reflection on what life was helping me to learn. Towards the end of the week I felt like our baby had indeed died and so, when the subsequent ultrasound revealed this outcome, strangely, I felt remarkably calm. We made arrangements to return to the hospital that evening and induce our labour.

The induction of labour involved Mersiprostan tablets being placed in my cervix every six hours. Jan joined us in the early hours of the morning just before we had our second dose. Between bouts of contractions we tried to sleep or we would discuss what emotions were surfacing. Jan would inform us what the next stage of labour would be like and she also described what our baby would look like physically.

She spent significant time affirming that there was nothing else that we could have done to prevent this outcome and there wasn't anything that we had done during our pregnancy that would have resulted in this outcome. She reminded us how strangely

Mother Nature works and yet inherently how she always knows best. I will never forget how Jan comforted us so wisely in those precious hours.

We had to have three lots of medication to initiate labour. Then, quite suddenly, contractions became very intense. Jan and I had discussed how I could have pain relief if I wanted to, as obviously our baby would not suffer any ill effects. Yet we agreed that these drugs would not be beneficial for me for two reasons. Firstly, in this scenario it is more likely for a labouring woman to retain her placenta. Pain-relieving drugs may decrease the intensity of our contractions, increasing the likelihood of this outcome. A retained placenta would result in me being transferred and more intervention and procedures.

The other reason we discussed for not having pain relief was that drugs would not allow me to be 100% emotionally present during the birth. Experiencing the physical pain of the birth would allow for more natural grieving, and such grieving would allow for greater healing.

Well, the intensity of the labour certainly did encourage us to grieve heavily and our baby was born quite quickly with his waters intact. As Simon held our baby I started vomiting, as the intensity of labour continued and the placenta was instantaneously delivered.

At this stage, because the labour had been so quick and acutely painful, I felt extremely overwhelmed. I was still experiencing far too much physical pain to be able to hold our baby and Jan suggested a child's dosage of pethidine (meperidine). She congratulated me for birthing so well and helped me to re-centre and acknowledge my baby. We named our baby Abraham and spent the next few hours holding him and blessing him.

The afternoon was filled with paperwork, speaking with a hospital minister and monitoring my blood loss. With Abraham having died a few days previously, maceration or deterioration of his tissues had begun and there was therefore contention as to whether I had passed all of the placenta and membranes.

Much later in the day we were finally able to leave the hospital. Even after experiencing such an extremely sad labour, the hardest part for both Simon and myself was leaving our baby behind. As I held Abe and stroked him again and again, whispering tender good-byes, every part of my body ached. With each step I took from his side I felt as if someone was taking my heart and leaving in its place the deepest of wounds—a wound and a longing that still remains.

Finally, after many tearful good-byes, we headed home.

Like most cycles in life, the event continued to unfold. Two days later my milk 'came in' and with it came another layer of grief. Drinking sage tea and using frozen

cabbage leaves seemed to give some relief and hastened the process of drying out my milk.

My heart felt so heavy and so tight within my chest that I was oblivious to my aching body. Over the next two days I developed a significant fever and started feeling physically ill. Upon examination Jan suggested that I have an ultrasound as it appeared I had retained placental products.

These scans revealed sizeable membranous tissue. The radiographer's dismissive manner, however, did not convey that there was any significant urgency to this matter. She even hinted I might want to choose to wait and see if this tissue passed naturally. It was not until I spoke with Jan that I realised we needed to address this situation immediately. Jan and our doctor both requested I make plans to have the tissue removed via curette in the next 24 hours, rather than risk uterine infection.

For me, preparing emotionally and mentally for a general anaesthetic and curette took significant effort. I asked Jan about all the significant risks involved and she knew through experience that I would want a detailed description of the procedure. We discussed everything from the mild side effects of the general anaesthetic through to the unlikely possibility of a bleed occurring and the risk of an immediate hysterectomy or other uterine complications. We also discussed other unlikely scenarios and how I would have to sign a disclaimer. That night I allowed myself time to acknowledge my fears and pleaded with my Lord to help me stay centred.

Fortunately the procedure went smoothly and there were many wonderful people who offered us tremendous care and loving support. Finally it seemed as if the ordeal was drawing to an end. Our post mortem later revealed that it was not a chromosomal condition that had caused Abe's condition but a spasmodic developmental disorder known as 'isomerism'.

There have been countless lessons I learnt from this chapter in my life and continue to do so. These blessings guide me on a daily basis.

I often reflect;

*“A thing of beauty is a joy forever,
its loveliness increases;
it will never pass into nothingness.”*

JOHN KEATS

OUR FOURTH BIRTH

Please allow me to once again acknowledge Jan our midwife, she has been such a remarkable support for us through each of our pregnancies and births. She joined us again for the birth of Joaquin, our fourth son, who was born safely and quickly at home.

With Quin's pregnancy came a whole new level of healing that seemed to surface from a deeper unconscious level. At 20 weeks I had an ultrasound to help ease my anxious mind and to assist with my preparations for another birth. Understandably, I had great difficulty visualising a healthy, live baby after having so recently held our deceased son Abraham in my arms. At times I was able to stay centred and brave, and then at other times my confidence would dwindle miserably.

In the months leading up to Joaquin's birth, both Simon and I had countless kinesiography sessions with one of my dearest friends, Tiffani, who later held my hand and whispered reassurances during the birth. The mental shifts that this technique offered us were both nurturing and invaluable.

This time my forewaters broke well before there were any signs of contractions (at about 5 am) and it was not until that afternoon at roughly 4 pm that I felt contractions every 15 minutes. At this point we spoke with Jan again by phone and I insisted that she not rush to join us, but rather she should come up after dinner. Fortunately, Jan, with her years of birth experience, rang our second midwife Sandra and these two ladies arrived at our home one after the other just before 6 pm. By this stage my contractions were at five minute intervals but still did not require my full attention.

My sister had previously arrived and together with Tiffani and Simon they organised the boys with dinner and bed. As soon as the house was quiet (at about 7 pm) I entered established labour with contractions back to back for two hours. Ironically, even though there were six birth attendants ready to assist me this time, I was completely oblivious to everyone around me. Each moment of that birth I felt connected and centred to my Lord and Abe's spirit.

In two and a half hours Joaquin was born and as I held him tightly, both Simon and I wept with joy. Once I could see and feel that our baby boy was breathing independently and I knew that he was safe, my body then shut down completely. Within minutes I went numb from head to toe; I was unable to stand or control my breathing. I could hear my beloved friends talking to me, coaching me how to birth the placenta and how I

I felt lost in a whirlwind of longing for Abe, guilt, relief and shock.

needed to slow my breathing, and yet, for the first time in my life, I was unable to ground my body. I felt lost in a whirlwind of longing for Abe, guilt, relief and shock.

After 30 minutes, Jan decided she would need to move us to hospital if I continued to hyperventilate and was unable to refocus. As she lay Joaquin (who was now crying and needing his mother) beside me, she asked me very sternly if I'd like her to call an ambulance and if I would like to spend the night in hospital. She knows me so well.

I then clutched my newborn baby tightly while Jan cuddled me close, and Tiffani and Simon helped to anchor my breathing.

Quin's birth was a defining moment in my mothering.

Throughout the years Jan's love and wisdom have been a guiding force for our family.

We love her dearly.

OUR FIFTH BIRTH

Labour is full of surprises and new lessons, and my fifth birth was no exception. However, Arlo did politely give us plenty of warning that he was on his way when part of my forewaters broke at 12:45 pm on a Tuesday night.

In our excitement, Simon and I were soon up and about in the middle of the night organising things. While Simon arranged time off work, I amusingly found myself sweeping the floor and unpacking the dishwasher in preparation for another homebirth.

With my waters continuing to break over the next few hours, both our midwife Jan and my sister Kath arrived at around 4:30 am. Simply knowing that Jan had arrived meant that unconsciously I could relax into having our baby.

Jan checked both baby and I and determined that my body was still in 'preparation mode'. We decided to settle back into bed for a few hours.

It wasn't long before we were awoken by the boys who were curious to know about the slumber party that had happened overnight. My sister Kath cleverly engaged them with breakfast while Simon and I went for a walk to see if we could initiate some consistent contractions.

As always, each soul makes an individual entrance into the world and Arlo's was very stylish and smooth.

We decided that if the boys wanted to have the whole day off from school then we would keep them

home — after all, this is what family memories are made of!

Our other wonderful midwife Sandra arrived after dropping her children to school and sat with me for a while, massaging some acupressure points. I felt so supported and cared for by these women, knowing they would be ready at any time to labour with me. Yet with my birth team gathered and ready, I couldn't help feeling as if baby and I were now holding up the show.

Knowing that was I worried about inconveniencing people, intuitively Sandra said she had to run some errands and she'd be back in a few hours. Jan reminded me to relax and stop fussing over everyone else's needs. She told me that even if our birth took another day to fully begin, she wouldn't want to be anywhere else, and besides, she had plenty of work to do and calls to make.

Meanwhile, Kath took the boys to the park for a play. Left alone, Simon and I decided on another walk.

At about 11:30 am, just as we set off down the road, some dear friends Tony and Tiffani arrived at our house bearing lunch for the birth team. We asked if they wanted to join us for a walk. I can imagine we would have made quite a sight: a heavily pregnant woman and three good friends slowly wandering the streets. It seemed like every few moments we had to stop, gripped by fits of laughter, as I was unable to walk, pre-labour and giggle at the same time.

Laughter is a remedy for many things and our baby soon decided to get serious about his entrance into the world. At about 1:30 pm my contractions went from moderate cramping - where I could still participate in conversations - to more serious contractions which took my complete focus.

I decided it was time to be totally present to my body, so I moved upstairs to find somewhere quiet and still. The birth team were ever so subtle as they took turns to sit with me, one on one.

For about an hour, as the contractions became stronger, I worked with my 'inner dialogue', letting go of any fears that had re-surfaced and thoughts such as, "Oh my God, I remember this!" I reminded myself to surrender to the pain and not run from it; to focus on wholly feeling the pain at a physical level, drawing the sensations into my conscious mind and completely immersing myself in the present.

After experiencing five births, one thing I have learnt is that once labour truly begins, things seem to move along much more quickly when I completely surrender

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As baby and I connected with the intensity of our situation, my willingness was renewed and my mantra shifted to "Let's do this, little one!"

In letting go, my mind naturally unravelled and I found myself returning to my true centre. A place that can only be described as an awareness that there was indeed a presence holding me. Perhaps it was Abe, perhaps it was Spirit; my fantasy is that it was both. Something much larger than me, offering me a deep sense of peace and reminding me that all I needed to do was to be present to my baby and my body, and let go.

As I started to feel nauseous, I moved to the shower. There I knelt, crouched over a medi-ball, with the nurturing warmth of the water relaxing my body and Simon holding my hands in silence.

My sister had the boys downstairs busily making a birthday cake and I could see Tiffani and our midwives in another room, peacefully waiting for me to ask for anything. Occasionally I would register that someone had asked me a question yet I was completely unable to answer them.

Just after 3 pm I was suddenly tired of the shower. I stood up. I had a sudden urge to push. At this point Jan and Simon ushered me into the bedroom, and as the pressure and weight of the baby's head was heavy in my groin, Jan suggested I lean over the bean bags in the area we had prepared for the birth. I was only partially aware at this point that Kath and the boys had also entered into the room; everyone was so quiet and peaceful.

With only another five contractions, baby Arlo was born.

He was ten days early, at a very healthy nine pounds. As he lay between my legs squawking at the world, I leant forward to soothe him and kiss him. Oblivious to everyone, I welcomed him wholeheartedly, saying, "Mummy's here, my darling, Mummy's here." My baby had arrived, safely and completely, and as he reached up and touched my face, his eyes locked with mine in that most precious of moments.

With his birth, Arlo reminded me of the importance of completely embracing the moment. He reminded me that there is great pleasure and reward in surrendering to life.

As I sat back, cradling Arlo to my chest, I realised that all my big boys had been watching the birth right beside me. I looked beyond their beaming smiles, into their eyes, and I saw their wonderment at life, so refreshingly present. Their pride and excitement left them speechless, as one by one, they lent down to kiss me.

Fortunately the placenta came away very easily this time, and even though Arlo

had an enormous head size of 38.5 cm, with the skill of our midwives coaching me, we had no perineal tearing.

As always, each soul makes an individual entrance into the world and Arlo's was very stylish and smooth. He had gently 'stirred within', allowing his family time to ready themselves for his birth, as if he knew we all needed to savour the moment.

As the team moved me into bed, Simon and all three boys readied themselves to hold baby Arlo by whipping off their shirts to cuddle him skin to skin. This type of bonding sensation—being skin to skin for a newborn—is very nurturing and powerful. Tears of delight filled Jan's eyes as she gushed, "Oh... look at all my babies together, skin to skin. How beautiful!"

The following hour was filled with freshly made birthday cake and songs of "Happy Birthday" played on the guitar by Wilem. So silly I know, but so precious at the same time.

Arlo seemed delighted with the celebrations, and Jan joked that Arlo was so big that had he gone full-term, he would have entered the world with a backpack!

As I lay back in bed, I felt weary and relieved. I guess that's only natural when you lose five kilos in fifteen minutes! Above all though, I felt radiant. Like the cat who'd stole the cream! There at the end of my bed were all my gorgeous boys.

As they cuddled Arlo and smothered him with kisses, they retold the highlights of the birth. Even at three years old, Quin was wide-eyed with awe and proudly told everyone, "I saw the bubba's scrunched up hair!"

With Nelson sitting close to me, I could hear him whispering into Arlo's ear, "I'm going to love you so, and teach you things, and look out for you." As I breathed in all of their tender, raw emotions, my heart felt overwhelmingly full.

I looked at my dear friends and family gathered in our bedroom and a wave of gratitude swept through me. For the first time, I felt a sense of completion with my capacity to 'bring life' into the world. Secretly I knew I had given birth for the last time. I felt an undeniable sense of satisfaction and completion.

Deep down, I connected again with Abe and thanked him and Spirit for once more guiding and protecting us all.



With Nelson sitting close to me, I could hear him whispering into Arlo's ear, "I'm going to love you so, and teach you things, and look out for you."

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Well Adjusted Babies

Published by Vitality Productions Pty Ltd

Email: drjen@welladjustedbabies.com

First published in Australia in 2005

Second edition published in 2009

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